

Number of teachers provided with financial support to attend conferences/workshops and towards membership fee of professional bodies

Sl. No	Name of teacher	Name of conference/ workshop attended for which financial support was provided	Amount
1.	Dr. Rajendra Basappa Uppin	66th Annual conference of Indian Orthopedic Association	11500.00
2.	Dr. Kumar Vinchurkar	Skill sets in surgical oncology	16000.00
3.	Dr. Harpreet Kour	Athlete health moving beyond injuries	16000.00
4.	Mr. Abhijit Dinesh Bhatkal	Redefining ethno pharmacology for the global health and wellbeing	8000.00
5.	Mrs. Akshata Shivaling Sangolli	National Conference on Impact of research development in life sciences	8000.00
6.	Mrs. Maya Shivanand Shet	National Conference on Impact of research development in life sciences	8000.00
7.	Mrs. Kalyani Killekar	National Conference on Impact of research development in life sciences	8000.00
8.	Dr Rachana Raghavendra Kulkarni	Society of Clinical Anatomists (SOCA)	16000.00
9.	Dr. Anilkumar S Harrgop	17th South Zone & 29th Aolk Conference Manipal	16000.00
10.	Dr. B.P. Belaldavar	17th South Zone & 29th Aolk Conference Manipal	16000.00
11.	Dr. Priti S Hajare	17th South Zone & 29th Aolk Conference Manipal	16000.00
12.	Dr. Laxmi Deshpande	26th Chapter Mahamecrocon at Pune	16000.00
13.	Dr. Rajesh R Havaldar	17th South Zone & 29th Aolk Conference Manipal	13434.00
14.	Dr. Jang Bahadur Prasad	IASP Northern Regional Conference at Kashmir	23900.00
15.	Dr. Madhumati Patil	13th National Conference of Health Professional Education Dehradun	32000.00

16.	Dr. Vinita Metgudmath	17th South Zone & 29th Aolk Conference Manipal	24000.00
17.	Dr. Vinay Bannur	FORENSICON 2022 at KMC Manipal	16000.00
18.	Dr. Manjunath Shivapujimath	SAARC 2022 14th international Congress of Anesthesiologists	16000.00
19.	Dr. Rajesh S mane	KISACON 2022 at Kalburgi	16000.00
20.	Dr. Rajesh R Mane	Asian Society of Pediatric Anesthesiology held at Istanbul, Turkey	30000.00
21.	Dr. Harpreet Kour	International Sports & Exercise Nutrition 2022 held at UK	75000.00
22.	Dr. Somashekhar S Pujar	Kamlscon -2022, Collaborative Forensic	8000.00
23.	Dr. Ravindra S Honnungar	Kamlscon -2022, Collaborative Forensic	8000.00
24.	Dr. Sunita Y Patil	NCHPE-2022 National Conference of Health Professions Education at Dehradun	16000.00
25.	Dr. Shivaswamy M S	NCHPE-2022 13th National Conference on Health Professions Education at Dehradun	16000.00
26.	Dr. Manasi Gosavi	70th Annual National Conference at Bangalore	8000.00
27.	Dr. Jang Bahadur Prasad	43rd Annual Conference of the IASP Vdaipur, Rajasthan	9000.00
28.	Dr. Manisha S More	69th Natcon & Global Congress of Anatomists	8000.00
29.	Ms. Kashamma V Uppin	Public Health Aspects of Nutrition	8000.00
30.	Dr. Prasanna S Jirli	Collaborative Forensics	8000.00
31.	Dr. Annapurna Kari	Climate Change: A Public Health Threat Kochi, Kerala	16000.00
32.	Dr. Chaitanya Kamat	13th National Conference on Health Professional Education to Dehradun	16000.00

33.	Dr. Jang Bahadur Prasad	40th Annual National Conference of the ISMS to Karad from 24-23 Nov 2022	16000.00
34.	Dr. Sunita Y Patil	APCON-22 National Conference of M.S Ramaiah Med College, Bengaluru	8000.00
35.	Dr. Bhagyashri R Hungund	13th National Conference on Health Professional Education to Dehradun	16000.00
36.	Dr. Deepti Kadeangadi	13th National Conference on Health Professional Education to Dehradun	16000.00
37.	Dr. Abhilasha Sampagar	PHOCON 2022	16000.00
38.	Dr. V.A.Kothiwale	78TH Annual conference of Association of Physicians of India	16000.00
39.	Dr. Prashant Annappa Karani	24th Indian Prosthodontics Society PG Convention	8000.00
40.	Dr. Abhijit Parasharam Patil	24th Indian Prosthodontics Society PG Convention	8000.00
41.	Dr. Mallikarjun Hanamantap Daddamani	24th Indian Prosthodontics Society PG Convention	8000.00
42.	Dr. Mahantesh Sadanand Bembalgi	24th Indian Prosthodontics Society PG Convention	8000.00
43.	Dr. Anandkumar Goudappagouda Patil	24th Indian Prosthodontics Society PG Convention	8000.00
44.	Dr. Veena B Benakatti Basappa	24th Indian Prosthodontics Society PG Convention	8000.00
45.	Dr. Aditya Ramnarayan Acharya	24th Indian Prosthodontic Society PG Convention	8000.00
46.	Dr. Swapnil Bhujabali Shankargouda	24th Indian Prosthodontic Society PG Convention	8000.00
47.	Dr. Sayed Mohammed M Killedar	24th Indian Prosthodontics Society PG Convention	8000.00
48.	Dr. Aditya Acharya	8th IPS, KARNATAKA State Conference	5900.00

49.	Dr. Abhijit Parasharam Patil	8th IPS, KARNATAKA State Conference	5900.00
50.	Dr. Ramesh P Nayakar	24th Indian Prosthodontics Society PG Convention	8000.00
51.	Dr. Sagar Jalihal	26th National Conference of Indian Association of Public Health Dentistry	16000.00
52.	Dr. Roopali Sankeshwari	26th National Conference of Indian Association of Public Health Dentistry	16000.00
53.	Dr. Vaishali K Keluskar	IAOMR National PG Convention 2022	16000.00
54.	Dr. Anjana Bagewadi	IAOMR National PG Convention 2022	16000.00
55.	Dr. Chetan Belaldavar	29th National Conference of IAOMP	16000.00
56.	Dr. Sidramesh Muttagi	46th Annual Conference of AOMSI 2022	16000.00
57.	Dr. Vidyavathi H Patil	43rd National ISPPD Conference	16000.00
58.	Dr. Niraj Gokhale	43rd National ISPPD Conference	16000.00
59.	Dr. Shivayogi M Hugar	43rd National ISPPD Conference	16000.00
60.	Dr. Deepa Mane	29th National Conference of IAOMP	16000.00
61.	Dr. Vishwanth S Wasedar	9th World Ayurveda Congress and Arogya Expo	8000.00
62.	Dr. P.G. Jadar	9th World Ayurveda Congress and Arogya Expo	8000.00
63.	Dr. Deepti B Bagewadi	Indian Academy of Fitness Training	8000.00
64.	Mrs. Sneha Basangouda patil	9th International Congress of Society for Ethnopharmacology India Redefining Ethnopharmacology for the Global and Wellbeing	8000.00
65.	Dr. Sanjay Rayagouda Ugare	9th International Congress of Society for Ethnopharmacology India Redefining Ethnopharmacology for the Global and Wellbeing	6820.00

66.	Dr. Pramod J Hurkadale	12th International IASTAM Oration and Award Conclave 2022	16000.00
67.	Mr. Namit Kudatarkar	44th All India cell biology conference & international symposium on molecular & cellular insights of human diseases	16000.00
68.	Mrs. Aishwarya C Hiremath	25th Annual National Convention of Association of Pharmaceutical Teachers of India Mysore	8000.00
69.	Dr. Pramod Hurakadle	Translational Research under Medicinal Plants	16000.00
70.	Dr. Mahesh S Palled	International Conference on Drug Discovery	8000.00
71.	Ms. Rohini S Kavalapure	International Conference on Drug Discovery	16000.00
72.	Dr. Preeti Salve	International Conference on Drug Discovery	16000.00
73.	Mr. Kiran N Gaikwad	International Conference on Drug Discovery	8000.00
74.	Dr. Shankar Alegaon	International Conference on Drug Discovery	8000.00
75.	Mr. Sanjay Ugare	7th Annual International Conference on IPR	8000.00
76.	Mr. Sujay Hulylkar	72nd India Pharmaceutical Congress, Nagpur Access to Quality & Affordable Medical Products to 20th-22th Jan -2023	16000.00
77.	Dr. Bhaskar Kurangi	72nd India Pharmaceutical Congress, Nagpur Access to Quality & Affordable Medical Products	16000.00
78.	Dr. Pramod Hurkadale	72nd India Pharmaceutical Congress, Nagpur Access to Quality & Affordable Medical Products to 20th-22th Jan -2023	16000.00
79.	Dr. Pradeep Kumar M R	6th International Conference on Pharmaceutical R&D & Bio pharmaceuticals	6340.00

80.	Ms. Sushmita I Hiremath	Workshop on work place environment and mental health	450
81.	Mrs. P S Akki	Workshop on startups and innovations in health care	390
82.	Mr. Harish K H	Workshop on Best practice of OBE its implementation and success	500
83.	Mr. S B Patil	Workshop on Best practice of OBE its implementation and success	500
84.	Dr. S B Nyamagouda	Workshop on Best practice of OBE its implementation and success	500
85.	Dr. Ravindra V Karadi	Startup Dialogue	3000
86.	Ms. Sushmita I Hiremath	Workshop on Molecular Biology of infectious disease	450
87.	Ms. Sushmita I Hiremath	Workshop on Be an effective presentation skill enhancement	450
88.	Dr. Jaysheela S Hiremath	4th National Pharm D. Colloquium	1900
89.	Dr. Nisthul Stanyl	4th National Pharm D. Colloquium	1900
90.	Dr. Bhavaya D B	4th National Pharm D. Colloquium	1900
91.	Dr. Abhishek B J	4th National Pharm D. Colloquium	1900
92.	Ms. Neha M Mali	Workshop on From research to Publication : What Researcher Should Know	625
93.	Ms. S I Hiremath	Workshop on From research to Publication : What Researcher Should Know	625
94.	Ms. Prabhu Shreya Ajay	workshop on Formulation & Optimization of Self Emulsifying Drug delivery System	825
95.	Mrs. P S Akki	workshop on Formulation & Optimization of Self Emulsifying Drug delivery System	825
96.	Ms. Pooja Koganole	Workshop on Basic Principles of Cell Culture Techniques	2050
97.	Ms. Sushmita I Hiremath	Workshop on Basic Principles of Cell Culture Techniques	2050

98.	Ms. Neha M Mali	Workshop on Basic Principles of Cell Culture Techniques	2050
99.	Ms. A S Menasinakai	Workshop on Basic Principles of Cell Culture Techniques	2050
100.	Mr. Harish K H	Workshop on Basic Principles of Cell Culture Techniques	2050
101.	Dr. Subhas Karki	International Conference on Drug Discovery	16000.00
102.	Mrs. Dimple pirgal	Pharmaceutical industry- Academia conclave	900
103.	Dr. Lakshmi Gayathri	Pharmaceutical industry- Academia conclave	790
104.	Dr. Hariprasad	25th APTICON 2022	3736
105.	Dr. Bhagya V. Rao	National Conference on "New Horizons for Drug discovery and Innovation in Health care and Pharmaceutical Research"	945
106.	Dr. Sanjiv Kumar	IAP Conference	16000.00
107.	Dr. Deepa Metgud	6th Annual Conference of Society of Indian Physiotherapists	16000.00
108.	Dr. Anand Heggannavar	6th Annual Conference of Society of Indian Physiotherapists	16000.00
109.	Dr. Vinuta Deshpande	6th Annual Conference of Society of Indian Physiotherapists	16000.00
110.	Dr. Shukra chivate	6th Annual Conference of Society of Indian Physiotherapists	16000.00
111.	Dr. Raju Gadad	6th Annual Conference of Society of Indian Physiotherapists	2475.00
112.	Dr. Jeba Chitra	6th Annual Conference of Society of Indian Physiotherapists	16000.00
113.	Dr. Snehal Dharmayat	6th Annual Conference of Society of Indian Physiotherapists	16000.00

114.	Dr. Anil Muragod	10th Anniversary International Conference of Geriatric Orthopedic Society of India GOSICON 2022	8000.00
115.	Dr. Pamela D'silva	International conference on Swasthavritta and Yoga, Swasthayu 2K22	3000.00
116.	Dr.Snehal Dharmayat	8th International Symposium on ICF Education	16000.00
117.	Dr.Prashant Naik	8th International Symposium on ICF Education	16000.00
118.	Dr.Peeyoosha Gurudutt	International conference on Swasthavritta and Yoga, Swasthayu 2K22	3000.00
119.	Dr. Sanjiv Kumar	International Conference of Physical Therapy	16000.00
120.	Dr. Basavaraj Motimath	1st International Osteopathy & Manual Therapy Conference	16000.00
121.	Dr. Dhaval Chivate	1st International Osteopathy & Manual Therapy Conference	16000.00
122.	Mr. Jagadeesh H	International Conference on Emerging Competencies in Midwifery & Neonatal Practices the Nursing perspective	5900.00
123.	Mr. Umesh Nandagaon	International Conference on Emerging Competencies in Midwifery & Neonatal Practices the Nursing perspective	5900.00
124.	Mrs. Nirmala Dsouza	International Conference on Emerging Competencies in Midwifery & Neonatal Practices the Nursing perspective	5900.00
125.	Dr. Supriya J Kulkarni	National Seminar Nexus 2022	12559.00
126.	Dr. Nagaraja Havalada	National Seminar Nexus 2022	13849.00
127.	Dr.Supriya Kulkarni	XIII National Conference on Health Professions Education	5000.00
128.	Dr. Rinku Porwal	XIII National Conference on Health Professions Education	16000.00

129.	Dr. Neha Kulkarni	Swaninarayan University's Himalayan Institute of Medical Sciences, Dehradun, Uttarakhand	16000.00
130.	Dr. Ranjana Ranade	APCON-2022	18000.00
131.	Dr. Prajna KS	APCON-2022	18000.00
132.	Dr. Manisha Chougale	Global Congress of Anatomists	4056.00
133.	Dr. Chitra BR	Global Congress of Anatomists	5056.00
134.	Dr. Drakshayini Kakati	Global Congress of Anatomists	4056.00
135.	Dr. Supriya Novel Tony	Global Congress of Anatomists	4056.00

Prof. (Dr.) M.S. Ganachari

**Registrar
Registrar**

**KLE Academy of Higher Education
and Research, BELAGAVI**



APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / NATIONAL CONFERENCES

LIST ([HTTPS://FLIXIRSOLUTIONS.COM/FIN_ASSIST/INDEX.PHP/CORE/ASS_LIST](https://flixirsolutions.com/fin_assist/index.php/Core/ass_list))

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A. To be filled by the faculty member:

1. Employee ID

101111131

2. Name

DR.RAJENDRA BASAPI

3. Qualification

MS ORTHO

4. Designation

Teaching Staff

5. Department

J N Medical College

7. Email Id

uppinrajendra@rediffmai

8. Date of joining the Institution

01-08-1985

B. Particulars and assignment in the conference:

1. Name of the Conference / Seminar / Symposium

Symposium

ATTENDING INDIAN ORTHOPAEDICS NATIONAL CON

2. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium

3. Assignment in the aforesaid Conference / Seminar / Symposium

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Please enclose a separate sheet.

Choose File No file chosen

- a) Delivering key-note address/orations/plenary lectures
- b) Contributing the 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.

₹300 - 3500/-

C. Particulars of the conference being attended

YES

a) Title of the Conference / Seminar / Symposium

66th ANNUAL CONF

b) Date of conduct

21-12-2021

c) Venue

DR.SHYAMA PRASAI

d) Financial support extended by the University

16000

21-12-2021

e. Quantum of financial grant eligible

I) State :Rs
8,000/-

II) National :Rs
16,000/-

f) Copy of the sanction letter to be enclosed

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Note : The faculty member is eligible for financial support to attend one State / Zonal and one National Conference in a calendar year.

D. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium

a) Name of the Organizer

DR RAM CHADHA

b) Title of the program

INDIAN ORTHOPAEI

c) Place

GOA

d) Duration

5 Day

e) Date of conference 21-12-2021

f) Financial grant sought 16000

E. Expenses involved towards attending the Conference:

a) Place GOA

b) Mode of Journey By Road

Amount in Rs

c) Fare 0.00

d) To and For exp. 500.00

e) Registration / Delegation Fee 8500.00

f) Accommodation charges 7000.00

g) Other charges 0.00

Total Expenses 16000.00

F. Documents to be submitted:

a) Copy of the letter of invitation from the organizers.

[View File](#)

(https://fifixirsolutions.com/fin_assist/uploads/1619b7753da67c_Uppin_sir_letter_copy.docx)

b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.

[View File](#)

(https://fifixirsolutions.com/fin_assist/uploads/1619b7753da7eb_UPPIN_SIR_ABSTRACT.docx)

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 sponsors 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



Accept terms and conditions

Date :

22-11-2021

Comments

Name	Comment
1	Dr. Veerappa Approved. Kindly submit all original bills and certificates
2	Dr. Veerappa Approved

To
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. Thanking you,

Yours faithfully,

Signature of the HoD Principal

Add Your Comment Here Comment

Send For Approval

- Application
- Final Approved List
- User Master
- Bank Details
- Change Password
- Logout

AMOUNT CLAIM LIST

Sr.No	Title	Estimated Amount	Claimed Amount	Upload Receipt
1	Registration / Delegation Fee	25000	8500.00	View
2	To and Fro expenses	25000	3000.00	View
3	Accommodation charges	25000	0.00	View
4	Other charges finance	25000	0.00	View
	Total	100000	11500	
			<input type="button" value="Deny"/>	<input type="button" value="Approve"/>

Bank Details

Sr.No	Bank Name	Acc Holder Name	Acc Number	Ifsc Code
1	CANARA BANK	UPPIN RAJENDRA BASAPPA	5042010002033	CNRB0010504

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / NATIONAL CONFERENCES

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A. To be filled by the faculty member:

[User Master](#)

(https://flixirsolutions.com/fin_assist/index.php/Core/User_page)

1. Employee ID

101111770

2. Name

DrKumar Vinchurkar

3. Qualification

M.S,DNB Surgical Oncol

4. Designation

I/C HOD Associate Prof

[Bank Details](#)

(https://flixirsolutions.com/fin_assist/index.php/Core/Bank_Details)

5. Department

J N Medical College

7. Email Id

vkumar_007@yahoo.cor

8. Date of joining the
Institution

01-01-2018

[Change Password](#)

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B. Particulars and assignment in the conference:

1. Name of the Conference / Seminar /
Symposium

Understanding latest technology

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2. Benefits to be derived from participation in the
aforesaid Conference / Seminar / Symposium

Please enclose a separate sheet.

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3. Assignment in the aforesaid Conference / Seminar
/ Symposium

a) Delivering key-note
address/orations/plenary lectures

b) Contributing the 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.

C. Particulars of the
conference being
attended

YES

a) Title of the
Conference /
Seminar /
Symposium

Skill sets in Surgical C

b) Date of conduct

25-03-2022

c) Venue

EBUS Workshop at N

d) Financial support
extended by the
University

78500

23-03-2022

e. Quantum of financial grant
eligible

I) State :Rs
8,000/-

II) National :Rs
16,000/-

f) Copy of the
sanction letter to be
enclosed

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Note : The faculty member is eligible for financial support to attend one State / Zonal and one National Conference in a calendar year.

D. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium

a) Name of the
Organizer

MIDCON IASO

b) Title of the
program

Skill sets in Surgical C

c) Place

SHILLONG

d) Duration

3

e) Date of conference

25-03-2022

f) Financial grant
sought

Day

78500

E. Expenses involved towards attending the Conference:

a) Place

SHILLONG

b) Mode of Journey

By Air

Amount in Rs

c) Fare

20000.00

d) To and For exp.

20000.00

e) Registration /
Delegation Fee

6000.00

f) Accommodation
charges

25000.00

g) Other charges

7500.00

Total Expenses

78500.00

F. Documents to be submitted:

a) Copy of the letter of invitation from the organizers.

[View File](#)https://fifixirsolutions.com/fin_assist/uploads/1623b091517647_conference_1.pdf

b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.

[View File](#)https://fifixirsolutions.com/fin_assist/uploads/1623b0915186b8_conference_1.pdf**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 sponsors of the Conference or any other funding agency for attending the aforesaid Conference,
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- I shall reimburse the amount to the University in excess of the eligibility



Accept terms and conditions

Date :

23-03-2022

Comments

Name	Comment
1	Dr. Veerappa Approved. The Incentives will be released after submission of the original bills

To
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.
Thanking you,

Yours faithfully,

Signature of the HoD Principal

Add Your Comment Here Comment

Send For Approval

- Application
- Final Approved List
- User Master
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Sr.No	Title	Estimated Amount	Claimed Amount	Upload Receipt
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3	Accommodation charges	25000	25000.00	View
4	Other charges finance	25000	7500.00	View
	Total	100000	58500	
			<input type="button" value="Deny"/>	<input type="button" value="Approve"/>

Bank Details

Sr.No	Bank Name	Acc Holder Name	Acc Number	Ifsc Code
1	Canara Bank,KLE hospital branch	KUMAR VINCHURKAR	8515101045826	CNRB0008515

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A. To be filled by the faculty member:

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[Logout](#)

(https://flixirsolutions.com/fin_assist/index.php/Core/claim_login)

1. Employee ID

101111332

2. Name

Dr. Harpreet Kour

3. Qualification

Ph.D.

4. Designation

Teaching Staff

5. Department

Sports

6. Institution

J N Medical College

7. Email Id

harpreet.kour@yahoo.cc

8. Date of joining the
Institution

01-08-2013

B. Particulars and assignment in the conference:

1. Name of the Conference / Seminar /

Symposium

Sports Medicine

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(https://flixirsolutions.com/fin_assist/uploads/1623bf5525ed56_Paper Presentation Schedule.docx)

2. Benefits to be derived from participation in the
aforesaid Conference / Seminar / Symposium

Please enclose a separate sheet.

Choose File No file chosen

3. Assignment in the aforesaid Conference / Seminar
/ Symposium

a) Delivering key-note
address/orations/plenary lectures

b) Contributing the 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.

C. Particulars of the
conference being
attended

YES

a) Title of the
Conference /
Seminar /
Symposium

Athlete Health: Movin

b) Date of conduct

24-03-2022

c) Venue

Saveetha Medical Col

d) Financial support
extended by the
University

16000

24-03-2022

e. Quantum of financial grant
eligible

I) State :Rs
8,000/-

II) National :Rs
16,000/-

f) Copy of the
sanction letter to be
enclosed

[View File](#)
(https://flixirsolutions.com/fin_assist/uploads/1623bf5525fc07_20220323_171430.jpg)

Note : The faculty member is eligible for financial support to attend one State / Zonal and one National Conference in a calendar year.

D. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium

a) Name of the
Organizer

Indian Society of Spor

b) Title of the
program

Athlete Health: Movin

c) Place

Saveetha Medical Col

d) Duration

3
Day

e) Date of conference 24-03-2022

f) Financial grant sought 16000

E. Expenses involved towards attending the Conference:

a) Place Chennai

b) Mode of Journey By Air

Amount in Rs

c) Fare 13000.00

d) To and For exp. 13000.00

e) Registration / Delegation Fee 2500.00

f) Accommodation charges 4200.00

g) Other charges 1000.00

Total Expenses 33700.00

F. Documents to be submitted:

a) Copy of the letter of invitation from the organizers. [View File \(https://fifixirsolutions.com/fin_assist/uploads/1623bf552638ec_ISSEMCON.docx\)](https://fifixirsolutions.com/fin_assist/uploads/1623bf552638ec_ISSEMCON.docx)

b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. [View File \(https://fifixirsolutions.com/fin_assist/uploads/1623bf55263b7b_Abstract.docx\)](https://fifixirsolutions.com/fin_assist/uploads/1623bf55263b7b_Abstract.docx)

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 sponsors 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



Accept terms and conditions

Date :

24-03-2022

Comments

Name	Comment
1	Dr. Veerappa Approved. The Incentives will be released after submission of the original bills

To
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. Thanking you,

Yours faithfully,

Signature of the HoD Principal

Add Your Comment Here Comment

Send For Approval

- Application
- Final Approved List
- User Master
- Bank Details
- Change Password
- Logout

AMOUNT CLAIM LIST

Sr.No	Title	Estimated Amount	Claimed Amount	Upload Receipt
1	Registration / Delegation Fee	25000	2500.00	View
2	To and Fro expenses	25000	13000.00	View
3	Accommodation charges	25000	4200.00	View
4	Other charges finance	25000	1000.00	View
	Total	100000	20700	
			<input type="button" value="Deny"/>	<input type="button" value="Approve"/>

Bank Details

Sr.No	Bank Name	Acc Holder Name	Acc Number	Ifsc Code
1	Canara Bank	DR HARPREET KOUR	5042010082706	CNRB0010504

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / NATIONAL CONFERENCES

[Application](#)

https://flixirsolutions.com/fin_assist/index.php/Core/ass_list

LIST ([HTTPS://FLIXIRSOLUTIONS.COM/FIN_ASSIST/INDEX.PHP/CORE/ASS_LIST](https://flixirsolutions.com/fin_assist/index.php/Core/ass_list))

[Final Approved List](#)

https://flixirsolutions.com/fin_assist/index.php/Core/claimed_report

A. To be filled by the faculty member:

[User Master](#)

https://flixirsolutions.com/fin_assist/index.php/Core/User_page

[Bank Details](#)

https://flixirsolutions.com/fin_assist/index.php/Core/Bank_Details

[Change Password](#)

https://flixirsolutions.com/fin_assist/index.php/Core/change_pass

[Logout](#)

https://flixirsolutions.com/fin_assist/index.php/Core/Logout

B. Particulars and assignment in the conference:

1. **Particulars of the Conference / Seminar /**

Symposium

It will address several crucial and contemporary issues or

2. **Benefits to be derived from participation in the
aforesaid Conference / Seminar / Symposium**

3. **Assignment in the aforesaid Conference / Seminar
/ Symposium**

3. **Qualification**

B.E., M.Sc.

4. **Designation**

Teaching Staff

2. **Name**

Abhijit Dinesh Bhatkal

6. **Institution**

KLE University Staff

7. **Email Id**

abhijitbhatkal@gmail.com

8. **Date of joining the
Institution**

20-06-2019

[View File](#)

https://flixirsolutions.com/fin_assist/uploads/1623d908602f44_objective.docx

Please enclose a separate sheet.

No file chosen

a) **Delivering key-note**

address/orations/plenary lectures

b) **Contributing the 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.**

C. **Particulars of the
conference being
attended**

YES

a) **Title of the
Conference /
Seminar /
Symposium**

Redefining Ethnophar

b) **Date of conduct**

22-04-2022

c) **Venue**

JSS College of Pharr

d) **Financial support
extended by the
University**

16000

22-04-2022

e. **Quantum of financial grant
eligible**

I) **State :Rs**
8,000/-

II) **National :Rs**
16,000/-

f) **Copy of the
sanction letter to be
enclosed**

[View File](#)
https://flixirsolutions.com/fin_assist/uploads/1623d908603962_AD_B_JSS_Authorisation_letter.pdf

Note : The faculty member is eligible for financial support to attend one State / Zonal and one National Conference in a calendar year.

D. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium

a) **Name of the
Organizer**

Society for Ethnophar

b) **Title of the
program**

Redefining Ethnophar

c) **Place**

JSS College of Pharr

d) **Duration**

3

e) Date of conference

22-04-2022

f) Financial grant
sought

Day

yes

E. Expenses involved towards attending the Conference:

a) Place

Mysore

b) Mode of Journey

By Road

Amount in Rs

c) Fare

2200.00

d) To and For exp.

400.00

e) Registration /
Delegation Fee

2500.00

f) Accommodation
charges

4000.00

g) Other charges

0.00

Total Expenses

9100.00

F. Documents to be submitted:

a) Copy of the letter of invitation from the organizers.

[View File](#)

(https://fixirsolutions.com/fin_assist/uploads/1623d908603a9c_ADB_JSS_oral_confirmation_letter.pdf)

b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.

[View File](#)

(https://fixirsolutions.com/fin_assist/uploads/1623d908603b87_ADB_JSS_Abstract.pdf)

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 sponsors 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



Accept terms and conditions

Date :

25-03-2022

Comments

Name	Comment
1	Dr. Veerappa Approved. The incentives will be released after

To
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.
Thanking you,

Yours faithfully,

Signature of the HoD Principal

Add Your Comment Here Comment

Send For Approval

AMOUNT CLAIM LIST

- Application
- Final Approved List
- User Master
- Bank Details
- Change Password
- Logout

Sr.No	Title	Estimated Amount	Claimed Amount	Upload Receipt
1	Registration / Delegation Fee	25000	2500.00	View
2	To and Fro expenses	25000	2875.00	View
3	Accommodation charges	25000	998.00	View
4	Other charges finance	25000	0.00	View
	Total	100000	6373	

Bank Details

Sr.No	Bank Name	Acc Holder Name	Acc Number	Ifsc Code
1	Canara Bank	ABHIJIT DINESH BHATKAL	5042010077663	CNRB0010504

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / NATIONAL CONFERENCES

[Application](#)

(https://floxirsolutions.com/fin_assist/index.php/Core/ass_list)

LIST ([HTTPS://FLOXIRSOLUTIONS.COM/FIN_ASSIST/INDEX.PHP/CORE/ASS_LIST](https://floxirsolutions.com/fin_assist/index.php/Core/ass_list))

[Final Approved List](#)

(https://floxirsolutions.com/fin_assist/index.php/Core/claimed_report)

A. To be filled by the faculty member:

[User Master](#)

(https://floxirsolutions.com/fin_assist/index.php/Core/User_page)

[Bank Details](#)

(https://floxirsolutions.com/fin_assist/index.php/Core/Bank_Details)

[Change Password](#)

(https://floxirsolutions.com/fin_assist/index.php/Core/change_pass)

[Logout](#)

(https://floxirsolutions.com/fin_assist/index.php/Core/admin_logout)

1. Employee ID

101111607

2. Name

Akshata Shivaling Sangr

3. Qualification

M.Sc, Ph. D (ongoing)

4. Designation

Teaching Staff

5. Department

Biochem

6. Institution

J N Medical College

7. Email Id

akshatasangolli@gmail.c

8. Date of joining the
Institution

12-05-2016

B. Particulars and assignment in the conference:

1. Name of the Conference / Seminar /

Symposium

National Conference on

2. Benefits to be derived from participation in the
aforesaid Conference / Seminar / Symposium

3. Assignment in the aforesaid Conference / Seminar
/ Symposium

[View File](#)

(https://floxirsolutions.com/fin_assist/uploads/1625559021040e_Mrs.Akshata Kuvempu Conferences April 2022.pdf)

Please enclose a separate sheet.

Choose File No file chosen

- a) Delivering key-note address/orations/plenary lectures
- b) Contributing the 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.

C. Particulars of the
conference being
attended

NO

a) Title of the
Conference /
Seminar /
Symposium

b) Date of conduct

dd-mm-yyyy

c) Venue

d) Financial support
extended by the
University

Amount

dd-mm-yyyy

e. Quantum of financial grant
eligible

I) State :Rs
8,000/-

II) National :Rs
16,000/-

f) Copy of the
sanction letter to be
enclosed

[View File](#)

Note : The faculty member is eligible for financial support to attend one State / Zonal and one National Conference in a calendar year.

D. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium

a) Name of the
Organizer

Department of Bioche

b) Title of the
program

National Conference c

c) Place

Shivamogga

d) Duration

2
Day

e) Date of conference

30-03-2022

f) Financial grant

National conference

sought

E. Expenses involved towards attending the Conference:

a) Place	<input type="text" value="Shivamogga"/>		
b) Mode of Journey	<input type="text" value="By Road"/>		
Amount in Rs			
c) Fare	<input type="text" value="8040.00"/>	d) To and For exp.	<input type="text" value="0.00"/>
e) Registration / Delegation Fee	<input type="text" value="250.00"/>	f) Accommodation charges	<input type="text" value="0.00"/>
g) Other charges	<input type="text" value="2500.00"/>	Total Expenses	<input type="text" value="10790.00"/>

F. Documents to be submitted:

- a) Copy of the letter of invitation from the organizers. [View File](https://fixirsolutions.com/fin_assist/uploads/16255590211773_conference_invitation.pdf)
(https://fixirsolutions.com/fin_assist/uploads/16255590211773_conference_invitation.pdf)
- b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. [View File](https://fixirsolutions.com/fin_assist/uploads/1625559021204f_abstract-akshata.docx)
(https://fixirsolutions.com/fin_assist/uploads/1625559021204f_abstract-akshata.docx)

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 sponsors 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



Accept terms and conditions

Date :

Comments

Name	Comment
1	Dr. Veerappa Upload all Original Bills

To
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. Thanking you,

Yours faithfully,

Signature of the HoD Principal

Add Your Comment Here Comment

Send For Approval

- Application
- Final Approved List
- User Master
- Bank Details
- Change Password
- Logout

AMOUNT CLAIM LIST

Sr.No	Title	Estimated Amount	Claimed Amount	Upload Receipt
1	Registration / Delegation Fee	25000	250.00	View
2	To and Fro expenses	25000	8040.00	View
3	Accommodation charges	25000	2500.00	View
4	Other charges finance	25000	1910.00	View
Total		100000	12700	
			<input type="button" value="Deny"/>	<input type="button" value="Approve"/>

Bank Details				
Sr.No	Bank Name	Acc Holder Name	Acc Number	Ifsc Code
1	Canara Bank, Nehru Nagar branch	AKSHATA SANGOLLI	5042180018606	CNRB0010504

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / NATIONAL CONFERENCES

[Application](#)

(https://flixirsolutions.com/fin_assist/index.php/Core/ass_list)

LIST ([HTTPS://FLIXIRSOLUTIONS.COM/FIN_ASSIST/INDEX.PHP/CORE/ASS_LIST](https://flixirsolutions.com/fin_assist/index.php/Core/ass_list))

[Final Approved List](#)

(https://flixirsolutions.com/fin_assist/index.php/Core/claimed_report)

A. To be filled by the faculty member:

[User Master](#)

(https://flixirsolutions.com/fin_assist/index.php/Core/User_page)

1. Employee ID

101111011

2. Name

Maya Shivanand Shet

3. Qualification

M.Sc, Ph. D (ongoing)

4. Designation

Teaching Staff

[Bank Details](#)

(https://flixirsolutions.com/fin_assist/index.php/Core/Bank_Details)

5. Department

Biochemistry

6. Institution

J N Medical College

7. Email Id

mayamystik@gmail.com

8. Date of joining the
Institution

01-07-2014

[Change Password](#)

(https://flixirsolutions.com/fin_assist/index.php/Core/changeepass)

[Logout](#)

(https://flixirsolutions.com/fin_assist/index.php/Core/logout)

B. Particulars and assignment in the conference:

1. Name of the Conference / Seminar /
Symposium

National Conference on

[View File](#)

(https://flixirsolutions.com/fin_assist/uploads/162555a5f4900c_Maya_Kevempu_Conferences_March_2022.pdf)

2. Benefits to be derived from participation in the
aforesaid Conference / Seminar / Symposium

Please enclose a separate sheet.

