

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / NATIONAL CONFERENCES OUTSIDE INDIA

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

101112222

2. Name

Niraj Satish Gokhale

3. Qualification

MDS

4. Designation

Teaching Staff

Bank Details

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

5. Department

6. Institution

KLE VK Institute Of Don'

7. Email Id

noerajpedo@gmail.com

8. Date of joining the
Institution

11/11/2014

Change Password

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

B. Particulars and assignment in the conference:

Logout

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

1. Name of the Conference / Seminar /
Symposium

To Update Knowledge

View File

(https://flixirsolutions.com/fin_assist/uploads/161a4722cafcc_Benefits.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

28th Congress of the

b) Date of conduct

06/10/2021

c) Venue

Virtual

d) Financial support
extended by the
University

4000

11/29/2021

f) Copy of the
sanction letter to be
enclosed

View File
(https://flixirsolutions.com/fin_assist/uploads/161a4722cafdbc_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

International Associati

b) Title of the
program

28th Congress of the

c) Place

Virtual

d) Duration

4

Day

e) Date of conference

06/10/2021

f) Financial grant
sought

4000

E. Expenses Involved towards attending the Conference:

a) Place

Virtual

b) Mode of
Journey

Other

c) Fare

0.00

d) To and For exp.

0.00

e) Registration / Delegation Fee

4000.00

f) Accommodation charges

0.00

g) Other charges

0.00

Total Expenses

4000.00

F. Documents to be submitted:

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

[View File](#)

(https://fixirsolutions.com/fin_assist/uploads/161a4722c affdd_Niraj IAPD Abstract acceptance.docx)

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

[View File](#)

(https://fixirsolutions.com/fin_assist/uploads/161a4722c b038d_certificate-of-presentation-NSG.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 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 :

11/29/2021

Comments

Name	Comment
1	Dr. Veerappa Annasaheb Kothiwale Approved. Kindly submit the original bills and certificate

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 FOR FINANCIAL SUPPORT TO ATTEND STATE / NATIONAL CONFERENCE

1. Application

(https://lms.solutions.com/fin_assist/index.php?conf=555-1151)

151 (https://lms.solutions.com/fin_assist/index.php?conf=555-1151)

2. Final Approval File

(https://lms.solutions.com/fin_assist/index.php?conf=555-1151)

A. To be filled by the faculty member:

3. Name	4. Qualification	5. Designation
SHWETA SHIVAYARCI	MDS	Teaching Staff
6. Department	7. Email Id	8. Date of joining the Institution
DEPT OF ORTHO	shweta.tyagi.12@gmail	06/09/2014

3. Change Password

(https://lms.solutions.com/fin_assist/index.php?conf=555-1151)

4. Particulars of the conference:

5. Content

(https://lms.solutions.com/fin_assist/index.php?conf=555-1151) **6. Justification for the said Conference / Seminar / Symposium**

[This national conference was organized with the theme]

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

8. Assignment in the aforesaid Conference / Seminar / Symposium

View File

(https://lms.solutions.com/fin_assist/uploads/151a47403157/c_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

(YES)

a) Title of the Conference / Seminar / Symposium

[45th IBP Conference]

b) Date of conduct

[10/21/2021]

c) Venue

[pune]

d) Financial support extended by the University

[2717]

[11/29/2021]

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

View File
(https://lms.solutions.com/fin_assist/uploads/151a4740310877_sanction_letter_shweta.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

[Indian Society of Park]

b) Title of the program

[Surgical Peridontics]

c) Place

[Pune]

d) Duration

[3]

e) Date of conference

10/21/2021

f) Financial grant
sought

(Day)

For scientific paper pr

E. Expenses Involved towards attending the Conference:

a) Place

Virtual

b) Mode of Journey

Other

Amount in Rs

c) Fare

0.00

d) To and For exp.

