

# The Society for Cardiovascular Angiography and Interventions

This is to certify that  
Vishwanath Hesarur, MBBS, MD, DM, FSCAI  
Has been elected a

Fellow

In

The Society for Cardiovascular Angiography and Interventions

August 2024



  
President



# 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<sup>+</sup> Grade by NAAC (3<sup>rd</sup> 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](mailto:info@kledeemeduniversity.edu.in)

Ref. No. KAHER/23-24/D- 10112318

①

9<sup>th</sup> November 2023

## ORDER

Sub: Approval of Grant of financial support.

Ref: Your office letter Ref. No. JNMC/2023-24/468 dated 7<sup>th</sup> November 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the National Conference - '**MICROCON-2023**' to be held from 24<sup>th</sup> to 26<sup>th</sup> November **2023** in **Lucknow** and also contributing a scientific paper.

SL. No.	Name	Designation	Department
1	Dr. Preeti S.Maste	Assistant Professor	Microbiology, J N Medical College, Belagavi

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



Prof Dr. M. S. Ganachari  
Registrar

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

Ref. No. KAHER/23-24/D- 10112318

(1)

9<sup>th</sup> November 2023

**ORDER**

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Ref: Your office letter Ref. No. JNMC/2023-24/468 dated 7<sup>th</sup> November 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the National Conference - '**MICROCON-2023**' to be held from 24<sup>th</sup> to 26<sup>th</sup> November **2023** in **Lucknow** and also contributing a scientific paper.

SL. No.	Name	Designation	Department
1	Dr. Preeti S.Maste	Assistant Professor	Microbiology, J N Medical College, Belagavi

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



**Prof Dr. M. S. Ganachari**  
**Registrar**

To,

The above staff member.

CC to:

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



# KLE UNIVERSITY

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



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

<b>A. To be filled by the faculty member:</b>	
1. Name	DR PREETI S MASTE
2. Qualification	MD - MICROBIOLOGY
3. Designation	Assistant Professor
4. Department	Microbiology
5. Institution	J. N. M. C. Belagavi
6. Date of joining the Institution	9 <sup>th</sup> Aug 2021
7. Objectives of the Conference / Seminar / Symposium	National Conference
8. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet. NEW UPDATES, RECENT ADVANCES
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 <sup>st</sup> January to 31 <sup>st</sup> December)	NIL. To publication.
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	—
<b>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.</b>	
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	IAMM
b) Title of the program	MICROCON 2023
c) Place	LUCKNOW
d) Duration	3 DAYS
e) Date	24-26 <sup>th</sup> NOV 2023
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 -

<b>12. Expenses involved towards attending the Conference:</b>	
a) Place	LUCKNOW
b) Mode of journey	BUS, FLIGHT
c) Fare	
To and Fro expenses	27500/-
Registration / Delegation Fee	9000/-
Accommodation charges	12,850/-
<b>Total Expenses</b>	<b>49,350/-</b>
<b>13. Documents to be submitted:</b>	
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 : 06/11/2023

Signature of the faculty member

Ref. No. 1750

Date: 8-11-2023

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,

Principal

Seal

Signature of the HoD

**Dr. Manjula Vagarali**  
Prof. & Head of Microbiology  
J.N. Medical College, KAHER, Belagavi.

Ref. No. KAHER/23-24/D- 12122319

②

5/09 /2023

**ORDER**

Sub: Approval for Grant of financial support for attending the Conference.

Ref: Your office letter dated 18<sup>th</sup> September, 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the “40<sup>th</sup> AOIKCON 2023” to be held at Bangalore from 7<sup>th</sup> to 10<sup>th</sup> September 2023 for contributing a scientific paper.

SL. No.	Name	Designation	College
1	Dr. Priti S.Hajare	Professor, Department of ENT & HNS	J. N. Medical College, KAHER, Belagavi.

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



  
**Dr. M. S. Ganachari**  
Registrar

To

The above staff member.

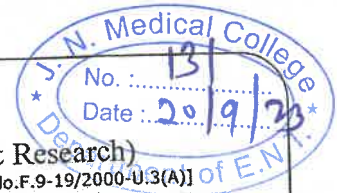
CC to:

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



# KLE UNIVERSITY

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



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

<b>A. To be filled by the faculty member:</b>	
1. Name	Dr. Pratik S. Hegare
2. Qualification	MBBS, DLO, DNB, PhD
3. Designation	Professor
4. Department	Dept of ENT & HN
5. Institution	JNMC Belgaum
6. Date of joining the Institution	30/10/05
7. Objectives of the Conference / Seminar / Symposium	State conference for 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	a) Chairing a scientific session. b) Contributing a scientific paper (poster or oral) c) Delivering a guest lecture d) Others, if any, specify. Panelist for Panel discussion
10. Particulars of the financial support extended by the University to attend the similar Conference (s) during the current calendar year 1 <sup>st</sup> January to 31 <sup>st</sup> December)	NIL
a) Title of the Conference / Seminar / Symposium	To publication
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	
<b>Note : The faculty member is eligible for financial support to attend one State / Zonal and one National Conference in a calendar year.</b>	
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	Asso of Otolaryngologist of Bangalore
b) Title of the program	Karnataka state - AOTK
c) Place	Bangalore
d) Duration	4 days
e) Date	7/9/23 to 10/9/23
f) Amount claimed	13800/-







# KLE UNIVERSITY

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- 2 -

<b>12. Expenses involved towards attending the Conference:</b>	
a) Place	Bangalore
b) Mode of journey	Train
c) Fare	
To and Fro expenses	3500/-
Registration / Delegation Fee	7800/-
Accommodation charges	2500/-
<b>Total Expenses</b>	<b>13800/-</b>
<b>13. Documents to be submitted:</b>	
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: 18/9/23

Signature of the faculty member

*[Signature]*

Ref. No. 1391

Date: 21/9/2023

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  
Jawaharlal Nehru Medical College  
BELAGAVI

Ref. No. KAHER/23-24/D-26112314

28<sup>th</sup> November 2023

**ORDER**

Sub: Approval for Grant of financial support for attending the Conference.

Ref: Your office letter dated 28<sup>th</sup> November, 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the “6<sup>th</sup> Amrita International Public Health Conference 2023” to be held at Kochi, Kerala on 1<sup>st</sup> to 2<sup>nd</sup> December 2023 for contributing a scientific paper.

SL. No.	Name	Designation	College
1	Dr. Annapurna Kari	Lecturer Department of Public Health,	JNMC, KAHER, Belagavi.

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


To

The above staff member.

CC to:

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



  
**Dr. M. S. Ganachari**  
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 / ZONAL / NATIONAL CONFERENCES

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

<b>A. To be filled by the faculty member:</b>	
1. Name	Dr. Annapurna. Kari
2. Qualification	MPH
3. Designation	Lecturer
4. Department	Public Health
5. Institution	JAMC
6. Email ID	drannapurna.kari@gmail.com
7. Date of joining the Institution	29-9-2016
8. Objectives of the Conference / Seminar / Symposium	"Advancing Public Health strategies for cancer control"
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet. CME on cancer.
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 <sup>st</sup> January to 31 <sup>st</sup> 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	
<b>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.</b>	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	Dept. of Community medicine & Public Health
b) Title of the program	6 <sup>th</sup> Asia International Public Health conference
c) Place	Kochi, Kerala
d) Duration	2 days
e) Date	1 <sup>st</sup> & 2 <sup>nd</sup> December 2023
f) Amount claimed	20,000/-



# 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]

- 2 -

<b>13. Expenses involved towards attending the Conference:</b>	
a) Place	Kochi, Kerala.
b) Mode of journey	Train & Taxi.
c) Fare	
To and Fro expenses	10,000/-
Registration / Delegation Fee	4,000/-
Accommodation charges	6,000/-
<b>Total Expenses</b>	<b>20,000/-</b>
<b>14. Documents to be submitted:</b>	
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 : 28-11-2023

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,

Seal

Signature of the HoD

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)

Accredited A<sup>+</sup> Grade by NAAC (3<sup>rd</sup> 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](mailto:info@kledeemeduniversity.edu.in)

Ref. No. KAHER/23-24/D-18122316

(H)

12/12/2023

## ORDER

Sub: Approval for Grant of financial support for attending the Conference.

Ref: Your office letter dated 9<sup>th</sup> December, 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the "83<sup>rd</sup> Annual Conference of ASI" to be held at Visakhapatnam from 13<sup>th</sup> to 16<sup>th</sup> December 2023 for panel discussion.

SL. No.	Name	Designation	Department
1	Dr. Shrishail Metgud	Professor & HOD	Gen Surgery

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



Dr. M. S. Ganachari  
Registrar

To

The above staff member.

CC to:

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

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

<b>A. To be filled by the faculty member:</b>	
1. Name	Dr Shrishail Metgud
2. Qualification	MBBS M.S.
3. Designation	Prof & HoD
4. Department	Gen Surgery
5. Institution	J. N Medical College
6. Email ID	drshrishailmetgud@gmail.com
7. Date of joining the Institution	23.03.1996
8. Objectives of the Conference / Seminar / Symposium	To update knowledge in Gen Surgery
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet. Get to see new operative procedures
10. Assignment in the aforesaid Conference / Seminar / Symposium	a) Contributing a scientific paper (poster or oral) b) Delivering a guest lecture 1) Panel discussion c) Others, if any, specify. on colonic leak - 14/12/23 2) Moderator for TUSA - 15/12/23
11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1 <sup>st</sup> January to 31 <sup>st</sup> 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	
<p><b>Note : The faculty member is eligible for financial support to attend one State / Zonal and one National Conference in a calendar year.</b></p>	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	Association of Surgeons of India
b) Title of the program	83 <sup>rd</sup> Annual Conf of ASI
c) Place	Visakhapatnam
d) Duration	13/12/23 to 16/12/23 4 days
e) Date	13/12/23 to 16/12/23
f) Amount claimed	



To Publication

<b>13. Expenses involved towards attending the Conference:</b>	
a) Place	Visakhapatnam
b) Mode of journey	Air
c) Fare	
To and Fro expenses	10,000 = 00
Registration / Delegation Fee	10620 = 00
Accommodation charges	15,000 = 00
<b>Total Expenses</b>	<b>35620 = 00</b>
<b>14. Documents to be submitted:</b>	
a) Copy of the letter of invitation from the organizers.	1) Receipt of Reg fees paid
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	2) Copy of time table / program sheet a) 14/12/23 b) 15/12/23

**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 : 09/12/23

Signature of the faculty member



Ref. No. 2018

Date: 09/12/23

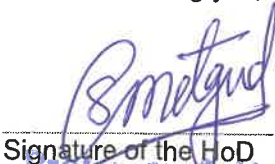
To

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 & Head  
Department of Surgery  
J N. M. C. Belgaum



Yours faithfully,



PRINCIPAL  
Jawaharlar Nehru Medical College  
BELAGAVI



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

<b>A. To be filled by the faculty member:</b>	
1. Name	Dr Shrishail Metgud
2. Qualification	MBBS M.S
3. Designation	Prof.
4. Department	Gen Surgery
5. Institution	J.N. Medical College
6. Date of joining the Institution	23.03.1996
7. Objectives of the Conference / Seminar / Symposium	National Conf.
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 1) Panel member d) Others, if any, specify. 2) Faculty - TYSA Pg Clinics
10. Particulars of the financial support extended by the University to attend the similar Conference (s) during the current calendar year 1 <sup>st</sup> January to 31 <sup>st</sup> December)	To publication
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	
<b>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.</b>	
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	AST Annual Chapter
b) Title of the program	88th Annual Conf of AST
c) Place	Visakhapatnam
d) Duration	13.12.23 to 16.12.23
e) Date	4 days
f) Amount claimed	

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

20 DEC 2023

92

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





# KLE UNIVERSITY

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

- 2 -

12. Expenses involved towards attending the Conference:	
a) Place	
b) Mode of journey	Airfare
c) Fare	
To and Fro expenses	10,000 = 00
Registration / Delegation Fee	10620 = 00
Accommodation charges	10000 = 00
Total Expenses	30,620 = 00
13. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	1) Copy of certificates
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	2) Registration fee receipt.

## 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: 18/12/23

Signature of the faculty member

Ref. No. 2080

Date: 18/12/23

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

Yours faithfully,



Principal  
Jawaharal Nehru Medical College  
Belgaum



Ref. No. KAHER/23-24/D-18122315

12/12/2023

**ORDER**

Sub: Approval for Grant of financial support for attending the Conference.