Choose File No file chosen

3. Assignment in the aforesaid Conference / Seminar
/ Symposium

- a) Delivering key-note
address/orations/plenary lectures
- b) Contributing the 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.

C. Particulars of the
conference being
attended

NO

a) Title of the
Conference /
Seminar /
Symposium

b) Date of conduct

dd-mm-yyyy

c) Venue

d) Financial support
extended by the
University

Amount

dd-mm-yyyy

e. Quantum of financial grant
eligible

I) State :Rs
8,000/-

II) National :Rs
16,000/-

f) Copy of the
sanction letter to be
enclosed

[View File](#)

Note : The faculty member is eligible for financial support to attend one State / Zonal and one National
Conference in a calendar year.

D. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium

a) Name of the
Organizer

Department of Bioche

b) Title of the
program

National Conference c

c) Place

Shivamogga

d) Duration

2
Day

e) Date of conference

30-03-2022

f) Financial grant

National conference -

E. Expenses involved towards attending the Conference:

a) Place	<input type="text" value="Shivamogga"/>		
b) Mode of Journey	<input type="text" value="By Road"/>		
Amount in Rs			
c) Fare	<input type="text" value="8040.00"/>	d) To and For exp.	<input type="text" value="0.00"/>
e) Registration / Delegation Fee	<input type="text" value="250.00"/>	f) Accommodation charges	<input type="text" value="0.00"/>
g) Other charges	<input type="text" value="2500.00"/>	Total Expenses	<input type="text" value="10790.00"/>

F. Documents to be submitted:

- a) Copy of the letter of invitation from the organizers. [View File](https://fifixsolutions.com/fin_assist/uploads/162555a5f49e90_conference_Invitation.pdf)
(https://fifixsolutions.com/fin_assist/uploads/162555a5f49e90_conference_Invitation.pdf)
- b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. [View File](#)

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



Accept terms and conditions

Date :

Comments

	Name	Comment
1		Dr. Veerappa Upload all Original Bills

To
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. Thanking you,

Yours faithfully,

Signature of the HoD Principal

Add Your Comment Here Comment

Send For Approval

- Application
- Final Approved List
- User Master
- Bank Details
- Change Password
- Logout

AMOUNT CLAIM LIST

Sr.No	Title	Estimated Amount	Claimed Amount	Upload Receipt
1	Registration / Delegation Fee	25000	250.00	View
2	To and Fro expenses	25000	8000.00	View
3	Accommodation charges	25000	2500.00	View
4	Other charges finance	25000	1910.00	View
	Total	100000	12660	
			<input type="button" value="Deny"/>	<input type="button" value="Approve"/>

Bank Details

Sr.No	Bank Name	Acc Holder Name	Acc Number	Ifsc Code
1	Canara Bank, Nehru Nagar branch	MAYA K	5042180018606	CNRB0010504

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / ZONAL / NATIONAL CONFERENCES

LIST ([HTTPS://FLIXIRSOLUTIONS.COM/FIN_ASSIST/INDEX.PHP/CORE/ASS_LIST](https://flixirsolutions.com/fin_assist/index.php/Core/ass_list))

[Application](#)

(https://flixirsolutions.com/fin_assist/index.php/Core/ass_list)

[Final Approved List](#)

(https://flixirsolutions.com/fin_assist/index.php/Core/claimed_report)

[User Master](#)

(https://flixirsolutions.com/fin_assist/index.php/Core/User_page)

[Bank Details](#)

(https://flixirsolutions.com/fin_assist/index.php/Core/Bank_Details)

[Change Password](#)

(https://flixirsolutions.com/fin_assist/index.php/Core/changepass)

[Logout](#)

(https://flixirsolutions.com/fin_assist/index.php/Core/admin_logout)

A. To be filled by the faculty member:

1. Employee ID

101111707

2. Name

Kalyani. Killekar

3. Qualification

M.Sc, Ph. D (ongoing)

4. Designation

Teaching Staff

5. Department

J N Medical College

6. Institution

J N Medical College

7. Email ID

kalyanikillekar500.kk@grr

8. Date of joining the Institution

23-03-2018

B. Particulars and assignment in the conference:

1. **Conference / Seminar / Symposium**

National Conference on

2. **Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium**

Please enclose a separate sheet.

[View File](#)

(https://flixirsolutions.com/fin_assist/uploads/162555dd01276c_Kalyani_Keveempu_Conferences_March_2022.pdf)

3. **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.

4. **Details of the financial support previously extended by the University to attend the similar Conference (s)**

NO

a) **Title of the Conference / Seminar / Symposium**

b) **Date of conduct**

dd-mm-yyyy

c) **Level of Conference (State / Zonal / National)**

Select

d) **Venue**

e) **Financial support extended by the University**

Amount

dd-mm-yyyy

f) **Copy of the sanction letter to be enclosed**

[View File](#)

Note : The faculty member is eligible for financial support to attend one State / Zonal and one National Conference in a calendar year.

C. Particulars of the organizers of the proposed Conference / Seminar / Symposium:

a) **Name of the Organizer**

Department of Biochemistry , Kuvempu

b) **Title of the program**

National Conference on

c) **Place**

Shivamogga

d) **Duration**

2 Day

e) **Date**

30-03-2

250

f) **Eligible amount**

National conference-16000/-

D. Expenses involved towards attending the Conference:

a) **Place**

Shivamogga

b) **Mode of journey**

By Road

c) **Fare**

8040.00

d) **To and For exp.**

0.00

e) **Registration / Delegation Fee**

250.00

f) **Accommodation charges**

0.00

g) **Other charges**

2500.00

Total Expenses

10790.00

E. 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.

[View File](#)

[View File](#)

https://fixirsolutions.com/fin_assist/uploads/162555dd01338c_conference_invitation.pdf

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 sponsors 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.

Accept terms and conditions



Date :

12-04-20

Comments

Name	SINo	Comment
1	Dr. Veerappa	Kindly upload the original bills

To
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.







Thanking you,

Yours faithfully,

Signature of the HoD Principal

Add Your Comment Here Comment

Send For Approval

-  Application
-  Final Approved List
-  User Master
-  Bank Details
-  Change Password
-  Logout

AMOUNT CLAIM LIST

Sr.No	Title	Estimated Amount	Claimed Amount	Upload Receipt
1	Registration / Delegation Fee	25000	250.00	View
2	To and Fro expenses	25000	8040.00	View
3	Accommodation charges	25000	2500.00	View
4	Other charges finance	25000	1910.00	View
	Total	100000	12700	
			<input type="button" value="Deny"/>	<input type="button" value="Approve"/>

Bank Details

Sr.No	Bank Name	Acc Holder Name	Acc Number	Ifsc Code
1	Canara Bank, Nehru Nagar branch	KALYANI KILLEKAR	5042180027365	CNRB0010504

1



Office of the J. N. MEDICAL COLLEGE BELAGAVI
473
06 JUN 2022
Inward



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. Rachana Raghavendra Kulkarni
2. Qualification	MBBS, MD (Anatomy)
3. Designation	Asst. professor
4. Department	Anatomy
5. Email ID	dr.rachanak85@gmail.com
6. Institution	J.N.M.C.
7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility)	15.09.2015.
8. Objectives of the Conference / Seminar / Symposium	Oral 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 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.

Verified
13/06/22

11. Particulars of the Conference being attended

a) Title of the Conference / Seminar / Symposium	Society of Clinical Anatomists (SCOA)
b) Date of conduct	
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	Dehradun
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	Academy of Higher Education & Research, BELAGAVI
b) Title of the program	FINANCE SECTION
c) Place	20 JUN 2022
d) Duration	
e) Date of Conference	Inward No. 031 Sign
f) Financial grant availed	

Academy of Higher Education & Research, BELAGAVI
FINANCE SECTION
20 JUN 2022
Inward No. 031 Sign

OFFICE OF THE REGISTRAR
KLE Academy of Higher Education & Research, BELAGAVI
09 JUN 2022
Inward No. 24 Sign

In Registrar TO

1

J. N. Medical College
No. 155
Date: 22.10.22
DEPARTMENT

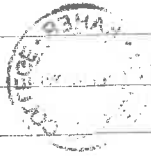


KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH
(Formerly known as KLE University)
[Deemed-to-be-University established u/s 3 of the UGC Act, 1956]

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. Anilkumar S. Harngop
2. Qualification	M.B.B.S. - M.D. PhD
3. Designation	Professor & Unit Chief
4. Department	Ent & Jev (O&L & Jev)
5. Institution	J.N.M.C., Belgavi
6. Email ID	aharngop@jnhoo.com
7. Date of joining the Institution	13-11-1995
8. Objectives of the Conference / Seminar / Symposium	Recent trends in O&L & Jev
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. <i>Chairing a session</i>
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	17th South zone & 39th AOK Conference Mangal
b) Date of conduct	14 to 16/10/2022
c) Level of Conference (State / Zonal / National)	Zonal & state
d) Venue	Mangal
e) Financial support extended by the University	8000/-
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	AOK Mangal
b) Title of the program	17th SZ & 39th AOK
c) Place	Mangal
d) Duration	14 to 16 Oct 2022 3 days
e) Date	14/10/22 to 16/10/22
f) Amount claimed	

OFFICE OF THE REGISTRAR
KLE Academy of Higher Education & Research, BELGAVI
22 OCT 2022
Inward No. 28 Sign



As per norms
27.10.22
called candidate or
14/10/22 but not
Picked call...

2

J. N. Medical College
No. 154
Date: 22/10/22
Department of E.N.T.



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. B.D. Belaldaval
2. Qualification	Professor and Head
3. Designation	Professor "
4. Department	ENT
5. Institution	JNMC, Belagavi
6. Email ID	puttaw@rediffmail.com
7. Date of joining the Institution	Aug 1994
8. Objectives of the Conference / Seminar / Symposium	State and Zonal Conf
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. Panelist.
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	KARNATAKA ENT 2022
b) Date of conduct	14.10.22 - 16.10.22
c) Level of Conference (State / Zonal / National)	State and Zonal
d) Venue	Manipal
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	KARNATAKA ENT
b) Title of the program	State and Zonal
c) Place	Manipal
d) Duration	3 days
e) Date	and 16th Oct. 22
f) Amount claimed	

Good

OFFICE OF THE REGISTRAR
KLE Academy of Higher Education
& Research, BELAGAVI
22 OCT 2022
29
ward No. Sign

As per above
27-10

3



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

J.N. Medical College
No. 153
Date: 15/10/22
Department of E.N.S.

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. PRITI S. HAJARE
2. Qualification	MBBS, DLO, DNB, Ph.D, DORL
3. Designation	Professor
4. Department	Dept. of ENT & HNS
5. Institution	J.N. Medical college
6. Email ID	drpritihajare@gmail.com
7. Date of joining the Institution	30/7/05
8. Objectives of the Conference / Seminar / Symposium	South zone ENT conference.
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	<input checked="" type="checkbox"/> a) Contributing a scientific paper (poster or oral) <input type="checkbox"/> b) Delivering a guest lecture <input type="checkbox"/> 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	NIL
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 one State / Zonal and one National Conference in a calendar year.	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	Karnataka & Manipal AOE
b) Title of the program	South Zone & Karnataka state AOE
c) Place	Kasturba Medical College, Manipal
d) Duration	3 days
e) Date	14 th , 15 th & 16 th Oct 2022
f) Amount claimed	

OFFICE OF THE REGISTRAR
KLE Academy of Higher Education & Research, BELAGAVI
20 OCT 2022
26
Inward No. Sign

As per
22/10

20/10/22



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]

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

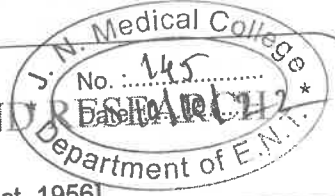
A. To be filled by the faculty member:	
1. Name	DR LAXMI DESHPANDE
2. Qualification	MBBS MD DNB
3. Designation	ASSISTANT PROFESSOR
4. Department	MICROBIOLOGY - BSRC
5. Email ID	deshpande.laxmi18@gmail.com
6. Institution	JNMC, deputed to BSRC
7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility)	15-12-2021
8. Objectives of the Conference / Seminar / Symposium	Paper 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	<ul style="list-style-type: none"> a) Delivering Key-note address / orations / plenary lectures <input checked="" type="checkbox"/> 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	26th chapters Mahamucocm
b) Date of conduct	16th - 18th Sept 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	BJMC, Pune, Maharashtra
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	
NA.	
a) Name of the Organizer	
b) Title of the program	
c) Place	
d) Duration	
e) Date of Conference	
f) Financial grant availed	



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]



7

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. RAJESH. R. HAVALDAR
2. Qualification	MBBS, MS, DNB, MChAMS, <i>Follows Hip Head Neck Surgery</i>
3. Designation	Assistant Professor.
4. Department	ENT & HNS.
5. Institution	J.N. Medical College
6. Email ID	rajeshhavaladar@yahoo.com
7. Date of joining the Institution	22/07/2019.
8. Objectives of the Conference / Seminar / Symposium	South Zone Karnataka State Proicon.
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	<input checked="" type="checkbox"/> a) Contributing a scientific paper (poster or oral) <input type="checkbox"/> b) Delivering a guest lecture <input checked="" type="checkbox"/> c) Others, if any, specify, <i>video presentation.</i>
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	<i>nil</i>
a) Title of the Conference / Seminar / Symposium	<div style="border: 1px solid black; padding: 5px; text-align: center;"> OFFICE OF THE REGISTRAR KLE Academy of Higher Education & Research, BELAGAVI 11 OCT 2022 Inward No. 24 Sign <i>[Signature]</i> </div>
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	Manipal Academy of Higher Education
b) Title of the program	South zone & Karnataka State Proicon 2022
c) Place	Manipal, Karnataka.
d) Duration	3 days.
e) Date	14-10-22 to 16-10-22.
f) Amount claimed	6717/-

Certificate

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and dates
on 22/10/22*

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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. Jany Bahadur Prasad
2. Qualification	Ph.D.
3. Designation	Associate Professor
4. Department	Epidemiology and Biostatistics
5. Institution	KLE Academy of Higher Education and Research
6. Email ID	jbriips12@gmail.com
7. Date of joining the Institution	1 st Feb, 2019
8. Objectives of the Conference / Seminar / Symposium	To present the findy of research paper and meet with different report
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	To meet and discuss about burnny issue in case 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 1st January to 31st December)

a) Title of the Conference / Seminar / Symposium	IASP Northern Regional Conference
b) Date of conduct	Sept 29-30, 2022
c) Level of Conference (State / Zonal / National)	Northern Regional Conference
d) Venue	Kashmir, Srinagar
e) Financial support extended by the University	
f) Copy of the sanction letter to be enclosed	Yes

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

a) Name of the Organizer	Conference
b) Title of the program	IASP with Collaboration with PRC, University of Kashmir
c) Place	Distribution and Effect of zoonotic diseases in Kashmir, Srinagar
d) Duration	two days
e) Date	Sept 29-30, 2022
f) Amount claimed	7900/-

OFFICE OF THE REGISTRAR
KLE Academy of Higher Education & Research, BELAGAVI
06 OCT 2022
Inward No. 40 Sign

Approved
Principal

7900/-



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]

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 Pahl.
2. Qualification	MBBS. MD
3. Designation	Associate Professor.
4. Department	Microbiology.
5. Institution	JNIMC.
6. Date of joining the Institution	07/07/2007
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)	Called and informed candidate on 8/10/22
a) Title of the Conference / Seminar / Symposium	AIPK
b) Date of conduct	AIPK
c) Venue	16000/-
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> Conference in a calendar year.	
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	Himalayan Institute of Medical Science, Dehradun
b) Title of the program	13 th National Conference of Health Professional Education, Dehradun. NCHPE-2022
c) Place	Dehradun.
d) Duration	2 nd & 3 rd Nov 2022. - 2 days.
e) Date	2 nd & 3 rd Nov 2022.
f) Amount claimed	27.10.22

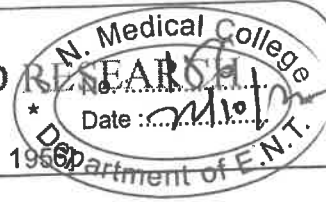
OFFICE OF THE REGISTRAR
KLE Academy of Higher Education & Research, BELAGAVI
21 OCT 2022
12
Inward No..... Sign.....



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

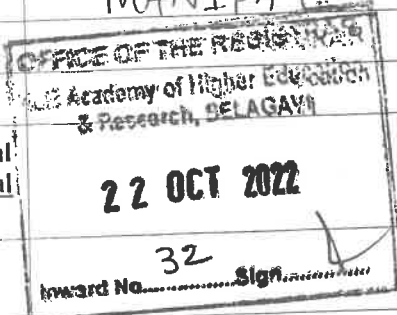
[Deemed-to-be-University established u/s 3 of the UGC Act, 1956]



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

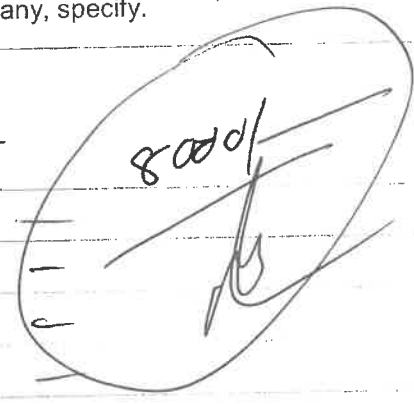
A. To be filled by the faculty member:

1. Name	Dr VINITA METGUDMATI
2. Qualification	M.S (ENT & HNS)
3. Designation	ASSOCIATE PROFESSOR
4. Department	ENT & HNS
5. Institution	J.N. MEDICAL COLLEGE
6. Email ID	docvinita.vijay@gmail.com
7. Date of joining the Institution	08-07-2008
8. Objectives of the Conference / Seminar / Symposium	South Zone AOIRCON ENT Conference
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) <input checked="" type="checkbox"/> 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)	Nil 8000/-
a) Title of the Conference / Seminar / Symposium	South Zone AOIRCON 2022.
b) Date of conduct	October 14 th , 15 th & 16 th 2022
c) Level of Conference (State / Zonal / National)	Zonal
d) Venue	MANIPAL
e) Financial support extended by the University	
f) Copy of the sanction letter to be enclosed	
<p>Note : The faculty member is eligible for financial support to attend one State / Zonal and one National Conference in a calendar year.</p>	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	KARNATAKA AOI & MANIPA-UDUPPI CHAPTER
b) Title of the program	South Zone & Karnataka State AOIRCON 2022
c) Place	MANIPAL
d) Duration	3 days.
e) Date	14 th , 15 th & 16 th October 2022
f) Amount claimed	



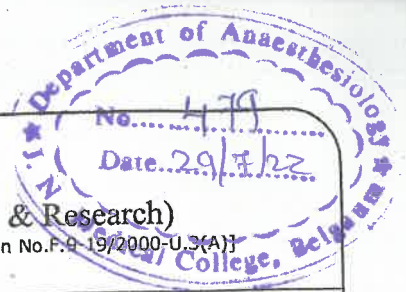
As per above
A
17.10.22

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. Vinay Banner.
2. Qualification	MD (Forensic medicine & Toxicology)
3. Designation	Assistant Professor
4. Department	Forensic Medicine & Toxicology
5. Institution	Jawaharal Nehru Medical College
6. Email ID	vincyman.u7@gmail.com
7. Date of joining the Institution	01/07/2022
8. Objectives of the Conference / Seminar / Symposium	Current Evolution and Contemporary Forensics
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	<input checked="" type="checkbox"/> a) Contributing a scientific paper (poster or oral) <input type="checkbox"/> b) Delivering a guest lecture <input type="checkbox"/> 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)	Nil
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	
<p>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.</p>	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	Dept of FMT, KMC Manipal - SIMLA
b) Title of the program	FORENSIC CON 2022
c) Place	KMC, Manipal
d) Duration	3 days
e) Date	7th October - 10th October, 2022
f) Amount claimed	

OFFICE OF THE REGISTRAR
KLE Academy of Higher Education & Research, BELAGAVI
17 OCT 2022
Inward No. 38 Sign

Aspermons
27-10-22



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	Dr. Manjunath Shivapujimath
2. Qualification	MBBS MD Anaesthesia
3. Designation	Assistant Professor
4. Department	Department of Anaesthesiology
5. Institution	J.N. Medical college a research centre
6. Date of joining the institution	14-07-2017
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)	
a) Title of the Conference / Seminar / Symposium	SAARC AA 2022
b) Date of conduct	12 th , 13 th & 14 th August 2022
c) Venue	Le Meridien convention centre, Kerala
d) Financial support extended by the University	
e) Copy of the sanction letter to be enclosed	
f) Level of Conference State / Zonal / National	National (South zone)
Note : The faculty member is eligible for financial support to attend <u>one</u> State / Zonal and <u>one</u> National Conference in a calendar year.	
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	KLE Academy of Higher Education & Research, BELAGAVI
b) Title of the program	FINANCE SECTION
c) Place	25 AUG 2022
d) Duration	
e) Date	Inward No. 02 Sign
f) Amount claimed	

*As per norms permitted
KLE
25-8-22*



Bill not attached



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)]

- 2 -

12. Expenses involved towards attending the Conference:

a) Place	Kerala
b) Mode of journey	Flight
c) Fare	
To and Fro expenses	15,000 Rs
Registration / Delegation Fee	10,000 Rs
Accommodation charges	12,000 Rs
Total Expenses	37,000 Rs

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. ✓

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 sponsors 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: 29/7/22

Signature of the faculty member 

Ref. No. 879

Date: 1-8-2022


To
The Registrar,
KLE University,
Belgaum.

Dear Sir,

We are enclosing herewith the application of the above Teacher in the prescribed format for grant of financial support to attend the Conference for kind consideration.

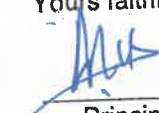
Thanking you,

Yours faithfully,


Signature of the HoD

Professor & Head




Principal
PRINCIPAL
J.N. Medical College,
BELAGAVI- 590 010

DEPARTMENT OF ANAESTHESIOLOGY
J.N. MEDICAL COLLEGE,
BELAGAVI-590010.

7



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. 12(1) 2002 (A)]

Office of the
J. N. MEDICAL COLLEGE
BELAGAVI

09 SEP 2022 (A)

Inward
1154

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. Rajesh S. Mane

2. Qualification

MD DNB (Anesthesiology)

3. Designation

Professor

4. Department

Anesthesiology

5. Institution

J.N. Medical College

6. Date of joining the Institution

04-12-1997

7. Objectives of the Conference / Seminar / Symposium

Anesthesia Update

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

Submit certificate of participation

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)

-NIL-

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 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

ISA Gulbarga/Bidar, Karnataka

b) Title of the program

KISACON-2022

c) Place

Kalaburgi

d) Duration

3 days

e) Date

16th to 18th Sept. 2022

f) Amount claimed

Rs 10,000/-

OFFICE OF THE REGISTRAR
KLE Academy of Higher Education & Research, BELAGAVI
12 SEP 2022
34
Inward No. Sign

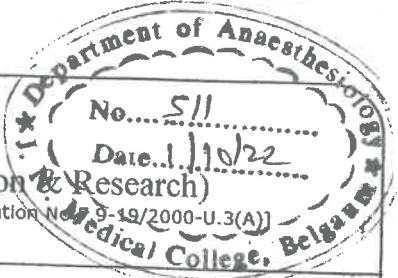
Approved
11/09/2022

Department of Anaesthesiology
No. 501
Date: 8/9/22

called on 17/09/22

FO

As per norms



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APPLICATION FOR FINANCIAL SUPPORT TO ATTEND CONFERENCES OUTSIDE INDIA

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

A. To be filled by the faculty member:

1. Name	Dr. Rajesh S. Mane
2. Qualification	M.D. DNB (Anesthesiology)
3. Designation	Professor, HoD
4. Department	Anesthesiology
5. Institution	J.N. Medical College, Belagavi.
6. Date of joining the Institution	04-12-1997
7. Objectives of the Conference / Seminar / Symposium	Pediatric Anesthesia
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	<ul style="list-style-type: none"> 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.

Get Certificate

Get the Bills & vouchers

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 / Seminar / Symposium	Asian Society of Pediatric Anesthesiologists
b) Date of conduct	30/10/22
c) Venue	As per Rules
d) Financial support extended by the University	As per Rules
e) Copy of the sanction letter to be enclosed	

informed candidate on 8/11/22

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 KLE Academy of Higher Education & Research, BELAGAVI
 06 OCT 2022
 Inward No. 38 Sign: [Signature]

11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium

a) Name of the Organizer	Asian Society of Pediatric Anesthesiologists
b) Title of the program	ASPA-2022
c) Place	Istanbul, Turkey
d) Duration	14 to 16 th Oct 2022 (3 days)
e) Date of Conference	14-16 Oct 2022
f) Financial grant sought	Rs 30,000

Keep pending

Approved

As per room 2

6.10.22

To discuss with registrar sir

Verify sanction part



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Department of ...
510
31/1/23

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND CONFERENCES OUTSIDE INDIA

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

A. To be filled by the faculty member:

1. Name	Dr Harpreet Kaur
2. Qualification	Ph.D. Medical Physiology
3. Designation	Associate Professor
4. Department	Physiology
5. Institution	Jawahar Lal Nehru Medical College.
6. Date of joining the Institution	01-08-2013.
7. Objectives of the Conference / Seminar / Symposium	To update with new findings & collaborations
8. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.

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KLE Academy of Higher Education
& Research, BELAGAVI

04 JAN 2023
28
Inward No. Sign

- a) Delivering Key-note address / orations / plenary lectures / Resource person.
- 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.

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)

Europe: 75000/-

a) Title of the Conference / Seminar / Symposium	International Sports & Exercise Nutrition 2022
b) Date of conduct	17 th - 20 th Dec 2022
c) Venue	Metropolitan Manchester University, UK
d) Financial support extended by the University	
e) Copy of the sanction letter to be enclosed	Enclosed by KAHER / 2022-23 / 10-3122162 dated 19 th Dec 2022

11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium

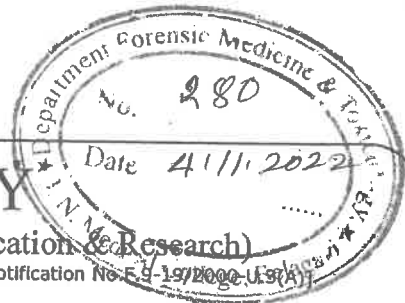
KLE Academy of Higher Education & Research, BELAGAVI
FINANCE SECTION
13 JAN 2023
Inward No. 094 Sign

a) Name of the Organizer	Institute of Sports + International Olympic Committee
b) Title of the program	International Sports & Exercise Nutrition 2022
c) Place	Manchester Metropolitan University, UK
d) Duration	4 days
e) Date of Conference	17 th - 20 th Dec 2022
f) Financial grant sought	1,577,581/-

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6.1.23

(Detailed Expenses sheet attached)

1



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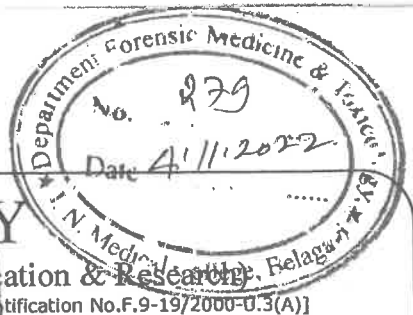
05 NOV 2022
1642

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. Somanhekhar. S. Pujar.
2. Qualification	MBBS, MD. Forensic Medicine
3. Designation	Professor
4. Department	Forensic Medicine & Toxicology
5. Institution	Jawaharlal Nehru Med. college
6. Date of joining the Institution	1 December 2010
7. Objectives of the Conference / Seminar / Symposium	Collaborative Forensics
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)	NIL
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 Conference</u> in a calendar year.	
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	Dr. Anu M, Professor & Head
b) Title of the program	KAMLSION - 2022, Collaborative Forensics
c) Place	JSS Med. College, Mysuru.
d) Duration	2 days
e) Date	25th, 26th Nov. 2022
f) Amount claimed	

Handwritten signature and date '11/22'

2



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BELAGAVI
NOV 2022
Inward 1641

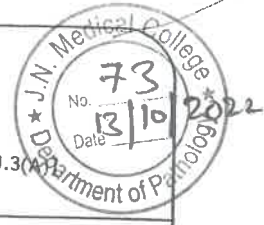
APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / ZONAL / NATIONAL CONFERENCES (To be submitted to the University through the concerned HoD & Principal)

A. To be filled by the faculty member:	
1. Name	Dr. Ravindra S. Hanungar
2. Qualification	MBBS, MD. Forensic Medicine
3. Designation	Professor & Head
4. Department	Dept. of Forensic Med & Toxicology
5. Institution	Jawahar Lal Nehru Med College
6. Date of joining the Institution	7th July 2007
7. Objectives of the Conference / Seminar / Symposium	Collaborative forensic
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)	NIL
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 Conference</u> in a calendar year.	
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	Dr. Arun M.
b) Title of the program	KAMLSCON-22 Collaborative Forensic
c) Place	Mysuru, JSS Med. College
d) Duration	2 days
e) Date	25, 26th Nov. 2022
f) Amount claimed	

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KLE
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& Research, BELAGAVI
07 NOV 2022
45

D. Hanungar

3



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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. Sunita Y. Patil
2. Qualification	MD (Pathology)
3. Designation	Professor
4. Department	Pathology
5. Institution	J.N. Medical College
6. Date of joining the Institution	14/7/2017
7. Objectives of the Conference / Seminar / Symposium	Health Professions Education
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	<input type="checkbox"/> a) Chairing a scientific session. <input checked="" type="checkbox"/> b) Contributing a scientific paper (poster or oral) <input type="checkbox"/> c) Delivering a guest lecture <input type="checkbox"/> 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	
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	HIMS, Dehradun - Uttarakhand
b) Title of the program	NCHPE-22 National Conf of Health Professions
c) Place	Dehradun
d) Duration	2 days
e) Date	2 nd + 3 rd Nov 2022
f) Amount claimed	16000/-

*Informal Candidate
on 8/11/22*

OFFICE OF THE REGISTRAR
 KLE Academy of Higher Education & Research, BELAGAVI
 14 OCT 2022
 26
 Inward No.....Sign.....

*As per form
R
FO
10/22
11/22*

4



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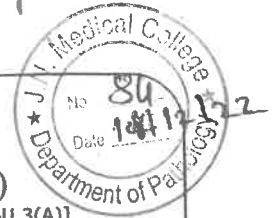


APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / ZONAL / NATIONAL CONFERENCES (To be submitted to the University through the concerned HoD & Principal)

A. To be filled by the faculty member:	
1. Name	Dr. SHIVASWAMY M.S.
2. Qualification	MD Community Medicine
3. Designation	Professor
4. Department	Community Medicine
5. Institution	J.N. Medical College, Belagavi
6. Date of joining the Institution	06-08-2007
7. Objectives of the Conference / Seminar / Symposium	Theme: Preserving the human connect in an era of Technological Advances in medicine
8. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet. to present a poster and to get latest updates in medical education
9. Assignment in the aforesaid Conference / Seminar / Symposium	<input type="checkbox"/> a) Chairing a scientific session. <input checked="" type="checkbox"/> b) Contributing a scientific paper (poster or oral) <input type="checkbox"/> c) Delivering a guest lecture <input type="checkbox"/> 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) - 2022	Nil
a) Title of the Conference / Seminar / Symposium	<div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>OFFICE OF THE REGISTRAR KLE Academy of Higher Education & Research, BELAGAVI</p> <p>11 OCT 2022</p> <p>26</p> <p>Inward No..... Sign.....</p> </div>
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 Conference</u> in a calendar year.	
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	Swami Rama Himalayan University with ARPE & FAIMER USA
a) Name of the Organizer	<p>informed candidate</p> <p>NCHPE-2022 13th National Conference On Health Professions Education Himalayan Institute of Medical Sciences Swami Rama Himalayan University, Dehradun</p> <p>2-3rd Nov-2022</p>
b) Title of the program	
c) Place	
d) Duration	
e) Date	
f) Amount claimed	

Approved *Signature* *FOR*

12



KLE UNIVERSITY

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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. MANASI GOSAVI
2. Qualification	MD PATHOLOGY
3. Designation	PROFESSOR
4. Department	PATHOLOGY
5. Institution	JNMC
6. Date of joining the Institution	20/6/12
7. Objectives of the Conference / Seminar / Symposium	Annual National Conference
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) <input checked="" type="checkbox"/> 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)	<p>Nil.</p> <p>8000/-</p> <p>OFFICE OF THE REGISTRAR KLE Academy of Higher Education & Research, BELAGAVI</p> <p>15 DEC 2022</p> <p>36 Inward No.....Sign.....</p>
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> Conference in a calendar year.	
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	Indian Association of Pathologists & Microbiologists
b) Title of the program	70 th Annual National Conference
c) Place	Bangalore
d) Duration	3 days
e) Date	2 nd - 4 th December 2022
f) Amount claimed	Rs 16800/-



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. Jang Bahadur Prasad*
 2. Qualification *Ph.D.*
 3. Designation *Associate Professor*
 4. Department *Epidemiology and Biostatistics*
 5. Institution *KLE Academy of Higher Education and Research*
 6. Email ID *jbipst2@gmail.com*
 7. Date of joining the Institution *1st Feb, 2019*

8. Objectives of the Conference / Seminar / Symposium *Conference (oral research paper presentation)*
 9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium *Please enclose a separate sheet. Advertisement of self, department and university.*
 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. *Attended Online*

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 *Indian Association for the study of population*
 b) Date of conduct *1-3 Dec 2022*
 c) Level of Conference (State / Zonal / National) *National*
 d) Venue *Udaipur, Rajasthan*
 e) Financial support extended by the University
 f) Copy of the sanction letter to be enclosed

No. Reg fee - 3000
Membership fee - 6000
Sanctioned - 9000

Yes
18000/-

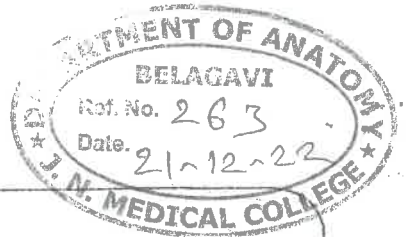
Note : The faculty member is eligible for financial support to attend one State / Zonal and one National Conference in a calendar year.