0.00

e) Registration /
Delegation Fee

2717.00

f) Accommodation
charges

0.00

g) Other charges

0.00

Total Expenses

2717.00

F. Documents to be submitted:

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

[View File](#)https://fifixsolutions.com/fin_assist/uploads/161a4740316aa6_shweta_invitation_letter.pdf

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

[View File](#)https://fifixsolutions.com/fin_assist/uploads/161a4740316cd1_Scientific_paper_ppt_Dr_Shiveta.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 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 :

11/29/2021

Comments

Name	Comment
1	Dr. Veerappa Annasaheb Kothiwale Kindly submit the original bills and certificate

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 FOR FINANCIAL SUPPORT TO ATTEND STATE / NATIONAL CONFERENCES

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

Application

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

Final Approved List

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

User Master

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

Bank Details

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

Change Password

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

Logout

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

A. To be filled by the faculty member:

1. Employee ID 101112047	2. Name Dr.Sidramesh Shivanand	3. Qualification MDS, FHNO, PHD	4. Designation Teaching Staff
5. Department Oral and Maxillofacial Su	6. Institution KLE VK Institute Of Den	7. Email Id siddu7376@gmail.com	8. Date of joining the Institution 26/07/2010

B. Particulars and assignment in the conference:

1. Objectives of the Conference / Seminar /

Unravelling the Face

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

3. Assignment in the aforesaid Conference / Seminar / Symposium

View File

([https://fixirsolutions.com/fin_assist/uploads/161a08168ce070_Video_session_&_Panelist_Dr._Siddaramesh_\(1\).pdf](https://fixirsolutions.com/fin_assist/uploads/161a08168ce070_Video_session_&_Panelist_Dr._Siddaramesh_(1).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

Unravelling the Face

b) Date of conduct

02/12/2021

c) Venue

Mangalore, Kamataka

d) Financial support extended by the University

None
26/11/2021

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

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

AOMSI

b) Title of the program

Unravelling the Face

c) Place

Mangalore

d) Duration

3 Day

e) Date of

02/12/2021

f) Financial grant

16000

conference

sought

E. Expenses involved towards attending the Conference:

a) Place	<input type="text" value="Inr"/>		
b) Mode of Journey	<input type="text" value="By Road"/>		
Amount in Rs		d) To and For exp.	<input type="text" value="2000.00"/>
c) Fare	<input type="text" value="2000.00"/>		
e) Registration / Delegation Fee	<input type="text" value="10.00"/>	f) Accommodation charges	<input type="text" value="5000.00"/>
g) Other charges	<input type="text" value="0.00"/>	Total Expenses	<input type="text" value="0.00"/>

F. Documents to be submitted:

- a) Copy of the letter of invitation from the organizers. [View File](https://fixirsolutions.com/fin_assist/uploads/161a08168ce45c_Video session & Panelist Dr. Siddaramesh (1).pdf)
([https://fixirsolutions.com/fin_assist/uploads/161a08168ce45c_Video session & Panelist Dr. Siddaramesh \(1\).pdf](https://fixirsolutions.com/fin_assist/uploads/161a08168ce45c_Video session & Panelist Dr. Siddaramesh (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/161a08168ce7bd_abstract.docx)
(https://fixirsolutions.com/fin_assist/uploads/161a08168ce7bd_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 :

Comments

Name	Comment

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

Welcome
finance

AMOUNT CLAIM LIST

Sr.No	Title	Estimated Amount	Claimed Amount	Upload Receipt
1	Registration / Delegation Fee	25000	10.00	View
2	To and Fro expenses	25000	2000.00	View
3	Accommodation charges	25000	5000.00	View
4	Other charges finance	25000	1800.00	View
	Total	100000	8810	

Bank Details

Sr.No	Bank Name	Acc Holder Name	Acc Number	Ifsc Code
1	Axis Bank, Kolhapur Circle Belagavi	SIDRAMESH MUTTAGI	912010064698888	UTIB0001690

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/change_pass)

[Logout](#)

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

A. To be filled by the faculty member:

1. Employee ID 101112068	2. Name Dr. Shridhar Damodar Ball	3. Qualification MDS	4. Designation Teaching Staff
5. Department KLE VK Institute Of Denta	6. Institution KLE VK Institute Of Denta	7. Email ID baliga1974@gmail.com	8. Date of joining the Institution 08/28/1999

B. Particulars and assignment in the conference:

1. Particulars of the Conference / Seminar / Symposium
update knowledge, chair

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/161c17cbb67b7c_Certificate_Dr_SHRIDHAR_BALIGA_AOMSI_conference.pdf)

3. Assignment in the aforesaid Conference / Seminar / Symposium

- | | | |
|------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------------|
| a) <input type="checkbox"/> Contributing a scientific paper (poster or oral) | b) <input type="checkbox"/> Delivering a guest lecture | c) Others. <input checked="" type="checkbox"/> 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 mm/dd/yyyy	c) Level of Conference (State / Zonal / National) Select
	d) Venue	e) Financial support extended by the University Amount mm/dc