Ref: Your office letter dated 11<sup>th</sup> December, 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the “GSI National Conference – 2023” to be held at Mangalore from 15<sup>th</sup> to 17<sup>th</sup> December 2023 for contributing a scientific paper

SL. No.	Name	Designation	Department
1	Dr. Dnyanesh N. Morkar	Professor	General Medicine

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


To

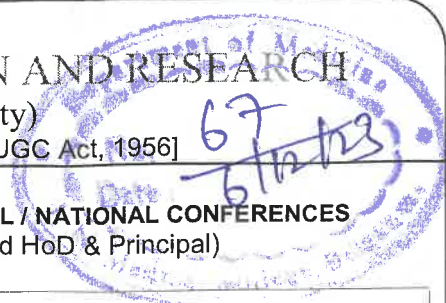
The above staff member.

CC to:

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



  
**Dr. M. S. Ganachari**  
Registrar



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

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

<b>A. To be filled by the faculty member:</b>	
1. Name	DR. DNYANESH N. MORKAR
2. Qualification	MBBS MD DNB MNAMS FCSI
3. Designation	PROFESSOR
4. Department	GENERAL MEDICINE
5. Institution	JNMC BELAGAVI
6. Email ID	dnyaneshmorkar@rediffmail.com
7. Date of joining the Institution	11/07/2006
8. Objectives of the Conference / Seminar / Symposium	To update in Geriatric Medicine
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet. New thing we come to learn & progress in Geriatric Medicine
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 <sup>st</sup> January to 31 <sup>st</sup> December)	NIL
a) Title of the Conference / Seminar / Symposium	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>OFFICE OF THE REGISTRAR</b>              KLE Academy of Higher Education              &amp; Research, BELAGAVI    <b>11 DEC 2023</b>                38              Serial No. Sign.           </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	
<b>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.</b>	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	Yenepoya medical College GSICON 2023 Mangalore 3 days 15-17 <sup>th</sup> December 2023 14,000
b) Title of the program	
c) Place	
d) Duration	
e) Date	
f) Amount claimed	

To publication

<b>13. Expenses involved towards attending the Conference:</b>	
a) Place	Mangaluru
b) Mode of journey	Road (Car/Bus)
c) Fare	
To and Fro expenses	Car - 5000
Registration / Delegation Fee	Registration - 4000
Accommodation charges	Accommodation - 5000
<b>Total Expenses</b>	
<b>14. Documents to be submitted:</b>	
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 : \_\_\_\_\_

Signature of the faculty member \_\_\_\_\_

Ref. No. 2010

Date: 11/12/2023

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  
Dept. of Medicine

Medical College Belgaum



Yours faithfully,

Principal  
Jawahar Lal Nehru Medical College  
BELAGAVI



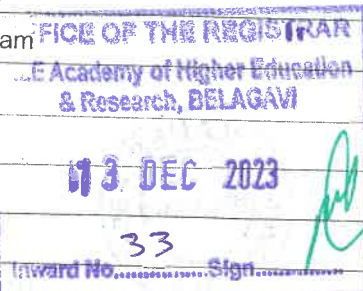
# KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

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

<b>A. To be filled by the faculty member:</b>	
1. Name	DR. RAJESH S. POWAR
2. Qualification	MS. Mch Plastic Surgery.
3. Designation	Professor and Head.
4. Department	Plastic Surgery
5. Institution	J.N. Medical college
6. Email ID	dasrajeshpowar@gmail.com
7. Date of joining the Institution	November 1998
8. Objectives of the Conference / Seminar / Symposium	Advanced Training.
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 <sup>st</sup> January to 31 <sup>st</sup> 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	-
<b>Note :</b> 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	Global Smile Foundation
b) Title of the program	Advanced Training for The cleft-Provider (ccc workshop)
c) Place	BARCELONA, SPAIN
d) Duration	4 days
e) Date	October 10-13, 2023
f) Amount claimed	33





<b>13. Expenses involved towards attending the Conference:</b>	
a) Place	BARCELONA
b) Mode of journey	FLIGHT
c) Fare	
To and Fro expenses	Rs 1,06,459/-
Registration / Delegation Fee	—
Accommodation charges	Rs. 54,583/-
<b>Total Expenses</b>	Rs. 1,61,042/-
<b>14. Documents to be submitted:</b>	
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: 06.12.2023

Signature of the faculty member



Ref. No. 2026

Date: 12/12/2023

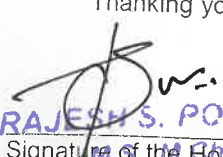
To

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. RAJESH S. POWAR**  
Signature of the HOD  
Professor & Head

Department of Plastic Surgery,  
J. N. Medical College,  
Belgaum-590010



Yours faithfully,

  
**PRINCIPAL**  
Jawahar Lal Nehru Medical College  
BELAGAVI

Ref. No. KAHER/23-24/D-12/22315

3/11/2023

07

**ORDER**

Sub: Approval for Grant of financial support for attending the Conference.


Ref: Your office letter dated 21<sup>st</sup> November, 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the “SELSICON - 2023” 16<sup>th</sup> National Conference to be held at Pune from 27<sup>th</sup> to 29<sup>th</sup> October 2023 for Chairing a scientific session & delivering a guest lecture.

SL. No.	Name	Designation	College
1	Dr. Rahul Kenawadekar	Professor Department of General Surgery	J. N. Medical College, Belagavi.

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



  
**Dr. M. S. Ganachari**  
Registrar

To

The above staff member.

CC to:

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

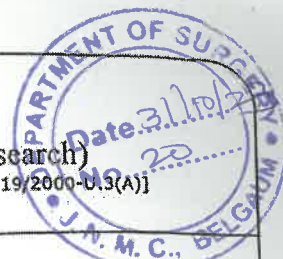
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# KLE UNIVERSITY

(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)

<b>A. To be filled by the faculty member:</b>	
1. Name	Dr. Rahul Kenawadekar
2. Qualification	M.S. General Surgery
3. Designation	Professor
4. Department	General Surgery
5. Institution	J.N. Medical College
6. Date of joining the Institution	25-02-2010
7. Objectives of the Conference / Seminar / Symposium	Deliver Guest Lecture / Attend workshop
8. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet. Knowledge update
9. Assignment in the aforesaid Conference / Seminar / Symposium	a) Chairing a scientific session. ✓ ① b) Contributing a scientific paper (poster or oral) c) Delivering a guest lecture ✓ ① 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 <sup>st</sup> January to 31 <sup>st</sup> December)	- NIL -
a) Title of the Conference / Seminar / Symposium	
b) Date of conduct	
c) Venue	
d) Financial support extended by the University	To publication
e) Copy of the sanction letter to be enclosed	
f) Level of Conference State / Zonal / National	
<b>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.</b>	
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	SELSICON 2023
b) Title of the program	16th National Conference SELSICON 2023
c) Place	Pune
d) Duration	3 days
e) Date	27-29 th Oct 2023
f) Amount claimed	17,100/-

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

03 NOV 2023

03

Signature



# 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	Pune
b) Mode of journey	Car
c) Fare	
To and Fro expenses	Not claimed
Registration / Delegation Fee	17,100/-
Accommodation charges	Not claimed
Total Expenses	17,100/-
13. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	1. Registration receipt
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	2. Scientific Session chaired
	3. Faculty Certificate.

## 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: 30.10.2023

Signature of the faculty member

*K. Ravi*

Ref. No. 1690

Date: 21/11/2023

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

*S. M. D. G.*  
Signature of the HoD  
Head  
Department of Surgery  
J. N. M. C. Belgaum



Yours faithfully,

*M. S. S.*  
Principal  
Jawaharal 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<sup>+</sup> Grade by NAAC (3<sup>rd</sup> 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](mailto:info@kledeemeduniversity.edu.in)

Ref. No. KAHER/23-24/D-11122302

27/11/2023

8

## ORDER

Sub: Approval for Grant of financial support for attending the Conference.

Ref: Your office letter dated 25<sup>th</sup> November, 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the “**APPICON – 2023**” 69<sup>th</sup> Annual National Conference of Physiologists and Pharmacologists of India to be held at **Kalyani, West Bengal** from **30<sup>th</sup> November to 2<sup>nd</sup> December, 2023** for contributing a scientific paper (oral) & delivering a guest lecture.

SL. No.	Name	Designation	Department
1	Dr. Harpreet Kour	Associate Professor Department of Physiology	J. N. Medical College, Belagavi.

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



  
**Dr. M. S. Ganachari**  
Registrar

To,

The above staff member.

CC to:

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



# KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

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Ref. No. KAHER/23-24/D-11122302

27/11/2023

8

## ORDER

Sub: Approval for Grant of financial support for attending the Conference.


Ref: Your office letter dated 25<sup>th</sup> November, 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the “**APPICON – 2023**” 69<sup>th</sup> Annual National Conference of Physiologists and Pharmacologists of India to be held at **Kalyani, West Bengal** from **30<sup>th</sup> November to 2<sup>nd</sup> December, 2023** for contributing a scientific paper (oral) & delivering a guest lecture.

SL. No.	Name	Designation	Department
1	Dr. Harpreet Kour	Associate Professor Department of Physiology	J. N. Medical College, Belagavi.

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



  
**Dr. M. S. Ganachari**  
Registrar

To,

The above staff member.

CC to:

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



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

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

<b>A. To be filled by the faculty member:</b>	
1. Name	Dr. Harpreet Kour
2. Qualification	Ph.D. Medit Physiology
3. Designation	Associate Professor
4. Department	Physiology
5. Institution	Jawahar Medical College
6. Email ID	harpreet.kour.kour@gmail.com
7. Date of joining the Institution	01-08-2013
8. Objectives of the Conference / Seminar / Symposium	To up grade myself in new models
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet. To propose for hosty Natl level at our days
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 1 <sup>st</sup> January to 31 <sup>st</sup> December	To publication
a) Title of the Conference / Seminar / Symposium	APPI CON 2023
b) Date of conduct	30 <sup>th</sup> Nov - 2 <sup>nd</sup> Dec 2023
c) Level of Conference (State / Zonal / National)	National
d) Venue	AIRMS, Kalyani, West Bengal.
e) Financial support extended by the University	
f) Copy of the sanction letter to be enclosed	
<b>Note : The faculty member is eligible for financial support to attend one State / Zonal and one National Conference in a calendar year.</b>	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	APPI CON 2023
b) Title of the program	69 <sup>th</sup> Annul Conference
c) Place	AIRMS, Kalyani, West Bengal.
d) Duration	03 Three
e) Date	30 <sup>th</sup> Nov - 2 <sup>nd</sup> Dec 2023
f) Amount claimed	

OFFICE OF THE REGISTRAR  
KLE Academy of Higher Education  
& Research, BELAGAVI  
27 NOV 2023  
22  
Forward No. .... Sign. ....

**13. Expenses involved towards attending the Conference:**

a) Place	West Bengal.
b) Mode of journey	By Air + Train
c) Fare	25000/-
To and Fro expenses	25000/-
Registration / Delegation Fee	8000/-
Accommodation charges	5000/-
<b>Total Expenses</b>	<b>38,000/-</b>

**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 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: 24/11/23

Signature of the faculty member

*Handwritten Signature*

Ref. No. 1905

Date: 27/11/2023

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 <sup>4</sup>lecture to attend the Conference for kind consideration.

Thanking you,

*Handwritten Signature*  
Signature of the HoD



Yours faithfully,

*Handwritten Signature*  
**PRINCIPAL**  
Jawahar Lal 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<sup>+</sup> Grade by NAAC (3<sup>rd</sup> 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](mailto:info@kledeemeduniversity.edu.in)

Ref.No.KAHER/23-24/D- 23092321

22<sup>nd</sup> September, 2023

## ORDER

Sub: Approval of Grant of financial support for attending the National Conference.

Ref: Your office letter Ref. No. JNMC/ 2023-24/ dated 21<sup>st</sup> September, 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the Conference on '**National Conference on drug design and evaluation-current scenario**' organised by association with Karnataka state pharmacy council at **R R College of Pharmacy chikkbanavara Bangalore from 30<sup>th</sup> September, 2023** and also contributing a scientific paper presentation entitled '**Preparation and evaluation quercetin laded liposome on breast cancer cell lines.**

SL. No.	Name	Designation	Department
1	Dr. Priya Shetti	Research Associate (Grade 1) and in charge Analytical lab,	Dr. Prabhakar Kore, Basic science Research Centre, KAHER, Belagavi.

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



  
Prof Dr.M.S.Ganachari  
Registrar

To,  
The above staff member.