12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium
 a) Name of the Organizer *PRC, Mohanlal Sukhadia University, Udaipur*
 b) Title of the program *13th Annual Conference of the IASP*
 c) Place *Udaipur, Rajasthan*
 d) Duration *1-3, Dec, 2022 (Three days)*
 e) Date *Dec. 1-3, 2022*
 f) Amount claimed *9000/-*

OFFICE OF THE REGISTRAR
 KLE Academy of Higher Education & Research, BELAGAVI
 05 DEC 2022
 Inward No. 22 Sign

As per...
22

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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. Manisha S. More
2. Qualification	M.B.B.S., M.S. Anatomy
3. Designation	Associate Professor
4. Department	Anatomy
5. Email ID	manishamtogale@yahoo.co.in
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)	18-06-2012
8. Objectives of the Conference / Seminar / Symposium	Global Congress of Anatomists 46 th NATCON.
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet. - Yes attached
10. Assignment in the aforesaid Conference / Seminar / Symposium	<input checked="" type="checkbox"/> a) Delivering Key-note address / orations / plenary lectures <input checked="" type="checkbox"/> b) Contributing a scientific paper <input type="checkbox"/> c) International collaboration exchange program (only on invitation) <input type="checkbox"/> d) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation) <input type="checkbox"/> e) Others, if any, specify.
11. Particulars of the Conference being attended	
a) Title of the Conference / Seminar / Symposium	69 th NATCON & Global Congress of Anatomists
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/- National Level : Rs. 16,000/-
e) Venue	GIMS, Gadag, Karnataka.
f) Copy of the sanction letter along-with Brochure to be enclosed	- Yes - attached
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	- Nil -
b) Title of the program	-
c) Place	-
d) Duration	-
e) Date of Conference	-
f) Financial grant availed	-

OFFICE OF THE REGISTRAR
KLE Academy of Higher Education & Research, BELAGAVI
22 DEC 2022
Inward No. 12

8000/-
Reinstated as per person



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

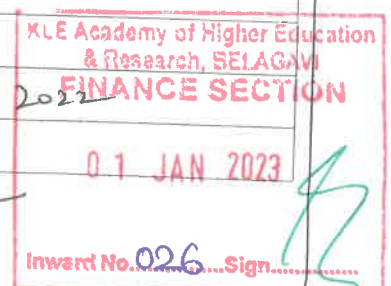
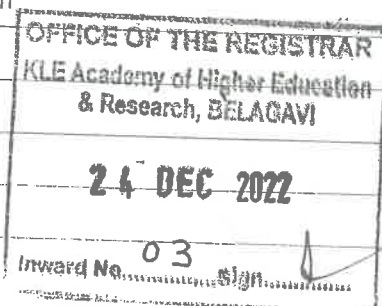
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APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / ZONAL / NATIONAL CONFERENCES

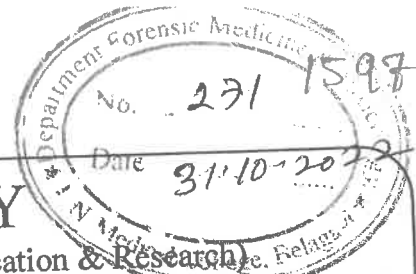
(To be submitted to the University through the concerned HoD & Principal)

A. To be filled by the faculty member:	
1. Name	Kashamma V- Uppur
2. Qualification	M.Sc
3. Designation	Lecturer
4. Department	Public Health
5. Institution	JNMC
6. Email ID	uppurkashamma@gmail.com
7. Date of joining the Institution	01/02/2021
8. Objectives of the Conference / Seminar / Symposium	Public Health Aspects of Nutrition towards Sustainable Devt Goals
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.
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	Public Health Aspects of Nutrition towards Sustainable Goals
b) Date of conduct	8 th and 9 th Dec 2022
c) Level of Conference (State / Zonal / National)	National
d) Venue	Mysore
e) Financial support extended by the University	
f) Copy of the sanction letter to be enclosed	Good
<p>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.</p>	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	Dept of Community Medicine, JSS Medical College
b) Title of the program	Dept of Studies in Food Sc & Nutrition Public Health Aspects of Nutrition
c) Place	Mysore
d) Duration	2 days
e) Date	8 th & 9 th Dec 2022
f) Amount claimed	



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 [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. PRASANNA S. JIRLI.
2. Qualification	M.D
3. Designation	Professor
4. Department	Forensic Medicine
5. Institution	J N M C, Belagavi
6. Date of joining the Institution	15.09.2003
7. Objectives of the Conference / Seminar / Symposium	Collaborative Forensics.
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	<input checked="" type="checkbox"/> a) Chairing a scientific session. <input type="checkbox"/> b) Contributing a scientific paper (poster or oral) <input type="checkbox"/> c) Delivering a guest lecture <input type="checkbox"/> 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
a) Title of the Conference / Seminar / Symposium	<i>Informed for certificate</i> 8/11/22 8000/HK
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 Conference</u> in a calendar year.	
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	OFFICE OF THE REGISTRAR KLE Academy of Higher Education & Research, BELAGAVI 02 NOV 2022 Inward No. 22 Sign <i>[Signature]</i>
a) Name of the Organizer	
b) Title of the program	
c) Place	
d) Duration	
e) Date	
f) Amount claimed	

Aspranona
[Signature]

2-11-



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly J.N. MEDICAL COLLEGE University)
[Deemed-to-be-University established u/s 3 of the UGC Act, 1956]

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



Office of the Registrar
J.N. MEDICAL COLLEGE
BELAGAVI
11/9 DEC 2022
Inward
Sign: [Signature]

A. To be filled by the faculty member:

1. Name	Dr. ANNAPURNA. KARI
2. Qualification	BDS, MPH
3. Designation	Lecturer
4. Department	Public Health.
5. Institution	J. N. Medical college
6. Email ID	drannapura.kari@gmail.com
7. Date of joining the Institution	29-9-2016
8. Objectives of the Conference / Seminar / Symposium	climate change: A public Health Threat
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	<input checked="" type="checkbox"/> a) Contributing a scientific paper (poster or oral) <input checked="" type="checkbox"/> b) Delivering a guest lecture <input type="checkbox"/> 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	Nil
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	—

18000/-

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

a) Name of the Organizer	Amrita Vishwa Vidyapeetham (AVM)
b) Title of the program	climate change: A Public Health Threat
c) Place	Kochi, Kerala
d) Duration	2 days
e) Date	2 nd & 3 rd December 2022
f) Amount claimed	Rs. 18,483/-

OFFICE OF THE REGISTRAR
KLE Academy of Higher Education & Research, BELAGAVI
14 DEC 2022
Inward No. 21 Sign: [Signature]

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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. Chaitanya Kaurat.
2. Qualification	MBBS MD DA
3. Designation	PROFESSOR
4. Department	Anaesthesiology
5. Institution	JNMC, Belagavi
6. Date of joining the Institution	7-11-2013
7. Objectives of the Conference / Seminar / Symposium	Medical Education.
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	<input type="checkbox"/> a) Chairing a scientific session. <input checked="" type="checkbox"/> b) Contributing a scientific paper (poster or oral) <input type="checkbox"/> c) Delivering a guest lecture <input type="checkbox"/> 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
a) Title of the Conference / Seminar / Symposium	-
b) Date of conduct	-
c) Venue	-
d) Financial support extended by the University	₹ 6000/-
e) Copy of the sanction letter to be enclosed	-
f) Level of Conference State / Zonal / National	-
<p>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.</p>	
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	Himalayan Institute of Medical Sciences, SRM University, Dehradun.
b) Title of the program	13 th National Conference on Health Professions Education - 2022
c) Place	Dehradun
d) Duration	4 days.
e) Date	31 st October to 3 rd November, 2022
f) Amount claimed	

Hand call on 7/10/22 But not completed

OFFICE OF THE REGISTRAR
 KLE Academy of Higher Education & Research, BELAGAVI
 15 OCT 2022
 Inward No. 06 Sign. _____

Department of Anaesthesiology
 No. 526
 Date: 13/10/22

Asperman
 17.10.22 FO
 2/11



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
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
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
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium
 - a) Name of the Organizer
 - b) Title of the program
 - c) Department
 - d) Duration
 - e) Date
 - f) Amount claimed

Dr. Jang Bahadur Prasad
Ph.D.
Associate Professor
Epidemiology and Biostatistics
KLE Academy of Higher Education and Resea
jbrips12@gmail.com
1st Feb, 2019
Oral presentation
Please enclose a separate sheet.
Advertisement of self, department and university
a) Contributing a scientific paper (poster or oral)
b) Delivering a guest lecture
c) Others, if any, specify

18000/-

45th Annual National Conference of the ISMS
24-26 Nov, 2022
National
Krishna Institute of Medical Statistics, Karad
No
Yes

Note : The faculty member is eligible for financial support to attend one State / Zonal and one National Conference in a calendar year.

7c Professor and Head
Dept. of Epidemiology & Biostatistics
KAHER, BELAGAVI

Dr. Kakade S.V.

OFFICE OF THE REGISTRAR
KLE Academy of Higher Education
& Research, BELAGAVI
14 DEC 2022
Inward No. 19 Sign

Karad, Maharashtra
24-26 Nov, 2022 (three days)
24-26 Nov, 2022
9000/-
As per memo
16.12



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. SUNITA Y PATIL
2. Qualification	MD [Pathology]
3. Designation	Professor
4. Department	PATHOLOGY
5. Institution	J. N. Medical College
6. Date of joining the Institution	14/7/2017.
7. Objectives of the Conference / Seminar / Symposium	Annual National Conference of Indian Assn of Pathologists.
8. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet. APCON-22
9. Assignment in the aforesaid Conference / Seminar / Symposium	<ul style="list-style-type: none"> a) Chairing a scientific session. <input checked="" type="checkbox"/> 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	08000/-
a) Title of the Conference / Seminar / Symposium	NCHPE-22
b) Date of conduct	2 nd & 3 rd Nov 2022.
c) Venue	HIMS, Dehradun, Uttarakhand.
d) Financial support extended by the University	'APPLIED' - under Medical Edu
e) Copy of the sanction letter to be enclosed	(HPE / UDEHP)
f) Level of Conference State / Zonal / National	National - Details yet to be available.
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	KCIAPM & IAPM.
b) Title of the project	APCON-22 - National conf of Assoc of Pathologists
c) Place	M.S. Ranaiah Med. College, Bengaluru.
d) Duration	Bengaluru, Karnataka
e) Date	3 days - 2 nd - 4 th Dec 2022.
f) Amount claimed	21

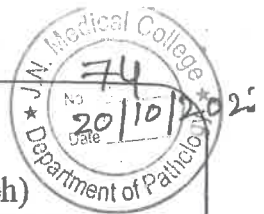
OFFICE OF THE REGISTRAR
 KLE Academy of Higher Education & Research, BELAGAVI
 28 NOV 2022
 Inward No. Sign.

23



KLE UNIVERSITY

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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. Bhagyashri R. Hungund (Joshi)
2. Qualification	MD Pathology
3. Designation	Professor
4. Department	Pathology
5. Institution	JNMC
6. Date of joining the Institution	2-1-2007
7. Objectives of the Conference / Seminar / Symposium	UPDATES IN HEALTH PROF EDUCATION
8. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet. Enclosed.
9. Assignment in the aforesaid Conference / Seminar / Symposium	a) Chairing a scientific session. b) <input checked="" type="checkbox"/> 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.
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 Conference</u> in a calendar year.	
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	Dr VIJENDRA D. CHAUHAN
b) Title of the program	13 th National Conference on Health Professions Education
c) Place	Himalayan Institute of Medical Sciences, Dehradun
d) Duration	2 days.
e) Date	2-11-2022 & 3 rd -11-2022
f) Amount claimed	42,000/-

OFFICE OF THE REGISTRAR
KLE Academy of Higher Education & Research, BELAGAVI
22 OCT 2022
Inward No. 15 Sign

KLE Academy of Higher Education & Research, BELAGAVI
FINANCE SECTION
04 JAN 2023
Inward No. 015 Sign

AS per...
27-10

For
02-11

7

Dept. of Community Medicine
No: 86
Date: 10/10/22
J.N. Medical College, Belagavi



KLE UNIVERSITY

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[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 DEEPTI M. KADEANGADI
2. Qualification	MBBS, MD Community medicine
3. Designation	ASSOCIATE PROFESSOR
4. Department	Community Medicine
5. Institution	J.N. Medical college, Belagavi
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)	Nil. Get certificate
a) Title of the Conference / Seminar / Symposium	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p>OFFICE OF THE REGISTRAR KLE Academy of Higher Education & Research, BELAGAVI</p> <p>11 OCT 2022</p> <p>Inward No. 25 Sign. ✓</p> </div>
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 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	Swami Rama Himalyan University with AIPEP, FAIMER, USA
b) Title of the program	13 th NCHPE-2022 13 th National Conference
c) Place	Himalyan Institute of Medical Sciences Dehradun Uttarakhand
d) Duration	
e) Date	2nd 3rd November 2022
f) Amount claimed	16000/-

Informed candidates

As per noor
11.10.22

- 2 -

12. Expenses involved towards attending the Conference:	
a) Place	Dehaaddhun, Uttarakhand
b) Mode of journey	Road Train and Air
c) Fare	
To and Fro expenses	20,000/-
Registration / Delegation Fee	8000/-
Accommodation charges	18300
Total Expenses	46,300/-
13. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	
<input checked="" type="checkbox"/> b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	Abstract details and email attached

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 sponsors 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: 10/10/2022

Signature of the faculty member

Deepthi M Kadavane

Ref. No. 1424

Date: 11-10-2022

To
The Registrar,
KLE University,
Belgaum.

Dear Sir,

We are enclosing herewith the application of the above Teacher in the prescribed format for grant of financial support to attend the Conference for kind consideration.

Thanking you,

Signature of the HoD

B. Melgud
10/10/22



Yours faithfully,

M. S.

Principal

J.N. Medical College,
BELAGAVI- 590 010

Ref. No - 1289

3/12/2022

To,

Date: 2.12.2022

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.

Thanking You

Dr Mane
2/12/2022

Get permission letter

3000/-

Yours Sincerely,

Dr Deepa R Mane.

Awarded for consideration

[Signature]

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

Forwarded to Registrar KAHER for consideration.

OFFICE OF THE REGISTRAR
KLE Academy of Higher Education
& Research, BELAGAVI
03 DEC 2022
Inward No. 37

[Signature]
2
3/12



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- 01022313 (S)

25th January, 2023

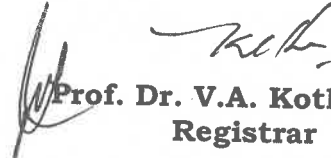
ORDER

- Sub : **Permission to participate in the National 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. Abhilasha Sampagar**, Professor, Department of Medical Oncology, J N Medical College Belagavi. For attending '25th Annual Conference of the Pediatric Hematology Oncology Chapter (PHOCON 2022)' to be held AIIMS and the India Habitat Centre, New Delhi, from 18th to 20th 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.




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, J N Medical College, Belagavi.
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]

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 Abhilasha S.
2. Qualification	MD (Pediatrics), FPHO
3. Designation	Professor
4. Department	Medical Oncology.
5. Institution	KARHER'S JNMC.
6. Email ID	abhilasha.pedia@gmail.com
7. Date of joining the Institution	1 st June 2012
8. Objectives of the Conference / Seminar / Symposium	Pediatric Hematology Oncology updates.
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	<input checked="" type="checkbox"/> a) Contributing a scientific paper (poster or oral) <input checked="" type="checkbox"/> 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	None
a) Title of the Conference / Seminar / Symposium	PHOCON (National).
b) Date of conduct	18 th , 19 th , 20 th November 2022
c) Level of Conference (State / Zonal / National)	National
d) Venue	New Delhi
e) Financial support extended by the University	16000/-
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	Dr Rachna Seth (AIIMS, New Delhi)
b) Title of the program	PHOCON (Pediatric Hematology Oncology)
c) Place	INDIA HABITAT (ENTRE (New Delhi) Conference
d) Duration	3 days.
e) Date	18 th , 19 th , 20 th November 2022
f) Amount claimed	

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

23 JAN 2023

Inward No. 10 Sign

As per MDAR

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]

Expenses involved towards attending the Conference:	
a) Place	Rs 20,000
b) Mode of journey	Flight (Air travel).
c) Fare	
To and Fro expenses	(Rs 20000)
Registration / Delegation Fee	(Rs 5500)
Accommodation charges	Rs 20,000.
Total Expenses	45500

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.

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 sponsors 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 : 18/1/23

Signature of the faculty member Abhi/wku

Ref. No. 2362

Date: 18/1/23
23/1/2023

To
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.

Thanking you,

Dr. Rohan Bhise
 Consultant Medical and Hematooncologist
 KMC Reg. No. 68179
 Signature of the HoD
 KLE Prabhakar Kore Hospital &
 MRC Belgaum



Yours faithfully,

Principal
Principal
Jawaharlal Nehru 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

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

Ref. No. KAHER-/2022-23/D- 23012319

7

18th January, 2023

ORDER

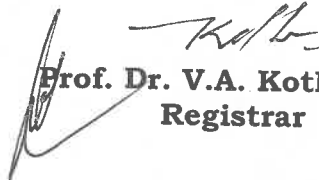
Sub : **Permission to participate in the National Conference.**

Ref : Request letter received from concerned applicant.

With reference to the above, the request of **Dr.V.A.Kothiwale**, Professor and Registrar, of KLE Academy of Higher Education and Research, Belagavi. For attending '78th Annual conference of Association of Physicians of India' to be held Ahmedabad from 26th to 29th January, 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 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 / 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.V.A.Kothiwale
2. Qualification	MD,FICC,FICP,Ph.D.
3. Designation	Registrar and Professor
4. Department	-
5. Institution	KLE Academy of Higher Education and Research, Belagavi.
6. Email ID	Nov10kothiwale@yahoo.co.in
7. Date of joining the Institution	October,1986
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.
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	Nil
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	APICON-2023
c) Place	Ahmedabad
d) Duration	4 days
e) Date	26 th to 29 th January 2023
f) Amount claimed	-



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. Expenses involved towards attending the Conference:

a) Place	Ahmedabad
b) Mode of journey	
c) Fare	By Air
To and Fro expenses	
Registration / Delegation Fee	
Accommodation charges	
Total Expenses	

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.

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 sponsors 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 : 16/01/2023


Signature of the faculty member

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 of financial support for presentation scientific paper (poster or oral) / delivering a guest lecture to attend the Conference for kind consideration.

Thanking you,

Yours faithfully,

Signature of the HoD

Seal

Principal

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / NATIONAL CONFERENCES

[Application](#)

(https://floxirsolutions.com/fin_assist/index.php/Core/ass_list)

LIST ([HTTPS://FLOXIRSOLUTIONS.COM/FIN_ASSIST/INDEX.PHP/CORE/ASS_LIST](https://floxirsolutions.com/fin_assist/index.php/Core/ass_list))

[Final Approved List](#)

(https://floxirsolutions.com/fin_assist/index.php/Core/claimed_report)

A. To be filled by the faculty member:

[User Master](#)

(https://floxirsolutions.com/fin_assist/index.php/Core/User_page)

[Bank Details](#)

(https://floxirsolutions.com/fin_assist/index.php/Core/Bank_Details)

[Change Password](#)

(https://floxirsolutions.com/fin_assist/index.php/Core/change_pass)

[Logout](#)

(https://floxirsolutions.com/fin_assist/index.php/Core/Logout)

1. Employee ID

101112155

2. Name

Prashant Annappa Karni

3. Qualification

MDS

4. Designation

Teaching Staff

5. Department

KLE VK Institute Of Dent

7. Email Id

prashantkarni@yahoo.cc

8. Date of joining the Institution

15-05-2013

B. Particulars and assignment in the conference:

1. Name of the Conference / Seminar / Symposium

Evolution Revolution Innovation

2. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium

3. Assignment in the aforesaid Conference / Seminar / Symposium

[View File](#)

(https://floxirsolutions.com/fin_assist/uploads/162186d42978d3_PCC_16_LETTER.jpg)

Please enclose a separate sheet.

Choose File | No file chosen

- a) Delivering key-note address/orations/plenary lectures
- b) Contributing the 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.

C. Particulars of the conference being attended

YES

a) Title of the Conference / Seminar / Symposium

Evolution Revolution I

b) Date of conduct

04-03-2022

c) Venue

SDM College of denta

d) Financial support extended by the University

Applied

25-02-2022

e. Quantum of financial grant eligible

I) State :Rs
8,000/-

II) National :Rs
16,000/-

f) Copy of the sanctioned letter to be enclosed

[View File](#)
(https://floxirsolutions.com/fin_assist/uploads/162186d42a9fef_PCC_16_LETTER.jpg)

Note : The faculty member is eligible for financial support to attend one State / Zonal and one National Conference in a calendar year.

D. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium

a) Name of the Organizer

SDM college of Denta

b) Title of the program

Pre convention course

c) Place

Dharwad

d) Duration

3

Day

e) Date of conference 04-03-2022

f) Financial grant sought applied

E. Expenses involved towards attending the Conference:

a) Place Dharwad

b) Mode of Journey By Road

Amount in Rs

c) Fare 2000.00

d) To and For exp. 2000.00

e) Registration / Delegation Fee 4720.00

f) Accommodation charges 5000.00

g) Other charges 15000.00

Total Expenses 28720.00

F. Documents to be submitted:

a) Copy of the letter of invitation from the organizers.

[View File](#)

(https://fixirsolutions.com/fin_assist/uploads/162186d42acae7_PCC_16_LETTER.jpg)

b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.

[View File](#)

(https://fixirsolutions.com/fin_assist/uploads/162186d42accad_Abstract-Pre-conference.docx)

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 sponsors 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



Accept terms and conditions

Date :

25-02-2022

Comments

Name	Comment
1	Dr. Veerappa Approved

To
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.
Thanking you,

Yours faithfully,

Signature of the HoD Principal

Add Your Comment Here Comment

Send For Approval

-  Application
-  Final Approved List
-  User Master
-  Bank Details
-  Change Password
-  Logout

AMOUNT CLAIM LIST

Sr.No	Title	Estimated Amount	Claimed Amount	Upload Receipt
1	Registration / Delegation Fee	25000	5900.00	View
2	To and Fro expenses	25000	2000.00	View
3	Accommodation charges	25000	5000.00	View
4	Other charges finance	25000	11200.00	View
Total		100000	24100	
			<input type="button" value="Deny"/>	<input type="button" value="Approve"/>

Bank Details

Sr.No	Bank Name	Acc Holder Name	Acc Number	Ifsc Code
1	State Bank of India	DR PRASHANT A KARANI	30781607727	SBIN0008789

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / NATIONAL CONFERENCES

[Application](#)

(https://floxirsolutions.com/fin_assist/index.php/Core/ass_list)

LIST ([HTTPS://FLOXIRSOLUTIONS.COM/FIN_ASSIST/INDEX.PHP/CORE/ASS_LIST](https://floxirsolutions.com/fin_assist/index.php/Core/ass_list))

[Final Approved List](#)

(https://floxirsolutions.com/fin_assist/index.php/Core/claimed_report)

A. To be filled by the faculty member:

[User Master](#)

(https://floxirsolutions.com/fin_assist/index.php/Core/User_page)

[Bank Details](#)

(https://floxirsolutions.com/fin_assist/index.php/Core/Bank_Details)

[Change Password](#)

(https://floxirsolutions.com/fin_assist/index.php/Core/change_pass)

[Logout](#)

(https://floxirsolutions.com/fin_assist/index.php/Core/logout)

1. Employee ID

101112140

2. Name

Dr.Abhijit Parasharam P.

3. Qualification

MDS

4. Designation

Teaching Staff

5. Department

KLE VK Institute Of Den

7. Email Id

dr.abhijitpatil85@gmail.c

8. Date of joining the Institution

02-06-2014

B. Particulars and assignment in the conference:

1. Name of the Conference / Seminar /

Symposium

Evolution-Revolution-Innovation

2. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium

3. Assignment in the aforesaid Conference / Seminar / Symposium

[View File](#)

(https://floxirsolutions.com/fin_assist/uploads/16215bde55199d_Screenshot_20220223-101536.jpg)

Please enclose a separate sheet.

No file chosen

- a) Delivering key-note address/orations/plenary lectures
- b) Contributing the 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.

C. Particulars of the conference being attended

NO

a) Title of the Conference / Seminar / Symposium

24th IPS PG conventi

b) Date of conduct

04-03-2022

c) Venue

Dharwad

d) Financial support extended by the University

Amount
dd-mm-yyyy

e. Quantum of financial grant eligible

I) State :Rs
8,000/-

II) National :Rs
16,000/-

f) Copy of the sanction letter to be enclosed

[View File](#)

Note : The faculty member is eligible for financial support to attend one State / Zonal and one National Conference in a calendar year.

D. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium

a) Name of the Organizer

Sdm dental collage ,d

b) Title of the program

ips pg convention

c) Place

Dharwad

d) Duration

1
Day

e) Date of conference

04-03-2022

f) Financial grant

Nil

E. Expenses involved towards attending the Conference:

a) Place	<input type="text" value="Dharwad"/>		
b) Mode of Journey	<input type="text" value="By Road"/>		
Amount in Rs			
c) Fare	<input type="text" value="0.00"/>	d) To and For exp.	<input type="text" value="2000.00"/>
e) Registration / Delegation Fee	<input type="text" value="4720.00"/>	f) Accommodation charges	<input type="text" value="4000.00"/>
g) Other charges	<input type="text" value="0.00"/>	Total Expenses	<input type="text" value="10720.00"/>

F. Documents to be submitted:

- a) Copy of the letter of invitation from the organizers. [View File](#)
(https://flicirsolutions.com/fin_assist/uploads/16215bde552479_Screenshot_20220223-100514.jpg)
- b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. [View File](#)

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 sponsors 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



Accept terms and conditions

Date :

Comments

	Name	Comment
1	Dr. Veerappa	Approved. Need to submit all original bills

To
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.

Thanking you,







Yours faithfully,

Signature of the HoD Principal

Add Your Comment Here Comment

Send For Approval

AMOUNT CLAIM LIST

-  Application
-  Final Approved List
-  User Master
-  Bank Details
-  Change Password
-  Logout

Sr.No	Title	Estimated Amount	Claimed Amount	Upload Receipt
1	Registration / Delegation Fee	25000	4720.00	View
2	To and Fro expenses	25000	2000.00	View
3	Accommodation charges	25000	4000.00	View
4	Other charges finance	25000	0.00	View
Total		100000	10720	

Bank Details				
Sr.No	Bank Name	Acc Holder Name	Acc Number	Ifsc Code
1	Kotak mahindra bank	DR.ABHIJIT PATIL	3511587145	KKBK0000447

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / NATIONAL CONFERENCES

[Application](#)

(https://flixirsolutions.com/fin_assist/index.php/Core/ass_list)

LIST ([HTTPS://FLIXIRSOLUTIONS.COM/FIN_ASSIST/INDEX.PHP/CORE/ASS_LIST](https://FLIXIRSOLUTIONS.COM/FIN_ASSIST/INDEX.PHP/CORE/ASS_LIST))

[Final Approved List](#)

(https://flixirsolutions.com/fin_assist/index.php/Core/claimed_report)

A. To be filled by the faculty member:

[User Master](#)

(https://flixirsolutions.com/fin_assist/index.php/Core/User_page)

[Bank Details](#)

(https://flixirsolutions.com/fin_assist/index.php/Core/Bank_Details)

[Change Password](#)

(https://flixirsolutions.com/fin_assist/index.php/Core/changePASS)

[Logout](#)

(https://flixirsolutions.com/fin_assist/index.php/Core/Logout)

1. Employee ID

101112220

2. Name

Mallikarjun Hanamantap

3. Qualification

MDS

4. Designation

Teaching Staff

5. Department

Pharmacology

6. Institution

KLE VK Institute Of Den

7. Email Id

drmallikarjunhd4@gmail

8. Date of joining the
Institution

15-09-2015

B. Particulars and assignment in the conference:

1. Name of the Conference / Seminar /

Symposium

Evaluation -Revolution-Innovation

2. Benefits to be derived from participation in the
aforesaid Conference / Seminar / Symposium

3. Assignment in the aforesaid Conference / Seminar
/ Symposium

[View File](#)

(https://flixirsolutions.com/fin_assist/uploads/16215c181ab22b_IMG_20220223_103203.jpg)

Please enclose a separate sheet.

Choose File No file chosen

- a) Delivering key-note address/orations/plenary lectures
- b) Contributing the 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.

C. Particulars of the
conference being
attended

NO

a) Title of the
Conference /
Seminar /
Symposium

b) Date of conduct

dd-mm-yyyy

c) Venue

d) Financial support
extended by the
University

Amount

dd-mm-yyyy

e. Quantum of financial grant
eligible

I) State :Rs
8,000/-

II) National :Rs
16,000/-

f) Copy of the
sanction letter to be
enclosed

[View File](#)

Note : The faculty member is eligible for financial support to attend one State / Zonal and one National Conference in a calendar year.

D. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium

a) Name of the
Organizer

SDM dental collage dl

b) Title of the
program

24th IPS PG CONVEI

c) Place

Dharwad

d) Duration

3
Day

e) Date of conference

04-03-2022

f) Financial grant

Nil

E. Expenses involved towards attending the Conference:

a) Place	<input type="text" value="Dharwad"/>		
b) Mode of Journey	<input type="text" value="By Road"/>		
Amount in Rs			
c) Fare	<input type="text" value="0.00"/>	d) To and For exp.	<input type="text" value="2000.00"/>
e) Registration / Delegation Fee	<input type="text" value="4720.00"/>	f) Accommodation charges	<input type="text" value="4000.00"/>
g) Other charges	<input type="text" value="0.00"/>	Total Expenses	<input type="text" value="10720.00"/>

F. Documents to be submitted:

- a) Copy of the letter of invitation from the organizers. [View File](#)
(https://fifixsolutions.com/fin_assist/uploads/16215c181abccb_IMG_20220223_103833.jpg)
- b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. [View File](#)

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 sponsors 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



Accept terms and conditions

Date :

Comments

Name	Comment
1	Dr. Veerappa Approved. Need to submit original bills

To
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.
Thanking you,

Yours faithfully,

Signature of the HoD Principal

Add Your Comment Here Comment

Send For Approval

AMOUNT CLAIM LIST

- Application
- Final Approved List
- User Master
- Bank Details
- Change Password
- Logout

Sr.No	Title	Estimated Amount	Claimed Amount	Upload Receipt
1	Registration / Delegation Fee	25000	4720.00	View
2	To and Fro expenses	25000	2000.00	View
3	Accommodation charges	25000	4000.00	View
4	Other charges finance	25000	0.00	View
	Total	100000	10720	

Bank Details				
Sr.No	Bank Name	Acc Holder Name	Acc Number	ifsc Code
1	SBI	DODDAMANI MALLIKARJUN H	11070055354	SBIN0002264

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / NATIONAL CONFERENCES

[Application](#)

(https://flixirsolutions.com/fin_assist/index.php/Core/ass_list)

LIST ([HTTPS://FLIXIRSOLUTIONS.COM/FIN_ASSIST/INDEX.PHP/CORE/ASS_LIST](https://flixirsolutions.com/fin_assist/index.php/Core/ass_list))

[Final Approved List](#)

(https://flixirsolutions.com/fin_assist/index.php/Core/claimed_report)

A. To be filled by the faculty member:

[User Master](#)

(https://flixirsolutions.com/fin_assist/index.php/Core/User_page)

[Bank Details](#)

(https://flixirsolutions.com/fin_assist/index.php/Core/Bank_Details)

[Change Password](#)

(https://flixirsolutions.com/fin_assist/index.php/Core/change_pass)

[Logout](#)

(https://flixirsolutions.com/fin_assist/index.php/Core/logout)

1. Employee ID

101112033

2. Name

Dr.Mahantesh Sadananc

3. Qualification

Masters in Dental Surgei

4. Designation

Teaching Staff

5. Department

Dr.Mahantesh Sadananc

6. Institution

KLE VK Institute Of Deni

7. Email Id

dr_msb@rediffmail.com

8. Date of joining the
Institution

01-03-2011

B. Particulars and assignment in the conference:

1. Name of the Conference / Seminar /
Symposium

Evolution-Revolution-Innovation

2. Benefits to be derived from participation in the
aforesaid Conference / Seminar / Symposium

3. Assignment in the aforesaid Conference / Seminar
/ Symposium

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(https://flixirsolutions.com/fin_assist/uploads/16215c1d704a0b_Benefits.docx)

Please enclose a separate sheet.

Choose File No file chosen

- a) Delivering key-note
address/orations/plenary lectures
- b) Contributing the 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.

C. Particulars of the
conference being
attended

NO

a) Title of the
Conference /
Seminar /
Symposium

b) Date of conduct

dd-mm-yyyy

c) Venue

d) Financial support
extended by the
University

Amount

dd-mm-yyyy

e. Quantum of financial grant
eligible

I) State :Rs
8,000/-

II) National :Rs
16,000/-

f) Copy of the
sanction letter to be
enclosed

[View File](#)

Note : The faculty member is eligible for financial support to attend one State / Zonal and one National
Conference in a calendar year.

D. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium

a) Name of the
Organizer

SDM Dental College,

b) Title of the
program

24TH INDIAN PROST

c) Place

Dharwad

d) Duration

3
Day

e) Date of conference

04-03-2022

f) Financial grant

16000

E. Expenses involved towards attending the Conference:

a) Place	<input type="text" value="Dharwad"/>		
b) Mode of Journey	<input type="text" value="Other"/>		
Amount in Rs			
c) Fare	<input type="text" value="0.00"/>	d) To and For exp.	<input type="text" value="2000.00"/>
e) Registration / Delegation Fee	<input type="text" value="4720.00"/>	f) Accommodation charges	<input type="text" value="7168.00"/>
g) Other charges	<input type="text" value="2000.00"/>	Total Expenses	<input type="text" value="15888.00"/>

F. Documents to be submitted:

- a) Copy of the letter of invitation from the organizers. [View File](https://flicirsolutions.com/fin_assist/uploads/16215c1d704be7_IMG-20220223-WA0013.jpg)
(https://flicirsolutions.com/fin_assist/uploads/16215c1d704be7_IMG-20220223-WA0013.jpg)
- b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. [View File](#)

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 sponsors 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



Accept terms and conditions

Date :

Comments

Name	Comment
1	Dr. Veerappa Approved. Need to Submit the original bills

To
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.
Thanking you,

Yours faithfully,

Signature of the HoD Principal

Add Your Comment Here Comment

Send For Approval

-  Application
-  Final Approved List
-  User Master
-  Bank Details
-  Change Password
-  Logout

AMOUNT CLAIM LIST

Sr.No	Title	Estimated Amount	Claimed Amount	Upload Receipt
1	Registration / Delegation Fee	25000	4720.00	View
2	To and Fro expenses	25000	2000.00	View
3	Accommodation charges	25000	7168.00	View
4	Other charges finance	25000	2000.00	View
Total		100000	15888	
			<input type="button" value="Deny"/>	<input type="button" value="Approve"/>

Bank Details

Sr.No	Bank Name	Acc Holder Name	Acc Number	Ifsc Code
1	SBI	MAHNTESH BEMBALAGI	30782934833	SBIN0008789

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / NATIONAL CONFERENCES

[Application](#)

(https://flixirsolutions.com/fin_assist/index.php/Core/ass_list)

LIST ([HTTPS://FLIXIRSOLUTIONS.COM/FIN_ASSIST/INDEX.PHP/CORE/ASS_LIST](https://flixirsolutions.com/fin_assist/index.php/Core/ass_list))

[Final Approved List](#)

(https://flixirsolutions.com/fin_assist/index.php/Core/claimed_report)

A. To be filled by the faculty member:

[User Master](#)

(https://flixirsolutions.com/fin_assist/index.php/Core/User_page)

[Bank Details](#)

(https://flixirsolutions.com/fin_assist/index.php/Core/Bank_details)

[Change Password](#)

(https://flixirsolutions.com/fin_assist/index.php/Core/change_pass)

[Logout](#)

(https://flixirsolutions.com/fin_assist/index.php/Core/logout)

1. Employee ID

101112059

2. Name

Dr. Anandkumar Goudar

3. Qualification

Masters in Dental Surger

4. Designation

Teaching Staff

5. Department

6. Institution

KLE VK Institute Of Deni

7. Email Id

patilprosth@yahoo.co.in

8. Date of joining the Institution

21-02-2013

B. Particulars and assignment in the conference:

1. Name of the Conference / Seminar / Symposium

Symposium

Evolution-Revolution-Innovation

2. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium

3. Assignment in the aforesaid Conference / Seminar / Symposium

[View File](#)

(https://flixirsolutions.com/fin_assist/uploads/16215d2ea1e24e_Benefits.docx)

Please enclose a separate sheet.

Choose File No file chosen

- a) Delivering key-note address/orations/plenary lectures
- b) Contributing the 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.

C. Particulars of the conference being attended

(NO)

a) Title of the Conference / Seminar / Symposium

b) Date of conduct

dd-mm-yyyy

c) Venue

d) Financial support extended by the University

Amount

dd-mm-yyyy

e. Quantum of financial grant eligible

I) State :Rs 8,000/-

II) National :Rs 16,000/-

f) Copy of the sanction letter to be enclosed

[View File](#)

Note : The faculty member is eligible for financial support to attend one State / Zonal and one National Conference in a calendar year.

D. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium

a) Name of the Organizer

SDM Dental College,

b) Title of the program

24TH INDIAN PROST

c) Place

Dharwad

d) Duration

3 Day

e) Date of conference

04-03-2022

f) Financial grant

16000

No Bills attached
4th one

E. Expenses involved towards attending the Conference:

a) Place	<input type="text" value="Dharwad"/>		
b) Mode of Journey	<input type="text" value="Other"/>		
Amount in Rs			
c) Fare	<input type="text" value="0.00"/>	d) To and For exp.	<input type="text" value="2000.00"/>
e) Registration / Delegation Fee	<input type="text" value="4720.00"/>	f) Accommodation charges	<input type="text" value="7168.00"/>
g) Other charges	<input type="text" value="2000.00"/>	Total Expenses	<input type="text" value="15888.00"/>

F. Documents to be submitted:

- a) Copy of the letter of invitation from the organizers. [View File
\(https://fifixsolutions.com/fin_assist/uploads/16215d2ea1ec5d_Invite.pdf\)](https://fifixsolutions.com/fin_assist/uploads/16215d2ea1ec5d_Invite.pdf)
- b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. [View File](#)

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



Accept terms and conditions

Date :

Comments

Name	Comment
1	Dr. Veerappa Approved. Need to submit the original bills.

To
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.
Thanking you,

Yours faithfully,

Signature of the HoD Principal

Add Your Comment Here Comment

Send For Approval

- Application
- Final Approved List
- User Master
- Bank Details
- Change Password
- Logout

AMOUNT CLAIM LIST

Sr.No	Title	Estimated Amount	Claimed Amount	Upload Receipt
1	Registration / Delegation Fee	25000	5900.00	View
2	To and Fro expenses	25000	2000.00	View
3	Accommodation charges	25000	4200.00	View
4	Other charges finance	25000	2000.00	View
	Total	100000	14100	

Bank Details

Sr.No	Bank Name	Acc Holder Name	Acc Number	Ifsc Code
1	HDFC	ANANDKUMAR BANK G PATIL	1651530000688	HDFC0000253

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / NATIONAL CONFERENCES

[Application](#)

(https://flixirsolutions.com/fin_assist/index.php/Core/ass_list)

LIST ([HTTPS://FLIXIRSOLUTIONS.COM/FIN_ASSIST/INDEX.PHP/CORE/ASS_LIST](https://flixirsolutions.com/fin_assist/index.php/Core/ass_list))

[Final Approved List](#)

(https://flixirsolutions.com/fin_assist/index.php/Core/claimed_report)

A. To be filled by the faculty member:

[User Master](#)

(https://flixirsolutions.com/fin_assist/index.php/Core/User_page)

[Bank Details](#)

(https://flixirsolutions.com/fin_assist/index.php/Core/Bank_Details)

[Change Password](#)

(https://flixirsolutions.com/fin_assist/index.php/Core/changepass)

[Logout](#)

(https://flixirsolutions.com/fin_assist/index.php/Core/Logout)

1. Employee ID

101112243

2. Name

Dr. Veena B Benakatti B:

3. Qualification

MDS

4. Designation

Teaching Staff

5. Department

6. Institution

KLE VK Institute Of Dent

7. Email Id

veenak20021@rediffmai

8. Date of joining the
Institution

22-09-2016

B. Particulars and assignment in the conference:

1. Conference / Seminar /
Symposium

"Evolution-Revolution-Innovation" In Prosthodontics

2. Benefits to be derived from participation in the
aforesaid Conference / Seminar / Symposium

3. Assignment in the aforesaid Conference / Seminar
/ Symposium

[View File](#)

(https://flixirsolutions.com/fin_assist/uploads/1621722175fe6c_Benefits.docx)

Please enclose a separate sheet.

Choose File No file chosen

- a) Delivering key-note
address/orations/plenary lectures
- b) Contributing the 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.

C. Particulars of the
conference being
attended

NO

a) Title of the
Conference /
Seminar /
Symposium

b) Date of conduct

dd-mm-yyyy

c) Venue

d) Financial support
extended by the
University

Amount

dd-mm-yyyy

e. Quantum of financial grant
eligible

I) State :Rs
8,000/-

II) National :Rs
16,000/-

f) Copy of the
sanction letter to be
enclosed

[View File](#)

Note : The faculty member is eligible for financial support to attend one State / Zonal and one National
Conference in a calendar year.

D. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium

a) Name of the
Organizer

SDM Dental College

b) Title of the
program

24th IPS PG Convent

c) Place

Dharwad

d) Duration

3
Day

e) Date of conference

04-03-2022

f) Financial grant

16000

E. Expenses involved towards attending the Conference:

a) Place	<input type="text" value="Dharwad"/>		
b) Mode of Journey	<input type="text" value="By Road"/>		
Amount in Rs			
c) Fare	<input type="text" value="0.00"/>	d) To and For exp.	<input type="text" value="3000.00"/>
e) Registration / Delegation Fee	<input type="text" value="4720.00"/>	f) Accommodation charges	<input type="text" value="5000.00"/>
g) Other charges	<input type="text" value="3000.00"/>	Total Expenses	<input type="text" value="15720.00"/>

F. Documents to be submitted:

- a) Copy of the letter of invitation from the organizers. [View File](#)
(https://flicirsolutions.com/fin_assist/uploads/16217221760781_Dr_Veena.jpeg)
- b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. [View File](#)

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 sponsors 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



Accept terms and conditions

Date :

Comments

Name	Comment
1	Dr. Veerappa KAHER norms and after submission of original bills

To
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.
Thanking you,







Yours faithfully,

Signature of the HoD Principal

Add Your Comment Here Comment

Send For Approval

AMOUNT CLAIM LIST

-  Application
-  Final Approved List
-  User Master
-  Bank Details
-  Change Password
-  Logout

Sr.No	Title	Estimated Amount	Claimed Amount	Upload Receipt
1	Registration / Delegation Fee	25000	4720.00	View
2	To and Fro expenses	25000	3000.00	View
3	Accommodation charges	25000	5000.00	View
4	Other charges finance	25000	3000.00	View
	Total	100000	15720	

Bank Details				
Sr.No	Bank Name	Acc Holder Name	Acc Number	Ifsc Code
1	RANI CHANNAMMA MAHILA SAHAKARI BANK NIYAMIT BELAGAVI	VEENA BENAKATTI	3002300003378	IBKL0101BZR

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / NATIONAL CONFERENCES

[Application](#)

https://flixirsolutions.com/fin_assist/index.php/Core/ass_list

LIST ([HTTPS://FLIXIRSOLUTIONS.COM/FIN_ASSIST/INDEX.PHP/CORE/ASS_LIST](https://flixirsolutions.com/fin_assist/index.php/Core/ass_list))

[Final Approved List](#)

https://flixirsolutions.com/fin_assist/index.php/Core/claimed_report

A. To be filled by the faculty member:

[User Master](#)

https://flixirsolutions.com/fin_assist/index.php/Core/User_page

[Bank Details](#)

https://flixirsolutions.com/fin_assist/index.php/Core/Bank_Details

[Change Password](#)

https://flixirsolutions.com/fin_assist/index.php/Core/changepass

[Logout](#)

https://flixirsolutions.com/fin_assist/index.php/Core/admin_logout

B. Particulars and assignment in the conference:

1. **Particulars of the Conference / Seminar /**

Symposium

Evolution-revolution-innovation

2. **Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium**

3. **Assignment in the aforesaid Conference / Seminar / Symposium**

3. **Qualification**

MDS

4. **Designation**

Teaching Staff

2. **Name**

Aditya Ramnarayan Ach

1. **Employee ID**

101112162

6. **Institution**

KLE VK Institute Of Den'

5. **Department**

7. **Email Id**

adiacharya123@gmail.co

8. **Date of joining the Institution**

27-08-2014

[View File](#)

https://flixirsolutions.com/fin_assist/uploads/1621874d113d3d_To-Aditya.docx

Please enclose a separate sheet.

Choose File No file chosen

a) **Delivering key-note**

address/orations/plenary lectures



b) **Contributing the 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.**



C. **Particulars of the conference being attended**

NO

a) **Title of the Conference / Seminar / Symposium**

24th national indian pi

b) **Date of conduct**

04-03-2022

c) **Venue**

SDMCDS, Dharwad K

d) **Financial support extended by the University**

Nil

dd-mm-yyyy

e. **Quantum of financial grant eligible**

I) **State :Rs 8,000/-**



II) **National :Rs 16,000/-**



f) **Copy of the sanction letter to be enclosed**

[View File](#)

Note : The faculty member is eligible for financial support to attend one State / Zonal and one National Conference in a calendar year.

D. **Particulars of the organizers of the aforesaid Conference / Seminar / Symposium**

a) **Name of the Organizer**

Indian Prosthodontic S

b) **Title of the program**

24th National IPS PG

c) **Place**

SDMCDS, Dharwad K

d) **Duration**

3 Day

e) **Date of conference**

04-03-2022

f) **Financial grant**

16000

E. Expenses involved towards attending the Conference:

a) Place	<input type="text" value="Dharwad"/>		
b) Mode of Journey	<input type="text" value="By Road"/>		
Amount in Rs			
c) Fare	<input type="text" value="0.00"/>	d) To and For exp.	<input type="text" value="2000.00"/>
e) Registration / Delegation Fee	<input type="text" value="4851.00"/>	f) Accommodation charges	<input type="text" value="5000.00"/>
g) Other charges	<input type="text" value="0.00"/>	Total Expenses	<input type="text" value="11851.00"/>

F. Documents to be submitted:

- a) Copy of the letter of invitation from the organizers. [View File](#)
([https://fixirsolutions.com/fin_assist/uploads/1621874d11469a_Dr._Aditya_Acharya_\(1\).pdf](https://fixirsolutions.com/fin_assist/uploads/1621874d11469a_Dr._Aditya_Acharya_(1).pdf))
- b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. [View File](#)
(https://fixirsolutions.com/fin_assist/uploads/1621874d114e10_PCC_16_LETTER_Final.jpg)

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 sponsors 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

**Accept terms and conditions****Date :****Comments**

	Name	Comment
1		Dr. Veerappa Approved. The incentives will be released after the submission of original bills.

To
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.
Thanking you,

Yours faithfully,

Signature of the HoD Principal

- Application
- Final Approved List
- User Master
- Bank Details
- Change Password
- Logout

AMOUNT CLAIM LIST

Sr.No	Title	Estimated Amount	Claimed Amount	Upload Receipt
1	Registration / Delegation Fee	25000	4851.00	View
2	To and Fro expenses	25000	2000.00	View
3	Accommodation charges	25000	5000.00	View
4	Other charges finance	25000	4000.00	View
	Total	100000	15851	
			<input type="button" value="Deny"/>	<input type="button" value="Approve"/>

Bank Details

Sr.No	Bank Name	Acc Holder Name	Acc Number	Ifsc Code
1	Canara bank	ADITYA R ACHARYA	5382210012801	CNRB0010556

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / ZONAL / NATIONAL CONFERENCES

[Application](#)

(https://floxirsolutions.com/fin_assist/index.php/Core/ass_list)

LIST ([HTTPS://FLOXIRSOLUTIONS.COM/FIN_ASSIST/INDEX.PHP/CORE/ASS_LIST](https://floxirsolutions.com/fin_assist/index.php/Core/ass_list))

[Final Approved List](#)

(https://floxirsolutions.com/fin_assist/index.php/Core/claimed_report)

A. To be filled by the faculty member:

[User Master](#)

(https://floxirsolutions.com/fin_assist/index.php/Core/User_page)

1. Employee ID

101112221

2. Name

Swapnil Bhujabali Shankr

3. Qualification

Lecturer

4. Designation

Teaching Staff

[Bank Details](#)

(https://floxirsolutions.com/fin_assist/index.php/Core/Bank_Details)

5. Department

6. Institution

KLE VK Institute Of Denta

7. Email ID

drswapnilshankargouda@

8. Date of joining the Institution

08-09-2014

[Change Password](#)

(https://floxirsolutions.com/fin_assist/index.php/Core/changepass)

B. Particulars and assignment in the conference:

[Logout](#)

(https://floxirsolutions.com/fin_assist/index.php/Core/admin_logout)

1. Objective of the

Conference / Seminar / Symposium

Evolution revolution innov

2. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium

Please enclose a separate sheet.

[View File](#)

(https://floxirsolutions.com/fin_assist/uploads/16219d23917c5d_To-swapnil.docx)

3. 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.

4. Details of the financial support previously extended by the University to attend the similar Conference (s)

NO

a) Title of the Conference / Seminar / Symposium

b) Date of conduct

dd-mm-yyyy

c) Level of Conference (State / Zonal / National)

Select

d) Venue

e) Financial support extended by the University

Amount

dd-mm-yyy.

f) Copy of the sanction letter to be enclosed

[View File](#)

Note : The faculty member is eligible for financial support to attend one State / Zonal and one National Conference in a calendar year.

C. Particulars of the organizers of the proposed Conference / Seminar / Symposium:

a) Name of the Organizer

SDM dental college and hospital

b) Title of the program

24th Indian Prosthodontic Society Na

c) Place

dharwad

d) Duration

3

Day

e) Date

04-03-2

16000

f) Eligible amount

16000

D. Expenses involved towards attending the Conference:

a) Place

dharwad

b) Mode of journey

By Road

c) Fare

0.00

d) To and For exp.

2000.00

e) Registration / Delegation Fee

4720.00

f) Accommodation charges

7200.00

g) Other charges

4000.00

Total Expenses

17920.00

E. Documents to be submitted:

a) Copy of the letter of invitation from the organizers.

View File

https://flixirsolutions.com/fin_assist/uploads/16219d2391862d_PCC_16_LETTER_INVITE.jpg

https://flixirsolutions.com/fin_assist/uploads/16219d23918909_PCC_16_LETTER_INVITE.jpg

b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.

View File

https://flixirsolutions.com/fin_assist/uploads/16219d23918909_PCC_16_LETTER_INVITE.jpg

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 sponsors 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.

Accept terms and conditions

Date: 26-03-2020

Comments

Name	S/No	Comment
1	Dr. Veerappa	Approved. The Financial Assistance will be release after the submission of Original Bills

To
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.

Thanking you,

Yours faithfully,

Signature of the HoD Principal

Add Your Comment Here Comment

Send For Approval

Application

Final Approved List

User Master

Bank Details

Change Password

Logout

AMOUNT CLAIM LIST

Sr.No	Title	Estimated Amount	Claimed Amount	Upload Receipt
1	Registration / Delegation Fee	25000	4720.00	View
2	To and Fro expenses	25000	2000.00	View
3	Accommodation charges	25000	7200.00	View
4	Other charges finance	25000	4000.00	View
	Total	100000	17920	

Bank Details

Sr.No	Bank Name	Acc Holder Name	Acc Number	Ifsc Code
1	RANI CHENNAMMA MAHILA SAHAKARI BANK	SWAPNIL BHUIABALI SHANKARGOUDA	3002300002818	IBKL0101BZR

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / NATIONAL CONFERENCES

[Application](#)

(https://flixirsolutions.com/fin_assist/index.php/Core/ass_list)

LIST ([HTTPS://FLIXIRSOLUTIONS.COM/FIN_ASSIST/INDEX.PHP/CORE/ASS_LIST](https://flixirsolutions.com/fin_assist/index.php/Core/ass_list))

[Final Approved List](#)

(https://flixirsolutions.com/fin_assist/index.php/Core/claimed_report)

A. To be filled by the faculty member:

[User Master](#)

(https://flixirsolutions.com/fin_assist/index.php/Core/User_page)

[Bank Details](#)

(https://flixirsolutions.com/fin_assist/index.php/Core/Bank_Details)

[Change Password](#)

(https://flixirsolutions.com/fin_assist/index.php/Core/change_pass)

[Logout](#)

(https://flixirsolutions.com/fin_assist/index.php/Core/sign_out)

1. Employee ID

101112136

2. Name

Sayed Mohammed M Kil

3. Qualification

MDS

4. Designation

Teaching Staff

5. Department

Prosthodontics

6. Institution

KLE VK Institute Of Den

7. Email Id

dr.sayed.k@gmail.com

8. Date of joining the Institution

02-06-2014

B. Particulars and assignment in the conference:

1. Name of the Conference / Seminar / Symposium

Symposium

Evolution, Revolution, Innovation

2. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium

3. Assignment in the aforesaid Conference / Seminar / Symposium

[View File](#)

(https://flixirsolutions.com/fin_assist/uploads/16222e0e27f3c9_3.6.1_1613988663_5736.docx)

Please enclose a separate sheet.

Choose File No file chosen

- a) Delivering key-note address/orations/plenary lectures
- b) Contributing the 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.

C. Particulars of the conference being attended

NO

a) Title of the Conference / Seminar / Symposium

24th Indian Prosthodontics

b) Date of conduct

04-03-2022

c) Venue

SDM dental college D

d) Financial support extended by the University

Amount

05-03-2022

e. Quantum of financial grant eligible

I) State :Rs 8,000/-



II) National :Rs 16,000/-



f) Copy of the sanctioned letter to be enclosed

[View File](#)

Note : The faculty member is eligible for financial support to attend one State / Zonal and one National Conference in a calendar year.

D. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium

a) Name of the Organizer

SDM dental college D

b) Title of the program

24th National Indian F

c) Place

Dharwad Karnataka

d) Duration

3 Day

e) Date of conference

04-03-2022

f) Financial grant

4750

E. Expenses involved towards attending the Conference:

a) Place	<input type="text" value="Dharwad"/>		
b) Mode of Journey	<input type="text" value="By Road"/>		
Amount in Rs			
c) Fare	<input type="text" value="2000.00"/>	d) To and For exp.	<input type="text" value="0.00"/>
e) Registration / Delegation Fee	<input type="text" value="0.00"/>	f) Accommodation charges	<input type="text" value="1800.00"/>
g) Other charges	<input type="text" value="0.00"/>	Total Expenses	<input type="text" value="3800.00"/>

F. Documents to be submitted:

- a) Copy of the letter of invitation from the organizers. [View File](#)
(https://flicirsolutions.com/fin_assist/uploads/16222e0e27fbaa_Screenshot_20220305-093157.jpg).
- b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. [View File](#)

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 sponsors 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



Accept terms and conditions

Date :

Comments

Name	Comment
1	Dr. Veerappa Approved

To
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. Thanking you,

Yours faithfully,

Signature of the HoD Principal

Add Your Comment Here Comment

Send For Approval

- Application
- Final Approved List
- User Master
- Bank Details
- Change Password
- Logout

AMOUNT CLAIM LIST

Sr.No	Title	Estimated Amount	Claimed Amount	Upload Receipt
1	Registration / Delegation Fee	25000	4720.00	View
2	To and Fro expenses	25000	2000.00	View
3	Accommodation charges	25000	1800.00	View
4	Other charges finance	25000	0.00	View
Total		100000	8520	

Bank Details

Sr.No	Bank Name	Acc Holder Name	Acc Number	Ifsc Code
1	Canara Bank	SAYED MOHAMMED MUZAMIL KILLEDAR	5042600001931	CNRB0010504

Ref. No. 232



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 ADITYA ACHARYA
2. Qualification	M.D.S.
3. Designation	LECTURER.
4. Department	PROSTHODONTICS
5. Email ID	adiacharya123@gmail.com
6. Institution	KAHER KLE UKIDS, BELAGAVI.
7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility)	27/08/2014
8. Objectives of the Conference / Seminar / Symposium	RESERVATION - RECONSTRUCTION-TRANSFORMATION.
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	<ul style="list-style-type: none"> a) Delivering Key-note address / orations / plenary lectures <input checked="" type="checkbox"/> b) Contributing a scientific paper ATTACHED. 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	8 th IPS, K'NATAKA STATE CONFERENCE.
b) Date of conduct	20 th - 21 st MAY 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	BAGAL KOTE, K'TAKA.
f) Copy of the sanction letter along-with Brochure to be enclosed	SUBMITTED ONLINE.

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	INDIAN PROSTHODONTIC SOCIETY.
b) Title of the program	24 th NATIONAL PG CONVENTION,
c) Place	DHARWAD.
d) Duration	17 th - 19 th MARCH 2022.
e) Date of Conference	3 days.
f) Financial grant availed	Rs. 8,000/-

KLE Academy of Higher Education & Research, BELAGAVI
FINANCE SECTION
 09 JUN 2022
 Inward No. 022 Sign.....

OFFICE OF THE REGISTRAR
 KLE Academy of Higher Education & Research, BELAGAVI
 04 JUN 2022
 02
 Inward No. Sign.....

By Resh
 Asst. Registrar

For
 9-6-22

3

Ref. No. 213



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. Abhijit patil.
2. Qualification	MDS (prosthodontics).
3. Designation	Lecturer.
4. Department	prosthodontics & crown & bridge.
5. Email ID	dr.abhijitpatil85@gmail.com
6. Institution	KLE V.K. institute of dental sciences.
7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility)	2 june 2016.
8. Objectives of the Conference / Seminar / Symposium	preservation - Recon struch on - Transfer
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	<ul style="list-style-type: none"> a) Delivering Key-note address / orations / plenary lectures <input checked="" type="checkbox"/> 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	8th IPS Karnataka state conf.
b) Date of conduct	20 - 21st may 2022
c) Level of Conference	State / National state
d) Quantum of financial grant eligible (or actuals expenses, whichever is less)	State Level : Rs. 8,000/- National Level : Rs.16,000/-
e) Venue	Bagalkote
f) Copy of the sanction letter along-with Brochure to be enclosed	<input checked="" type="checkbox"/>
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	SDM Dental collage, Dharwad.
b) Title of the program	24th IPS national PG convention.
c) Place	Dharwad, Karnataka.
d) Duration	3 days.
e) Date of Conference	4 - 6th march 2022
f) Financial grant availed	Yes. (8000).

KLE Academy of Higher Education & Research, BELAGAVI
FINANCE SECTION
 09 JUN 2022
 Inward No. 023 Sign.....

OFFICE OF THE DEAN
 KLE Academy of Higher Education & Research, BELAGAVI
 01 JUN 2022
 Inward No. 38 Sign.....

As per norms
 FOH
 9.6.22

Ref. NO. 143.

9

From,

Dr Ramesh P Nayakar

Professor

Department of Prosthodontics

KAHER KLE VKIDS, Belagavi.

To,

The Registrar

KAHER, Belagavi

SUB:1. Regarding sanctioning the remuneration amount for attending 24th IPS National PG Convention at Dharwad, Karnataka from 4th-6th March 2022.

2. Online uploading errors after uploading the receipts for the same through online portal.

Respected Sir,

With reference to the above mentioned subject, I, Dr Ramesh P Nayakar, Professor, Department of Prosthodontics, KLEVKIDS had attended the above mentioned conference as resource person and had applied for the remuneration through online portal on 23/02/2022. The online application was approved by the university and I was asked to upload the receipts for the same. After uploading receipts, the data was not saved and there was error which showing my accepted application again as new application. I am here by enclosing the accepted details of my remuneration and receipts for your kind information. Kindly consider my application and sanction the remuneration amount.

Thanking you

Date : 17/5/2022

NOT PAID

Your's Sincerely

Dr Ramesh P Nayakar

Enclosures:

1. Screen shot of Online application approved details
2. Resource person certificates
3. Registration, Accommodation and travels receipts
4. Account Details

forwarded to University
Principal
KLE V.K. Institute of Dental Sciences
Mehru Nagar, BELAGAVI-590010

OFFICE OF THE REGISTRAR
KLE Academy of Higher Education
& Research, BELAGAVI
17 MAY 2022
Inward No. 44 Sign

FO
KLE Academy of Higher Education
& Research, BELAGAVI
FINANCE SECTION
19 MAY 2022
Inward No. 05 Sign

Ref. No. 867

4



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. Sagar Salim
2. Qualification	M.D.S
3. Designation	Lecturer
4. Department	Public Health Dentistry
5. Email ID	dr.sagarjalim@gmail.com
6. Institution	K.L.E., VKIDS Belgaum
7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility)	19/10/2012

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.

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. *Chairing sessions*

11. Particulars of the Conference being attended

a) Title of the Conference / Seminar / Symposium

70th IAPHD National *23rd*

b) Date of conduct

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

Maquines, Palace Panajiho

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) Duration

e) Date of Conference

f) Financial grant availed

8000/-

Ref. No. 866

5

4



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

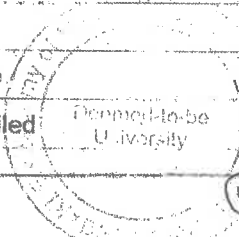
[Deemed-to-be-University established u/s 3 of the UGC Act, 1956]

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. Roopali. Sankeshwari
2. Qualification	MDS, Ph.D.
3. Designation	Reader
4. Department	Public Health Dentistry
5. Email ID	docrups@gmail.com
6. Institution	KLEVK IDS, Bolagavi
7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility)	24/6/2010.
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.
10. Assignment in the aforesaid Conference / Seminar / Symposium	<ul style="list-style-type: none"> a) Delivering Key-note address / orations / plenary lectures <input checked="" type="checkbox"/> 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.
<p><i>As per instructions from Registrar's Office (Dr. Sankeshwari) ₹ 8000 vis to be paid. inf. by Puj. 06/12/2022</i></p>	
11. Particulars of the Conference being attended	
a) Title of the Conference / Seminar / Symposium	26 th IAPHD - National Conference
b) Date of conduct	23 rd - 25 th Sept 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	Maguinez Palace, Panaji, Goa
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	ITS - Dental College - Modinaga
b) Title of the program	23 rd - IAPHD National Conference
c) Place	Modinaga
d) Duration	3 days
e) Date of Conference	30 th Nov. 2018 - 2 nd Dec 2018
f) Financial grant availed	Rs 8000/-



Pbm

ok

Ref. No. 750

1



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. VAISHALI K. KELUSKAR
2. Qualification	MDS
3. Designation	PROFESSOR & HEAD
4. Department	ORAL MEDICINE & RADIOLOGY
5. Email ID	drshalukids@rediffmail.com
6. Institution	KLE V.K. IDS
7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility)	15 th SEPT 1997
8. Objectives of the Conference / Seminar / Symposium	UPDATE KNOWLEDGE ABOUT RECENT ADVANCES
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	<ul style="list-style-type: none"> 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. - CONDUCTING FACULTY DEVELOPMENT WORKSHOP

KLE Academy of Higher Education & Research, BELAGAVI
FINANCE SECTION
 05 SEP 2022
 Inward No... 055... Sign.....

11. Particulars of the Conference being attended

a) Title of the Conference / Seminar / Symposium	IAOMR NATIONAL PG CONVENTION
b) Date of conduct	26 th to 28 th AUG 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	JAI PUR
f) Copy of the sanction letter along-with Brochure to be enclosed	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) Duration	
e) Date of Conference	
f) Financial grant availed	

OFFICE OF THE REGISTRAR
KLE Academy of Higher Education & Research, BELAGAVI
 06 AUG 2022
 Inward No. 54 Sign.....

AS PROFORMA
 10-8-22

FO/A
 3.9.22

get the original Invoices bills.



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		Particulars	
a) Place		BELGAVI	JAI PUR
b) Mode of journey		FLIGHT	
c) Fare		15,000	
d) To and Fro			
e) Accommodation charges		5000	
f) Registration / Delegation Fee		6,500	
g) Air-port Tax			
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.			

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 sponsors / 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 : 4-8-2022

Signature of the faculty member Meludh

Ref. No. _____

Date: 4-8-2022

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,

Signature of the HoD



Shal
Principal
PRINCIPAL

KLE V.K. Institute of Dental Sciences
Nehru Nagar, BELAGAVI-580010.

Ref No. 749

2



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	Anjana Bagewadi
2. Qualification	MDS
3. Designation	Prof & Vice-Principal
4. Department	Oral Medicine & Radiology
5. Email ID	anjana.bagewadi455@gmail.com
6. Institution	K. K. MC I.D's Belagavi
7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility)	1/6/96
8. Objectives of the Conference / Seminar / Symposium	TO updating / to share with other participants
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet. updates
10. Assignment in the aforesaid Conference / Seminar / Symposium	<ul style="list-style-type: none"> 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 - conducting faculty development workshop
<div style="border: 2px solid red; padding: 5px; display: inline-block;"> <p style="text-align: center; color: red; font-weight: bold;">KLE Academy of Higher Education & Research, BELAGAVI</p> <p style="text-align: center; color: red; font-weight: bold;">FINANCE SECTION</p> <p style="text-align: center; color: red; font-weight: bold;">05 SEP 2022</p> <p style="text-align: center; color: red; font-weight: bold;">Inward No. 056 Sign.....</p> </div>	
11. Particulars of the Conference being attended	
a) Title of the Conference / Seminar / Symposium	IAOMR National PG. Convention
b) Date of conduct	26 to 28 August 2022
c) Level of Conference	State / National <input checked="" type="checkbox"/>
d) Quantum of financial grant eligible (or actuals expenses, whichever is less)	State Level : Rs. 8,000/- National Level : Rs. 16,000/-
e) Venue	Jaipur
f) Copy of the sanction letter along-with Brochure to be enclosed	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	- Nil -
b) Title of the program	
c) Place	
d) Duration	
e) Date of Conference	
f) Financial grant availed	

OFFICE OF THE REGISTRAR

KLE Academy of Higher Education & Research, BELAGAVI

06 AUG 2022

Inward No. 51 Sign.....

In Registrar

10/8/22

Asper F.O. 3/9/22



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]

- 2 -

13. Travelling (by shortest route) and other expenses involved		Particulars	
a) Place		Belgaum	Jaipur
b) Mode of journey		Flight	
c) Fare		15,000	
d) To and Fro			
e) Accommodation charges		5000 Rs	
f) Registration / Delegation Fee		6500	
g) Air-port Tax			
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.			