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 AOMSI	b) Title of the program 45th aomsi conference	c) Place Manglore
d) Duration 3 Day	e) Date 12/ 26750	f) Eligible amount 26750

D. Expenses Involved towards attending the Conference:

a) Place manglore	b) Mode of Journey By Road	c) Fare 1.00	d) To and For exp. 1750.00	e) Registration / Delegation Fee 13000.00
f) Accommodation charges 9000.00	g) Other charges 3000.00	Total Expenses 26750.00		

E. Documents to be submitted:

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

[View File](#)

(https://fifixrsolutions.com/fin_assist/uploads/161c17cbb68b8b_sca0001.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/161c17cbb68d94_Certificate_Dr_SHRIDHAR_BALIGA_AOMSI_conference.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 :

12/2

Comments

Name	SINo	Comment
1	Dr. Veerappa Annasaheb Kothiwale	approved as per University norms. the incentives will be sanctioned 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 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)

A. To be filled by the faculty member:

1. Employee ID (https://flixirsolutions.com/fin_assist/index.php/Core/claimed_report)	2. Name (https://flixirsolutions.com/fin_assist/index.php/Core/User_page)	3. Qualification (https://flixirsolutions.com/fin_assist/index.php/Core/Bank_Details)	4. Designation (https://flixirsolutions.com/fin_assist/index.php/Core/Bank_Details)
101112004	Dr.Anjana Satish Bagew	MDS	Teaching Staff
5. Department (https://flixirsolutions.com/fin_assist/index.php/Core/Bank_Details)	6. Institution (https://flixirsolutions.com/fin_assist/index.php/Core/Bank_Details)	7. Email Id (https://flixirsolutions.com/fin_assist/index.php/Core/Bank_Details)	8. Date of joining the Institution (https://flixirsolutions.com/fin_assist/index.php/Core/Bank_Details)
	KLE VK Institute Of Deni	anjanabagewadi455@gr	06/01/1996

B. Particulars and assignment in the conference:

1. Details of the Conference / Seminar / Symposium (https://flixirsolutions.com/fin_assist/index.php/Core/claimed_report)	View File (https://flixirsolutions.com/fin_assist/uploads/161b42f135688e_Dr.Anjana IAOMR.pdf)
Sharing Knowledge	
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 <input type="checkbox"/> b) Contributing the scientific paper <input checked="" 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 checked="" type="checkbox"/>

C. Particulars of the conference being attended

YES			
a) Title of the Conference / Seminar / Symposium	32 IAOMR Conferenc	b) Date of conduct	12/03/2021
c) Venue	Khammam,Telangan	d) Financial support extended by the University	16000 02/20/2020
e. Quantum of financial grant eligible			
I) State :Rs 8,000/- <input type="checkbox"/>		II) National :Rs 16,000/- <input checked="" type="checkbox"/>	

f) Copy of the sanction letter to be enclosed
[View File
\(https://flixirsolutions.com/fin_assist/uploads/161b42f135688e_Dr.Anjana 32 IAOMR Sanction letter IMG20211208154642.jpg\)](https://flixirsolutions.com/fin_assist/uploads/161b42f135688e_Dr.Anjana 32 IAOMR Sanction letter IMG20211208154642.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 Academy of Or	b) Title of the program	32 IAOMR National C
--------------------------	----------------------	-------------------------	---------------------

c) Place d) Duration

e) Date of conference f) Financial grant sought

E. Expenses Involved towards attending the Conference:

a) Place

b) Mode of Journey

Amount in Rs

c) Fare d) To and For exp.

e) Registration / Delegation Fee f) Accommodation charges

g) Other charges Total Expenses

F. Documents to be submitted:

a) Copy of the letter of invitation from the organizers. [View File](https://fifixsolutions.com/fin_assist/uploads/161b42f13568fc_Dr.Anjana_Invitation_letter_IMG-20211117-WA0052(4).jpg)
([https://fifixsolutions.com/fin_assist/uploads/161b42f13568fc_Dr.Anjana_Invitation_letter_IMG-20211117-WA0052\(4\).jpg](https://fifixsolutions.com/fin_assist/uploads/161b42f13568fc_Dr.Anjana_Invitation_letter_IMG-20211117-WA0052(4).jpg))

b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. [View File](https://fifixsolutions.com/fin_assist/uploads/161b42f1356a35_Dr.Anjana_Paper_presented.docx)
(https://fifixsolutions.com/fin_assist/uploads/161b42f1356a35_Dr.Anjana_Paper_presented.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 :