CC to:

1. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
2. The In-Charge Director, Dr. Prabhakar Kore, Basic science Research Centre, KAHER, Belagavi.
3. The Finance Officer, KAHER, Belagavi



# KLE UNIVERSITY ACADEMY OF HIGHER EDUCATION AND RESEARCH [KAHER]

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

<b>A. To be filled by the faculty member:</b>	
1. Name	Dr. Priya P. Shetti
2. Qualification	M.Pharm PhD
3. Designation	Research -Associate – Grade I
4. Department	Dr. Prabhakar Kore Basic Science Research Center, Belagavi.
5. Institution	KLE Academy of Higher Education and Research
6. Date of joining the Institution	17 <sup>th</sup> May2022
7. Objectives of the Conference / Seminar / Symposium	<ul style="list-style-type: none"> <li>Exchange new ideas &amp; apply hands on experiences to build up new relationships and research collaborations with global partners involved in herbal drug research.</li> <li>Bridge the gap between Biologists, Pharmaceutical Scientists, Ayurvedic practitioners, Scientists, and other delegates involved in Drug Development</li> </ul>
8. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet. <u>'Enclosed'</u>
9. Assignment in the aforesaid Conference / Seminar / Symposium	a) Chairing a scientific session. b) Local Organizing Committee member c) Others, if any: <u>Possible Research Collaboration</u>
10. Particulars of the financial support extended by the University to attend the similar Conference (s) during the current calendar year [1 <sup>st</sup> Jan. to 31 <sup>st</sup> Dec.]	
a) Title of the Conference / Seminar / Symposium	"National Conference on Drug Design And Evaluation –Current Scenario " organized by Association with Karnataka State Pharmacy Council
b) Date of conduct	30 <sup>th</sup> September 2023
c) Venue	R.R College of Pharmacy Chikkbanavara Bangalore, Karnataka
d) Financial support extended by the University	-
e) Copy of the sanction letter to be enclosed	-
f) Level of Conference State / Zonal / National	National Conference
<b>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.</b>	
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	R.R College of Pharmacy Chikkbanavara Bangalore, Karnataka
b) Title of the program	"National Conference on Drug Design And Evaluation –Current Scenario " organized by Association with Karnataka State Pharmacy Council
c) Place	R.R College of Pharmacy Chikkbanavara Bangalore, Karnataka
d) Duration	1 Day
e) Date	30 <sup>th</sup> September 2023
f) Amount claimed	7,500/-

<b>12. Expenses involved towards attending the Conference:</b>	
a) Place	Belagavi to Bangalore [To & Fro]
b) Mode of journey	Train (3 <sup>rd</sup> AC)
c) Fare	
To and Fro expenses	Train: 2,200/- and approx. 220 kms (110 kms one way) Local travelling expenses: Rs.2,000/- (by bus)
Registration / Delegation Fee	500/-
Accommodation charges	1500/-
<b>Total Expenses</b>	<b>Rs.7,500/-</b>
<b>13. Documents to be submitted:</b>	
a) Copy of the letter of invitation from the organizers.	<u>As per Rules</u> <u>Enclosed along with application</u>
b) Conference brochure with committee details.	

### 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 :** 21.09.2023

Signature of the faculty member *Priya*

Ref. No. \_\_\_\_\_

Date: 21.09.2023

To

The Registrar

KAHER [Deemed to be University]

Belagavi -590010

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

Seal

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)

Accredited A<sup>+</sup> Grade by NAAC (3<sup>rd</sup> 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](mailto:info@kledeemeduniversity.edu.in)

Ref.No.KAHER/23-24/D- 11102311

10<sup>th</sup> October, 2023

## ORDER

Sub: Approval of Grant of financial support for attending the Conference.

Ref: Your office letter Ref. No. JNMC/ 2023-24/ dated 21<sup>st</sup> September, 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the Conference on '**International Conference on 'Genetics and epigenetic of cancer' sponsored by DST-SERB on 30<sup>th</sup> and 31<sup>st</sup> October, 2023 at JSS Academy of Higher Education and research, Mysuru** and also contributing a scientific paper presentation.

SL. No.	Name	Designation	Department
1	Dr. Madhavi Patil	Scientist (Grade 1)	Dr. Prabhakar Kore, Basic science Research Centre, KAHER, Belagavi.

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



**Prof Dr.M.S.Ganachari**  
Registrar

To,  
The above staff member.

CC to:

1. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
2. The In-Charge Director, Dr. Prabhakar Kore, Basic science Research Centre, KAHER, Belagavi.
3. The Finance Officer, KAHER, Belagavi

# KLE UNIVERSITY ACADEMY OF HIGHER EDUCATION AND RESEARCH [KAHER]

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

<b>A. To be filled by the faculty member:</b>	
1. Name	Dr. Madhavi N. Patil
2. Qualification	M.Sc. PhD (Human Genetics)
3. Designation	Scientist grade - I
4. Department	Dr. P. K. BSRC, KLE Academy of higher education & Research, Belagavi.
5. Institution	KAHER, Belagavi.
6. Date of joining the Institution	5 <sup>th</sup> sep 2022
7. Objectives of the Conference / Seminar / Symposium	To provide most recent concepts in the areas of genetics & epigenetics of Cancer
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) Local Organizing Committee member c) Others, if any: <u>Possible Research Collaboration</u>
10. Particulars of the financial support extended by the University to attend the similar Conference (s) during the current calendar year [1 <sup>st</sup> Jan. to 31 <sup>st</sup> Dec.]	
a) Title of the Conference / Seminar / Symposium	International conference on genetics & epigenetics of Cancer
b) Date of conduct	30 <sup>th</sup> & 31 <sup>st</sup> October 2023
c) Venue	School of Life Sciences, JSS Academy of Higher Education & Research, Mysuru
d) Financial support extended by the University	-
e) Copy of the sanction letter to be enclosed	-
f) Level of Conference State / Zonal / National	International Conference
<b>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.</b>	
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	sponsored by DST-SERB organized by JSS Academy of Higher Education & Research, Mysuru.
b) Title of the program	International Conference on genetics & epigenetics of Cancer.
c) Place	Mysuru, Karnataka
d) Duration	30 <sup>th</sup> & 31 <sup>st</sup> October 2023
e) Date	2 days.
f) Amount claimed	

<b>12. Expenses involved towards attending the Conference:</b>	
a) Place	Mysuru.
b) Mode of journey	train
c) Fare	
To and Fro expenses	Approx. 2455 x 2/- Auto : 500 Total : 5410.
Registration / Delegation Fee	1200/-
Accommodation charges	Approximately : 2200/- x 2 = 4,400 + food : 1000/- = 1000.
<b>Total Expenses</b>	12,010/-
<b>13. Documents to be submitted:</b>	
a) Copy of the letter of invitation from the organizers.	<u>Enclosed along with application</u>
b) Conference brochure with committee details.	

## 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 : 04<sup>th</sup> Oct 2023

  
 Signature of the faculty member

Ref. No. \_\_\_\_\_  
 The Registrar  
 KAHER [Deemed to be University]  
 Belagavi -590010

Date: To 04<sup>th</sup> Oct '23

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.

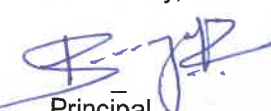
Thanking you,

Yours faithfully,

  
 Signature of the HoD

**Dr. Ramesh S. Paranjape**  
 Distinguished Professor & VC Director,  
 Dr. Prabhakar Kore Basic Science Research Center,  
 KLE Academy of Higher Education and Research,  
 Belagavi-10, Karnataka, India



  
 Principal  
**Dr. Ramesh S. Paranjape**  
 Distinguished Professor & VC Director,  
 Dr. Prabhakar Kore Basic Science Research Center,  
 KLE Academy of Higher Education and Research,  
 Belagavi-10, Karnataka, India

Ref.No.KAHER/23-24/D- 12162303

11<sup>th</sup> October,2023

**ORDER**

Sub: Approval of Grant of financial support.

Ref: Your office letter Ref. No. JNMC/ 2023-24/409 dated 06<sup>th</sup> October, 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the 'MICROCON-2023' to be held on 23<sup>rd</sup> to 26<sup>th</sup> November 2023 in KEMU LUCKNOW. and also presenting poster presentation.

SL. No.	Name	Designation	Department
1	Dr. M. B. Nagamoti	Professor	Microbiology, J N Medical College, Belagavi

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



**Prof Dr.M.S.Ganachari**  
**Registrar**

To,  
The above staff member.

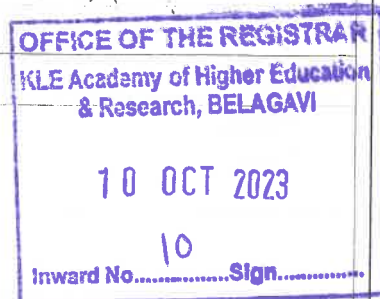
CC to:

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



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

<b>A. To be filled by the faculty member:</b>	
1. Name	Dr. M. B. NAGAMOTI.
2. Qualification	M.D.C.M.(M), Ph.D. (Med Micro)
3. Designation	Professor of microbiology
4. Department	Microbiology
5. Institution	J.N. Medical college
6. Email ID	drmbnagamotoi@gmail.com
7. Date of joining the Institution	15.03.1994
8. Objectives of the Conference / Seminar / Symposium	Microbiology
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 <sup>st</sup> January to 31 <sup>st</sup> December)	NIL To publication
a) Title of the Conference / Seminar / Symposium	
b) Date of conduct	23 <sup>rd</sup> -26 <sup>th</sup> Nov 2023
c) Level of Conference (State / Zonal / National)	National
d) Venue	KGMU. Lucknow
e) Financial support extended by the University	
f) Copy of the sanction letter to be enclosed	
<b>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.</b>	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	IAMM
b) Title of the program	46 <sup>th</sup> National conference IAMM
c) Place	KGMU Lucknow
d) Duration	3 days
e) Date	23 <sup>rd</sup> -26 <sup>th</sup> Nov 2023
f) Amount claimed	



<b>13. Expenses involved towards attending the Conference:</b>	
a) Place	<b>LUCKNOW - India</b> <b>Flight</b>
b) Mode of journey	
c) Fare	
To and Fro expenses	
Registration / Delegation Fee	
Accommodation charges	
<b>Total Expenses</b>	
<b>14. Documents to be submitted:</b>	
a) Copy of the letter of invitation from the organizers.	<b>Enclosed</b>
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 : **14/9/23**

Signature of the faculty member



Ref. No. **MDC/M:W/2690**

Date: **10.9.23.**

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

**Dr. Manjula Vagarali**  
Prof. & Head of Microbiology  
J.N. Medical College, KAHER, Belagavi.



Yours faithfully,



Principal  
**PRINCIPAL**  
J.N. Medical College,  
BELAGAVI- 590 016



# 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<sup>+</sup> Grade by NAAC (3<sup>rd</sup> 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](mailto:info@kledeemeduniversity.edu.in)

Ref.No.KAHER/23-24/D- 09112311

6th November, 2023

## ORDER

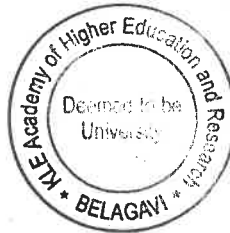
Sub : Approval of grant of financial Support

Ref : Your letter Ref No. JNMC /2023-24/323 dated 2nd November, 2023.

With reference to the above the following faculty member is hereby permitted to attend '**ISRPTCon -2023**' and also Judge for oral paper presentation at **The 15th Annual Conference of Indian Society for Rational Pharmacotherapeutics 16th National Conference 'ISRPTCon -2023'** to be held at **Manipal** from **3rd to 5th November, 2023**.

SL. No.	Name of the Faculty	Designation	Department
1.	Dr. Urmila A Kagal	Professor	Pharmacology

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



**Prof. Dr. M. S. Ganachari**  
Registrar

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.

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

<b>A. To be filled by the faculty member:</b>	
1. Name	Dr. Urmila Anil Kagal
2. Qualification	M.D. Pharmacology
3. Designation	Professor
4. Department	Pharmacology
5. Institution	JNMU, Belagavi
6. Email ID	urmilakagala@gmail.com
7. Date of joining the Institution	01/07/2023
8. Objectives of the Conference / Seminar / Symposium	ISRPTCON-2023 Evolving trends in
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet. Rational Use of Medicines
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. Judge for oral paper presentation.
11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1 <sup>st</sup> January to 31 <sup>st</sup> December)	
a) Title of the Conference / Seminar / Symposium	N/A
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	To publication.
<b>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.</b>	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	Dgt. of Pharmacology, KMC, Manipal
b) Title of the program	ISRPTCON 2023
c) Place	Manipal, Karnataka.
d) Duration	3 days
e) Date	3rd to 5th Nov 2023
f) Amount claimed	

OFFICE OF THE REGISTRAR  
KLE Academy of Higher Education  
& Research, BELAGAVI  
03 NOV 2023  
Inward No. 04 Sign.