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 sponsors / 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 : 4/8/22

Signature of the faculty member

Ref. No. _____

Date: 4/8/2022

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,

Signature of the HoD



Principal

PRINCIPAL

**KLE V.K. Institute of Dental Sciences
Rohru Nagar, BELAGAVI**

f No. 327

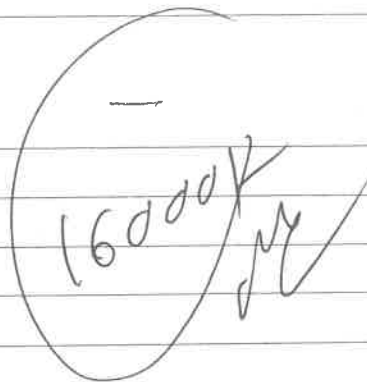
6

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. Chetan. Belaldavas
2. Qualification	MDS
3. Designation	Lecturer
4. Department	Oral Pathology
5. Institution	KLE VKIDS
6. Email ID	chetanbelaldavas@gmail.com
7. Date of joining the Institution	15/05/2013
8. Objectives of the Conference / Seminar / Symposium	An assortment of scientific extravaganza
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet. Enclosed
10. Assignment in the aforesaid Conference / Seminar / Symposium	<input checked="" type="checkbox"/> a) Contributing a scientific paper (poster or oral) <input type="checkbox"/> b) Delivering a guest lecture <input type="checkbox"/> 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	
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 one State / Zonal and one National Conference in a calendar year.	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	29th IAOMP National Conference. Subharti Dental College & Himachal Institute of Dental Sciences.
a) Name of the Organizer	
b) Title of the program	Maxillofacial Infections: Evolving Paradigms
c) Place	Dehradun
d) Duration	03 days
e) Date	11, 12 & 13 November 2022
f) Amount claimed	

OFFICE OF THE REGISTRAR
KLE Academy of Higher Education
& Research, BELAGAVI
22 NOV 2022
Inward No. 21 Sign

Aspermons
22-11-22

Ref no 269

7



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. SIDRAMESH MUTTAGI
2. Qualification	MDS, FHNO, PhD
3. Designation	Reader (OMFS)
4. Department	Oral & Maxillofac. Surgery
5. Email ID	siddu7376@gmail.com
6. Institution	KLE VK Inst Dental Sci.
7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility)	26 July 2010
8. Objectives of the Conference / Seminar / Symposium	Maxillofac. Surgery: Expanding
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet. (sheet Enclosed)
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.
Participation in Debate in Oncology (Topic: NACT for oral cancer) as an invited Faculty	
11. Particulars of the Conference being attended	
a) Title of the Conference / Seminar / Symposium	Maxillofac Surgery; Expanding the Envelope
b) Date of conduct	17 th to 19 th November 2022
c) Level of Conference	State / National ✓ 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	Brilliant Convention Center, Indore
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	NONE.
b) Title of the program	
c) Place	
d) Duration	
e) Date of Conference	
f) Financial grant availed	16000/-

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

15 NOV 2022

23

Inward No.....Sign.....

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8



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. Vidyavalli, H. Patil
2. Qualification	MDS
3. Designation	Senior Lecturer
4. Department	Pediatric and Preventive
5. Email ID	nisarga-vhp@yahoo.com
6. Institution	KLEVIDS
7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility)	09/10/2013
8. Objectives of the Conference / Seminar / Symposium	To Gain Knowledge
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet. Gain knowledge on newer concepts
10. Assignment in the aforesaid Conference / Seminar / Symposium	<ul style="list-style-type: none"> 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.

Identify
concepts

11. Particulars of the Conference being attended

a) Title of the Conference / Seminar / Symposium	43 rd National ISPPD Conference
b) Date of conduct	24 th - 26 th 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	People's Dental College - Bhopal
f) Copy of the sanction letter along-with Brochure to be enclosed	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	No
b) Title of the program	16000/-
c) Place	
d) Duration	
e) Date of Conference	
f) Financial grant availed	

No
16000/-

KLE Academy of Higher Education & Research, BELAGAVI
FINANCE SECTION

15 DEC 2022

Inward No. 051

9



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. NIRAJ GOKHALG
2. Qualification	MDS
3. Designation	READER
4. Department	PEDIATRIC & PREVENTIVE DENTISTRY
5. Email ID	necrajpedo@kledental-bgm.edu.in
6. Institution	KLE VILAS
7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility)	11.11.2014
8. Objectives of the Conference / Seminar / Symposium	KNOWLEDGE UPDATE
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet. KNOWLEDGE UPDATE
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	PEDOTAAL
b) Date of conduct	24-26 th 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	PEOPLE'S DENTAL COLLEGE, BHOPAL
f) Copy of the sanction letter along-with Brochure to be enclosed	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	IAPD
b) Title of the program	IAPD CONFERENCE
c) Place	ONLINE
d) Duration	3 DAYS
e) Date of Conference	11-14 th JUNE 2021
f) Financial grant availed	4,000/-

16000/-

15



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. SHIVAYOGI M. HUGAR
2. Qualification	MDS
3. Designation	PROF & HEAD
4. Department	PEDIATRIC & PREVENTIVE DENTISTRY
5. Email ID	drhugarsm@kledental-bgm.edu.in
6. Institution	KLE VKIDS
7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility)	08-06-2006
8. Objectives of the Conference / Seminar / Symposium	KNOWLEDGE UPDATE
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet. KNOWLEDGE UPDATE
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	PEDIATRAL
b) Date of conduct	24-26 th 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	PEOPLE'S DENTAL COLLEGE, Bhubaneswar
f) Copy of the sanction letter along-with Brochure to be enclosed	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	NIL
b) Title of the program	
c) Place	
d) Duration	
e) Date of Conference	
f) Financial grant availed	

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

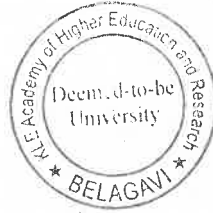
22nd November, 2022

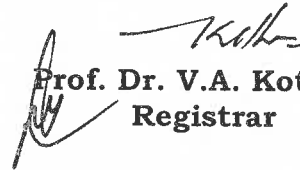
ORDER

- 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 **Dehradun, 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.




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 VK Institute of Dental Science, Belagavi.
4. The Finance Officer, KAHER, Belagavi.

Ref. 100.326



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]

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. DEEPA. R. MANE
2. Qualification	M.D.S, PhD
3. Designation	PROFESSOR
4. Department	ORAL PATHOLOGY
5. Institution	KLE VK IDS
6. Email ID	deeparajeshmane@gmail.com
7. Date of joining the Institution	3 rd JAN 2007
8. Objectives of the Conference / Seminar / Symposium	'Maxillofacial Infections - Evolving Paradigms'
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet. BEST ARTICLE AWARD
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. Chairperson for Scientific Session
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	
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 one State / Zonal and one National Conference in a calendar year.	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	NATIONAL IAOMP
b) Title of the program	29 th National Conference of IAOMP
c) Place	Dehradun
d) Duration	11 th , 12 th & 13 th NOV 2023
e) Date	3 DAYS
f) Amount claimed	

OFFICE OF THE REGISTRAR
 KLE Academy of Higher Education & Research, BELAGAVI
 22 NOV 2022
 Inward No. 20 Sign. ✓

As per memo
 22-11-22

13. Expenses involved towards attending the Conference:	
a) Place	Denzadun
b) Mode of journey	Flight - Economy class
c) Fare	TO: 9,465 + FRO: 6,744
To and Fro expenses	16,209/-
Registration / Delegation Fee	14,500/-
Accommodation charges	
Total Expenses	30,709/-
14. Documents 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.	

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 sponsors 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 : _____

Signature of the faculty member



Ref. No. 326

Date: _____

To
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.

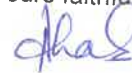
Thanking you,



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



Yours faithfully,



Principal
PRINCIPAL

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

Ref. No. KAHER-/2022-23/D- 05122215

03rd December, 2022

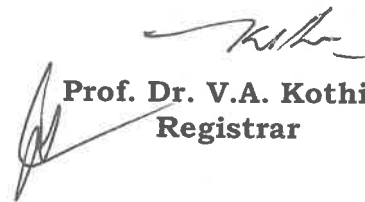
ORDER

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.

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, 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 GoI)

KLE
EMPOWERING PROFESSIONALS

KLE AYURVEDA
TRADITION TECHNOLOGY
INNOVATION

First AYUSH Institution having NAAC & NABH Accreditation

Ref.No: BMK/2022-23/1637

Date: 30.11.2022

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.

Sl. No	Name of Teacher	Designation	Department	Conference details	Date of Conference
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,

Yours truly,

PRINCIPAL

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

IMPARTING AYURVEDA EDUCATION SINCE 1933



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. VISHWANATH. S. WASEDAR
2. Qualification	MD [Panchakarma]
3. Designation	Reader.
4. Department	Panchakarma.
5. Institution	Shri. B.M.K. Ayurveda Mahavidyalaya.
6. Date of joining the Institution	28-01-2014
7. Objectives of the Conference / Seminar / Symposium	Conference.
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) <input checked="" type="checkbox"/> 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)	8000/-
a) Title of the Conference / Seminar / Symposium	WAC 2022.
b) Date of conduct	8-12-2022 to 11-12-2022.
c) Venue	Panjim GOA
d) Financial support extended by the University	
e) Copy of the sanction letter to be enclosed	
f) Level of Conference State / Zonal / National	International.
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	WAC-2022 Ayshdept
b) Title of the program	Ayurveda Congress
c) Place	GOA
d) Duration	4 days
e) Date	8-12-2022 to 11-12-2022
f) Amount claimed	21,900/-

- 2 -

12. Expenses involved towards attending the Conference:	
a) Place	GOA -
b) Mode of journey	CAR.
c) Fare	-
To and Fro expenses	250 x 14 = 3500
Registration / Delegation Fee	- - 2400
Accommodation charges	4 days x 4000 = 16,000
Total Expenses	21,900/-
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.	

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 sponsors 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: 30/11/2022

Signature of the faculty member

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 grant of financial support to attend the Conference for kind consideration.

Thanking you,

Signature of the HoD

Seal

Yours faithfully,

Principal

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

19

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- 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.

CC to:

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 GoI)



First AYUSH Institution having NAAC & NABH Accreditation



Ref No.

Bmk/2022-23/1770

Date : 22-12-2022

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

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, Professor & Dean	1) Contribution a <u>Scientific Paper</u> 2) Chairing a Scientific session

This is for your information and do the needful.

Thanking you.



Yours truly

[Handwritten Signature]
23/12/2022

PRINCIPAL

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

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 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. PRASHANT. G. JADAD
2. Qualification	MD & PhD
3. Designation	Dean & Vice-Principal
4. Department	Rasashastra & Bharishajya kalpana
5. Institution	Shri-BMK Ayurveda Mahavidyalaya
6. Date of joining the Institution	20-09-2000
7. Objectives of the Conference / Seminar / Symposium	International Conference - Ayurveda
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	<input checked="" type="checkbox"/> a) Chairing a scientific session. <input checked="" type="checkbox"/> b) Contributing a scientific paper (poster or oral) <input type="checkbox"/> c) Delivering a guest lecture <input type="checkbox"/> 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	World Ayurveda Congress-22
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	International
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	World Ayurveda Foundation
b) Title of the program	9 th World Ayurveda Congress & Expo
c) Place	Panjim - Goa
d) Duration	04 days
e) Date	08-12-2022 to 11-12-2022
f) Amount claimed	—



KLE UNIVERSITY

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[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	Ranjim - Goa
b) Mode of journey	Train
c) Fare	RideShare Rs: 2,000/-
To and Fro expenses	Rs: 5,000/-
Registration / Delegation Fee	Rs: 4,700/-
Accommodation charges	Rs: 1,500/-
Total Expenses	Rs: 6,8,000/- Approx - Rs: 7,000/-

13. Documents to be submitted:	
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.	

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 sponsors 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 : 22/12/22

Signature of the faculty member :

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 grant of financial support to attend the Conference for kind consideration.

Thanking you,

H.O.D.

Rasashastra & Bhaishajya Kalpana
Signature of the HoD
P. G. Studies & Research Centre
Belgaum-03



Yours faithfully,

Principal

Shri D. M. Kenkanwadi
Ayurveda Mahavidyalaya
A Constituent Unit of KAHER
Shahapur, BELAGAVI-03

20

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)

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JNMC Campus, Nehru Nagar, Belagavi-590 010, Karnataka State, India

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

Ref. No. KAHER-/2022-23/D- 16122212

10th December, 2022

ORDER

Sub : **Permission to participate in the International Conference.**
Ref : Request letter of the applicant forwarded through the concerned HoD,
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.



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, KLE College of Pharmacy, Belagavi.
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 (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- 07022304

18th January, 2023

ORDER

- Sub : **Permission to participate in the National 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. Deepti B Bagewadi**, Associate Professor, Department of Panchakarma, Shri B .M Kankanwadi Ayurveda Mahavidyalaya, Belagavi. For attending '**Indian Academy of Fitness Training**' to be held at **Mangalore** from **14th to 17th January, 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 Ayurveda Mahavidyalaya, Belagavi.
3. The Finance Officer, KAHER, Belagavi.

M KANKANAWADI AYURVED MAHAVIDYALAYA

Post Graduate Studies & Reseach Centre

Approved by National Commission for Indian System of Medicine, 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 GoI)



First AYUSH Institution having NAAC & NABH Accreditation



Ref. No: *Bmk/2022-23/1975*

Date: *25.01.2023*
29

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-23012316 Dt: 18.01.2023

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 " Indian Academy of Fitness Training on Pilates held at Mangalore from 14th to 17th Jan 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. Deepty Bagewadi	Associate Professor	Panchakarma

This is for your information and release the same.

Thanking you,



Encl: As above

Yours truly,

[Signature]
27/1/2023

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

[Signature]
Aspamom

IMPARTING AYURVEDA EDUCATION SINCE 1933

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 CONFERENCES

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

A. To be filled by the faculty member:	
1. Name	Dr. Deepti Bagewadi
2. Qualification	Master of physiotherapy.
3. Designation	Associate Professor.
4. Department	Panchakarma.
5. Institution	KAHER'S Shri BMK Ayurveda Mahavidya
6. Date of joining the Institution	16 th September 2009.
7. Objectives of the Conference / Seminar / Symposium	Certification course.
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) 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. Training Program
10. 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 to 31 st December)	NIL.
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	—
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	—
a) Name of the Organizer	Indian Academy of fitness Training
b) Title of the program	Pilates Instructor Training
c) Place	Mangalore.
d) Duration	4 days.
e) Date of Conference	14 th Jan to 17 th Jan 2023
f) Financial grant sought	



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.9-19/2005]

12. Travelling (by shortest route) and other expenses involved

	International	Domestic
a) Place		Mangalore
b) Mode of journey		By road
c) Fare		1160 + 850.
d) To and Fro		1160 + 850
e) Accommodation charges		5824/-
f) Registration / Delegation Fee		5000/-
g) Air-port Tax		—

13. Documents 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.

14. Signature of the faculty member

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 B. Kankawadi

Ref. No. _____

Date: 23/1/23

To

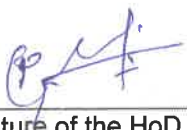
The Registrar, KLE University, Belagavi.

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,



Signature of the HoD

Seal


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

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / NATIONAL CONFERENCES

[Application](#)

(https://flixirsolutions.com/fin_assist/index.php/Core/ass_list)

LIST ([HTTPS://FLIXIRSOLUTIONS.COM/FIN_ASSIST/INDEX.PHP/CORE/ASS_LIST](https://flixirsolutions.com/fin_assist/index.php/Core/ass_list))

[Final Approved List](#)

(https://flixirsolutions.com/fin_assist/index.php/Core/claimed_report)

A. To be filled by the faculty member:

[User Master](#)

(https://flixirsolutions.com/fin_assist/index.php/Core/User_page)

1. Employee ID

101113105

2. Name

Sneha Basangouda Pati

3. Qualification

M- Pharmacy

4. Designation

Teaching Staff

[Bank Details](#)

(https://flixirsolutions.com/fin_assist/index.php/Core/Bank_Details)

5. Department

Pharmacy

6. Institution

KLEU College Of Pharm

7. Email Id

snehabpatil11@gmail.co

8. Date of joining the
Institution

19-08-2019

[Change Password](#)

(https://flixirsolutions.com/fin_assist/index.php/Core/changepass)

[Logout](#)

(https://flixirsolutions.com/fin_assist/index.php/Core/Logout)

B. Particulars and assignment in the conference:

1. Name of the Conference / Seminar /
Symposium

The conference will be highlighting on several crucial and

2. Benefits to be derived from participation in the
aforesaid Conference / Seminar / Symposium

3. Assignment in the aforesaid Conference / Seminar
/ Symposium

[View File](#)

(https://flixirsolutions.com/fin_assist/uploads/1625eaa526ab89_Poster_acceptance.pdf)

Please enclose a separate sheet.

Choose File No file chosen

- a) Delivering key-note
address/orations/plenary lectures
- b) Contributing the 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.

C. Particulars of the
conference being
attended

NO

a) Title of the
Conference /
Seminar /
Symposium

Historical Mega Event

b) Date of conduct

22-04-2022

c) Venue

JSS Academy of High

d) Financial support
extended by the
University

Amount
dd-mm-yyyy

e. Quantum of financial grant
eligible

I) State :Rs
8,000/-



II) National :Rs
16,000/-



f) Copy of the
sanction letter to be
enclosed

[View File](#)

Note : The faculty member is eligible for financial support to attend one State / Zonal and one National
Conference in a calendar year.

D. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium

a) Name of the
Organizer

Prof. K. Mruthunjaya

b) Title of the
program

Historical Mega Event

c) Place

Mysuru

d) Duration

3
Day

e) Date of conference

22-04-2022

f) Financial grant

8000

E. Expenses involved towards attending the Conference:

a) Place	<input type="text" value="Mysuru Karnataka"/>		
b) Mode of Journey	<input type="text" value="By Road"/>		
Amount in Rs			
c) Fare	<input type="text" value="0.00"/>	d) To and For exp.	<input type="text" value="0.00"/>
e) Registration / Delegation Fee	<input type="text" value="0.00"/>	f) Accommodation charges	<input type="text" value="0.00"/>
g) Other charges	<input type="text" value="0.00"/>	Total Expenses	<input type="text" value="0.00"/>

F. Documents to be submitted:

- a) Copy of the letter of invitation from the organizers. [View File](#)
([https://fifixirsolutions.com/fin_assist/uploads/1625eaa526bb61_Gmail - Confirmation of Registration SFEC-2022.pdf](https://fifixirsolutions.com/fin_assist/uploads/1625eaa526bb61_Gmail_-_Confirmation_of_Registration_SFEC-2022.pdf))
- b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. [View File](#)
([https://fifixirsolutions.com/fin_assist/uploads/1625eaa526bc96_Sneha Patil Abstract.pdf](https://fifixirsolutions.com/fin_assist/uploads/1625eaa526bc96_Sneha_Patil_Abstract.pdf))

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 sponsors 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

**Accept terms and conditions**

Date :

Comments

Name	Comment
1	Dr. Veerappa Approved. The grants will be released after the submission of the original bills.

To
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.
Thanking you,

Yours faithfully,

Signature of the HoD Principal

- Application
- Final Approved List
- User Master
- Bank Details
- Change Password
- Logout

AMOUNT CLAIM LIST

Sr.No	Title	Estimated Amount	Claimed Amount	Upload Receipt
1	Registration / Delegation Fee	25000	3000.00	View
2	To and Fro expenses	25000	1635.00	View
3	Accommodation charges	25000	4500.00	View
4	Other charges finance	25000	1894.00	View
	Total	100000	11029	
			<input type="button" value="Deny"/>	<input type="button" value="Approve"/>

Bank Details

Sr.No	Bank Name	Acc Holder Name	Acc Number	Ifsc Code
1	Canara Bank Nehru Nagar	SNEHA B PATIL	5042610006338	CNRB0010504

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / NATIONAL CONFERENCES

LIST ([HTTPS://FLOXIRSOLUTIONS.COM/FIN_ASSIST/INDEX.PHP/CORE/ASS_LIST](https://floxirsolutions.com/fin_assist/index.php/core/ass_list))

[Application](#)

(https://floxirsolutions.com/fin_assist/index.php/core/ass_list)

[Final Approved List](#)

(https://floxirsolutions.com/fin_assist/index.php/core/claimed_report)

[User Master](#)

(https://floxirsolutions.com/fin_assist/index.php/core/user_page)

[Bank Details](#)

(https://floxirsolutions.com/fin_assist/index.php/core/bank_details)

[Change Password](#)

(https://floxirsolutions.com/fin_assist/index.php/core/change_pass)

[Logout](#)

(https://floxirsolutions.com/fin_assist/index.php/core/admin_logout)

A. To be filled by the faculty member:

1. Employee ID

101113068

2. Name

Sanjay Rayagouda Ugare

3. Qualification

M-pharmacy

4. Designation

Teaching Staff(Assistant Profes

5. Department

Pharmacology

6. Institution

KLEU College Of Pharmacy,Be

7. Email Id

sanjayugare@gmail.com

8. Date of joining the Institution

06/12/2015

B. Particulars and assignment in the conference:

1. Objectives of the Conference / Seminar / Symposium

Redefining Ethnopharmacology for the Global Health and Wellbeing(I

View File

(https://floxirsolutions.com/fin_assist/uploads/1626a38581e497_Benefit from conference.jpeg)

2. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium

Please enclose a separate sheet.

Choose File No file chosen

3. Assignment in the aforesaid Conference / Seminar / Symposium

- a) Delivering key-note address/orations/plenary lectures
- b) Contributing the 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.

C. Particulars of the conference being attended

NO

a) Title of the Conference / Seminar / Symposium

Redefining Ethnopharmacol

b) Date of conduct

22/04/2022

c) Venue

Mysore

d) Financial support extended by the University

8000

27/04/2022

e. Quantum of financial grant eligible

I) State :Rs 8,000/-

II) National :Rs 16,000/-

f) Copy of the sanction letter to be enclosed

View File

Note : The faculty member is eligible for financial support to attend one State / Zonal and one National Conference in a calendar year.

D. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium

a) Name of the Organizer

JSS College of Pharmacy,M

b) Title of the program

Redefining Ethnopharmacol

c) Place

Mysuru

d) Duration

3

Day

e) Date of conference

22/04/2022

f) Financial grant sought

8000

E. Expenses involved towards attending the Conference:

a) Place

Mysuru

b) Mode of Journey

By Road

Amount in Rs

c) Fare

937.00

d) To and For exp.

1874.00

e) Registration / Delegation Fee

3000.00

f) Accommodation charges

1990.00

g) Other charges

170.00

Total Expenses

7971.00

F. Documents to be submitted:

a) Copy of the letter of invitation from the organizers.

View File

(https://floxirsolutions.com/fin_assist/uploads/1626a38581f580_Abst ract acceptance letter.jpeg)

b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.

[View File](#)

(https://fifixsolutions.com/fin_assist/uploads/1f26a38581f6a5_SAN_JAY_POSTER_PRESENTATION_MYSORE_2022.pdf)

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 sponsors 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



Accept terms and conditions

Date :

27/04/2022

Comments

Name	Comment
1	Dr. Veerappa Approved. The financial grants will be released after uploading all originals bills

To
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.
Thanking you,

Yours faithfully,

Signature of the HoD Principal

Add Your Comment Here Comment

Send For Approval

AMOUNT CLAIM LIST

Sr.No	Title	Estimated Amount	Claimed Amount	Upload Receipt
1	Registration / Delegation Fee	25000	3000.00	View
2	To and Fro expenses	25000	1874.00	View
3	Accommodation charges	25000	1990.00	View
4	Other charges finance	25000	170.00	View
	Total	100000	7034	
			<input type="button" value="Duty"/>	<input type="button" value="Approve"/>

Bank Details

Sr.No	Bank Name	Acc Holder Name	Acc Number	Ifsc Code
1	CANARA BANK	SANJAY UGARE	5042180017956	CNRB0010504

- Application
- Final Approved List
- User Master
- Bank Details
- Change Password
- Logout




KLE COLLEGE OF PHARMACY, BELAGAVI
 A Constituent Unit of
KLE Academy of Higher Education and Research



(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 MHRD (Gol)
 Recognized by PCI & AICTE; B. Pharm program has been accredited by NBA (4th Cycle) for a period of 6 years (up to June 2025)

JNMC Campus, Nehru Nagar, Belagavi-590 010, Karnataka, India. Phone: +91 831 2471399; Web: www.klepharm.edu; E-mail: principal@klepharm.edu

Ref. No. KLE/ COP/ 455/2022/23

Date : 19/7/22

To,
 The Registrar,
 KLE Academy of Higher Education & Research ,
 Belagavi.

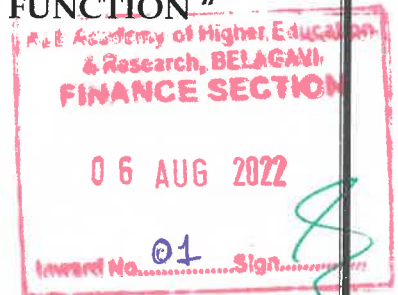
Sub: Grant of Financial Support for National Conferences.

Sir,

With reference to the subject cited above, I am forwarding herewith request application of Dr. Pramod H. J, Professor, Department of Pharmacognosy KLE College of Pharmacy Belagavi for sanction of Financial Support for Attend the National Conference - "XIIth IASTAM ORATION AND AWARD FUNCTION " 2022, New Delhi, India, during July 29-30th , 2022.

Thanking you,

Permitted as per Rules

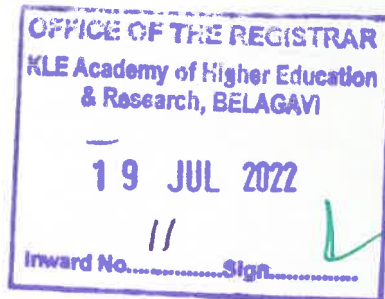


Yours faithfully,



Principal,
 KLE College of Pharmacy,
 Belagavi.

Encl: As above



FJH 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]

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. Pramod. J. Hurskadale
2. Qualification	M.Pharm., Ph.D., PDCR
3. Designation	Professor
4. Department	Pharmacognosy
5. Email ID	Pramodhurskadale@yahoo.com
6. Institution	KLE College of Pharmacy, Belagavi
7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility)	— NA — (Oct 2004)
8. Objectives of the Conference / Seminar / Symposium	International Conclave-2022 (enclosed)
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet. (Enclosed)
10. Assignment in the aforesaid Conference / Seminar / Symposium	<input checked="" type="checkbox"/> a) Delivering Key-note address / orations / plenary lectures / <u>Speaker</u> <input checked="" type="checkbox"/> b) Contributing a scientific paper <input type="checkbox"/> c) International collaboration exchange program (only on invitation) <input type="checkbox"/> d) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation) <input type="checkbox"/> e) Others, if any, specify.
11. Particulars of the Conference being attended	
a) Title of the Conference / Seminar / Symposium	IASTAM Conclave-2022
b) Date of conduct	29 th & 30 th July 2022
c) Level of Conference	State / National (International Conclave)
d) Quantum of financial grant eligible (or actuals expenses, whichever is less)	State Level : Rs. 8,000/- National Level : Rs. 16,000/- ✓
e) Venue	Jamia Hamdard, New Delhi
f) Copy of the sanction letter along-with Brochure to be enclosed	— 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	— Not Availed — NA
b) Title of the program	
c) Place	
d) Duration	
e) Date of Conference	
f) Financial grant availed	



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	Belagavi - Delhi - Belagavi	
	Particulars	
a) Place	new Delhi	
b) Mode of journey	Air	
c) Fare	15,850 = 00	
d) To and Fro	15,850 = 00	
e) Accommodation charges	complimentary	
f) Registration / Delegation Fee	complimentary	
g) Air-port Tax	2,800 = 00	

14. Documents to be submitted:

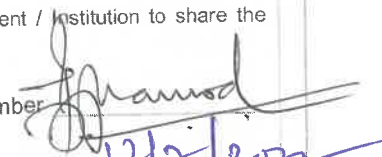
- a) Copy of the letter of invitation from the organizers. → enclosed -
- b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. → enclosed -

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 sponsors / 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: 12-07-2022

Signature of the faculty member: 
 Date: 12/7/2022

Ref. No. _____
 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,


 Signature of the HoD




 Principal
 KLE College of Pharmacy
 BELAGAVI - 10.



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	NAMIT KUDATARKAR
2. Qualification	M Pharm
3. Designation	Assistant Professor
4. Department	Pharmacology
5. Email ID	namitkudatarkar18@gmail.com
6. Institution	KLE COPS Belagari
7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility)	01/08/2018
8. Objectives of the Conference / Seminar / Symposium	Understanding disease at cellular & molecular level.
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	Molecular and Cellular Insights of Human Disease
b) Date of conduct	02-03 th September 2022
c) Level of Conference	State / <u>National</u>
d) Quantum of financial grant eligible (or actuals expenses, whichever is less)	State Level : Rs. 8,000/- National Level : Rs. 16,000/- ✓
e) Venue	University of Kashmir
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	KLE University
b) Title of the program	AYUSH REMEDIES
c) Place	Gujarat
d) Duration	28-29 th November 2021
e) Date of Conference	28-29 th November 2021
f) Financial grant availed	Yes, 16000/-


13. Travelling (by shortest route) and other expenses involved		Particulars	
a) Place	Belagavi	Kashmir Srinagar	
b) Mode of journey	Air	Air	
c) Fare	-	-	
d) To and Fro	7500	7500	
e) Accommodation charges	-	4000	
f) Registration / Delegation Fee	-	1000	
g) Air-port Tax	-	-	
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.			

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 sponsors / 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: 30/07/2022

Signature of the faculty member 

Ref. No. _____

Date: 30/07/2022

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,


Signature of the HoD




Principal
KLE College of Pharmacy
BELAGAVI - 10.

6



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	AISHWARYA C HOREMATH
2. Qualification	Masters in Pharmacy
3. Designation	Assistant Professor
4. Department	Pharmacy Practice
5. Email ID	aishwaryahoremath@klepharm.edu
6. Institution	KLECOP, Belagavi
7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility)	01/08/2019

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.

10. Assignment in the aforesaid Conference / Seminar / Symposium	<p>KLE Academy of Higher Education & Research, BELAGAVI FINANCE SECTION</p> <p>22 SEP 2022</p> <p>Inward No. 012 Sign</p>	<p>a) Delivering Key-note address / orations / plenary lectures</p> <p>b) Contributing a scientific paper</p> <p>c) International collaboration exchange program (only on invitation)</p> <p>d) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation)</p> <p>e) Others, if any, specify.</p>
--	--	---

11. Particulars of the Conference being attended

a) Title of the Conference / Seminar / Symposium	APTICON - 2022
b) Date of conduct	2, 3, 4 Sept
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	JSS College of Pharmacy Mysore
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
b) Title of the program	
c) Place	
d) Duration	
e) Date of Conference	
f) Financial grant availed	

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

17 SEP 2022

Inward No. 13 Sign

As per accounts
 Fu
 19.9.22

Permitted
 As per accounts
 14/9



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

	Particulars	
a) Place	Mysore, JSS	College
b) Mode of journey	Bus	
c) Fare	860/-	860/-
d) To and Fro	2000/-	560/-
e) Accommodation charges	2856/-	
f) Registration / Delegation Fee	3540/-	
g) Air-port Tax		

14. Documents 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.

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 sponsors / 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: 13/9/2022

Signature of the faculty member

Ref. No. KLE/COP/659/2022/23

Date: 13/9/2022

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,

Signature of the HoD

Yours faithfully,



Principal

PRINCIPAL
KLE College of Pharmacy
BELAGAVI - 590 010.

5



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

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. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium

10. Assignment in the aforesaid Conference / Seminar / Symposium *convention*

PRAMOD J. HURKADALE
M.Pharm. Ph.D
Professor
Pharmacognosy
pramodhurakadle@yahoo.com
KLE College of Pharmacy, Belagavi
Oct-2004

Please submit the certificate of research person.

- Please enclose a separate sheet.
- Enclosed - Annexure 1*
- 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. *Speaker/Resource person*

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

Translational research on Indian medicinal plants
23-24 September 2022
State / National
State Level : Rs. 8,000/-
National Level : Rs. 16,000/-
JADAVPUR UNIVERSITY, KOLKATA
Enclosed - Annexure 2

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) Duration

e) Date of Conference

f) Financial grant availed

Not Available for National/State level Conventions.

OFFICE OF THE REGISTRAR
KLE Academy of Higher Education & Research, BELAGAVI
12 SEP 2022
45
Inward No.....Sign.....

As per norms
R
12/9/22

not a candidate for certificate



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:

- Name
- Qualification
- Designation
- Department
- Email ID
- Institution
- Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility)

Dr. MAHESH S PALLED
~~Professor~~ M. Ph.D
 Professor,
 Pharmaceutical Chemistry,
 jipalled@gmail.com
 KLE college of Pharmacy Belagavi
 17/10/2001

- Objectives of the Conference / Seminar / Symposium
- Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium

— Enclosed —
 Please enclose a separate sheet.

- Assignment in the aforesaid Conference / Seminar / Symposium

- Delivering Key-note address / orations / plenary lectures
- Contributing a scientific paper
- International collaboration exchange program (only on invitation)
- Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation)
- Others, if any, specify.

Good

11 Particulars of the Conference being attended

- Title of the Conference / Seminar / Symposium
- Date of conduct
- Level of Conference
- Quantum of financial grant eligible (or actuals expenses, whichever is less)
- Venue
- Copy of the sanction letter along-with Brochure to be enclosed

ICDD-2022
 10th & 11th Nov-2022
 State / National
 State Level : Rs. 8,000/-
 National Level : Rs. 16,000/-
 BITS PILANI GDA

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

- Name of the Organizer
- Title of the program
- Place
- Duration
- Date of Conference
- Financial grant availed

BITS PILANI
 ICDD
 GDA
 two days 10 & 11 Nov 22

OFFICE OF THE REGISTRAR
 KLE Academy of Higher Education
 & Research, BELAGAVI
 03 DEC 2022
 18
 Inward No. Sign.