Comments

	Name	Comment
1	Dr. Veerappa Annasaheb Kothiwale	approved as per KAHER norms, the funds will be released after submission of original bills
2	Dr. Veerappa Annasaheb Kothiwale	approved as per KAHER norms, the funds will be released 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

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / NATIONAL CONFERENCES

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(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)

A. To be filled by the faculty member:

1. Employee ID

101112063

2. Name

Dr.Vaishali Kanobha Koli

3. Qualification

MDS

4. Designation

Teaching Staff

5. Department

6. Institution

KLE VK Institute Of Dent

7. Email Id

drshalukids@rediffmail.c

8. Date of joining the Institution

07/15/1997

B. Particulars and assignment in the conference:

1. Name of the Conference / Seminar / Symposium

32 IAOMR Conference

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/161b19050d9b43_Dr_Vaishali_Conference.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

YES

a) Title of the Conference / Seminar / Symposium

IAOMR National Conf

b) Date of conduct

12/03/2021

c) Venue

Khammam, Telangan

d) Financial support extended by the University

16000

02/20/2020

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/161b19050d9b43_Dr_Vaishali_Uni_Sanction_letter_IMG20211208154634.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 Academy of Or

b) Title of the program

32 IAOMR National C

c) Place d) Duration

e) Date of conference f) Financial grant sought

E. Expenses involved towards attending the Conference:

a) Place

b) Mode of Journey

Amount in Rs

c) Fare d) To and For exp.

e) Registration / Delegation Fee f) Accommodation charges

g) Other charges Total Expenses

F. Documents to be submitted:

- a) Copy of the letter of invitation from the organizers. [View File \(https://flicirsolutions.com/fin_assist/uploads/161b19050d9bcc_Dr.Vaishali Invitation for Judge & Chair person.docx\)](https://flicirsolutions.com/fin_assist/uploads/161b19050d9bcc_Dr.Vaishali%20Invitation%20for%20Judge%20&%20Chair%20person.docx)
- 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
------	---------

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 FOR FINANCIAL SUPPORT TO ATTEND STATE / NATIONAL CONFERENCES

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

Application

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

A. To be filled by the faculty member:

Final Approved List

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

User Master

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

Bank Details

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

Change Password

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

Logout

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

1. Employee ID
101113089

2. Name
Preeti Sallish Salve

3. Qualification
PhD

4. Designation
Teaching Staff

5. Department
Pharmaceutical Chemist

6. Institution
KLEU College Of Pharm.

7. Email Id
preeti.salve@gmail.com

8. Date of joining the
Institution
16/11/2017

B. Particulars and assignment in the conference:

1. Objectives of the Conference / Seminar /
Symposium

To focus on Early Disease Detection, Personalized Treatr

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

3. Assignment in the aforesaid Conference /
Seminar / Symposium

[View File](#)

(https://flxirsolutions.com/fin_assist/uploads/16178dd8fe160b_financial_support.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

4th Annual Healthcare

b) Date of conduct

06/11/2021

c) Venue

Hotel Green Park, Ch

d) Financial support
extended by the
University

None

01/01/0001

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

Venus International Fc

b) Title of the
program

4th Annual Healthcare

c) Place

Chennai

d) Duration

1
Day

e) Date of

06/11/2021

f) Financial grant

Rs. 20000

conference

sought

E. Expenses involved towards attending the Conference:

a) Place	<input type="text" value="Chennai"/>		
b) Mode of Journey	<input type="text" value="By Air"/>		
Amount in Rs			
c) Fare	<input type="text" value="5000.00"/>	d) To and For exp.	<input type="text" value="10000.00"/>
e) Registration / Delegation Fee	<input type="text" value="15000.00"/>	f) Accommodation charges	<input type="text" value="5000.00"/>
g) Other charges	<input type="text" value="0.00"/>	Total Expenses	<input type="text" value="35000.00"/>

F. Documents to be submitted:

- a) Copy of the letter of invitation from the organizers. [View File](https://fixirsolutions.com/fin_assist/uploads/16178dd8fe1703_1666_Preeti_Satish_Salve_-_VIHA_2021_Official_Invitation_Letter.pdf)
(https://fixirsolutions.com/fin_assist/uploads/16178dd8fe1703_1666_Preeti_Satish_Salve_-_VIHA_2021_Official_Invitation_Letter.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 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 Annasaheb Kothiwale
2	Dr. Veerappa Annasaheb Kothiwale Approved for 16000