<b>13. Expenses involved towards attending the Conference:</b>	
a) Place	Mangalore, Karnataka
b) Mode of journey	Bus
c) Fare	
To and Fro expenses	Rs 1155/- + Rs 1365/-
Registration / Delegation Fee	Rs 6400/-
Accommodation charges	Rs 18,254/-
<b>Total Expenses</b>	Rs 27,174/-
<b>14. Documents to be submitted:</b>	
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 : 02/11/2023

Signature of the faculty member

U. A. Kagal

Ref. No. 1695

Date: 31/11/2023

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,

Yours faithfully,

Dr. Nayana K. Hoshilkar  
MBBS, MD  
Professor & Head  
Dept. of Pharmacology  
KAHER's J.N. Medical College,  
Belagavi



Principal  
Jawahar Lal Nehru Medical College  
BELAGAVI



# KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

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Ref.No.KAHER/23-24/D- 09112310

6th November, 2023

## ORDER

Sub : Approval of grant of financial Support

Ref : Your letter Ref No. JNMC /2023-24/ dated 4th November, 2023.

With reference to the above the following faculty member is hereby permitted to attend '**NCHPE -2023**' and also Contributing a scientific paper at National Conference at **KJ Somaiya Medical College Sion Mumbai** from **24th to 25th November, 2023**.

SL. No.	Name of the Faculty	Designation	Department
1.	Dr. Neha Kulkarni	Professor	Physiology

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



**Prof. Dr. M. S. Ganachari**  
Registrar

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)

<b>A. To be filled by the faculty member:</b>	
1. Name	Dr. Neha Kulkarni
2. Qualification	MBBS MD PGDHPD PCR FAIMER Fellow
3. Designation	Professor
4. Department	Physiology
5. Institution	KAHER's J.N. Medical College Belgachhi
6. Email ID	dr.neha.kle@gmail.com
7. Date of joining the Institution	30th May 2006
8. Objectives of the Conference / Seminar / Symposium	Medical Education
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 <sup>st</sup> January to 31 <sup>st</sup> 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	
<b>Note : The faculty member is eligible for financial support to attend one State / Zonal and one National Conference in a calendar year.</b>	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	K.J. Somaiya Medical College, Somaiya Agharvihar, Sion, Mumbai
a) Name of the Organizer	K.J. Somaiya Medical College, Mumbai
b) Title of the program	NCHPE 2023 14 <sup>th</sup> National Conference on health professional Education
c) Place	Sion, Mumbai
d) Duration	2 days. (Pre conference on day)
e) Date	24 <sup>th</sup> & 25 <sup>th</sup> November 2023
f) Amount claimed	as per university financial support extended by the University

<b>13. Expenses involved towards attending the Conference:</b>	
a) Place	} will submit after conference.  - 5500
b) Mode of journey	
c) Fare	
To and Fro expenses	
Registration / Delegation Fee	
Accommodation charges	
<b>Total Expenses</b>	
<b>14. Documents to be submitted:</b>	
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 : 3/11/2023

Signature of the faculty member

*[Signature]*

Ref. No. \_\_\_\_\_

Date: 4/11/23

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]*  
Incharge.

Signature of the HoD

Seal

Yours faithfully,

*[Signature]*

Principal

Principal

Jawahar Lal Nehru Medical College  
BELAGAVI.





Dated: 31-Aug- 2024

## **Letter of Recommendation**

I am delighted to submit this letter of recommendation for Dr. Utkarsh Burli, who has been an exceptional Fellow in our Department of Arthroplasty at SPARSH Group of Hospitals, Bangalore, Karnataka, from March 1, 2024, to August 31, 2024.

Dr. Utkarsh has consistently demonstrated outstanding clinical expertise, surgical proficiency, and a deep commitment to his profession. His sincerity, work ethic, and passion for learning have been exemplary. He has actively engaged in various academic pursuits, including training sessions, meetings, and research, showcasing his dedication to staying at the forefront of his field.

Throughout his tenure, Dr. Utkarsh has gained invaluable experience in Orthopedic and Arthroplasty care, working in diverse settings such as OPD, IPD, Operation Theatres, Casualty, and Specialty Clinics. He has also honed his skills in cutting-edge technologies like the MAKO Robotic system and Direct Anterior Approach for Total Hip Replacement.

Dr. Utkarsh's interpersonal skills are equally impressive. He has built strong relationships with his colleagues, juniors, and seniors, earning respect and admiration from the entire team. I wholeheartedly endorse Dr. Utkarsh for any future endeavors he chooses to pursue. His exceptional moral character, conduct, and dedication make him an invaluable asset to any organization.

Please feel free to contact me if you require any additional information.

Sincerely

**DR SHARAN. S. PATIL**

Chairman and Chief Joint replacement Surgeon

Sparsh Group of Hospitals, BANGALORE

**Email: [drsharanpatil@sparshhospital.com](mailto:drsharanpatil@sparshhospital.com)**

# CERTIFICATE OF PARTICIPATION

IS PRESENTED TO

DR. DHIVAGAR . K

for his/her achievements in participating in the Paper/~~Poster~~ /  
~~Forensic short film~~/ ~~Forensic Photography~~/ ~~Quiz~~ in  
FORENSIC SPECTRA'24, 2nd TNSFMES conference conducted by  
Department of Forensic Medicine, KAPVGMC, Trichy on  
January 6th & 7th 2024.

Prof. Dr.K.G. Juliana Jeyanthi M.D.,

Head of Event

Prof. Dr.D.Nehru M.D., D.M.R.D.,

Dean & Mentor



# KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH, BELAGAVI

(Deemed-to-be-University)



Re-accredited at A+ Grade by NAAC (3<sup>rd</sup> Cycle)  
Placed in 'A' Category by MoE (Gol)



*We, the Chancellor, the Vice-Chancellor, the Members of the  
Board of Management and the Academic Council  
of the KAHER - Deemed-to-be-University, Belagavi confer upon*

***Dr. Soumyasnata Maiti***

*of Jawaharlal Nehru Medical College, Belagavi, India*

***Fellowship***

*in*

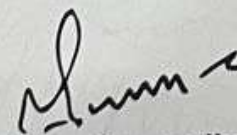
***Head and Neck Surgical Oncology***

*in the Fourteenth Convocation at Belagavi on this Twenty Seventh day of May  
in the year Two Thousand and Twenty Four  
for having passed in the examination held in February 2024.*

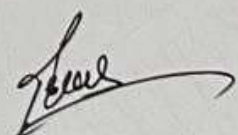
***In Testimony*** whereof are set the seal of the Deemed-to-be-University and  
the signatures of the Chancellor and the Vice-Chancellor.

**Father's Name: Susanta Kumar Maiti**

**Mother's Name: Shila Susanta Maiti**



**Vice-Chancellor**



**Chancellor**

Place: Belagavi.

Date: 27th May 2024

To verify the Authenticity of this certificate visit [www.kledeemeduniversity.edu.in](http://www.kledeemeduniversity.edu.in)



**icmr**  
INDIAN COUNCIL OF  
MEDICAL RESEARCH

**NIE**  
NATIONAL INSTITUTE OF  
EPIDEMIOLOGY

# ICMR-National Institute of Epidemiology

*certifies that*

**SUVIDHA PATIL**

*has successfully completed the online course*

## NleCer 103: Scientific Writing in Health Research

*with a score of 81%*

**DR. JEYASHREE K**

*Course Coordinator & Scientist-D  
ICMR-NIE*

**DR. MANOJ V MURHEKAR**

*Scientist-G & Director  
ICMR-NIE*

**DR. MANICKAM P**

*Scientist-F  
ICMR-NIE*

Roll No: NleCer103\_18723



January 2024





**icmr**  
INDIAN COUNCIL OF  
MEDICAL RESEARCH

**NIE**  
NATIONAL INSTITUTE OF  
EPIDEMIOLOGY

# ICMR-National Institute of Epidemiology

*certifies that*

**HEMA KANATHILA**

*has successfully completed the online course*

## NleCer 103: Scientific Writing in Health Research

*with a score of 81%*

**DR. JEYASHREE K**

Course Coordinator & Scientist-D  
ICMR-NIE

**DR. MANOJ V MURHEKAR**

Scientist-G & Director  
ICMR-NIE

**DR. MANICKAM P**

Scientist-F  
ICMR-NIE

Roll No: NleCer103\_18726



January 2024



# **NPTEL+ Workshop**

## **Certificate of Appreciation**

This certificate is awarded to

**DR. NIRAJ S GOKHALE**

for successfully completing the online live workshop titled

**21st Century Teaching and Learning Skills**

conducted by

**Mr Kartic Vaidyanathan**, Founder, LetsPlayToLearn, Visiting Faculty, IITM &

**Dr Pratima Khandelwal**, Lead Facilitator and Founder, FlyHigh Educational, Excellence Services, Bangalore

**Date : 5<sup>th</sup> October, 2024**



Verify

**Prof. Ramkrishna Pasumarthy**

NPTEL Coordinator

IIT Madras



Est. 1973

**INDIAN PROSTHODONTIC SOCIETY  
ACADEMY FOR EXCELLENCE IN EDUCATION**



*Certificate of Completion*

This is to certify that

*Dr. Anandkumar G. Patil*

has successfully completed the  
IPS Certificate Course in Health Professions Education  
and has successfully carried out an Educational Innovation Project titled  
"Awareness and Perceptions of Elective Courses in the BDS Curriculum:  
A Cross-sectional Survey among Teaching Faculty in Karnataka"  
from August 2023 to July 2024.

Dr. Manesh Lahori  
President, IPS

Dr. Jangala Hari  
Secretary, IPS

Dr. K. Sanketh Reddy  
Treasurer, IPS

Dr. Suhasini Nagda  
Course Director

Dr. Gaurang Baxi  
Course Coordinator

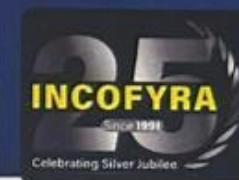
Dr. Chinmay Shah  
Course Coordinator





Swami Vivekananda Yoga Anusandhana Samsthana  
Prashanti Kutiram, Kallubalu Post, Bengaluru - 560 105

**25<sup>th</sup> International Conference on Frontiers  
in Yoga Research and Its Applications**  
**25<sup>th</sup> INCOFYA**



**CERTIFICATE OF APPRECIATION**

*This is to certify that*

**Dr Ramesh Killedar**

delivered a **Talk** on

Importance Of Integrated Approach In The Rehabilitation Of Sports Injuries  
at the **25<sup>th</sup> International Conference on Frontiers in Yoga Research and Its Applications**  
on "Integrative Sports Medicine & Rehabilitation"

(3<sup>rd</sup> - 6<sup>th</sup> January 2024)

Supported  
by

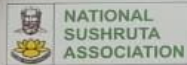


*S. Siva Sankara Sai*

**Prof. S Siva Sankara Sai**

Organizing Secretary, 25<sup>th</sup> INCOFYA  
Registrar, S-VYASA





XXIV ANNUAL NATIONAL CONFERENCE CUM  
WORKSHOP OF NATIONAL SUSHRUTA ASSOCIATION

**SHALYACON**

29, 30, 31 March Hyderabad 2024

ANTIQUITY TO EXCELLENCE - BRIDGING PAST AND FUTURE

A Live Surgical Conference - Organized by National Sushruta Association - Telangana Chapter

# Certificate Of Participation

This certificate is awarded to

**Dr. PRADEEP S SHINDE**

For attending SHALYACON 2024, XXIV ANNUAL LIVE SURGICAL CONFERENCE held  
on 30<sup>th</sup> & 31<sup>st</sup> March 2024 at Sri Saptapadi's Krystal Gardens, Lingampally, Hyderabad  
as a **SPEAKER**.