Permitted
 3/12/22

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]

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: Ms. Robini. S. Kavalapure
- 2. Qualification: M. Pharm
- 3. Designation: Assistant Professor
- 4. Department: pharmaceutical Chemistry
- 5. Email ID: rohini.kavalapure@yahoo.com
- 6. Institution: KLE College of Pharmacy - Belgaum
- 7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility): 1st August 2022
- 8. Objectives of the Conference / Seminar / Symposium: Drug discovery & Development (ICDD)

- 9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium
- 10. Assignment 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) 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 conference on Drug discovery.
- b) Date of conduct
- 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: BIF Pitani - Goa
- 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) Duration
- e) Date of Conference
- f) Financial grant availed

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

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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. Preeti Salve
2. Qualification	M.Pharm, Ph D
3. Designation	Asst. Professor
4. Department	Pharmaceutical Chemistry
5. Email ID	preetisalve@klepharm.edu
6. Institution	KLE COP, Belagavi
7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility)	16/11/2017
8. Objectives of the Conference / Seminar / Symposium	International Conference on Drug Discovery
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) <input checked="" type="checkbox"/> 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 Conference on Drug Discovery
b) Date of conduct	10 & 11th Nov. 2022
c) Level of Conference	State/ National International
d) Quantum of financial grant eligible (or actuals expenses, whichever is less)	State Level : Rs. 8,000/- National Level : Rs. 16,000/-
e) Venue	BITS - Pilani, Goa
f) Copy of the sanction letter along-with Brochure to be enclosed	Attached

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) Duration	
e) Date of Conference	
f) Financial grant availed	

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

29 OCT 2022

Inward No. 47 Sign

8000/-

As per ...

14



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	Mr. Kiran N. Gaikwad
2. Qualification	M. Pharm
3. Designation	Assistant Professor
4. Department	Pharmaceutical Chemistry
5. Email ID	kirangaikwad@klepharm.edu
6. Institution	KLE College of Pharmacy, Belgaum
7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility)	10/08/2015
8. Objectives of the Conference / Seminar / Symposium	Conference
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	<ul style="list-style-type: none"> 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 conference on Drug Discovery
b) Date of conduct	10 th - 11 th November 2022
c) Level of Conference	State / National <u>International</u>
d) Quantum of financial grant eligible (or actuals expenses, whichever is less)	State Level : Rs. 8,000/- National Level : Rs. 16,000/-
e) Venue	BITS- Pilani Goa.
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	OFFICE OF THE REGISTRAR KLE Academy of Higher Education & Research, BELGAUM	BITS- Pilani - Goa Campus
b) Title of the program		ICDD.
c) Place		K.K. Birla Campus, Goa.
d) Duration	06 DEC 2022	2 days.
e) Date of Conference	24	10 th - 11 th November 2022
f) Financial grant availed		

[Handwritten signature]

20

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

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

Ref. No. KAHER-/2022-23/D- 16122212

10th December, 2022

ORDER

Sub : **Permission to participate in the International Conference.**
Ref : Request letter of the applicant forwarded through the concerned HoD,
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.



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, KLE College of Pharmacy, Belagavi.
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]

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	Sanjay R. Ugare.
2. Qualification	Mr. Pharm.
3. Designation	Assistant Professor - I
4. Department	Pharmacology
5. Email ID	sanjayugare@gmail.com
6. Institution	KLE College of Pharmacy, BGM.
7. Date of joining the Institution (the faculty should 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
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	Current Global trends in IPR
b) Date of conduct	
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	Goa
f) Copy of the sanction letter along-with Brochure to be enclosed	8000/-

OFFICE OF THE REGISTRAR
KLE Academy of Higher Education & Research, BELAGAVI
06 DEC 2022
Inward No. 32 Sign. ✓

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	Centre for Excellence in Intellectual Property
b) Title of the program	
c) Place	Goa.
d) Duration	02-day s.
e) Date of Conference	15-16 th November 2022
f) Financial grant availed	

Dr. Hampson



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

	Particulars
a) Place	Bgm - Goa
b) Mode of journey	Car
c) Fare	500/-
d) To and Fro	
e) Accommodation charges	4200/-
f) Registration / Delegation Fee	2000/-
g) Air-port Tax	<u>6700/-</u>

14. Documents 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.

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 sponsors / 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: 06/12/2022

Signature of the faculty member

Ref. No. _____

Date: 06/12/2022

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,

Signature of the HoD



Principal
PRINCIPAL
KLE College of Pharmacy
BELAGAVI - 10.

2



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	Mr. Sujay Halyalkar
2. Qualification	M.Pharm
3. Designation	Asst. Professor
4. Department	Pharmaceutics
5. Email ID	Sujay.halyalkar5@gmail.com
6. Institution	KLE COP, Belagavi
7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility)	01/08/2019
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.
10. Assignment in the aforesaid Conference / Seminar / Symposium	<ul style="list-style-type: none"> a) Delivering Key-note address / orations / plenary lectures b) Contributing a scientific paper <input checked="" type="checkbox"/> 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	IPC-2023
b) Date of conduct	Access to Quality & Affordable Medical Products 20-22 Jan - 2023
c) Level of Conference	State / National <input checked="" type="checkbox"/>
d) Quantum of financial grant eligible (or actuals expenses, whichever is less)	State Level : Rs. 8,000/- National Level : Rs. 16,000/- <input checked="" type="checkbox"/>
e) Venue	RTM Nagpur university, Nagpur
f) Copy of the sanction letter along-with Brochure to be enclosed	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	NIL
b) Title of the program	- NA -
c) Place	- NA -
d) Duration	- NA -
e) Date of Conference	- NA -
f) Financial grant availed	- NA -

OFFICE OF THE REGISTRAR
KLE Academy of Higher Education & Research, BELAGAVI
09 FEB 2023
Inward No. 21 Sign

Asperman

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 -

avelling (by shortest route) and other expenses involved	Particulars
a) Place	Belagavi to Nagpur Maharashtra
b) Mode of journey	Belagavi to Miraj to Nagpur -> Bus = 1730
c) Fare	Nagpur to Belagavi -> Air = 4740 + 3048
d) To and Fro	Total Travelling fare ->
e) Accommodation charges	→ 2,832/- Banner - 1,700/-
f) Registration / Delegation Fee	→ 3,540/-
g) Air-port Tax	Total Amount - 16,590/-

14. Documents to be submitted:


- | | |
|--|---|
| a) Copy of the letter of invitation from the organizers. | attached attended certificate & poster presentation certificate |
| 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 : 09/02/2023

Signature of the faculty member 

Ref. No. KLE/COP/1220/22/23

Date: 03/02/23

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,



Signature of the HoD





Principal
PRINCIPAL

HOD, Pharmaceutics
KLE College of Pharmacy
BELAGAVI - 10.

KLE College of Pharmacy
BELAGAVI - 590 010.

ORDER

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

With reference to the above, the request of **Mr.Sujay Hulyalkar**, Assistant Professor, Department of Pharmaceutics, KLE College of Pharmacy, Belagavi. For attending '72nd Indian Pharmaceutical Congress -2022' and also presenting paper entitled 'Development and Validation UV—Spectroprotometric Method for the Estimation of Felbinac in Marketed formulation and Cubosomal Nanoformulation' to be held **Rashtrasant Tukadoji Maharaj Nagpur University, Nagpur**, from 20th to 22nd January 2023, has been approved by the competent authority of the University.

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



Kothiwale
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, KLE College of Pharmacy, Belagavai.
3. The Finance Officer, KAHER, Belagavi

3

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]

KLE

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. Bhaskar K. Kuvangi
2. Qualification	M. Pharm., Ph.D.
3. Designation	Assistant Professor (grade-I)
4. Department	Pharmaceutics
5. Email ID	bhaskarkuvangi19@gmail.com
6. Institution	KLE College of Pharmacy, Belagavi.
7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility)	01/08/2017
8. Organizes of the Conference / Seminar / Symposium	
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	<ul style="list-style-type: none"> 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.

Particulars of the Conference being attended

a) Title of the Conference / Seminar / Symposium	72 nd Indian Pharmaceutical Congress, Nagpur
b) Date of conduct	January 20 - 22, 2023
c) Level of Conference	State / National ✓
d) Minimum of financial grant eligible (or actuals available, whichever is less)	State Level : Rs. 8,000/- National Level : Rs. 16,000/- ✓
e) Venue	Rashtrasant Tukadoji Maharaj Nagpur University, Nagpur.
f) Copy of the sanction letter along-with Brochure to be enclosed	Enclosed.

Note: The faculty member is eligible for financial support to attend one State / Zonal and one National Conference in a calendar year

B. 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	- NIL -

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

09 FEB 2023

Inward No. 22 Sign

As per...

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 -

	Particulars
13. Travelling (by shortest route) and other expenses involved	
a) Place - <i>Belgaum - Miraj - Nagpur (Bus) = 1730/-</i>	<i>= 1730/-</i>
b) Mode of journey <i>Nagpur - Pune (Air) → Belgaum (Road) = 4425</i>	<i>+ 2500 = 6925/-</i>
c) Fare	
d) To and Fro	<i>Total charge Belgaum ⇌ Nagpur = 8655/-</i>
e) Accommodation charges	<i>3 days 2832/-</i>
f) Registration / Delegation Fee	<i>6039/- + 700 = 6739/-</i>
g) Airport Tax	<i>poster print</i>
14. Documents to be submitted:	<i>Total = 18,226/-</i>
a) Copy of the letter of invitation from the organizers.	<i>Enclosed.</i>
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	<i>Enclosed. Certificate of presentation also enclosed.</i>

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 sponsors / 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: 31/01/2023

Signature of the faculty member

[Signature]

Reference: KLE/COPI/221/2022/23

Date: 09/02/2023

To: The Registrar, KAHER, Belagavi.

From: Sr.

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,

[Signature]

Signature of the HoD

HOD, Pharmaceutics
KLE College of Pharmacy
BELAGAVI - 10.



[Signature]

Principal

KLE College of Pharmacy
BELAGAVI - 590 010.

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH
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(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

1-2444444 FAX: 0831-2493777 Web: <http://www.kledeemeduniversity.edu.in> E-mail: info@kledeemeduniversity.edu.in

Ref. No. KAHER-/2022-23/D- 23012306

16th Jan.2023

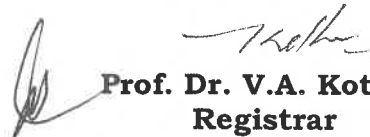
ORDER

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

With reference to the above, the request of **Dr. Bhaskar K Kurangi**, Assistant Professor, Department of Pharmaceutics, KLE College of Pharmacy, Belagavi. For attending '72nd Indian Pharmaceutical Congress -2022' and also presenting paper entitled 'Design and Evaluation of Berberine loaded cubosomal Nano formulation for the topical Treatment of ACNE' to be held Rashtrasant Tukadoji Maharaj Nagpur University, Nagpur, from 20th to 22nd January 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, KLE College of Pharmacy, Belagavi.
3. The Finance Officer, KAHER, Belagavi

Ref. No. KAHER-/2022-23/D- 23012304

12th Jan.2023

11

ORDER

- Sub : **Permission to participate in the National Conference.**
Ref : Request letter of the applicant forwarded through the concerned HoD,
KLE College of Pharmacy, Belagavi.

With reference to the above, the request of **Dr.Pramod Hurkadale**, Professor, Department of Pharmacognosy and Phytochemistry, KLE College of Pharmacy, Belagavi. For attending '72nd Indian Pharmaceutical Congress -2022' to be held **Rashtrasant Tukadoji Maharaj Nagpur University, Nagpur**, from 20th to 22nd January 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, KLE College of Pharmacy, Belagavi.
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]

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	Pranod T. Hurkadale
2. Qualification	M.Pharm, Ph.D., PDCR
3. Designation	Professor
4. Department	Pharmacognosy
5. Institution	KLE College of Pharmacy, Bgm
6. Email ID	pranodhurkadale@yahoo.com
7. Date of joining the Institution	2004 Oct
8. Objectives of the Conference / Seminar / Symposium	Enclosed as Annexure ①
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 <i>Resource person</i> c) Others, if any, specify. <i>National Advisor</i>
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	<p align="center">16000/-</p>
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	
<p>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.</p>	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	
b) Title of the program	
c) Place	72 nd Indian Pharmaceutical Congress Nagpur, Maharashtra
d) Duration	20-22 January 2023
e) Date	3-Days / 20-22-Jan-2023
f) Amount claimed	16,000/- only

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

09 JAN 2023

13

Inward No.....Sign.....

Approved
19-7-23
11.1.23

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	Nagpur / Return
b) Mode of journey	Air
c) Fare	16750 = 00
To and Fro expenses	1650 = 00 (Miscellaneous)
Registration / Delegation Fee	Complimentary
Accommodation charges	Complimentary
Total Expenses	18400 = 00
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	Enclosed - Annexure ②
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	→ Annexure ③

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 sponsors 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: 5-1-2023

Signature of the faculty member



Date: 7/01/2023

Ref. No. _____

To

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.

Thanking you,

Yours faithfully,

K. S. Patil
Signature of the HoD



[Signature]
Principal
PRINCIPAL
KLE College of Pharmacy
BELAGAVI - 590 010.



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 CONFERENCES

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

A. To be filled by the faculty member:	
1. Name	DR.PRADEEP KUMAR M. R.
2. Qualification	M.PHARM., Ph. D
3. Designation	ASSISTANT PROFESSOR
4. Department	PHARMACEUTICAL CHEMISTRY
5. Institution	K.L.E.UNIVERSITY'S COLLEGE OF PHARMACY, VIDYANAGR, HUBBALLI-580031
6. Date of joining the Institution	02-09-2016
7. Objectives of the Conference / Seminar / Symposium	APTICON-2022 is organized with a purpose of comprehending the vital role and importance of Pharmaceutical R&D in the development of novel drugs and dosage forms. It aims to impart scientific basis for integration of pharmacy and biological sciences to further contribute in development of patient oriented therapies. This conference offers a characteristic prospect for to know about the advancement in the field of designing and development of novel therapeutic moieties for various diseases.
8. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Enclosed a separate sheet.
9. Assignment in the aforesaid Conference / Seminar / Symposium	Research Paper Presentation (ORAL). 
10. Particulars of the financial support extended by the University on the previous occasion	
a) Title of the Conference / Seminar / Symposium	6 th International conference on Pharmaceutical R&D and Biopharmaceutics
b) Date of conduct	27 th and 28 th November, 2019 (02 days).
c) Venue	Holiday Inn Express Kuala Lumpur City Centre 84, Jalan Raja Chulan, Kuala Lumpur, 50200 Kuala Lumpur, Wilayah Persekutuan Kuala Lumpur, Malaysia
d) Financial support extended by the University	YES. Rs. 20,000/-
e) Copy of the sanction letter to be enclosed	ATTACHED
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	ASSOCIATION OF PHARMACY TEACHERS OF INDIA (APTI)
b) Title of the program	25th Annual National Convention -APTICON 2022

c) Place	JSS College of Pharmacy, JSS AHER, Mysuru	
d) Duration	2 nd to 4 th September, 2022 (03 days).	
12. Travelling (by shortest route) and other expenses involved		
	International	Domestic
a) Place		Hubli To Mysuru
b) Mode of journey		Train
c) Fare		Rs. 1,000/-
d) Registration / Delegation Fee		Rs. 3,540/-
e) Accommodation/DA		Rs.1,800/-
f) Air-port Tax		NA
Total		Rs.6,340=00

13. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers. b) Copy of the full text of documents / paper prepared by the applicant for presentation.	Enclosed

14. Signature of the faculty member MR Pradeep Kumar

Ref. No. KLEscoph/APTA Conf/2022-23/0-199 Date: 26/08/2022

To
The Registrar,
KLE University,
Belgaum.

Dear Sir,

We are enclosing herewith the application of the above Teacher in the prescribed format for grant of financial support to attend the Conference ⁱⁿ ~~outside~~ India for kind consideration.

Thanking you,
Yours faithfully,

Dr. S. S. Honnali
Signature of the HoD



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



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)



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princpharmhbl@kledeemeduniversity.edu.in

Teachers Provided with Financial Support to Attend Conferences/Workshops and Towards Membership Fee of Professional Bodies During the Year - 2022

Ms. Sushmita Hiremath, Asst. Prof. attended Workshop on Work place environment and Mental health, Organized by KLE College Of Pharmacy Belagavi 2022. She has received Rs.450/- from the Institution/University.



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





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princpharmhbl@kledeemeduniversity.edu.in

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Mrs. P.S. Akki attended Workshop on subject **Startups and Innovations in Health Care Organized by Institute of Nursing Science, Belagavi 2022**. She has received Rs.390/- from the Institution/University.




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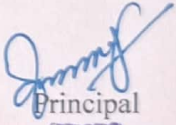


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princpharmhbl@kledeemeduniversity.edu.in

Teachers Provided with Financial Support to Attend Conferences/Workshops and Towards Membership Fee of Professional Bodies During the Year - 2022

Mr. Harish K H, Associate Professor, attended Workshop on subject **Best Practice of OBE RTS Implementation and Success** for 2 days on 5th & 6th May, 2022 organized by Dept. of Pharmacology, KLE College of Pharmacy, Belagavi. He has received Rs.500/- from the Institution/University.




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princpharmhbl@kledeemeduniversity.edu.in

Teachers Provided with Financial Support to Attend Conferences/Workshops and Towards Membership Fee of Professional Bodies During the Year - 2022

Mr. S B Patil, Asst. Professor, attended Workshop on subject **Best Practice of OBE RTS Implementation and Success** for 2 days on 5th & 6th May, 2022 organized by Dept. of Pharmacology, KLE College of Pharmacy, Belagavi. He has received Rs.500/- from the Institution/University.



Principal

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Teachers Provided with Financial Support to Attend Conferences/Workshops and Towards Membership Fee of Professional Bodies During the Year - 2022

Dr. S B Nyamagoud, Asst. Professor, attended Workshop on subject **Best Practice of OBE RTS Implementation and Success** for 2 days on 5th & 6th May, 2022 organized by Dept. of Pharmacology, KLE College of Pharmacy, Belagavi. He has received Rs.500/- from the Institution/University.




Principal

Principal
KLES College of Pharmacy
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Vidyanagar HUBBALLI 580 031)

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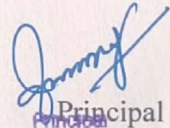


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princpharmhbl@kledeemeduniversity.edu.in

Teachers Provided with Financial Support to Attend Conferences/Workshops and Towards Membership Fee of Professional Bodies During the Year - 2022

Prof. Ravindra V Karadi attended Conference at Deshpande foundation held on 11th June 2022 Conducted by Deshpande foundation. He has received Rs.3000/- from the Institution/University for the Registration.




Principal

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princpharmhbl@kledeemeduniversity.edu.in

Teachers Provided with Financial Support to Attend Conferences/Workshops and Towards Membership Fee of Professional Bodies During the Year - 2022

Ms. Sushmita Hiremath, Asst. Prof. attended Workshop, entitled **Molecular Biology of Infectious Diseases** on 26th July 2022 organized by KAHER, BSRC Belagavi as a Delegate. She has received Rs.450/- from the Institution/University.




Principal

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prinpharmhbl@kledeemeduniversity.edu.in

Teachers Provided with Financial Support to Attend Conferences/Workshops and Towards Membership Fee of Professional Bodies During the Year - 2022

Ms. Sushmita Hiremath, Asst. Prof. attended Workshop entitled, **Be An effective presenter, Presentation Skill Enhancement** on 20th & 21st Oct. 2022 organized by KLE Institution of Physiotherapy, Belagavi as a Delegate. She has received Rs.450/- from the Institution/University.



Principal
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KLE COLLEGE OF PHARMACY

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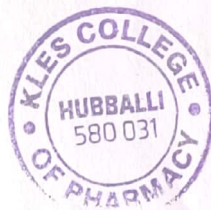


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meduniversity.edu.in

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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.




Principal

Principal
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Vidyanagar, HUBBALLI - 580 031

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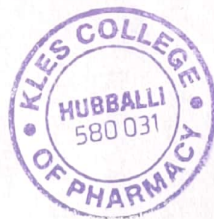
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princpharmhbl@kledeemeduniversity.edu.in

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

Dr. 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.




Principal

Principal
KLES College of Pharmacy
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Vidyaroad, HUBBALLI 580 031

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KLE COLLEGE OF PHARMACY

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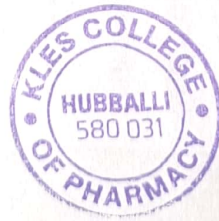
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(Deemed-to-be-University)



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




Principal

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





KLE COLLEGE OF PHARMACY

Hubballi, HUBBALLI 580 031, Karnataka

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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.



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HUBBALLI, HUBBALLI - 580 031, Karnataka

A constituent unit of

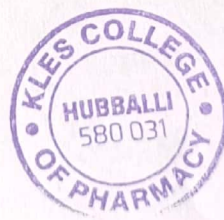
KLE Academy of Higher Education and Research, Belagavi
(Deemed-to-be-University)

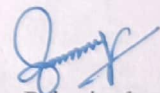


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Teachers Provided with Financial Support to Attend Conferences/Workshops and Towards Membership Fee of Professional Bodies During the Year - 2023

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.




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KLE COLLEGE OF PHARMACY

Widyanagar, HUBBALLI - 580 031, Karnataka

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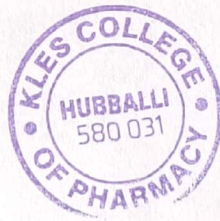
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princpharmhbl@kledeemeduniversity.edu.in

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.



Jomy
Principal

Principal
KLES College of Pharmacy
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Widyanagar HUBBALLI - 580 031

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KLE COLLEGE OF PHARMACY

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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.



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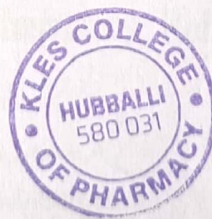
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Teachers Provided with Financial Support to Attend Conferences/Workshops and Towards Membership Fee of Professional Bodies During the Year - 2023

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.



[Signature]
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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.




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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.




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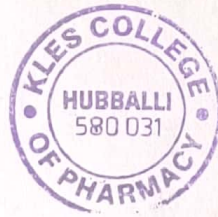
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Ms. Neha Mali, Asst. Prof. attended Workshop entitled, **Basic Principles of Cell Culture Techniques** on 10th & 12th January 2023 organized KAHER JN Medical College, Belagavi as a Delegate. She has received Rs2050/- from the Institution/University.




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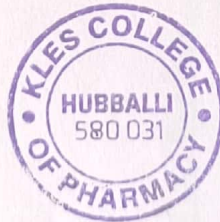
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Ms. A S Menasinakai, Asst. Prof. attended Workshop entitled, **Basic Principles of Cell Culture Techniques** on 10th & 12th January 2023 organized KAHER JN Medical College, Belagavi as a Delegate. She has received Rs2050/- from the Institution/University.




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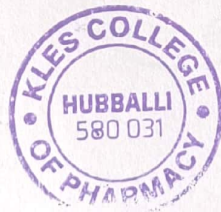
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princpharmhbl@kledeemeduniversity.edu.in

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.



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Principal

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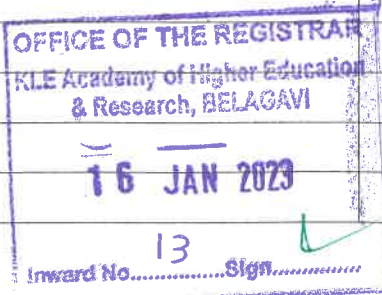
KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(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. SUBHAS S KARKI
2. Qualification	Ph D.
3. Designation	Professor
4. Department	Pharmaceutical Chemistry
5. Institution	KLE College of Pharmacy, Bengaluru
6. Email ID	subhasskarki@gmail.com
7. Date of joining the Institution	27/03/1996
8. Objectives of the Conference / Seminar / Symposium	Enclosure - 1
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet. Enclosure - 2
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)	No
a) Title of the Conference / Seminar / Symposium	16000/-
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	Schrodinger & BITS Goa campus
b) Title of the program	International Conference on Drug Discovery (ICDD-2022)
c) Place	GOA
d) Duration	Two days (10/11/2022 - 11/11/2022)
e) Date	10-11-2022 & 11-10-2022
f) Amount claimed	19458=00



Aspermore

13. Expenses involved towards attending the Conference:	
a) Place	GOA
b) Mode of journey	AIR
c) Fare	
To and Fro expenses	9651=00
Registration / Delegation Fee	3500 =00
Accommodation charges	6300 =00
Total Expenses	19451=00

14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	Enclosed - 3 Enclosure - 4
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 sponsors 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: 17/11/2022

Signature of the faculty member

Date: _____

Ref. No. _____

To

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.

Thanking you,

Yours faithfully,

Signature of the HoD

Seal

Principal



APPLICATION FOR LEAVE
 (Other than Casual Leave / Restricted Leave)
 (To be submitted through proper channel)

1. Name of the applicant DIMPPIE PIRYAL
 2. Designation Assistant Professor
 3. Name of the Department Pharmaceutical Chemistry
 4. Name of the Institution KLE Cop, Bengaluru
 5. Contact details : Mobile No. 9964922315
 6. Nature of appointment : Regular / Consolidated / Re-appointed / Contract
 7. whether Temporary/Permanent/Probation Permanent
 8. Date of joining the Institution 7/7/2016
 9. Particulars of leave applied for:
 a) Type of Leave Special casual leave/FOD
 b) Period of Leave 01 days From 9/4/2022 to
 d) Reasons for availing the leave Seminar at Ramaiah University
of Applied Sciences, S'lore.
"Pharmaceutical Industry
Academy conference Dimpie Piryal"
 *In case of Duty Leave / Special Casual Leave, please enclose proof. Signature of the applicant

Place : Bengaluru

Date 8/4/2022

10. Remarks/ recommendations of the Head of the Department:

The leave requested by the applicant is recommended / not recommended.
 During the leave period, _____ Designation Asst. Professor
 (Signature _____) shall look after the duties of the applicant faculty.

Date 8/4/2022

Signature of the HoD

11. For Office Use at College:

Type of Leave	Leave balance as on the date of application	No. of Days		
		Leave Applied for	Leave recommended	Leave Balance

Date _____ Verified by (Sign.) _____

Seal

Signature of the Principal

12. For University Office use:

_____ Leave as above is sanctioned to the above faculty member by Hon. Vice-Chancellor, as per BL _____, Rule No. 26 (k&l) under MOA of the KLE University.

Date : _____

Signature of the Registrar

Note:

- The Faculty shall submit the leave application in the prescribed format at least 10 days in advance (except Leave on medical grounds).
- The University shall not consider any application involving post facto sanction / approval
- The faculty shall avail the Earned Leave for a minimum period of 10 days.
- The Faculty who intend to avail leave on medical grounds shall submit Medical Certificate from KLE Dr. Prabhakar Kore Hospital (in case of illness in Belagavi) and from a Doctor with minimum qualification of MBBS (in case of illness outside Belagavi).
- The concerned Heads of the Departments and the Principals of the constituent units shall forward only those applications which are eligible to be considered by the University as per the existing Leave Policy / Rules & Regulations of the University.
- The faculty shall not proceed of leave without prior approval from the University
- The faculty shall be eligible to avail Special Casual leave / Duty Leave not exceeding 15 days in a year, on production of necessary supporting document and he / she shall not be permitted to avail the same in excess of the prescribed limit
- The salary during the leave period shall be sanctioned only after approval for grant of leave by the competent authority of the University



Principal
KLE College of Pharmacy
 Bengaluru-560 010



APPLICATION FOR LEAVE
(Other than Casual Leave / Restricted Leave)
(To be submitted through proper channel)

1. Name of the applicant
2. Designation
3. Name of the Department
4. Name of the Institution
5. Contact details
6. Nature of appointment
7. whether Temporary/Permanent/Probation
8. Date of joining the Institution
9. Particulars of leave applied for:

- a) Type of Leave
- b) Period of Leave
- d) Reasons for availing the leave

• In case of Duty Leave / Special Casual Leave, please enclose proof.

Dr. Lakshmi Gayathri M
Assistant Professor
pharmacy practice
KLE college of pharmacy

: Mobile No. 7708525429
: Regular / Consolidated / Re-appointed / Contract

Permanent
05/10/2020

Special leave / OD
1 days From 9/4/2022 to
Seminar at Ramaiah university
pharmaceutical industry - Academic

Place : Bengaluru

Date 8/4/2022

Dr. Lakshmi
Signature of the applicant

10. Remarks/ recommendations of the Head of the Department:

The leave requested by the applicant is recommended / not recommended.
During the leave period, _____ Designation Asst professor
(Signature _____) shall look after the duties of the applicant faculty.

Date 8/4/2022

[Signature]
Signature of the HoD

11. For Office Use at College:

Type of Leave	Leave balance as on the date of application	No. of Days		
		Leave Applied for	Leave recommended	Leave Balance

Date

Verified by (Sign.)

Seal

Signature of the Principal

12. For University Office use:

Leave as above is sanctioned to the above faculty member by Hon. Vice-Chancellor, as per BL _____, Rule No. 26 (k&l) under MOA of the KLE University.

Date : _____

Signature of the Registrar

Note:

1. The Faculty shall submit the leave application in the prescribed format at least 10 days in advance (except Leave on medical grounds).
2. The University shall not consider any application involving post-facto sanction / approval
3. The faculty shall avail the Earned Leave for a minimum period of 10 days.
4. The Faculty who intend to avail leave on medical grounds shall submit Medical Certificate from KLE Dr. Prabhakar Kore Hospital (in case of illness in Belgaum) and from a Doctor with minimum qualification of MBBS (in case of illness outside Belagavi).
5. The concerned Heads of the Departments and the Principals of the constituent units shall forward only those applications which are eligible to be considered by the University as per the existing Leave Policy / Rules & Regulations of the University.
6. The faculty shall not proceed of leave without prior approval from the University.
7. The faculty shall be eligible to avail Special Casual Leave / Duty Leave not exceeding 15 days in a year, on production of necessary supporting document and he / she shall not be permitted to avail the same in excess of the prescribed limit.
8. The salary during the leave period shall be sanctioned only after approval for grant of leave by the competent authority of the University.



[Signature]
Principal
KLE College of Pharmacy
Bengaluru-560 010



APPLICATION FOR LEAVE
 (Other than Casual Leave / Restricted Leave)
 (To be submitted through proper channel)

- Name of the applicant
- Designation
- Name of the Department
- Name of the Institution
- Contact details
- Nature of appointment
- Whether Temporary/Permanent/Probation
- Date of joining the Institution
- Particulars of leave applied for:

HARI PRASAD M.G.
 Professor
 Pharmacology
 KLE Cop, Bangalore

Mobile No. 9845117850
 Regular / Consolidated / Re-appointed / Contract

Permanent
 17/02/20

- Type of Leave
- Period of Leave
- Reasons for availing the leave

SCL
 02 days From 02/09/22 to 03/09/22
 Attending APTI on Conference

In case of Duty Leave / Special Casual Leave, please enclose proof

At Bengaluru
 30/08/22

[Signature]
 Signature of the applicant

Remarks/ recommendations of the Head of the Department:

The leave requested by the applicant is recommended / not recommended during the leave period, Dr. Blage V Rao Designation Assoc. Professor (Signature Blage) shall look after the duties of the applicant faculty.

Date _____

[Signature]
 Signature of the HoD

For Office Use at College:

Type of Leave	Leave balance as on the date of application	No. of Days		
		Leave Applied for	Leave recommended	Leave Balance

Date _____ Verified by (Sign.) _____



[Signature]
 Signature of the Principal

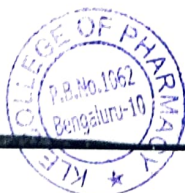
For University Office use:

Leave as above is sanctioned to the above faculty member by the Vice-Chancellor, as per BL _____ Rule No. 26 (k&l) under MOA of the KLE University.

Date _____

Signature of the Registrar

The faculty shall submit the leave application in the prescribed format at least 10 days in advance (except Leave on medical grounds).
 The University shall not consider any application involving post-facto sanction / approval.
 The faculty shall avail the Earned Leave for a minimum period of 15 days.
 The faculty who intend to avail Leave on medical grounds shall submit Medical Certificate from KLE Dr. Prabhakar Kore Hospital (in case of illness in Belagavi) and from a Doctor with minimum qualification of MBBS (in case of illness outside Belagavi).
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 The faculty shall not proceed of leave without prior approval from the University.
 The faculty shall be eligible to avail Special Casual Leave / Duty Leave not exceeding 15 days in a year, on production of necessary supporting document and he / she shall not be permitted to avail the same in excess of the prescribed limit.
 The leave during the leave period shall be sanctioned only after approval for grant of leave by the competent authority of the University.



[Signature]
 Principal
 KLE College of Pharmacy
 Bengaluru-560 010



APPLICATION FOR LEAVE
 (Other than Casual Leave / Restricted Leave)
 (To be submitted through proper channel)

1. Name of the applicant Dr. Bhagya V. Rao
 2. Designation Associate professor
 3. Name of the Department Department Pharmacology
 4. Name of the Institution KLECO, Bengaluru
 5. Contact details : Mobile No. 9880220970
 6. Nature of appointment : Regular / Consolidated / Re-appointed / Contract Permanent
 7. whether Temporary/Permanent/Probation Permanent
 8. Date of joining the Institution 02/03/2022
 9. Particulars of leave applied for:
 a) Type of Leave SCL
 b) Period of Leave One day from 29/11/2022
 d) Reasons for availing the leave Attending conference in Dayananda University

Place : Bengaluru
 Date 27/11/22
 Signature of the applicant Bhag

10. Remarks/ recommendations of the Head of the Department:
 The leave requested by the applicant is recommended / not recommended.
 During the leave period, Dr. Hariprasad Designation Professor
 (Signature Hariprasad) shall look after the duties of the applicant faculty.
 Date 27/11/22
 Signature of the HoD Hariprasad

11. For Office Use at College:

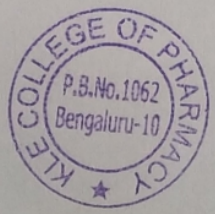
Type of Leave	Leave balance as on the date of application	No. of Days		
		Leave Applied for	Leave recommended	Leave Balance
<u>SCL</u>	<u>13</u>			

Date _____ Verified by (Sign.) _____ Seal _____ Signature of the Principal _____

12. For University Office use:
 _____ Leave as above is sanctioned to the above faculty member by Hon. Vice-Chancellor, as per BL _____, Rule No. 26 (k&l) under MOA of the KLE University.