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

Welcome
finance

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	15000.00	View
2	To and Fro expenses	25000	10000.00	View
3	Accommodation charges	25000	10000.00	View
4	Other charges finance	25000	0.00	View
	Total	100000	35000	
			<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	PREETI SATISH SALVE	5042010119698	CNRB0010504

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/core/admin_logout)

A. To be filled by the faculty member:

1. Employee ID
101113010

2. Name
DR SUNIL SATYAPPA J

3. Qualification
M Pharm, PhD

4. Designation
Principal

5. Department
Pharmacognoey

6. Institution
KLEU College Of Pharm.

7. Email Id
jalalpuresunil@rediffmail.

8. Date of Joining the Institution
16/10/1998

B. Particulars and assignment in the conference:

1. Objectives of the Conference / Seminar / Symposium
The conference aims to address recent developments in t

[View File](#)

(https://flixirsolutions.com/fin_assist/uploads/1619f50d267827_upload.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

International Conferen

b) Date of conduct

27/11/2021

c) Venue

Gujurat school of phar

d) Financial support extended by the University

29000

25/11/2021

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

[View File](#)
(https://flixirsolutions.com/fin_assist/uploads/1619f50d267905_abstrect_accepted_mail_Dr_S.S.J.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

Gujarat technological

b) Title of the program

International Conferen

c) Place

Ahmedabad Gujarat

d) Duration

2

Day

e) Date of conference

f) Financial grant sought

E. Expenses involved towards attending the Conference:

a) Place

b) Mode of Journey

Amount in Rs

c) Fare

d) To and For exp.

e) Registration / Delegation Fee

f) Accommodation charges

g) Other charges

Total Expenses

F. Documents to be submitted:

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

[View File](#)

(https://fixirsolutions.com/fin_assist/uploads/1619f50d267a41_abstract_accepted_mail_Dr._SSJ.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/1619f50d267b6e_Abtract_sir.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 SUNIL SATYAPPA JALALPURE
2	Dr. Veerappa Annasaheb Kothiwale
3	Dr. Veerappa Annasaheb Kothiwale

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,

Welcome
finance

- 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	20000.00	View
3	Accommodation charges	25000	6000.00	View
4	Other charges finance	25000	0.00	View
	Total	100000	29000	
			<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	SUNIL SATYAPPA JALALPURE	5042010031136	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

101114011

2. Name

DR. MANJUNATH KAR

3. Qualification

M.Pharm,Ph.D

4. Designation

Teaching Staff

[Bank Details](#)

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

5. Department

KLEU College Of Pharm

6. Institution

KLEU College Of Pharm

7. Email Id

manjunath_kp@rediffma

8. Date of joining the
Institution

12/15/2006

[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:

Conference / Seminar /

Symposium

Present chemical investigations of materials of natural ori

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/161c466be4e33f_judge1-9.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

YES

a) Title of the
Conference /
Seminar /
Symposium

25TH NATIONAL COI

b) Date of conduct

11/28/2021

c) Venue

Gujarat Technological

d) Financial support
extended by the
University

8000

11/25/2021

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

[View File](#)
(https://flixirsolutions.com/fin_assist/uploads/161c466be4f1e5_AIR ETicket.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

Graduate School of PI

b) Title of the
program

NEW HORIZONS OF

c) Place

Gujarat Technological

d) Duration

2
Day

e) Date of conference 11/28/2021

f) Financial grant sought 8000

E. Expenses involved towards attending the Conference:

a) Place	Ahmedabad Gujarat (:)		
b) Mode of Journey	By Air		
Amount in Rs			
c) Fare	10766.00	d) To and For exp.	10766.00
e) Registration / Delegation Fee	0.00	f) Accommodation charges	0.00
g) Other charges	0.00	Total Expenses	21532.00

F. Documents to be submitted:

- a) Copy of the letter of invitation from the organizers. [View File \(https://flicirsolutions.com/fin_assist/uploads/161c466be4f2d5_invitation_lettwr.docx\)](https://flicirsolutions.com/fin_assist/uploads/161c466be4f2d5_invitation_lettwr.docx)
- 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 :

12/23/2021

Comments

Name	Comment
1	Dr. Veerappa Annasaheb Kothiwale Approved as per 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