Patron

Organizing President

Organizing Gen.  
Secretary

Treasurer

National President  
NSA

National General  
Secretary NSA

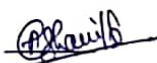
# CERTIFICATE

—THIS CERTIFICATE HAS BEEN PRESENTED TO—

Dt./Mr./Ms./Mrs. Nikhil S. Gowar  
for attending as a DELEGATE and presenting a scientific paper (Spotlight/Oral/Poster)  
entitled RP-HPLC METHOD DEVELOPMENT AND ITS VALIDATION FOR THE QUANTITATIVE  
DETERMINATION OF BILASTINE IN PURE AND PHARMACEUTICAL FORMULATION  
in Aushadh Vigyan Student Scientific Conference (AVISCON)-2024, held at JSS College  
of Pharmacy, Mysuru, Karnataka, India on 1<sup>st</sup> and 2<sup>nd</sup> March 2024.



MR. HEMANTH VIKRAM P R  
ORGANIZING SECRETARY  
AVISCON 2024



MR. ATIQUILLA SHARIFF  
CHAIRPERSON  
AVISCON 2024



DR. T M PRAMOD KUMAR  
PRINCIPAL  
JSS COLLEGE OF PHARMACY



# CERTIFICATE

—THIS CERTIFICATE HAS BEEN PRESENTED TO—

Dr./Mr./Ms./Mrs. Pooja B. Nagawad  
for attending as a DELEGATE and presenting a scientific paper (Spotlight/Oral/Poster)  
entitled NETWORK PHARMACOLOGY, MOLECULAR DOCKING, IN-VITRO ANTIOXIDANT AND  
CYTOTOXIC ACTIVITY OF HELICTERES ISORA FRUITS FOR COLORECTAL CANCER  
in Aushadh Vigyan Student Scientific Conference (AVISCON)-2024, held at JSS College  
of Pharmacy, Mysuru, Karnataka, India on 1<sup>st</sup> and 2<sup>nd</sup> March 2024.



MR. HEMANTH VIKRAM P R

ORGANIZING SECRETARY  
AVISCON 2024



MR. ATIQULLA SHARIFF

CHAIRPERSON  
AVISCON 2024



DR. T M PRAMOD KUMAR

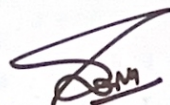
PRINCIPAL  
JSS COLLEGE OF PHARMACY

**International Conference**  
on  
**"ADVANCES IN CHEMICAL AND APPLIED SCIENCES FOR SUSTAINABLE DEVELOPMENT"**  
**(ACASSD - 2024)** March 29 - 30, 2024

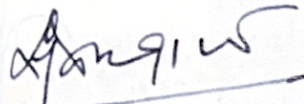
Organized by  
Department of Chemistry, School of Sciences, JECRC University, Jaipur, Rajasthan, India

# CERTIFICATE

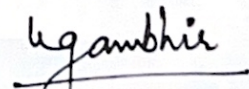
This is to certify that Prof./Dr./Ms./Mr. Rohini S. Kavalapure of  
KLE college of Pharmacy, Belagavi presented paper (oral/poster) / participated in the  
International Conference on 'Advances in Chemical and Applied Sciences for Sustainable  
Development (ACASSD-2024)' organized on March 29-30, 2024 by the Department of  
Chemistry, School of Sciences, JECRC University, Jaipur, Rajasthan (India).



**Prof. Sonu Pareek**  
Convener, ACASSAD-2024



**Prof. Sanjay K. Sharma**  
General Chair, ACASSAD-2024



**Prof. Victor Gambhir**  
President, JECRC University





**JECRC**<sup>™</sup>  
UNIVERSITY  
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**International Conference**  
on  
**"ADVANCES IN CHEMICAL AND APPLIED SCIENCES FOR SUSTAINABLE DEVELOPMENT"**  
**(ACASSD - 2024)** March 29 - 30, 2024

Organized by

Department of Chemistry, School of Sciences, JECRC University, Jaipur, Rajasthan, India

# CERTIFICATE

This is to certify that Prof./Dr./Ms./Mr. .... *Preeti Salve* ..... of  
.... *K.I.E. college of Pharmacy, Belagavi* ..... presented paper (oral/poster) / participated in the  
International Conference on 'Advances in Chemical and Applied Sciences for Sustainable  
Development (ACASSD-2024)' organized on March 29-30, 2024 by the Department of  
Chemistry, School of Sciences, JECRC University, Jaipur, Rajasthan (India).

**Prof. Sonu Pareek**  
Convener, ACASSAD-2024

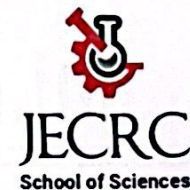
**Prof. Sanjay K. Sharma**  
General Chair, ACASSAD-2024

**Prof. Victor Gambhir**  
President, JECRC University





**JECRC**<sup>™</sup>  
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**International Conference**  
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**"ADVANCES IN CHEMICAL AND APPLIED SCIENCES FOR SUSTAINABLE DEVELOPMENT"**  
**(ACASSD - 2024)** March 29 - 30, 2024

Organized by  
Department of Chemistry, School of Sciences, JECRC University, Jaipur, Rajasthan, India

# CERTIFICATE

This is to certify that Prof./Dr./Ms./Mr. Meenaxi M. Maste of  
KLE College of Pharmacy, Belagavi presented paper (oral/poster) / participated in the  
International Conference on 'Advances in Chemical and Applied Sciences for Sustainable  
Development (ACASSD-2024)' organized on March 29-30, 2024 by the Department of  
Chemistry, School of Sciences, JECRC University, Jaipur, Rajasthan (India).

**Prof. Sonu Pareek**  
Convener, ACASSAD-2024

**Prof. Sanjay K. Sharma**  
General Chair, ACASSAD-2024

**Prof. Victor Gambhir**  
President, JECRC University





**JSS ACADEMY OF HIGHER EDUCATION & RESEARCH, MYSURU**  
*Deemed to be University - Accredited 'A' Grade By NAAC*

# **JSS College of Pharmacy, Ooty**

*Ranked 4<sup>th</sup> in India by NIRF 2024*

**Department of Science and Technology**  
**Science and Engineering Research Board, New Delhi, India**  
**&**  
**JSS Academy of Higher Education & Research, Mysuru**  
**Sponsored**

**TWO DAYS NATIONAL SEMINAR ON**  
**"EMERGING TRENDS IN CLINICAL PHARMACOLOGY RESEARCH**  
**AND PHARMACY PRACTICE"**


**13<sup>th</sup> & 14<sup>th</sup> September 2024**

## **Certificate of Merit**

**ANUSHREE DESHPANDE**

has presented an **e-Poster** entitled  
.....THE WELL BEING OF WOMEN WITH DIABETES.....  
.....THE ROLE OF CLINICAL PHARMACISTS.....  
in Two Days National Seminar on "Emerging Trends in  
Clinical Pharmacology Research and Pharmacy Practice"

  
**Dr S.P. DHANABAL**  
Patron  
Principal, JSSCP Ooty

  
**Dr S. PONNUSANKAR**  
Convener  
Prof. & Head  
Dept. of Pharmacy Practice

  
**Dr M. DEEPALAKSHMI**  
Organising Secretary  
Assistant Professor  
Dept. of Pharmacy Practice



**JSS ACADEMY OF HIGHER EDUCATION & RESEARCH, MYSURU**

*Deemed to be University - Accredited 'A' Grade By NAAC*

# **JSS College of Pharmacy, Ooty**

*Ranked 4<sup>th</sup> in India by NIRF 2024*

**Department of Science and Technology  
Science and Engineering Research Board, New Delhi, India**

**&**

**JSS Academy of Higher Education & Research, Mysuru  
Sponsored**

**TWO DAYS NATIONAL SEMINAR ON  
"EMERGING TRENDS IN CLINICAL PHARMACOLOGY RESEARCH  
AND PHARMACY PRACTICE"**


**13<sup>th</sup> & 14<sup>th</sup> September 2024**


## **Certificate of Participation**

**Dr ANUSHREE DESHPANDE**

*has participated as a delegate in the Two Days National Seminar on  
"Emerging Trends in Clinical Pharmacology Research and  
Pharmacy Practice"*

  
**Dr S.P. DHANABAL**  
Patron  
Principal, JSSCP Ooty

  
**Dr S. PONNUSANKAR**  
Convener  
Prof. & Head  
Dept. of Pharmacy Practice

  
**Dr M. DEEPALAKSHMI**  
Organising Secretary  
Assistant Professor  
Dept. of Pharmacy Practice





2<sup>nd</sup> Annual National Convention  
**APTICON**  
BHUBANESWAR | 27-28 SEPTEMBER 2024



# *Certificate of Participation*

*This is to certify that*

**Dr. GEETANJALI SSALIMATH**

*has participated in*

**APTICON 2024**  
***Beyond the Counter: Transforming Pharmacy Education for  
Industry and Patient Impact***

*held at Utkal University, Bhubaneshwar  
on 27<sup>th</sup> & 28<sup>th</sup> of September 2024.*

**Prof. Milind J Umekar**  
President,  
APTI

**Dr. Parag Das**  
LOC Chair,  
APTICON 2024

**Dr. Mihir Kumar Kar**  
Organising Secretary,  
APTICON 2024

**Certificate ID: MEM2574**



**Conference ID: APTICON24**



79<sup>th</sup> National Conference of Tuberculosis & Chest Diseases

**NATCON-2024**

*Certificate of  
Participation*

*This is to certify that*

***Mr. Vishwa Rajakumar Byakod***

has participated as **Delegate** during 79<sup>th</sup> National Conference of Tuberculosis & Chest Diseases -**NATCON 2024** organised by Jain Chest Care Center, Rajasthan State TB Association and Mahatma Gandhi University of Medical Sciences & Technology, under the aegis of Tuberculosis Association of India (TAI) held from 18<sup>th</sup> - 20<sup>th</sup> October, 2024 at Rajasthan International Centre (RIC), Jaipur

Rajasthan Medical Council has granted **6 Credit Hours** for Participation.

(Reference No. : **RMC/2024/9499** | Dated : **15/10/2024**)

**Dr. V. K. Arora**  
Chairman-TAI

**Dr. Ashwani Khanna**  
President NATCON & Vice Chairman-TAI

**Dr. Mahesh Mishra**  
Organising Chairman

**Dr. Nitin Jain**  
Organising Secretary

**ISPOR Europe 2024 Travel Grant Notification****From:**Kara Martin (kmartin@ispor.org)**To:**ramesh\_2417@yahoo.com**Date:**Thursday, September 26, 2024 at 01:11 AM GMT+5:30

Good afternoon Ramesh Bhandari,

**Congratulations! You have been selected as a recipient of the **ISPOR Travel Grant for ISPOR Europe 2024 (17-20 November 2024 in Barcelona, Spain)**!**

We will announce your name as a recipient of the ISPOR Travel Grant on the [ISPOR website](#).

The ISPOR Travel Grant includes:

<b>Registration to ISPOR Europe 2024</b>	We will process your complimentary registration and you will receive a confirmation email shortly.
<b>Up to \$1000 travel reimbursement, per the ISPOR Travel Reimbursement Policy</b>	Please keep all receipts for expenses like airfare and lodging. You will be asked to send this information after you attend the conference.

Please send me your completed New Vendor Form and [W-8BEN](#) (non-US)/[W-9](#) (US) by **Wednesday, October 2**.

I politely request that you keep **ALL** receipts from your trip to ISPOR Europe 2024. I kindly remind you that the maximum amount that can be reimbursed is \$1000 USD. The eligible reimbursable expenses include the following: air/train ticket, hotel bill, taxi receipts, meals, which have not been provided by ISPOR. The entire amount of your submitted expenses **should not exceed \$1000 USD**.

Please note that if the total of expenses without a receipt is more than \$25, ISPOR will **not** reimburse you for that expense as we require a receipt to issue payment. So, once again, **please** keep ALL receipts and submit them after the conference.

After you attend ISPOR Europe 2024, we will ask you to complete the ISPOR Travel Grant Survey, reflecting on the areas of application of the knowledge and experience from the conference in your country of residence and field of professional/academic expertise. I will provide you with the survey after you have attended ISPOR Europe 2024.

ISPOR reserves the right to use the information provided in the survey in ISPOR newsletters and the ISPOR e-bulletin.

Once again, congratulations on being selected as a recipient of the ISPOR Travel Grant!

If you have any questions, please feel free to contact me.