Date : _____ Signature of the Registrar _____

- Note:
- The Faculty shall submit the leave application in the prescribed format at least 10 days in advance (except Leave on medical grounds).
 - The University shall not consider any application involving post-facto sanction /approval
 - The faculty shall avail the Earned Leave for a minimum period of 10 days.
 - The Faculty who intend to avail leave on medical grounds shall submit Medical Certificate from KLE Dr. Prabhakar Kore Hospital (in case of illness in Belgaum) and from a Doctor with minimum qualification of MBBS (in case of illness outside Belagavi).
 - The concerned Heads of the Departments and the Principals of the constituent units shall forward only those applications which are eligible to be considered by the University as per the existing Leave Policy / Rules & Regulations of the University.
 - The faculty shall not proceed of leave without prior approval from the University.
 - The faculty shall be eligible to avail Special Casual Leave / Duty Leave not exceeding 15 days in a year, on production of necessary supporting document and he / she shall not be permitted to avail the same in excess of the prescribed limit.
 - The salary during the leave period shall be sanctioned only after approval for grant of leave by the competent authority of the University.



[Signature]
 Principal
 KLE College of Pharmacy
 Bengaluru-560 010

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / NATIONAL CONFERENCES

[Application](https://floxirsolutions.com/fin_assist/index.php/Core/ass_list)
(https://floxirsolutions.com/fin_assist/index.php/Core/ass_list)

LIST (HTTPS://FLIXIRSOLUTIONS.COM/FIN_ASSIST/INDEX.PHP/CORE/ASS_LIST)

[Final Approved List](https://floxirsolutions.com/fin_assist/index.php/Core/claimed_report)
(https://floxirsolutions.com/fin_assist/index.php/Core/claimed_report)

A. To be filled by the faculty member:

User Master (https://floxirsolutions.com/fin_assist/index.php/Core/User_page)	1. Employee ID <input type="text" value="101117001"/>	2. Name <input type="text" value="DR. SANJIVKUMAR KR"/>	3. Qualification <input type="text" value="PhD"/>	4. Designation <input type="text" value="Teaching Staff"/>
Bank Details (https://floxirsolutions.com/fin_assist/index.php/Core/Bank_Details)	5. Department <input type="text" value="KLEU"/>	6. Institution <input type="text" value="KLEU Institute Of Physic"/>	7. Email Id <input type="text" value="sanjiv3303@rediffmail.cc"/>	8. Date of joining the Institution <input type="text" value="05-06-2000"/>

[Change Password](https://floxirsolutions.com/fin_assist/index.php/Core/changepass)
(https://floxirsolutions.com/fin_assist/index.php/Core/changepass)

[Logout](https://floxirsolutions.com/fin_assist/index.php/Core/admin_logout)
(https://floxirsolutions.com/fin_assist/index.php/Core/admin_logout)

B. Particulars and assignment in the conference:

1. Name of the Conference / Seminar / Symposium

2. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium

3. Assignment in the aforesaid Conference / Seminar / Symposium

[View File](https://floxirsolutions.com/fin_assist/uploads/162510de2085ac_Invitation.pdf)
(https://floxirsolutions.com/fin_assist/uploads/162510de2085ac_Invitation.pdf)

Please enclose a separate sheet.

No file chosen

- a) Delivering key-note address/orations/plenary lectures
- b) Contributing the 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.

C. Particulars of the conference being attended

a) Title of the Conference / Seminar / Symposium

b) Date of conduct

c) Venue

d) Financial support extended by the University

e. Quantum of financial grant eligible

I) State :Rs
8,000/-

II) National :Rs
16,000/-

f) Copy of the sanction letter 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.

D. 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

E. Expenses involved towards attending the Conference:

a) Place	<input type="text" value="Kolkata"/>		
b) Mode of Journey	<input type="text" value="By Air"/>		
Amount in Rs			
c) Fare	<input type="text" value="16000.00"/>	d) To and.For exp.	<input type="text" value="1000.00"/>
e) Registration / Delegation Fee	<input type="text" value="4700.00"/>	f) Accommodation charges	<input type="text" value="8000.00"/>
g) Other charges	<input type="text" value="1000.00"/>	Total Expenses	<input type="text" value="30700.00"/>

F. Documents to be submitted:

- a) Copy of the letter of invitation from the organizers. [View File](https://fifixrsolutions.com/fin_assist/uploads/162510de2095d3_invitation.pdf)
(https://fifixrsolutions.com/fin_assist/uploads/162510de2095d3_invitation.pdf)
- b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. [View File](https://fifixrsolutions.com/fin_assist/uploads/162510de2098c7_CIPN.pdf)
(https://fifixrsolutions.com/fin_assist/uploads/162510de2098c7_CIPN.pdf)

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 sponsors 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



Accept terms and conditions

Date :

Comments

Name	Comment
1	Dr. Veerappa Approved. The financial assistance will be provided after uploading the original bills

To
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. Thanking you,

Yours faithfully,

Signature of the HoD Principal

Add Your Comment Here Comment

Send For Approval

AMOUNT CLAIM LIST

Sr.No	Title	Estimated Amount	Claimed Amount	Upload Receipt
1	Registration / Delegation Fee	25000	4700.00	View
2	To and Fro expenses	25000	15589.00	View
3	Accommodation charges	25000	0.00	View
4	Other charges finance	25000	0.00	View
	Total	100000	20289	

Bank Details

Sr.No	Bank Name	Acc Holder Name	Acc Number	Ifsc Code
1	Canara bank	SANJIV KUMAR	5042010039164	CNRB0010504

- Home
- Finance
- Application
- Final Approved List
- User Master
- Bank Details
- Change Password
- Logout

(4)

From,
Dr Deepa Metgud
Professor and HOD
Pediatric Physiotherapy
KAHER Institute of Physiotherapy

Date-18/05/2022

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

*As/600/-
Nalini Cooper*

[Through Proper Channel]

Sub: Request for release of incentives for participating as resource person and chairing a scientific session at national conference held in Chennai.

Respected Sir,

With reference to subject cited above, I would like to inform you that I was invited as a **resource person and chairperson for scientific session** at national conference of Society of Indian Physiotherapist(SIP) held at **Chennai, from 29th April- 1st May 2022**. I had obtained permission for the same and received an email approval for provision of the incentives from the university.

I request your kind self to release the financial assistance for the same. I hereby attach the details of expenditure along with the bills for your reference

Kindly do the needful
Thanking you

Yours sincerely

Dr Deepa Metgud

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

20 MAY 2022

Inward No. 13 Sign.....



Forwarded

*Ichika
20/5/22*

Ref. NO : KAHER/KIPT/22-23/203

Date: 20/5/22

Enclosed - 1 - Expenditure details and Account details

2- Bills related to Expenditure

3- Certificates

KLE Academy of Higher Education
& Research, BELAGAVI
FINANCE SECTION

08 JUN 2022

*Permitted as per norms
21.5.22*

Inward No. 024 Sign.....

5

From,
Dr Anand Heggannavar
Associate Professor
Department of Orthopaedic Manual Therapy
KAHER Institute of Physiotherapy
Belagavi

Date-18/05/2022

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

*As 16,000/-
for Nation Conf*

[Through Proper Channel]

Sub: Request for release of incentives for attending and presenting a scientific paper at national conference held in Chennai.

Respected Sir,

With reference to subject cited above, I would like to inform you that I attended and presented a scientific paper at national conference of Society of Indian Physiotherapist (SIP) held at Chennai, from 29th April- 1st May 2022. I had obtained permission for the same and received an email approval for provision of the incentives from the university.

I request your kind self to release the financial assistance for the same. I hereby attach the details of expenditure along with the bills for your reference

Kindly do the needful
Thanking you

Yours sincerely

Dr Anand Heggannavar



*Forwarded
S. Chiba
20/5/22*

*Ref. NO: KAHER/KIPT/22-23/214
Date: 20/5/22*

- Enclosed – 1 – Expenditure details and Account details
- 2- Bills related to Expenditure
- 3- Certificates



*As per nom
21/5/22*

6

From,
Dr Vinuta Deshpande
Assistant Professor
Dept of Pediatric Physiotherapy
KAHER Institute of Physiotherapy
Belagavi

Date-21/05/2022

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

*National Conference
- Rs 16,000/-*

[Through Proper Channel]

Sub: Request for release of incentives for participating as resource person in a scientific session at national conference 6th Annual Conference "SIPCON" held in Chennai.

Respected Sir,

With reference to subject cited above, I would like to inform you that I was invited as a **resource person for scientific session** at national conference of Society of Indian Physiotherapist(SIP) held at **Chennai, from 29th April- 1st May 2022**. I had obtained permission for the same and received an email approval for provision of the incentives from the university.

I request your kind self to release the financial assistance for the same. I hereby attach the details of expenditure along with the bills for your reference

Thanking you in Anticipation

Yours Sincerely

Vinuta D

[Dr. Vinuta D]



Suman
21/5/22

Ref. NO:KAHER/KIPT/22-23/216 Date:23/05/22

Enclosed:

1. Summary of Expenditure
2. Invitation to be a Resource person in the Conference
3. Tax Invoice for the Flight
4. Flight Boarding Pass
5. Per head charges for the flight
6. Hotel Accommodation Bill
7. Per head charge for the hotel accommodation
8. Certificate of Attendance and Resource Person

KLE Academy of Higher Education & Research, BELAGAVI
FINANCE SECTION
08 JUN 2022
Inward No. 030 Sign *[Signature]*

OFFICE OF THE REGISTRAR
KLE Academy of Higher Education & Research, BELAGAVI
23 MAY 2022
Inward No. 02 Sign *[Signature]*

*As per name
Kulbar
23.5.22*

7

From,
Dr Shukra Chivate
Assistant Professor
Pediatric Physiotherapy Department
KAHER Institute of Physiotherapy

Date-18/05/2022

Certificate of Paper Presentation is missing
Rs 16,000/- National Incentive

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

[Through Proper Channel]

Sub: Request for release of incentives for attending and presenting scientific paper at national conference held in Chennai.

Respected Sir,

With reference to subject cited above, I would like to inform you that I attended and presented a scientific paper at national conference of Society of Indian Physiotherapist(SIP) held at Chennai, from 29th April- 1st May 2022. I had obtained permission for the same.

I request your kind self to release the financial assistance for the same. I hereby attach the details of expenditure along with the bills for your reference

Kindly do the needful

Thanking you

Yours sincerely

Dr Shukra Chivate

forwarded

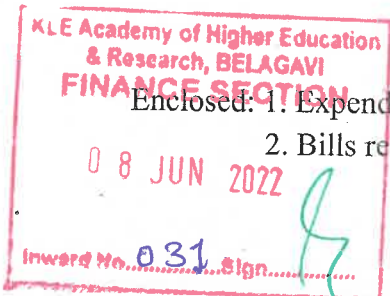


Jelaha
20/5/22



Ref. NO: KAHER/KIPT/22-23/212

Date: 20/5/22



Enclosed: 1. Expenditure details and account details
2. Bills related to expenditure

As per norms
21.5.22

From
Dr. Raju Gadad
Assistant Librarian
KAHER, Institute of Physiotherapy-Belagavi

To;
Registrar
KLE Academy of Higher Education & Research
Belagavi

Through Proper Channel

Subject:- Regarding Reimbursement of Conference Expenditure

Respected Sir;

I Under Signed Dr. Raju Gadad working as an Assistant Librarian at KAHER, Institute of Physiotherapy-Belagavi, attended the One Day National conference on **“Transformation of Higher Education Libraries in the Digital Environment”** organized by the **Library and Information Centre of Dnyanprassarak Mandal’s College and Research Centre, in association with Goa College Librarians’ Association (GCLA) & Karnataka State College Librarians’ Association (KSCLA) on 17th June, 2022**, and also presented a paper entitled **“Examining Bradfords’ Law of Scattering in Prof. CNR Rao’s Publication: A Scientometric Study**. Thus hereby requesting you to kindly reimburse the amount **2475/-**, which I have spent for the conference.

Thanking you



(Presenting Paper)

(Felicitating the Paper Presenter)

OFFICE OF THE REGISTRAR
KLE Academy of Higher Education & Research, BELAGAVI
22 JUN 2022
34
Inward No.....Sign.....



Yours Faithfully
KLE Academy of Higher Education & Research, BELAGAVI
FINANCE SECTION
24 JUN 2022
Inward No. 04 Sign.....

Date: 22-06-2022

Place: Belagavi

- Encl: 1. Bills
2. Conference Certificate

Sign

FO
22.6.22

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / NATIONAL CONFERENCES

LIST ([HTTPS://FLIXIRSOLUTIONS.COM/FIN_ASSIST/INDEX.PHP/CORE/ASS_LIST](https://flixirsolutions.com/fin_assist/index.php/core/ass_list))

[Application](#)

(https://flixirsolutions.com/fin_assist/index.php/core/ass_list)

[Final Approved List](#)

(https://flixirsolutions.com/fin_assist/index.php/core/claimed_report)

[User Master](#)

(https://flixirsolutions.com/fin_assist/index.php/core/user_page)

[Bank Details](#)

(https://flixirsolutions.com/fin_assist/index.php/core/bank_details)

[Change Password](#)

(https://flixirsolutions.com/fin_assist/index.php/core/change_pass)

[Logout](#)

(https://flixirsolutions.com/fin_assist/index.php/admin/logout)

A. To be filled by the faculty member:

1. Employee ID (https://flixirsolutions.com/fin_assist/index.php/core/claimed_report)	2. Name	3. Qualification	4. Designation
101117002	DR JEBA CHITRA SELVA KUM	MPT	Teaching Staff
5. Department	6. Institution	7. Email Id	8. Date of joining the Institution
Neurology	KLEU Institute Of Physiotherap	jebachitra@hotmail.com	11/07/2004

B. Particulars and assignment in the conference:

1. Objectives of the Conference / Seminar / Symposium (https://flixirsolutions.com/fin_assist/index.php/core/claimed_report)	View File (https://flixirsolutions.com/fin_assist/uploads/161c2f476ddb55_Beni_files.docx)
Plenary Lectures and Discussions on Physiotherapy and Rehabilitation	Please enclose a separate sheet. Choose File No file chosen
2. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	a) Delivering key-note address/orations/plenary lectures <input type="checkbox"/>
3. Assignment in the aforesaid Conference / Seminar / Symposium	b) Contributing the scientific paper <input type="checkbox"/>
	c) Chairing a scientific session <input checked="" type="checkbox"/>
	d) International collaboration exchange program(only on invitation) <input type="checkbox"/>
	e) Panel discussion or to deliver talks/lectures or invited to discuss arts/skills(only on invitation) <input type="checkbox"/>
	f) Others. if any. specify. <input type="checkbox"/>

C. Particulars of the conference being attended

YES

a) Title of the Conference / Seminar / Symposium	6th Annual Conference of Sr	b) Date of conduct	07/01/2022
c) Venue	Chennai	d) Financial support extended by the University	NIL 07/01/2022
e. Quantum of financial grant eligible		II) National :Rs 16,000/-	<input checked="" type="checkbox"/>
I) State :Rs 8,000/-	<input type="checkbox"/>		
f) Copy of the sanction letter to be enclosed	View File (https://flixirsolutions.com/fin_assist/uploads/161c2f476de85d_Sanction Letter.docx)		

Note : The faculty member is eligible for financial support to attend one State / Zonal and one National Conference in a calendar year.

D. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium

a) Name of the Organizer	Society of Indian Physiother.	b) Title of the program	6th Annual Conference of Sr
c) Place	Chennai	d) Duration	3 Day
e) Date of conference	07/01/2022	f) Financial grant sought	16000

E. Expenses involved towards attending the Conference:

a) Place	Chennai	d) To and For exp.	3000.00
b) Mode of Journey	By Air	f) Accommodation charges	0.00
c) Fare	9780.00	Total Expenses	17500.00
e) Registration / Delegation Fee	4720.00		
g) Other charges	0.00		

F. Documents to be submitted:

a) Copy of the letter of invitation from the organizers.	View File (https://flixirsolutions.com/fin_assist/uploads/161c2f476de929_SIP)
---	---

Bills not attached

Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.

[INVITE.pdf](#)

[View File](#)

https://flicirsolutions.com/fin_assist/uploads/161c2f476deac0_Ses

[sion_Chair.docx](#)

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



Accept terms and conditions

Date :

22/12/2021

Comments

	Name	Comment
1	Dr. Veerappa	Approved as per the University norms. the incentives will be released after the submission of the original bills.
2	Dr. Veerappa	Approved as per the University norms. the incentives will be released after the submission of the original bills.
3	Dr. Veerappa	Approved as per the University norms. the incentives will be released after the submission of the original bills.

To
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.

Thanking you,

Yours faithfully,

Signature of the HoD Principal

Add Your Comment Here Comment

Send For Approval

3

From,
Dr. Snehal Dharmayat
Associate Professor and HOD
Community Physiotherapy
KAHER Institute of Physiotherapy,
Belagavi.

Date-21/05/2022

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

[Through Proper Channel]

Sub: Request for release of incentives for participating as chair for scientific session at national conference held in Chennai.

Respected Sir,

With reference to subject cited above, I would like to inform you that I was invited as a chairperson for scientific session at national conference of Society of Indian Physiotherapist(SIP) held at Chennai, from 29th April- 1st May 2022. I had obtained permission for the same and received an email approval for provision of the incentives from the university.

I request your kind self to release the financial assistance for the same. I hereby attach the details of expenditure along with the bills for your reference.

Kindly do the needful.

Thanking you

Yours sincerely



Dr. Snehal Dharmayat



Ref. No: KAHER/KIPT/22-23/217 Date: 23/5/22

- Enclosed – 1 – Expenditure details and Account details
2- Bills related to Expenditure
3- Certificates

ole

AB

Details of Expenses

Serial No	Nature of Expenses	Amount in RS	Bill Enclosed
1	Travel charges	Rs. 14296/-	Yes
2	Accommodation charges	Rs. 6350/-	Yes
3	Conference Registration	Rs. 5900/-	Yes
		Rs. 26546	

Account Details

Name – Snehal Dharmayat

Bank – Canara Bank

Bank Branch – Nehru Nagar

Back Ac/no – 05042010025835

IFSC code - CNRB0010504

Pan No- AJEPD4622J

26 - 27



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 (Govt)

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 /835

Date: 12/11/2022

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
1	Geriatric	Dr. Anil Muragod	Professor
2	OMT	Dr. Pamela D'silva	Assistant Professor

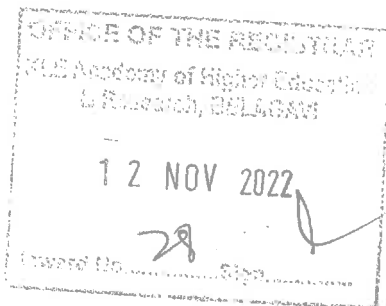
good -
good -

Kindly acknowledge receipt of the same.

Thanking you,

Yours truly,

Sign
PRINCIPAL,
KLE INSTITUTE OF PHYSIOTHERAPY,
BELAGAVI.



As per...
12.11



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)

A. To be filled by the Applicant / Presenter :			
1.	Name of the Presenter	Dr Anil Muragod	
2.	Name (s) and details of other Authors		
3.	Whether the Presenter is Faculty / PG Student/Research Scholar	Faculty	
4.	Designation / Course & Specialty of the Applicant	Professor & HOD of Geriatric Physiotherapy	
5.	Registration No. (Student)		
6.	Department	Geriatric Physiotherapy	
7.	Institution	KLE Institute of Physiotherapy	
8.	Email ID	anilmuragod@klekipr.edu.in draniphysio@gmail.com	
9.	Mobile No.	9164694970	
10.	Nature / Type of presentation (Please specify whichever is applicable) Paper / Posters / Quiz competition	As a Speaker	
11.	Name of the organization conducting the Conference (should be recognized by International/National Professional Bodies)	10 th Anniversary International conference of Geriatric Orthopaedic Society of India GOSICOM 2022	
12.	Type of the award applied for (Tick whichever applicable)		
		National Level	International Level
	1 st Prize	Rs.4,500/-	Rs.7,500/-
	2 nd Prize	Rs.3,000/-	Rs.4,500/-
	3 rd Prize	Rs.1,500/-	Rs.3,000/-
13.	Enclosures (attested copies)	<ol style="list-style-type: none"> 1. Certificate of Award issued by the Organizing Committee. 2. Brochure showing the name of the claimant and paper/poster 3. Photograph at the time of receiving the Certificate. 4. Abstract/Copy of the presentation with names of all the authors. 	
14.	Innovations which receive Patent	Please enclose copies of the relevant documents	
	a) Indian Patent	Rs.15,000/-	
	b) International Patent	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)

A. To be filled by the Applicant / Presenter :													
1.	Name of the Presenter PAMELA VIRGIL DISILVA												
2.	Name (s) and details of other Authors Ankita Pujar, Aditi Shah, Akshita Shrivastava												
3.	Whether the Presenter is Faculty / PG Student/Research Scholar Faculty - Assistant Prof												
4.	Designation / Course & Specialty of the Applicant ASSISTANT PROFESSOR, ORTHOPAEDIC PHYSIOTHERAPY												
5.	Registration No. (Student)												
6.	Department DEPT. OF ORTHOPAEDIC MANUAL THERAPY												
7.	Institution KAMR. INSTITUTE OF PHYSIOTHERAPY												
8.	Email ID pameladilva@klekipr.edu.in												
9.	Mobile No. 7353594493												
10.	Nature / Type of presentation (Please specify whichever is applicable) Paper / Posters / Quiz competition PAPER PRESENTATION												
11.	Name of the organization conducting the Conference (should be recognized by International/National Professional Bodies) KLE SRI BMAK AYURVEDA COLLEGE Swachhaya.												
12.	Type of the award applied for (Tick whichever applicable)												
	<table border="1"><thead><tr><th></th><th>National Level</th><th>International Level</th></tr></thead><tbody><tr><td>1st Prize</td><td>Rs.4,500/-</td><td>Rs.7,500/-</td></tr><tr><td>2nd Prize</td><td>Rs.3,000/-</td><td>Rs.4,500/-</td></tr><tr><td>3rd Prize</td><td>Rs.1,500/-</td><td>Rs3,000/-</td></tr></tbody></table>		National Level	International Level	1 st Prize	Rs.4,500/-	Rs.7,500/-	2 nd Prize	Rs.3,000/-	Rs.4,500/-	3 rd Prize	Rs.1,500/-	Rs3,000/-
	National Level	International Level											
1 st Prize	Rs.4,500/-	Rs.7,500/-											
2 nd Prize	Rs.3,000/-	Rs.4,500/-											
3 rd Prize	Rs.1,500/-	Rs3,000/-											
13.	Enclosures (attested copies) Reg Fee: 3000/-	1. Certificate of Award issued by the Organizing Committee. 2. Brochure claimant & 3. Photograph Certificate 4. Abstract/Copy of names of all the authors.											
14.	Innovations which receive Patent	Please enclose copies of the relevant documents											
	a) Indian Patent	Rs.15,000/-											
	b) International Patent	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)

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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- 05122211

03rd December, 2022

① ②

ORDER

- Sub : **Permission to participate in the International 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.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.



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



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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. Snehal Dharmayat
2. Qualification	MPT, PHPE
3. Designation	Associate Professor
4. Department	Community Physiotherapy
5. Institution	Institute of Physiotherapy
6. Date of joining the Institution	1/1/2002
7. Objectives of the Conference / Seminar / Symposium	PCP education & research
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. Organising committee member
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	National conference of Society of Indian Physiotherapists
b) Date of conduct	30 th April, 1 st & 2 nd May 2022
c) Venue	Chennai
d) Financial support extended by the University	RS 16,000/-
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	8 th International PCP Symposium
c) Place	Mohali, Punjab
d) Duration	3 days
e) Date	30 th Nov - 2 nd Dec 2022



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12. Expenses involved towards attending the Conference:	
a) Place	Belgaum Mohali
b) Mode of journey	Flight
c) Fare	
To and Fro expenses	Rs 14,100/- + 6,000/- (Accommodation x 3 days)
Registration / Delegation Fee	Rs 2400/-
Total Expenses	Rs 22,500/-
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.	

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 sponsors 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 : 22/4/2022

Signature of the faculty member [Signature]

Ref. No. _____

Date: 22/4/2022

To

The Registrar,
KLE University,
Belgaum.

Dear Sir,

We are enclosing herewith the application of the above Teacher in the prescribed format for grant of financial support to attend the Conference for kind consideration:

Thanking you,

[Signature]

Signature of the HoD



Yours faithfully,

[Signature]

Principal



KLE UNIVERSITY

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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 Naik
2. Qualification	Masters in Physiotherapy MPT
3. Designation	Assistant Professor.
4. Department	Community Physiotherapy & Rehabilitation
5. Institution	KLE Institute of Physiotherapy
6. Date of joining the Institution	12th June 2013
7. Objectives of the Conference / Seminar / Symposium	8th International ICF Symposium India
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	<ul style="list-style-type: none"> a) Chairing a scientific session. b) Contributing a scientific paper (poster or oral) c) Delivering a guest lecture <input checked="" type="checkbox"/> Panelist d) Others, if any, specify. <input checked="" type="checkbox"/> Resource Person for Workshop
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)	16000/-
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	
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	Rajat & Bahara University Chandigarh
b) Title of the program	8th International Symposium on ICF
c) Place	Rajat & Bahara University Chandigarh.
d) Duration	30th Nov, 1st & 2nd December 2022
e) Date	30th Nov, 1st & 2nd December 2022





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[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	Chandigarh
b) Mode of journey	Flight
c) Fare	Rs 24000
To and Fro expenses	Rs 2400
Registration / Delegation Fee	Rs 2400
Total Expenses	Rs 26400/-

13. Documents 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.

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 sponsors 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: 28/11/22

Signature of the faculty member

Ref. No. _____

Date: _____

To

The Registrar,
KLE University,
Belgaum.

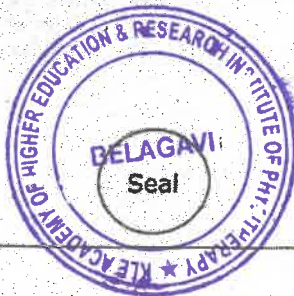
Dear Sir,

We are enclosing herewith the application of the above Teacher in the prescribed format for grant of financial support to attend the Conference for kind consideration.

Thanking you,

Yours faithfully,

Signature of the HoD



Principal



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

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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. PEEVOOSHA GURUDUT
2. Qualification	MPT, (Ph.D)
3. Designation	Associate Professor
4. Department	Orthopedic Physiotherapy
5. Email ID	peevoooshagurudut@kleipt.edu.in
6. Institution	KATER Institute of Physiotherapy
7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility)	10-08-2007
8. Objectives of the Conference / Seminar / Symposium	Non-pharmacological approach to obesity
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	<ul style="list-style-type: none"> 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.
<p style="font-size: 2em; color: blue; text-align: center;">8000/-</p> <p style="font-size: 1.5em; color: blue; text-align: center;">AS per bills & vouchers</p>	
11. Particulars of the Conference being attended	
a) Title of the Conference / Seminar / Symposium	SWASTHAYU 2022
b) Date of conduct	17 th - 19 th November 2022
c) Level of Conference	State / National / International
d) Quantum of financial grant eligible (or actuals expenses, whichever is less)	State Level : Rs. 8,000/- National Level : Rs.16,000/-
e) Venue	KLE BMK Ayurveda Mahavidyalaya, Bellary
f) Copy of the sanction letter along-with Brochure to be enclosed	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) Duration	
e) Date of Conference	
f) Financial grant availed	



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- 2 -

13. Travelling (by shortest route) and other expenses involved	NONE	
	Particulars	
a) Place	Belagavi	
b) Mode of journey	—	
c) Fare	—	
d) To and Fro	—	
e) Accommodation charges	—	
f) Registration / Delegation Fee	Rs. 3,000/-	
g) Air-port Tax	—	
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.	Enclosed	

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 sponsors / 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: 09/11/2022

Signature of the faculty member

Ref. No. _____

Date: _____

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,

Signature of the HoD



Principal



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

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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- 01 022312

25th January, 2023

10

ORDER

Sub : **Permission to participate in the International Conference.**
Ref : Request letter of the applicant forwarded through the concerned HoD, KAHER Institute of Physiotherapy, Belagavi

With reference to the above, the request of **Dr. Sanjiv Kumar**, Principal, KLE Institute of Physiotherapy, Belagavi, For attending '**International Conference of Physical Therapy (ICPT)-2023**' to be held **Ramsheth Thakur International Sports complex, Ulwe, Navi Mumbai**, from **28th and 29th January 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 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

Office -0831-2473906, Fax - 0831 -2474727

email: principalkipt@gmail.com, Web: klekipt.edu.in



Ref. No/KAHER/ KIPT/22-23/1079

Date: 24/01/2023

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,

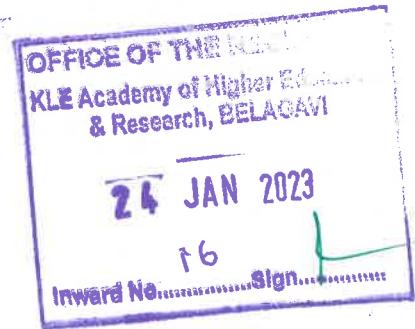
With reference to the subject cited above, I am forwarding herewith the application for grant of financial assistance for attending as a resource person at International Conference of Physical Therapy [ICPT] -2023 on 28th & 29th January 2023 at Mumbai.

Kindly acknowledge the same.

Thanking you,

Yours truly,

Siva
Principal,
KLE Institute of Physiotherapy,
Belagavi.



Encl: Prescribed format along with supportive documents.

As per Dan

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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. Sanjinkumar
2. Qualification	MPT, Ph.D
3. Designation	Principal
4. Department	Neuro-Physiotherapy
5. Institution	KLE, Institute of Physiotherapy, Belgaavi;
6. Date of joining the Institution	05-06-2000
7. Objectives of the Conference / Seminar / Symposium	Reconnect Physiotherapy world Post Covid
8. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet. Resource Person
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 for the 1 st time to attend the similar Conference (s) during the current financial year (1 st April to 31 st March)	10000/-
a) Title of the Conference / Seminar / Symposium	59th IAP 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	
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	

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12. Expenses involved towards attending the Conference:

a) Place	Mumbai
b) Mode of journey	Car
c) Fare	Rs 18/km
To and Fro expenses	17,000/-
Registration / Delegation Fee	NIL
Total Expenses	17,000/-

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.

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 sponsors 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: 23/01/2023

Signature of the faculty member

Ref. No. _____

Date: _____

To

The Registrar,
KLE University,
Belgaum.

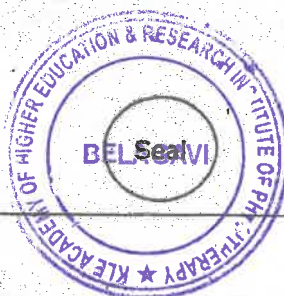
Dear Sir,

We are enclosing herewith the application of the above Teacher in the prescribed format for grant of financial support to attend the Conference for kind consideration.

Thanking you,

Yours faithfully,

Signature of the HoD



Principal



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

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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 Basavaraaj Motimath
2. Qualification	Associate Prof MPT, (PhD)
3. Designation	Asso Prof of HoD
4. Department	Sports
5. Email ID	bsmotimath@yahoo.in
6. Institution	KAYER Institute of Physiotherapy
7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility)	07/07/2006
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.
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	1 st Osteopathy of Manual Th. Conference
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 Delhi
f) Copy of the sanction letter along-with Brochure to be enclosed	Get certificate
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	NIL
b) Title of the program	
c) Place	
d) Duration	
e) Date of Conference	
f) Financial grant availed	



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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- 2 -

13. Travelling (by shortest route) and other expenses involved

	Particulars
a) Place	New Delhi
b) Mode of journey	By Air
c) Fare	7996
d) To and Fro	15939/-
e) Accommodation charges	2500/- per day
f) Registration / Delegation Fee	1850/-
g) Air-port Tax	

14. Documents 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.

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 sponsors / 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 : 8/10/2022

Signature of the faculty member

Date: _____

Ref. No. _____

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,

Signature of the HoD



Principal

21

From
Dr Dhaval Chivate
Assistant Professor
KAHER Institute of Physiotherapy
KAHER Belagavi

To
The Registrar
KAHER
Belagavi

(Through proper Channel)

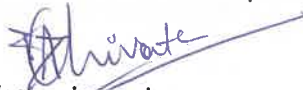
Subject: Financial Assistance to attend and present a scientific paper at international conference in Delhi on 20th November 2022

Respected sir,

With reference to subject cited above I am pleased to inform you that my paper for platform presentation is been selected at an international conference organised by academy of exercise health and therapy in collaboration with Osteopro – Association for professional osteopaths of Italy, dated 20th NOV 2022. A kind request to provide financial assistance to attend and scientific paper presentation as per the university norms.

Kindly oblige and do the needful

Thanking you in anticipation


Yours sincerely



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

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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. Dhaval Chivate
2. Qualification	MP.T
3. Designation	Assistant Prof
4. Department	Sports Physiotherapy
5. Email ID	dchivate@yahoo.com
6. Institution	KAMR INSTITUTE OF PHYSIOTHERAPY
7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility)	20/07/2015
8. Objectives of the Conference / Seminar / Symposium	Scientific 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 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	1 st Osteopathy Manual Th Conference
b) Date of conduct	20/11/2022
c) Level of Conference	State / National <input checked="" type="checkbox"/>
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 Delhi
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) Duration | |
| e) Date of Conference | |
| f) Financial grant availed | NIL |



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

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13. Travelling (by shortest route) and other expenses involved	
	Particulars
a) Place	New Delhi
b) Mode of journey	By Air
c) Fare	7996/-
d) To and Fro	15939/-
e) Accommodation charges	2500/- per day
f) Registration / Delegation Fee	1850/-
g) Air-port Tax	

14. Documents 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.

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 sponsors / 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 : 08/11/2022

Signature of the faculty member *Shivate*

Ref. No. _____

Date: _____

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,

R. Srinivas
Signature of the HoD



Sayin
Principal



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

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Ref. No. KAHER-/2022-23/D- 25012309

23rd January, 2023

6

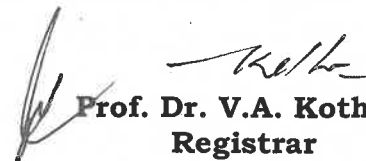
ORDER

- Sub : Permission to participate in the International Conference.
Ref : Request letter of the applicant forwarded through the concerned HoD,
KLE Institute of Nursing Sciences, Belagavi.