Best,  
**Kara Martin**

**Administrator, Global Member Engagement**

ISPOR—The Professional Society for Health Economics and Outcomes Research

505 Lawrence Square Blvd South | Lawrenceville, NJ 08648, USA

[kmartin@ispor.org](mailto:kmartin@ispor.org) | tel. 1-609-586-4981 x 241 Direct Line: 1-609-691-8940

<https://www.linkedin.com/in/kara-martin-047532217/>







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स्वास्थ्य अनुसंधान विभाग, स्वास्थ्य और परिवार  
कल्याण मंत्रालय, भारत सरकार

Indian Council of Medical Research  
Department of Health Research, Ministry of Health  
and Family Welfare, Government of India

No. 3/2/TG-134/HRD-2024(40)

Date: 05.11.2024

To

**DR RAMESH BHANDARI**

Assistant Professor, Pharmacy Practice  
KLE College of Pharmacy Belagavi  
Karnataka - 590010  
[ramesh\\_2417@yahoo.com](mailto:ramesh_2417@yahoo.com)

**Subject: ISPOR Europe 2024 - Generating Evidence Toward Health and Well-Being Barcelona, Spain- reg.**

Dear Sir/Madam,

I am glad to inform you that the competent authority of ICMR has sanctioned a sum of Rs. 1,50,000/- (Rupees One Lakh Fifty Thousand only) towards airfare (economic class), visa fee & registration fee to facilitate financial support for attending/participating the above mentioned conference.

If you are willing to avail the same, it is requested to convey your acceptance within 15 days of receipt of this letter, failing of which it will be assumed that you are not willing to avail the same. In the event of you not being able to utilize this amount for various reasons even after confirming your acceptance, you need to communicate the same through email immediately. The terms and conditions are given below:-

1. Air ticket booked by any other agencies other than mentioned in (DoE) OM no.19024/03/2021/E.IV dated 16.02.2022 is not permissible under the Govt. of India norms. For local travel from your place to board international flight, Govt. of India rules as applicable as per your entitlement will be followed. Journey is permissible for two days prior to date of the Conference and returning journey within two days after the Conference.
2. The actual amount will be reimbursed (as per sanctioned amount above) after your return from the Conference/seminar/symposium/workshop and submitting the documents to the ICMR as indicated in the existing guidelines.
3. You will have to submit your duly filled claim sheet & mandate form along with cancelled cheque copy within one month after the completion of the conference (claim sheet & mandate form can be downloaded from ICMR website, the link is:  
<https://main.icmr.nic.in/content/international-travel-non-icmr-scientists>)
  - ICMR Award letter
  - Participation report, certificate and copy of presented paper/poster in the proceedings/abstract book.
  - Original copies of the air ticket showing air fare and boarding pass (as per Government orders only).
  - Award letter from other funding agencies, if awarded.
  - Any other relevant documents.

You are requested to submit the original boarding pass/bills/vouchers. The claim should be submitted within one month of the commencement of the conference, through proper channel, duly forwarded by competent authority of your host institute. All the correspondences to be made on the following email ID: [travelgrant.nonicmr@gmail.com](mailto:travelgrant.nonicmr@gmail.com)

Yours faithfully

  
Administrative Officer – HRD





مؤتمر ومعرض دبي الدولي للصيادلة والتكنولوجيا  
Dubai International Pharmaceuticals & Technologies Conference & Exhibition

# CERTIFICATE OF PARTICIPATION

This Certificate is Awarded to

**Dr. AHM Vishwanath Swamy**

in gratitude for the outstanding contribution to


**DUPHAT 2024**

**Oral Presenter**

as

**09 - 11 JANUARY 2024**

Dubai International Convention & Exhibition Centre, United Arab Emirates

  
Dr. Ali Al Sayed Hussain, M.S., Ph.D.  
Chairman - DUPHAT



ORGANIZED BY





# 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)



☎ : 0836-2373174, Fax No.0836-2371048, Web: <http://www.klescoph.org>, Email: [principal.klescoph@gmail.com](mailto:principal.klescoph@gmail.com)  
[princpharmhbl@kledeemeduniversity.edu.in](mailto:princpharmhbl@kledeemeduniversity.edu.in)

## **Teachers Provided with Financial Support to Attend Conferences/Workshops and Towards Membership Fee of Professional Bodies During the Year 2024**

Dr. A H M Viswanath Swamy., Principal attended the Conference entitled, **DUPHAT on 09<sup>th</sup>-11<sup>th</sup> January 2024 organized by Dubai International Convention and Exhibition Centre, United Arab Emirates** as a Delegate. He has received Rs30000/- from the Institution/University.



**PRINCIPAL**

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



# KLE COLLEGE OF PHARMACY, BELAGAVI

A Constituent Unit of

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

Re-Accredited A<sup>+</sup> Grade by NAAC (3<sup>rd</sup> Cycle)

Accredited by NBA (4<sup>th</sup> Cycle)

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



## "Enrichment Programme for Pharmacy Practice Professionals - Empowering Teachers"

# Certificate

Organized by

DEPARTMENT OF PHARMACY PRACTICE

This is to Certify that,


Mr/Miss/Dr. ....

*Pooja N Gouda*

Has Participated as Delegate & Trained in

**"BASIC MEDICAL PROCEDURE SKILL COMPETENCY"**

Conducted on 23<sup>rd</sup> to 24<sup>th</sup> February 2024

  
Head of the Department  
**Prof. (Dr.) M. S. Ganachari**  
Department of Pharmacy Practice,  
KLE College of Pharmacy, Belagavi



  
Principal  
**Prof. (Dr.) Sunil S. Jalalpure**  
KLE College of Pharmacy, Belagavi



Scanned with OKEN Scanner



## **Teachers Provided with Financial Support to Attend Conferences/Workshops and Towards Membership Fee of Professional Bodies During the Year 2023-2024**

Ms. Pooja Gouda., Asst. Prof. attended **Workshop entitled Enrichment programme for pharmacy practice professionals empowering teachers** conducted on 23rd & 24th February 2024 organised by Department of Pharmacy practice KLE College of Pharmacy Belagavi as Delegate. She has received Rs 350/- from the Institution/University.



**PRINCIPAL**

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





# KLE COLLEGE OF PHARMACY, BELAGAVI

A Constituent Unit of  
**KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH**

Re-Accredited A<sup>+</sup> Grade by NAAC (3<sup>rd</sup> Cycle)

Accredited by NBA (4<sup>th</sup> Cycle)

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



## Certificate

Organized by

**DEPARTMENT OF PHARMACY PRACTICE**

This is to Certify that,

Mr/Miss/Dr. .... *Jayasheela & Hiremath* .....

Has Participated as Delegate/Resource person in

**"Enrichment Programme for Pharmacy Practice Professionals -  
Empowering Teachers"**

Conducted on 23<sup>rd</sup> to 24<sup>th</sup> February 2024

Head of the Department  
**Prof. (Dr.) M. S. Ganachari**  
Department of Pharmacy Practice,  
KLE College of Pharmacy, Belagavi



Principal  
**Prof. (Dr.) Sunil S. Jalalpure**  
KLE College of Pharmacy, Belagavi



# KLE COLLEGE OF PHARMACY, BELAGAVI

A Constituent Unit of

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

Re-Accredited A<sup>+</sup> Grade by NAAC (3<sup>rd</sup> Cycle)

Accredited by NBA (4<sup>th</sup> Cycle)

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



**"Enrichment Programme for Pharmacy Practice Professionals - Empowering Teachers"**

## Certificate

Organized by

**DEPARTMENT OF PHARMACY PRACTICE**

This is to Certify that,

Mr/Miss/Dr. ....

*Jayashree S. Hiremath*

Has Participated as Delegate & Trained in

**"BASIC MEDICAL PROCEDURE SKILL COMPETENCY"**

Conducted on 23<sup>rd</sup> to 24<sup>th</sup> February 2024

Head of the Department

**Prof. (Dr.) M. S. Ganachari**  
Department of Pharmacy Practice,  
KLE College of Pharmacy, Belagavi



Principal

**Prof. (Dr.) Sunil S. Jalalpure**  
KLE College of Pharmacy, Belagavi



# 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)



☎ : 0836-2373174, Fax No.0836-2371048, Web: <http://www.klescoph.org>, Email: [principal.klescoph@gmail.com](mailto:principal.klescoph@gmail.com)  
[princpharmhbl@kledeemeduniversity.edu.in](mailto:princpharmhbl@kledeemeduniversity.edu.in)

## **Teachers Provided with Financial Support to Attend Conferences/Workshops and Towards Membership Fee of Professional Bodies During the Year 2023-2024**

Dr. Jaysheela S Hiremath., Asst. Prof. attended **Workshop entitled Enrichment programme for pharmacy practice professionals empowering teachers conducted on 23rd & 24th February 2024 organised by Department of Pharmacy practice KLE College of Pharmacy Belagavi** as Delegate. She has received Rs 350/- from the Institution/University.



**PRINCIPAL**

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





# KLE College of Pharmacy

## BELAGAVI

A Constituent unit of

KLE Academy of Higher Education & Research Belagavi

(DEEMED-TO-BE-UNIVERSITY), Reaccredited at the 'A'' Level by NAAC (3rd Cycle), Placed in 'A' Category by MoE (GoI)



## Certificate

Dr./Mr./Ms. Revati Dharampal Sagare  
of KLE College of Pharmacy, Hubli



*has actively participated as a Delegate in workshop on*



*3D Printing in Pharmaceutical Research and Development*



*organized by Department of Pharmaceutics, KLE College of Pharmacy, Belagavi on 21<sup>st</sup> & 22<sup>nd</sup> Feb 2024*

*[Signature]*

Chief Co-Ordinator

Prof. (Dr.) Sunil S. Jalapure

Principal

*[Signature]*

Convener

Prof. (Dr.) Panchaxari M. Dandagi

Head-Department of Pharmaceutics

*[Signature]*

Programme Co-Ordinator

Dr. Archana S. Patil

Associate Professor,  
Department of Pharmaceutics



B. Pharma Program  
Accredited for 6 Years



NAAC 3rd Cycle  
'A+' Grade



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# 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)



☎ : 0836-2373174, Fax No.0836-2371048, Web: <http://www.klescoph.org>, Email: [principal.klescoph@gmail.com](mailto:principal.klescoph@gmail.com)  
[princpharmhbl@kledeemeduniversity.edu.in](mailto:princpharmhbl@kledeemeduniversity.edu.in)

## **Teachers Provided with Financial Support to Attend Conferences/Workshops and Towards Membership Fee of Professional Bodies During the Year 2023-2024**

Dr. Revati D Sagara., Asst. Prof. attended a **Workshop entitled 3 D Printing in Pharmaceutical Research and Development** conducted on 21st & 22nd February 2024 organized by the **Department of Pharmaceutics, KLE College of Pharmacy Belagavi** as a Delegate. She has received Rs 1025/- from the Institution/University.



**PRINCIPAL**

Principal  
KLE College of Pharmacy  
(A constituent unit of KLE Academy  
of Higher Education & Research)  
Vidyanagar, HUBBALLI - 580 031



**6<sup>TH</sup>**  
**IPCTPS**  
**2024**

National Conference on  
**INNOVATIVE PRACTICES  
IN CLINICAL TRAINING &  
PATIENT SAFETY**

# CERTIFICATE OF ACHIEVEMENT

This is to certify that

Dr./Mrs./Mr./Ms. ABHISHEK.B.J

of KLE, COLLEGE OF PHARMACY was awarded

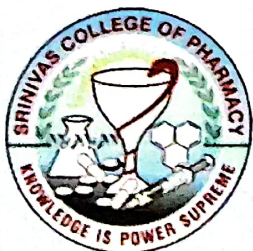
FIRST prize in Oral presentation in 6<sup>th</sup> IPCTPS Conference

held on 17<sup>th</sup> & 18<sup>th</sup> of May 2024.

ORGANISED BY  
INDIAN PHARMACEUTICAL  
ASSOCIATION  
LOCAL BRANCH, MANGALURU



IN ASSOCIATION WITH  
SRINIVAS COLLEGE OF  
PHARMACY, MANGALURU



Date : 18-05-2024

Place : Mangaluru

Dr. A.R. Shabaraya  
Principal & Director, SCP,  
President, IPA, Local Branch, Mangaluru  
Convener

Dr. Krishnananda Kamath  
Professor, SCP  
Programme Coordinator





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6<sup>TH</sup>  
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# CERTIFICATE OF APPRECIATION


This is to certify that

Dr./Mrs./Mr./Ms. Abhishek B J of  
KLE College of Pharmacy, Hubballi participated in  
Oral Presentation in 6<sup>th</sup> IPCTPS Conference held on  
17<sup>th</sup> & 18<sup>th</sup> of May 2024.