With reference to the above, the request of **Mr. Jagadeesh G Hubballi**, Assistant Professor Department of Child Health Nursing, KAHER Institute of Nursing, Belagavi. For attending '**International Conference-2023 theme (Emerging Competencies in Midwifery and Neonatal Practics ; The Nursing Perspective)**' to be held **BVDU, Medical College and Hospital Auditorium, Sangli** from 11th and 12th January, 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, KLE Institute of Nursing Sciences, Belagavi.
3. The Finance Officer, KAHER, Belagavi.



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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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	Mr. Jagadeesh G. Hubballi
2. Qualification	M.Sc (N)
3. Designation	Assistant Professor
4. Department	Child Health Nursing
5. Institution	KARER Institute of Arts Sciences Belgaum
6. Email ID	jagadeeshhubballi@gmail.com
7. Date of joining the Institution	01/08/2012
8. Objectives of the Conference / Seminar / Symposium	Awareness of health literacy in maternal & neonatal care
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.
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	AS per mailing approved
a) Title of the Conference / Seminar / Symposium	Emergency competencies in obstetrics & neonatal practice
b) Date of conduct	11 th & 12 th January 2023
c) Level of Conference (State / Zonal / National)	International
d) Venue	Bharati Vidyapeeth college of Arts, Sangli, Maharashtra
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	Bharati Vidyapeeth college of arts & science
b) Title of the program	International conference
c) Place	Sangli, Maharashtra
d) Duration	2 days
e) Date	11 th & 12 th January 2023
f) Amount claimed	

13. Expenses involved towards attending the Conference:	
a) Place	Sangli Maharashtra
b) Mode of journey	Travel by own vehicle
c) Fare	
To and Fro expenses	Rs. 2000/-
Registration / Delegation Fee	Rs. 1800/-
Accommodation charges	Rs. 2200/-
Total Expenses	Rs. 5900/-
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	Attachment enclosed
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 sponsors 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: 17/01/2023

Signature of the faculty member 

Ref. No. KAHER/INS/2022-23/D-912

Date: 19/01/2023

To
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.

Thanking you,



Signature of the HoD



Yours faithfully,



Principal



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

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FAX: 0831-2493777

Web: <http://www.kledeemeduniversity.edu.in>

E-mail: info@kledeemeduniversity.edu.in

Ref. No. KAHER-/2022-23/D- 25012311

23rd January, 2023

8

ORDER

Sub : Permission to participate in the International Conference.
Ref : Request letter of the applicant forwarded through the concerned HoD,
KLE Institute of Nursing Sciences, Belagavi.

With reference to the above, the request of **Mr. Umesh Nandagaon**, Assistant Professor Department of Child Health Nursing, KAHER Institute of Nursing, Belagavi. For attending '**International Conference-2023 theme (Emerging Competencies in Midwifery and Neonatal Practics ; The Nursing Perspective)**' to be held **BVDU, Medical College and Hospital Auditorium, Sangli** from **11th and 12th January, 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, KLE Institute of Nursing Sciences, Belagavi.
3. The Finance Officer, KAHER, Belagavi.




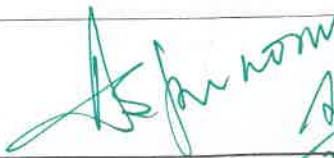
KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

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	MR. UMESH. NANDAGAON
2. Qualification	M.Sc (NURSING)
3. Designation	ASSISTANT PROFESSOR
4. Department	CHILD HEALTH NURSING
5. Institution	KAHER INSTITUTE OF NURSING SCIENCES BELAGAVI
6. Email ID	umesh223048@gmail.com
7. Date of joining the Institution	18.12.2014
8. Objectives of the Conference / Seminar / Symposium	AWARENESS OF HEALTH LITERACY IN MATERNAL & NEONATAL CARE.
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.
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	 Approved
a) Title of the Conference / Seminar / Symposium	EMERGING COMPETENCES IN MIDWIFERY & NEONATAL PRACTICE.
b) Date of conduct	11 th & 12 th JANUARY 2023
c) Level of Conference (State / Zonal / National)	INTERNATIONAL
d) Venue	BHARATI VIDYAPEETH COLLEGE OF NURSING, SANGLI
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	BHARATI VIDYAPEETH COLLEGE OF NURSING.
b) Title of the program	INTERNATIONAL CONFERENCE
c) Place	SANGLI MAHARASHTRA.
d) Duration	2 DAYS
e) Date	11 th & 12 th JANUARY 2023
f) Amount claimed	


20/1/23

13. Expenses involved towards attending the Conference:	
a) Place	SANGLI MAHARASHTRA
b) Mode of journey	TRAVEL BY OWN VEHICLE
c) Fare	
To and Fro expenses	Rs. 2000 - 00
Registration / Delegation Fee	Rs. 1800 - 00
Accommodation charges	Rs. 2100 - 00
Total Expenses	Rs. 5,900 - 00
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	ATTACHMENT ENCLOSED.
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 sponsors 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 : 17-01-2023

Signature of the faculty member



Ref. No. KAHER/INS/2022-23/D-912

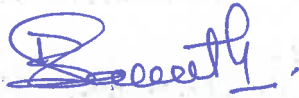
Date: 19/01/2023

To
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.

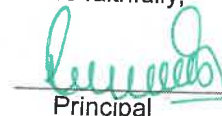
Thanking you,



Signature of the HoD



Yours faithfully,



Principal



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

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Placed in Category 'A' by MoE (GoI)

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

Ref. No. KAHER-/2022-23/D-25012308

23rd January, 2023



ORDER

- Sub : **Permission to participate in the International Conference.**
- Ref : Request letter of the applicant forwarded through the concerned HoD,
KLE Institute of Nursing Sciences, Belagavi.

With reference to the above, the request of **Mrs. Nirmala Dsouza**, Assistant Professor Department of OBG Nursing, KAHER Institute of Nursing, Belagavi. For attending '**International Conference-2023 theme (Emerging Competencies in Midwifery and Neonatal Practics ; The Nursing Perspective)**' to be held **BVDU, Medical College and Hospital Auditorium, Sangli** from **11th and 12th January, 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, KLE Institute of Nursing Sciences, Belagavi.
3. The Finance Officer, KAHER, Belagavi.

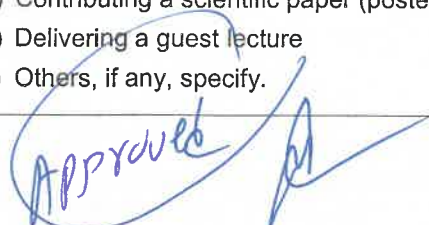


KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

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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	MRS. NIRMALA D'SOUZA
2. Qualification	M.Sc (NURSING)
3. Designation	ASSISTANT PROFESSOR
4. Department	OBG NURSING
5. Institution	KATKAR INSTITUTE OF NURSING SCIENCE BELAGAVI
6. Email ID	nirmalad802@gmail.com
7. Date of joining the Institution	01.08.2012
8. Objectives of the Conference / Seminar / Symposium	AWARENESS OF HEALTH LITERACY IN MATERNAL & NEONATAL HEALTH.
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.
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	EMERGING COMPETENCIES IN MIDWIFERY & NEONATAL PRACTICE
b) Date of conduct	11 th & 12 th JANUARY 2023
c) Level of Conference (State / Zonal / National)	INTERNATIONAL
d) Venue	BHARATI VIDYAPEETH COLLEGE OF NURSING, SANGLE.
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	BHARATI VIDYAPEETH COLLEGE OF NURSING
b) Title of the program	INTERNATIONAL CONFERENCE
c) Place	SANGLE MAHARASHTRA.
d) Duration	2 DAYS,
e) Date	11 th & 12 th JANUARY 2023
f) Amount claimed	

13. Expenses involved towards attending the Conference:	
a) Place	LANGLI MAHARASHTRA
b) Mode of journey	TRAVEL BY OWN VEHICLE.
c) Fare	
To and Fro expenses	Rs 2000.00
Registration / Delegation Fee	Rs. 2800.00
Accommodation charges	Rs 2100.00
Total Expenses	Rs 5,900.00
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	ATTACHMENT ENCLOSED
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 sponsors 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 : 12/01/2023

Signature of the faculty member 

Ref. No. KAHER/INS/2022-23/0-912

Date: 19/01/2023

To
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.

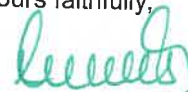
Thanking you,



Signature of the HoD



Yours faithfully,



Principal



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 Supriya. J Kulkarni
2. Qualification	BHM's M.D (Homoeopathy)
3. Designation	Associate Professor
4. Department	Homoeopathic Materia Medica
5. Email ID	kulkarnijsupriya30@gmail.com
6. Institution	KLE HOMOEOPATHIC MEDICAL COLLEGE
7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility)	11/5/2018
8. Objectives of the Conference / Seminar / Symposium	Emergency medicine, Cardiology - life style diseases
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 (Poster presentation) 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	NEXUS 2022 NATIONAL SEMINAR
b) Date of conduct	24 th and 25 th June 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	MNR Auditorium, MNR AHER Campus Hyderabad Telangana.
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) Duration	-
e) Date of Conference	-
f) Financial grant availed	-



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

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- 2 -

13. Travelling (by shortest route) and other expenses involved		Particulars
a) Place		Hyderabad
b) Mode of journey		Train
c) Fare		<u>740/-</u>
d) To and Fro		740/-
e) Accommodation charges		6400/-
f) Registration / Delegation Fee		1500/- + 300/-
g) Air-port Tax		-
14. Documents to be submitted:		
a) Copy of the letter of invitation from the organizers.		Poster Presentation
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 sponsors / 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: 17/5/2022

Signature of the faculty member *Sripriya S. Kulkarni*

Ref. No. _____

Date: 17/5/22

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,

[Signature]

Signature of the HoD

HOD



[Signature]

Principal

KLE Homoeopathic Medical College & Hospital
BELAGAVI

Department of Materia Medica
KLE University's H.M.C. & Hospital
Belagavi.

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

Dt.07/07/2022

To,
The Registrar
KAHER.
BELAGAVI.

Sub: Reimbursement of expenses spent for attending and Poster Presentation in National Seminar (Nexus 2022) at Hyderabad Reg.
Through proper channel.

Respected Sir'

With reference to the subject cited above, I Dr. Nagaraja Havalada , Associate Professor, Dept. of Organon of Medicine attended the National Seminar (Nexus) held on 24th and 25th June 2022 at Hyderabad. I had presented a poster. I request you for reimbursement of expenses for the same. I have enclosed the details of Seminar and my Poster Copy for your ready reference.

Sl. No.	Particulars	Amount
1	Transportation Expenses	1,740/-
2	Registration & Poster Presentation Charges	1,800/-
3	Accommodation Charges	6,400/-
4	Food Expenses	3,909/-
	Total	13,849/-

Kindly do the needful.

Thanking You,

Forwarded to The Registrar, KAHER,

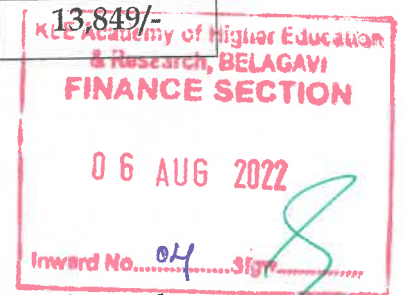
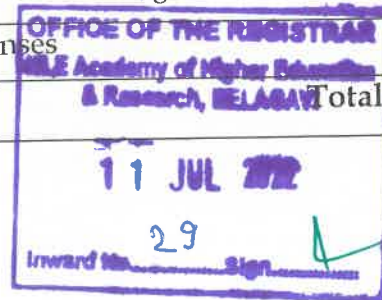
- Dr. Nagaraj has presented a POSTER in the said National conference.*
- He has represented our college.*
- As per our KAHER norms this amount may be reimbursed to Dr. Nagaraj.*

1/22
PRINCIPAL
KLE Homoeopathic Medical College & Hospital,
BELAGAVI

Yours Sincerely,

[Signature]
Dr Nagaraja J Havalada
Associate Professor,
Dept. of Organon of Medicine
KLE HMC, Belagavi

FO
As per norms
KLH
12.7.22





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]

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	DV. NAGARAJA. HAVALADA.
2. Qualification	B.H.M.S. M.D (Horn)
3. Designation	Associate Professor.
4. Department	Department of medicine.
5. Email ID	naguhavala@gmail.com.
6. Institution	KLE Homoeopathic medical college
7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility)	01-06-2019
8. Objectives of the Conference / Seminar / Symposium	Emergency medicine, Cardiology. Controversy & Life style Diseases.
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	<input checked="" type="checkbox"/> a) Delivering Key-note address / orations / plenary lectures b) Contributing a scientific paper (Poster Presentation) 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	NEXUS-2022 National Seminar.
b) Date of conduct	24 th & 25 th June-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	MNR Auditorium, MNR AHER Campus Hyderabad, Telangana
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	NO ANY
b) Title of the program	— —
c) Place	— —
d) Duration	— —
e) Date of Conference	— —
f) Financial grant availed	— —



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		Particulars
a) Place		Hyderabad.
b) Mode of journey		Train
c) Fare		-
d) To and Fro		720/- → 740/-
e) Accommodation charges		6400-00
f) Registration / Delegation Fee		1500-00 + 300-00.
g) Air-port Tax		-
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.		Poster 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 sponsors / 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: 17/6/22

Signature of the faculty member [Signature]

Date: 17/6/22

Ref. No. _____

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,

[Signature]

Signature of the HOD
Department of Organon of Medicine
KLE University's H.M.C. & Hospital
Belagavi.



[Signature]

Principal
PRINCIPAL
KLE Homoeopathic Medical College & Hospital,
BELAGAVI



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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- 05122214

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.




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 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. GoI)

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)

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Yellur Road, Belagavi-590005, Karnataka, India.

Ph: 0831-2413863, (Extn: 1262/1263) E-mail- kleuhmc@gmail.com E-mail: prinhomeo@kledeemeduniversity.edu.in

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.

Sl. No.	Particulars	Amount
1	Registration Charges	5,000/-
Total Amount		5,000/-

Kindly do the needful.

Thanking You,



Yours Sincerely,

forwarded to The Registrar

Sir,
- she has registered and Presented a Poster during a national conference. She could not make it off time as there was a sad incidence in the family.
- Registration charges to Rs. 5000/- on be may kindly be granted. — all relevant documents enclosed for your approval and sanction

Supriya J. Kulkarni
Dr. Supriya Kulkarni
Associate Professor,
Dept. of Homoeopathic Materia Medica
KLE HMC, Belagavi

11/12/22



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

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[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 Supriya S. Kulkarni
2. Qualification	M.D (Homoeopathy)
3. Designation	Associate Professor
4. Department	Homoeopathic Materia Medica
5. Email ID	Kulkarnisupriya30@gmail.com
6. Institution	KLE Homoeopathic Medical College.
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 w/ technology in patient
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	<ul style="list-style-type: none"> a) Delivering Key-note address / orations / plenary lectures b) Contributing a scientific paper <i>Poster Presentation</i> 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	2nd & 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 Institute of MS SRHU - Dehradun.
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	Yes MRC Homoeopathic Medical College
b) Title of the program	
c) Place	Hydrabad
d) Duration	24 th & 25 th June
e) Date of Conference	2 days
f) Financial grant availed	12,559/-



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

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

- 2 -

13 Travelling (by shortest route) and other expenses involved

	Particulars	
a) Place	Dehradun	Uttarakhand
b) Mode of journey	-	
c) Fare	-	
d) To and Fro	-	
e) Accommodation charges	-	
f) Registration / Delegation Fee	5000/-	
g) Air-port Tax		

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.

Poster 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 31/10/22

Signature of the faculty member Supriya S. Kulkarni

Date: 30/10/22

Ref. No. _____

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,

Signature of the HoD

HOD

Department of Materia Medica
KLE University's H.M.C. & Hospital
Belagavi.



Principal

KLE Homoeopathic Medical College & Hospital,
BELAGAVI

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.




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 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)
Yellur Road, Belagavi-590005, Karnataka, India.

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

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

Dt.01/12/2022

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.

Respected Sir,

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.

Sl. No.	Particulars	Amount
1	Transportation Expenses	16,376/-
2	Registration Charges	7,000/-
3	Accommodation Charges	4,616/-
Total		27,992/-

Kindly do the needful.

Thanking You,



Yours Sincerely,

Dr. Rinku Porwal
Associate Professor,
Dept. of Forensic Medicine & Toxicology
KLE HMC, Belagavi

Forwarded to The Registrar

Sir

As per KAHER norms for a Poster presentation at National Conference. Rs-16000/-

As permissible, The same may kindly (Rs-16000/-) be approved, as she has enclosed all relevant documents & evidence for a poster presentation & your sanction and further proceed.

PRINCIPAL
KLE Homoeopathic Medical College & Hospital
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:	
1. Name	Dr Rinku Bernal
2. Qualification	BHMS MD (Homoeopathy)
3. Designation	Associate Professor
4. Department	Forensic Medicine & Toxicology
5. Email ID	romagberwal@gmail.com
6. Institution	KLE Homoeopathic Medical College
7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility)	4/11/2021
8. Objectives of the Conference / Seminar / Symposium	Preserving Human Connect in an era of Tech Adv. in medicine
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	<ul style="list-style-type: none"> a) Delivering Key-note address / orations / plenary lectures b) Contributing a scientific paper (Poster Presentation) 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	NCHPG-2022 National Conference
b) Date of conduct	2nd & 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/- <input checked="" type="checkbox"/> National Level : Rs. 16,000/- Himalayan Institute of MS SRMU - Dehra Dun, Uttarakhand
e) Venue	
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	NO Any.
b) Title of the program	
c) Place	
d) Duration	
e) Date of Conference	
f) Financial grant availed	



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH
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[Deemed-to-be-University established u/s 3 of the UGC Act; 1956]

- 2 -

13. Travelling (by shortest route) and other expenses involved

	Particulars
a) Place	Dehradun Uttarakhand.
b) Mode of journey	Flight + Bus.
c) Fare	8188/- + 8188/-
d) To and Fro	46376/-
e) Accommodation charges	4616/-
f) Registration / Delegation Fee	7000/-
g) Air-port Tax	

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.
- Poster 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 sponsors / 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: 29/10/22

Signature of the faculty member:

Date: 29/10/22

Ref. No. _____

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,

Signature of the HoD



Principal

PRINCIPAL

**KLE Homoeopathic Medical College & Hospital,
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 / 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. Neha Kulkarni
2. Qualification	MBBS MD PGDHPD PDCR FAIMER Fellow.
3. Designation	Professor
4. Department	Physiology
5. Institution	JGMM Medical College, Hubballi (on transfer)
6. Email ID	drneha.kle@gmail.com
7. Date of joining the Institution	JNMC (2006) & JGMMMC (2020)
8. Objectives of the Conference / Seminar / Symposium	NCHPE conference
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.
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	XI National Conference
a) Title of the Conference / Seminar / Symposium	XIII National conference on health professions education.
b) Date of conduct	2nd & 3rd November 2022
c) Level of Conference (State / Zonal / National)	National
d) Venue	Himalayan Institute of Medical Sciences Swaminarayan University Dehradun
e) Financial support extended by the University	16000/-
f) Copy of the sanction letter to be enclosed	Yes
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	
a) Name of the Organizer	Swaminarayan University's Himalayan Institute of Medical Sciences, Dehradun
b) Title of the program	XIII NCHPE.2022
c) Place	Dehradun, Uttarakhand
d) Duration	2 days
e) Date	2nd & 3rd November 2022
f) Amount claimed	40000/-

Principal
KLE Academy of Higher Education and Research
Hubballi
85-11-108001



KAHER's JAGADGURU GANGADHAR MAHASWAMIGALU
MOORUSAVIRMATH MEDICAL COLLEGE
Kundagol Cross, Kotagondhunshi,
Hubballi-580028.

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

Website: <https://klejgmmmc.edu.in/> Email: infojgmmmc@kledeemeduniversity.edu.in ☎0836-2228244

Ref No: JGMM/PRI/Conf/ 527/2022-23

Date: 18-01-2022

To,
The Registrar,
KAHER University
JNMC Campus
Neharu Nagar
BELAGAVI-10

13 14

(Through Prof. Dr. V.D. Patil, Director, Hospitals Development & New Projects)

Sub: Request to sanction financial support amount reg...

Ref: Your Letter No: KAHER/22-23/D-02012303 Dated: 21-12-2022

Respected Sir,

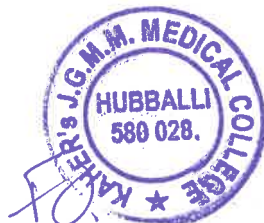
With reference to the subject cited above, I am forwarding herewith the Bills and Vouchers and attendance certificates, Photographs in respect of 1) Dr Ranjana Ranade, Associate Professor, Department of Pathology, 2) Dr Prajna K S, Assistant Professor, Department of Pathology for sanction financial support amount for attending National Conference.


Sl No	Name of the Faculty	Amount
01	Dr Ranjana Ranade, Associate Professor, Pathology. APCON-2022 National Pathology Conference Held at Bangalore	18000=00
02	Dr Prajna K S, Assistant Professor, Pathology APCON-2022 National Pathology Conference, Held at Bangalore	19300=00

not eligible

Kindly sanction the financial support for the same and do the needful.

Thanking you,




PRINCIPAL
KAHER's JGMM Medical College
Gabbur Cross, Kotgondhunshi,
HUBBALLI-28.



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

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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/22-23/D- 02012303

21st December, 2022

ORDER

Sub: Approval of Grant of financial support for attending the National Conference at Bengaluru from 2nd to 4th December 2022.

Ref: Your office letter Ref. No. JGMM/PRI/CONF/ 2022=23/429 dated 14th December 2022.

With reference to the above, the following faculty members are hereby permitted to attend the National Conference [70th Annual Conference of IAOM, APCON 2022 Hybrid Conference] to be held at Ramaiah Medical College, Bengaluru from 2nd to 4th December 2022.:

SL. No	Name	Designation	Department
1	Dr. Ranjana Ranade	Associate Professor	Pathology
2	Dr. Prajna K S	Assistant Professor	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.


To,
The above staff member.




Prof Dr. V.A. Kothiwale
Registrar

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 JGMM MEDICAL COLLEGE HUBBALLI.	
INWARD No: 1264	DATE: 06/01/23
N. S. Srinivas	
INWARD CLERK	PRINCIPAL



**KAHER's JAGADGURU GANGADHAR MAHASWAMIGALU
MOORUSAVIRMATH MEDICAL COLLEGE
Kundagol Cross, Kotagondhunshi,
Hubballi-580028.**

(A Constituent unit of KLE Academy of Higher Education & Research (Deemed-to-be-University), Belagavi)
Website: <https://klejgmmmc.edu.in/> Email: infojgmmmc@kledeemeduniversity.edu.in ☎0836-2228244

Ref No: JGMM/PRI/Conf/ 528 /2022-23

Date: 18-01-2022

To,
The Registrar,
KAHER University
JNMC Campus
Neharu Nagar
BELAGAVI-10

16 - 17 - 18 - 19

(Through Prof. Dr. V.D. Patil, Director, Hospitals Development & New Projects)

Sub: Request to sanction financial support amount reg...

Ref: Your Letter No: KAHER/22-23/D-16122213 Dated: 10-12-2022

Respected Sir,

With reference to the subject cited above, I am forwarding herewith the Bills and Vouchers and attendance certificates, Photographs in respect of 1) Dr Manisha Chougale, Associate Professor, Department of Anatomy, 2) Dr Chaitra B R, Associate Professor, Department of Anatomy 3) Dr Drakshayini B Kokati, Associate Professor, Department of Anatomy and 4) Ms Supriya Novel Tony, Tutor, Department of Anatomy for sanction financial support amount for attending 69th NATCON Global Congress of Anatomist National Conference. From 09th to 11th December-2022 at GIMS, Gadag, Karnataka

Sl No	Name of the Faculty	Amount
01	Dr Manisha Chougale, Associate Professor , Anatomy	4,056=00
02	Dr Chaitra B R Associate Professor Anatomy	5,056=00
03	Dr Drakshayini Kokati Associate Professor Anatomy	4,056=00
04	Dr Supriya Novel Tony Tutor Anatomy	4,056=00

OFFICE OF THE REGISTRAR
KLE Academy of Higher Education
& Research, BELAGAVI
20 JAN 2023
30
No.....Sign.....

Kindly sanction the financial support for the same and do the needful.

Thanking you,



Fo.

PRINCIPAL
KAHER's JGMM Medical College
Gabbur Cross, Kotgondhunshi,
HUBBALLI-28.



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

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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/22-23/D- 16122213

10th December, 2022

ORDER

Sub: Approval of Grant of financial support for attending the National Conference at Gadag from 8th to 11th December 2022.

Ref: Your office letter Ref. No. JGMM/PRI/CONF/ 2022-23/410 dated 05th December 2022.

With reference to the above, the following faculty members are hereby permitted to attend the National Conference [Global Congress of Anatomists and 69th NATCON] to be held at Gadag from 8th to 11th December 2022:

SL. No	Name	Designation	Department
1	Dr. Manish Chougale	Associate Professor	Anatomy
2	Dr. Chaitra BR	Assistant Professor	Anatomy
3	Dr. Drakshayini B Kokati	Associate Professor	Anatomy
4	Ms. Supriya Novel Tony	Tour	Anatomy

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.

[Handwritten signature]



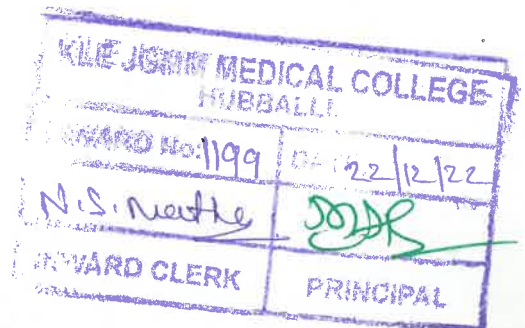
[Handwritten signature]

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



Ref. No. KAHER-/2022-23/D- **03012301**

31st December, 2022


ORDER

- Sub : **Permission to participate in the National Conference.**
Ref : Request letter of the applicant forwarded through the concerned HoD,
JGMM Medical College, Hubballi.

With reference to the above, the request of **Dr. Manisha Sachin Chougule**, Associate Professor and In-charge HoD, Department of Anatomy, JGMM Medical College, Hubballi. For attending '69th NATCON National Conference of Anatomical Society of India'. And also presenting Paper entitled 'A cross sectional study on morphologic variations of corpus callosum, its embryological correlation in North Karnataka. to be held GIMS, Gadag from 9th 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 Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
2. The Principal, 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]

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. MANISHA SAHIN CHOUGULE
2. Qualification	MBBS, LMD, (Anatomy)
3. Designation	Associate Prof & ITC HOD
4. Department	Anatomy
5. Email ID	drmanishasc23@gmail.com
6. Institution	JAMM Medical College, Hubli
7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility)	01/07/2022
8. Objectives of the Conference / Seminar / Symposium	Presentation Scientific Paper
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	<ul style="list-style-type: none"> 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	69 th NATCON
b) Date of conduct	9 th - 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/- National Level : Rs. 16,000/-
e) Venue	GIMS, Gadag, KARNATAKA
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	NA
b) Title of the program	—
c) Place	—
d) Duration	—
e) Date of Conference	—
f) Financial grant availed	—



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

	Particulars	
a) Place	GADAG.	
b) Mode of journey	BY ROAD.	
c) Fare		
d) To and Fro		
e) Accommodation charges		
f) Registration / Delegation Fee	3,000/-	
g) Air-port Tax		

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.


Certificate of Presentation
Enclosed.

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 sponsors / 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: 16/12/2022

Signature of the faculty member 

Date: 16/12/22

Ref. No. _____

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,


Signature of the HoD

Department of Anatomy
KAHER's JGMM Medical College
Gabbur Cross, Kotgondhunshi,
HUBBALLI-28.




Principal

KAHER'S J.G.M.M. Medical College
Gabbur Cross, Kotgondhunshi
HUBBALLI-28.



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

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(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- 03012305

31st December, 2022

ORDER

Sub : **Permission to participate in the National Conference.**
Ref : Request letter of the applicant forwarded through the concerned HoD,
JGMM Medical College, Hubballi.

With reference to the above, the request of **Dr.Chaitra B.R.**, Associate Professor, Department of Anatomy , JGMM Medical College, Hubballi. For attending '**69th NATCON National Conference of Anatomical Society of India**'. And also **presenting Paper** entitled '**A study on variations in the hilar structures of kidney and associated renal anomalies**' to be held GIMS, 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 Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
2. The Principal, 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]

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. Chaitra . B . R
2. Qualification	MBBS, MD (Anatomy)
3. Designation	Associate Professor
4. Department	Anatomy
5. Email ID	drchaitra@gmail.com
6. Institution	RAJESH'S JGM medical college
7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility)	22-01-2021
8. Objectives of the Conference / Seminar / Symposium	Oral presentation
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet. attached.
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	69th NATCON AST
b) Date of conduct	8th - 11th 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	Gadag, Karnataka
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	Not applicable
b) Title of the program	—
c) Place	—
d) Duration	—
e) Date of Conference	—
f) Financial grant availed	—



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		Particulars
a) Place		Goindag.
b) Mode of journey		By car.
c) Fare		
d) To and Fro		
e) Accommodation charges		
f) Registration / Delegation Fee		4000/-
g) Air-port Tax		
14. Documents to be submitted:		
a) Copy of the letter of invitation from the organizers.		Certificate for Scientific paper (oral) attached.
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 sponsors / 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 _____

Chaitanya

Ref. No. _____

Date: 12-12-2022

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,

Signature of the HoD

Professor & Head *DC*

Department of Anatomy
KAHER's JGMM Medical College
Gabbur Cross, Kotgondhunshi,
HUBBALLI-28.



Principal

Heinath
KAHER's J.G.M.M. Medical College
Gabbur Cross, Kotgondhunshi
HUBBALLI-28.



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

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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- **03012303**

31st December, 2022


ORDER

- Sub : **Permission to participate in the National Conference.**
Ref : Request letter of the applicant forwarded through the concerned HoD, JGMM Medical College, Hubballi.

With reference to the above, the request of **Dr. Drakshayini B. Kokati.**, Associate Professor, Department of Anatomy, JGMM Medical College, Hubballi. For attending '69th NATCON National Conference of Anatomical Society of India'. And also **presenting Paper** entitled 'stature estimation from gregments of femus in south Indian population' to be held GIMS, 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 Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
2. The Principal, 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]

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 DRAKSHAYINI, B. KOKATI
2. Qualification	MBBS MD
3. Designation	ASSOCIATE PROFESSOR
4. Department	ANATOMY
5. Email ID	drdaksha.kokati.222@gmail.com
6. Institution	KAHER'S JGMM Medical College Hubli
7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility)	17.12.2021
8. Objectives of the Conference / Seminar / Symposium	Oral Presentation @ Conference
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	<ul style="list-style-type: none"> a) Delivering Key-note address / orations / plenary lectures <input checked="" type="checkbox"/> 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	NATCON 69 th National Conference of ASI
b) Date of conduct	8 th Dec - 11 th Dec 2022
c) Level of Conference	State / National <input checked="" type="checkbox"/>
d) Quantum of financial grant eligible (or actuals expenses, whichever is less)	State Level : Rs. 8,000/- National Level : Rs.16,000/- <input checked="" type="checkbox"/>
e) Venue	GIMS, Gadag
f) Copy of the sanction letter along-with Brochure to be enclosed	<input checked="" type="checkbox"/>
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) Duration	-
e) Date of Conference	-
f) Financial grant availed	-



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		Gadag
b) Mode of journey		By car
c) Fare		
d) To and Fro		
e) Accommodation charges		
f) Registration / Delegation Fee		Rs 3,000/-
g) Air-port Tax		
14. Documents to be submitted:		
a) Copy of the letter of invitation from the organizers.		Certificate of presentation enclosed.
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 sponsors / 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 : 13.12.2022

Signature of the faculty member [Signature]

Ref. No. _____

Date: 13.12.2022

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,

[Signature]
Professor & Head D/c
Department of Anatomy
KAHER's JGMM Medical College
Gabbur Cross, Kotgondhunshi,
HUBBALLI-28.



[Signature]
Principal
PRINCIPAL
KAHER's JGMM Medical College
Gabbur Cross, Kotgondhunshi
HUBBALLI-28.

Ref. No. KAHER-/2022-23/D- **03012302**

31st December, 2022

O R D E R

Sub : **Permission to participate in the National Conference.**
Ref : Request letter of the applicant forwarded through the concerned HoD,
JGMM Medical College, Hubballi.

With reference to the above, the request of **Ms. Supriya Noveltony A.H.**, Tutor, Department of Anatomy, JGMM Medical College, Hubballi. For attending '69th NATCON National Conference of Anatomical Society of India'. And also presenting Paper entitled 'Variations in the branching pattern of popliteal artery in the North Karnataka regional A cadaveric study' to be held GIMS, 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 Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
2. The Principal, 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]

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	Ms Supriya Novel Tony
2. Qualification	Msc Med Anatomy
3. Designation	Tutor
4. Department	Anatomy
5. Email ID	supriyapremkumar21@gmail
6. Institution	KATER'S JGMM Medical College teubli
7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility)	27-01-2024
8. Objectives of the Conference / Seminar / Symposium	Oral Presentation @ Conference
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	NAT conl 69 th National Conference of Asst
b) Date of conduct	8 th Dec 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/- National Level : Rs. 16,000/- ✓
e) Venue	GIMS, 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	-
b) Title of the program	-
c) Place	-
d) Duration	-
e) Date of Conference	-
f) Financial grant availed	-



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	
	Particulars
a) Place	Gadag.
b) Mode of journey	By car.
c) Fare	
d) To and Fro	
e) Accommodation charges	
f) Registration / Delegation Fee	Rs 3000/-
g) Air-port Tax	
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	Certificates of presentation
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	enclosed.

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 sponsors / 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 : 17-12-2022

Signature of the faculty member

Ref. No. _____

Date: 17-12-2022

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,



Principal

PRINCIPAL

**KAHER's J.G.M.M. Medical College
Gabbur Cross, Kotgondhunshi
HUBBALLI-28.**

Signature of the HoD

Department of Anatomy

**KAHER's J.G.M.M. Medical College
Gabbur Cross, Kotgondhunshi,
HUBBALLI-28.**