**TITLE : Assessing the Impact: Artificial Intelligence in Pharmacy  
Practice - Friend or Foe for Clinical Pharmacists**

Date : 18-05-2024

Place : Mangaluru

  
Dr. A. R. Shabaraya  
Principal & Director, SCP,  
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Convener

  
Dr. Krishnananda Kamath  
Professor, SCP  
Programme Coordinator





6<sup>TH</sup>

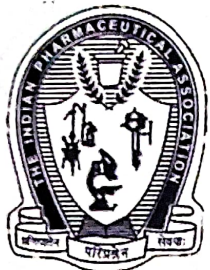
IPCTPS

2024

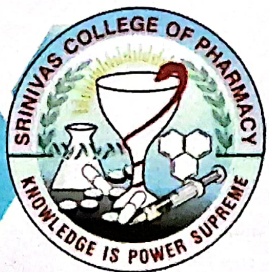
National Conference on

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CERTIFICATE

OF APPRECIATION

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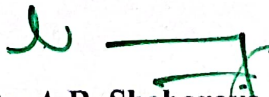
Dr./Mrs./Mr./Ms. Abhishek B J of


KLE College of Pharmacy, Hubballi

participated as **Delegate** in the deliberations of 6<sup>th</sup> IPCTPS Conference held  
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Place : Mangaluru

  
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# 73<sup>rd</sup> INDIAN PHARMACEUTICAL CONGRESS

05<sup>th</sup> - 07<sup>th</sup> (Friday - Sunday) July, 2024

Hitex Exhibition Center, Hyderabad

Theme : Role of Indian Pharma for Global Wellbeing



Theme : Role of Indian Pharma for Global Wellbeing



Host

The Indian Pharmaceutical Association (IPA)  
H.Q - Mumbai

## Registered Delegate

*This is to certify that Dr. Vijaykumar K Meti  
of KLE College of Pharmacy, Hubballi*

*has attended the 73<sup>rd</sup> Indian Pharmaceutical Congress  
held at Hitex Exhibition Center, Hyderabad,  
During 05<sup>th</sup> - 07<sup>th</sup> July 2024*

Dr. B. Parthasaradhi Reddy  
President - IPCA

Dr. T.V. Narayana  
Gen. Secretary - IPCA

Dr. J.A.S. Giri  
LOC - Chairman

Dr. A. Ramkishan  
LOC Org. Secretary

Dr. Roop K Khar  
Convener - SSC

Dr. Sistla Ramakrishna  
Chairman, SSC - LOC



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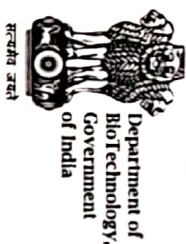
## **Teachers Provided with Financial Support to Attend Conferences/Workshops and Towards Membership Fee of Professional Bodies During the Year 2023-2024**

Dr.Vijayakumar K Meti., Asst. Prof. attended an **Indian Pharmaceutical Congress conducted on the 5th & 7th of July 2024 organized by the 73rd ipc 2024, Hyderabad**, as a Delegate. He has received Rs 20700/- from the Institution/University.



**PRINCIPAL**

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KLES College of Pharmacy  
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International Conference on  
“Drug Discovery, Delivery & Diagnostics (ICD4 - 2024)”  
09 & 10th August, 2024


National Institute of Pharmaceutical Education and Research (NIPER), Hyderabad

## CERTIFICATE OF APPRECIATION


THIS CERTIFICATE IS AWARDED TO


Mr./Ms./Mrs./Dr. E. S. DASANKOPPA.

for Oral Presentation / Poster Presentation / Participation

  
Dr. Pankaj Kumar Singh  
Organising Secretary

  
Dr. Neellesh Kumar Mehra  
Organising Secretary

  
Prof. Srinivas Nanduri  
Chair Person

  
Prof. Shailendra Saraf  
Chief Patron



## Teachers Provided with Financial Support to Attend Conferences/Workshops and Towards Membership Fee of Professional Bodies During the Year 2023-2024

Dr. F S Dasankoppa., Prof. attended an **International Conference on Drug Discovery, Delivery & Diagnostics (ICD4-2024)** conducted on the 9th & 10th of August 2024 organized by the **National Institute of Pharmaceutical Education and Research (NIPER), Hyderabad** as a Delegate. She has received Rs 16500/- from the Institution/University.



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# KLE COLLEGE OF PHARMACY, BELAGAVI

A Constituent Unit of  
KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

Re-Accredited A<sup>+</sup> Grade by NAAC (3<sup>rd</sup> Cycle)

Accredited by NBA (4<sup>th</sup> Cycle)

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



## "Enrichment Programme for Pharmacy Practice Professionals - Empowering Teachers"

# Certificate

Organized by

DEPARTMENT OF PHARMACY PRACTICE

This is to Certify that,


Mr/Miss/Dr. ....

*Pooja N Gouda*

Has Participated as Delegate & Trained in

**"BASIC MEDICAL PROCEDURE SKILL COMPETENCY"**

Conducted on 23<sup>rd</sup> to 24<sup>th</sup> February 2024

  
Head of the Department  
**Prof. (Dr.) M. S. Ganachari**  
Department of Pharmacy Practice,  
KLE College of Pharmacy, Belagavi



  
Principal  
**Prof. (Dr.) Sunil S. Jalalpure**  
KLE College of Pharmacy, Belagavi



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## **Teachers Provided with Financial Support to Attend Conferences/Workshops and Towards Membership Fee of Professional Bodies During the Year 2023-2024**

Ms. Pooja Gouda., Asst. Prof. attended **Workshop entitled Enrichment programme for pharmacy practice professionals empowering teachers** conducted on 23rd & 24th February 2024 organised by **Department of Pharmacy practice KLE College of Pharmacy Belagavi** as Delegate. She has received Rs 350/- from the Institution/University.



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



## Certificate

Organized by

**DEPARTMENT OF PHARMACY PRACTICE**

This is to Certify that,

Mr/Miss/Dr. .... *Jayasheela & Hiremath* .....

Has Participated as Delegate/Resource person in

**"Enrichment Programme for Pharmacy Practice Professionals -  
Empowering Teachers"**

Conducted on 23<sup>rd</sup> to 24<sup>th</sup> February 2024

Head of the Department  
**Prof. (Dr.) M. S. Ganachari**  
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Principal  
**Prof. (Dr.) Sunil S. Jalalpure**  
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**DEPARTMENT OF PHARMACY PRACTICE**

This is to Certify that,

Mr/Miss/Dr. ....

*Jayashree S. Hiremath*

Has Participated as Delegate & Trained in

**"BASIC MEDICAL PROCEDURE SKILL COMPETENCY"**

Conducted on 23<sup>rd</sup> to 24<sup>th</sup> February 2024

Head of the Department

**Prof. (Dr.) M. S. Ganachari**  
Department of Pharmacy Practice,  
KLE College of Pharmacy, Belagavi



Principal

**Prof. (Dr.) Sunil S. Jalalpure**  
KLE College of Pharmacy, Belagavi



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[princpharmhbl@kledeemeduniversity.edu.in](mailto:princpharmhbl@kledeemeduniversity.edu.in)

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# KLE College of Pharmacy

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KLE Academy of Higher Education & Research Belagavi

(DEEMED-TO-BE-UNIVERSITY), Reaccredited at the 'A'' Level by NAAC (3rd Cycle), Placed in 'A' Category by MoE (GoI)



## Certificate

Dr./Mr./Ms. Revati Dharampal Sagare  
of KLE College of Pharmacy, Hubli



*has actively participated as a Delegate in workshop on*



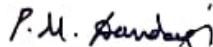
*3D Printing in Pharmaceutical Research and Development*



*organized by Department of Pharmaceutics, KLE College of Pharmacy, Belagavi on 21<sup>st</sup> & 22<sup>nd</sup> Feb 2024*



Chief Co-Ordinator  
Prof. (Dr.) Sunil S. Jalapure  
Principal



Convener  
Prof. (Dr.) Panchaxari M. Dandagi  
Head-Department of Pharmaceutics



Programme Co-Ordinator  
Dr. Archana S. Patil  
Associate Professor,  
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B. Pharma Program  
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'A+' Grade



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6<sup>TH</sup>

IPCTPS

2024

National Conference on

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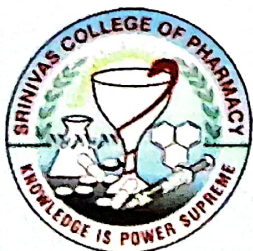
FIRST prize in Oral presentation in 6<sup>th</sup> IPCTPS Conference

held on 17<sup>th</sup> & 18<sup>th</sup> of May 2024.



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IN ASSOCIATION WITH  
SRINIVAS COLLEGE OF  
PHARMACY, MANGALURU



Date : 18-05-2024

Place : Mangaluru

Dr. A.R. Shabaraya  
Principal & Director, SCP,  
President, IPA, Local Branch, Mangaluru  
Convener

Dr. Krishnananda Kamath  
Professor, SCP  
Programme Coordinator





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**6<sup>TH</sup>**  
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**2024**

National Conference on  
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6<sup>TH</sup>

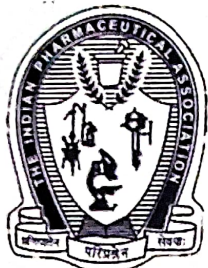
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2024

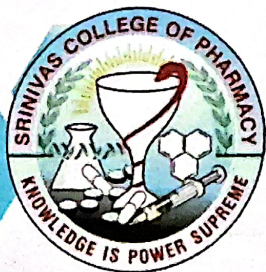
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# CERTIFICATE

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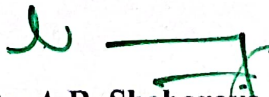
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05<sup>th</sup> - 07<sup>th</sup> (Friday - Sunday) July, 2024

Hitex Exhibition Center, Hyderabad

Theme : Role of Indian Pharma for Global Wellbeing



Theme : Role of Indian Pharma for Global Wellbeing



Host

The Indian Pharmaceutical Association (IPA)  
H.Q. - Mumbai

## Registered Delegate

*This is to certify that Dr. Vijaykumar K Meti  
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*has attended the 73<sup>rd</sup> Indian Pharmaceutical Congress  
held at Hitex Exhibition Center, Hyderabad,  
During 05<sup>th</sup> - 07<sup>th</sup> July 2024*

Dr. B. Parthasaradhi Reddy  
President - IPCA

Dr. T.V. Narayana  
Gen. Secretary - IPCA

Dr. J.A.S. Giri  
LOC - Chairman

Dr. A. Ramkishan  
LOC Org. Secretary

Dr. Roop K Khar  
Convener - SSC

Dr. Sistla Ramakrishna  
Chairman, SSC - LOC



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औषध विभाग  
Department of  
Pharmaceuticals



Department of  
BioTechnology,  
Government  
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International Conference on  
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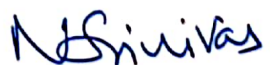
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for ~~Oral Presentation~~ / Poster Presentation / Participation

  
Dr. Pankaj Kumar Singh  
Organising Secretary

  
Dr. Neelesh Kumar Mehra  
Organising Secretary

  
Prof. Srinivas Nanduri  
Chair Person

  
Prof. Shailendra Saraf  
Chief Patron





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(A constituent unit of KLE Academy  
of Higher Education & Research)  
Vidyanagar, HUBBALLI - 580 031

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

June 6, 2024

## **ORDER**

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

Ref : Request letter of the applicant forwarded through the concerned principal and HoD KLEU College Of Pharmacy, Bangalore.

With reference to the above, the request of Bhagya Bhagya V Rao, NA, NA, KLEU College Of Pharmacy, Bangalore. For attending “Vision NIMHANS 2047” – Reconnect, Revitalize and Rejoice”. Pre-Conference Basic Science meeting. to be held from 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.

**Sd/-**

**Dr. M.S. Ganachari**

**Registrar**

**KAHER.Belagavi**

To,

The above staff member.





## CERTIFICATE OF PARTICIPATION

This certificate recognises with appreciation the participation of

Bhagya Venkanna Rao

as a Delegate / Panelist / Organising Committee Member / Volunteer  
in the **NIMHANS Alumni Conference 2024** held on 13<sup>th</sup> and 14<sup>th</sup> July 2024  
at the Convention Centre, NIMHANS, Bengaluru.

**Prof. Jamuna Rajeswaran**  
Organising Secretary

**Prof. Bindu M. Kutty**  
Chairperson

**Prof. Prabha S. Chandra**  
Patron

**Prof. Pratima Murthy**  
Chief Patron & Director, NIMHANS



केनरा बैंक

भारत सरकार का उपक्रम

Canara Bank

A Government of India Undertaking

**Statement for A/c XXXXXXXXXX6988 between 17-Sep-2024 and 19-Sep-2024**

Customer Id	XXXXXXXX82	Branch Code	8418
Name	BHAGYA VENKANNA RAO	Branch Name	BENGALURU KLE SOCIETY
Phone	+919880220970	IFSC Code	CNRB0008418
Address	W/O M S PRASANNA KUMAR NO4235 1ST FLOOR 18TH MAIN ROAD OPP MADDURAMMA TEMPLE SRIRAMPURAM BANGALORE KARNATAKA	Address	NIJALINGAPPA COLLEGE, RAJAJINAGAR II BLOCK, BENGALURU KARNATAKA

Date	Particulars	Deposits	Withdrawals	Balance
		Opening Balance		3,74,798.56
18-09-2024	KLE BELAGAVI			
	Chq:	14,000.00		3,88,798.56
		Closing Balance		3,88,798.56

**DISCLAIMER**

UNLESS THE CONSTITUENT BRINGS TO THE NOTICE OF THE BANK ANY DISCREPANCY /ERRORS /OMMISSION /UNAUTHORISED DEBITS IMMEDIATELY, THE ENTRIES IN SUCH PASS SHEET SHALL BE DEEMED AS CORRECT AND SHALL BIND THE CONSTITUENT FOR ALL PURPOSES AND INTENTS

BEWARE OF PHISHING ATTACKS THROUGH EMAILS OR FAKE WEBSITE

IMB USERS ARE REQUESTED TO NOTE THAT CANARA BANK DOES NOT SEEK ANY INFORMATION THROUGH EMAIL. DO NOT CLICK ON ANY LINK WHICH HAS COME THROUGH EMAIL FROM UNEXPECTED SOURCES. IT MAY CONTAIN MALICIOUS CODE OR COULD BE AN ATTEMPT TO "PHISH". ALWAYS LOGIN THROUGH [www.canarabank.com](http://www.canarabank.com) PLEASE BEWARE OF PHISHING

CHANGE IN THE ADDRESS OF ACCOUNT HOLDER/PA HOLDER, IF ANY, MAY PLEASE BE INFORMED TO THE BRANCH ALONG WITH ADDRESS

**DO NOT SHARE ATM PIN NUMBER, ACCOUNT DETAILS, OTP TO OUTSIDERS, EMAILS ETC**

**Details of Ombudsman:**

The Banking Ombudsman C/o. RBI,  
10/3/8 Nrupatunga Road  
Bangalore-560001  
E-mail: [bobangalore@rbi.org.in](mailto:bobangalore@rbi.org.in)

ARE YOU A MERCHANT / TRADER / RETAILER / SMALL VENDOR. USE DIGITAL PAYMENT CHANNEL TO RECEIVE PAYMENT FROM YOUR CUSTOMERS.CONTACT BRANCH

**COMPUTER OUTPUT- DOES NOT REQUIRE SIGNATURE**

----- END OF STATEMENT -----



# 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<sup>+</sup> Grade** by NAAC (3<sup>rd</sup> 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](mailto:info@kledeemeduniversity.edu.in)

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

October 23, 2024

## ORDER

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

Ref : Request letter of the applicant forwarded through the concerned principal and HoD KLEU College Of Pharmacy, Bangalore.

With reference to the above, the request of Bhagya Bhagya V Rao, NA, NA, KLEU College Of Pharmacy, Bangalore. For attending XLII Annual Meeting of Indian Academy of Neurosciences (IAN) and the International Conference on Advances In Mechanisms and Approaches to Neuro-Therapeutics (AIM-AT) to be held from 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.

**Sd/-**

**Dr. M.S. Ganachari**

**Registrar**

**KAHER.Belagavi**

To,

The above staff member.





# KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

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

October 23, 2024

## ORDER

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

Ref : Request letter of the applicant forwarded through the concerned principal and HoD KLEU College Of Pharmacy, Bangalore.

With reference to the above, the request of Kavya Manjunath R M, Assistant Professor, Pharmacology, KLEU College Of Pharmacy, Bangalore. For attending International conference on Advances In Mechanisms and Approaches to Neuro-Therapeutics (AIM-AT) to be held from 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.

**Sd/-**

**Dr. M.S. Ganachari**

**Registrar**

**KAHER.Belagavi**

To,

The above staff member.



# 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](mailto:info@kledeemeduniversity.edu.in)

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

October 23, 2024

## ORDER

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

Ref : Request letter of the applicant forwarded through the concerned principal and HoD KLEU College Of Pharmacy, Bangalore.

With reference to the above, the request of Rajashaker Shivanand Chavan, Assistant Professor, NA, KLEU College Of Pharmacy, Bangalore. For attending Today's Research-Tomorrow's Medicine to be held from 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.

**Sd/-**

**Dr. M.S. Ganachari**  
**Registrar**  
**KAHER.Belagavi**

To,  
The above staff member.



# 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<sup>+</sup> Grade** by NAAC (3<sup>rd</sup> 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](mailto:info@kledeemeduniversity.edu.in)

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

November 14, 2024

## ORDER

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

Ref : Request letter of the applicant forwarded through the concerned principal and HoD KLEU College Of Pharmacy, Bangalore.

With reference to the above, the request of Sumanth G Sumanth G, NA, NA, KLEU College Of Pharmacy, Bangalore. For attending Today's Research-Tomorrow's Medicine to be held from 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.

**Sd/-**

**Dr. M.S. Ganachari**  
**Registrar**  
**KAHER.Belagavi**

To,

The above staff member.





# IAP FELLOWSHIP AWARD

61<sup>st</sup> NATIONAL CONFERENCE OF  
THE INDIAN ASSOCIATION OF PHYSIOTHERAPISTS  
8<sup>th</sup> -10<sup>th</sup> MARCH 2024 - DEHRADUN



**THE INDIAN ASSOCIATION OF PHYSIOTHERAPISTS**

Registered under Societies Act XXXI of 1860 No. 3376 of 1955-56 &

Member, World Physiotherapy

The Central Executive Committee of IAP confers

**IAP FELLOWSHIP AWARD 2023-24 to**

**DR. GANESH B.R. (PT)**

**At 61<sup>st</sup> National Conference of the Indian Association of Physiotherapists**  
**at Dehradun, India 8<sup>th</sup>-10<sup>th</sup> March, 2024**

in recognition of the meritorious and outstanding work  
done to promote the Physiotherapy Profession.



## **THE INDIAN ASSOCIATION OF PHYSIOTHERAPISTS**

Registered under Societies Act XXXI of 1860 No. 3376  
of 1955-56 Member of World Physiotherapy

### ***Fellowship Award 2024***

The National Committee of IAP  
hereby Recognizes & Award the Fellowship Award  
to

**Dr Santosh.C.Metgud (PT)**

*for his outstanding contribution  
to the Field of Physiotherapy*

**61st ANNUAL IAP CONFERENCE,  
Dehradun**

**8 -10th March, 2024**



# केनरा बैंक Canara Bank

भारत सरकार का उपक्रम

A Government of India Undertaking



## Statement for A/c 05042180018142 between 01-Mar-2024 and 31-Mar-2024

Customer Id	249641909	Branch Code	10504
Name	AMEY MOHANRAO KHANDE	Branch Name	BELAGAVI NEHRU NAGAR
Phone	+919738649238	IFSC Code	CNRB0010504
Address	KLEU INST OF NURSING SCIENCES NEHRU NAGAR BELAGAVI BELAGAVI KARNATAKA	Address	JAWAHARLAL NEHRU MEDICAL COLLEGE CAMPUS, NEHRU NAGAR, BELAGAVI KARNATAKA

Date	Particulars	Deposits	Withdrawals	Balance
		Opening Balance		5,849.35
04-03-2024	UPI/CR/406449247813/KHANDE AM/IBKL/**HANDE@AXL/HOME LOA//AXL6F8F90996A644EB9A B4AC3A5C253CC7E/04/03/2024 16:58:42	25,000.00		30,849.35
04-03-2024	Chq: 406449247813 MB/05042180018142/AMEY MOHANRAO KHANDE/05132250030849/SHE ELA BHAVIKATTI/CANARA/HOME LOAN EMI/11158580820/04/03/2024 05:		25,000.00	5,849.35
06-03-2024	Chq: 0 KLE BELAGAVI INCENTIVE	8,960.00		14,809.35
06-03-2024	Chq: KLE BELAGAVI INCENTIVE	3,000.00		17,809.35
06-03-2024	Chq: KLE BELAGAVI INCENTIVE	3,000.00		20,809.35





## Statement for A/c 05042180018142 between 01-Mar-2024 and 31-Mar-2024

Customer Id	249641909	Branch Code	10504
Name	AMEY MOHANRAO KHANDE	Branch Name	BELAGAVI NEHRU NAGAR
Phone	+919738649238	IFSC Code	CNRB0010504
Address	KLEU INST OF NURSING SCIENCES NEHRU NAGAR BELAGAVI BELAGAVI KARNATAKA	Address	JAWAHARLAL NEHRU MEDICAL COLLEGE CAMPUS, NEHRU NAGAR, BELAGAVI KARNATAKA

Date	Particulars	Deposits	Withdrawals	Balance
		Opening Balance		5,849.35
04-03-2024	UPI/CR/406449247813/KHANDE AM/IBKL/**HANDE@AXL/HOME LOA//AXL6F8F90996A644EB9A B4AC3A5C253CC7E/04/03/2024 16:58:42	25,000.00		30,849.35
	Chq: 406449247813			
04-03-2024	MB/05042180018142/AMEY MOHANRAO KHANDE/05132250030849/SHE ELA BHAVIKATTI/CANARA/HOME LOAN EMI/11158580820/04/03/2024 05:		25,000.00	5,849.35
	Chq: 0			
06-03-2024	KLE BELAGAVI INCENTIVE	8,960.00		14,809.35
	Chq:			
06-03-2024	KLE BELAGAVI INCENTIVE	3,000.00		17,809.35
	Chq:			
06-03-2024	KLE BELAGAVI INCENTIVE	3,000.00		20,809.35
	Chq:			

Rani Channamma Mahila Sahakari Bank Ny. Belagavi., DENTAL COLLEGE #1  
Statement of Account: 003002300001719 [SAVING DEPOSIT] Period 19/09/2024 - 20/09/2024  
Account Name: NANDAGAON VEERESHKUMAR SIDDAPPA 003002300001719 IFSC: IBKL0101BZR

Date	TC	Particulars	Chq No	Ref Date	Debit	Credit	Balance
19/09/2024		Opening Balance				351.82	351.82 Cr
19/09/2024	TR	To UPI Debit Trf 382 094 42627009 18/09/2024 195 basavarajchalawadi123456@ibl veers nkle1@ybl Payment from PhonePe		18/09/2024	200.00		151.82 Cr
19/09/2024	JT	By NEFT/RTGS KLE ACADEMY 09996 00 18/09/2024 OF HIGHE P262240354608544 CNRB0010504  05042170000039 Veereshkumar Siddappa		18/09/2024		10640.00	10791.82 Cr
Total Debits					200.00		
Total Credits						10640.00	

Rani Channamma Mahila Sahakari Bank Ny. Belagavi.  
DENTAL COLLEGE

Printed By 0026 on 19/11/2024 at 13:09:03.5329120



Rani Channamma Mahila Sahakari Bank Ny. Belagavi., DENTAL COLLEGE #1  
Statement of Account: 003002300001435 [SAVING DEPOSIT] Period 19/09/2024 - 20/09/2024  
Account Name: PATIL HONNAGOUDA ISHWARGOUDA 003002300001435 IFSC: IBKL0101BZR

Date	TC Particulars	Chq No	Ref Date	Debit	Credit	Balance
19/09/2024	26@axl Payment for 15885101518/29234 JT By NEFT/RTGS KLE ACADEMY 10118 00 18/09/2024 OF HIGHE P262240354608535 CNRB0010504				10640.00	18115.98 Cr

Rani Channamma Mahila Sahakari Bank Ny. Belagavi.  
DENTAL COLLEGE

Printed By 0026 on 19/11/2024 at 13:05:37.9359809





Rani Channamma Mahila Sahakari Bank Ny. Belagavi., DENTAL COLLEGE #1  
Statement of Account: 003002300002006 [SAVING DEPOSIT] Period 19/09/2024 - 19/09/2024  
Account Name: SOGALAD MANJUNATH MAHADEVAPPA 003002300002006 IFSC: IBKL0101BZR

Date	TC Particulars	Chq No	Ref Date	Debit	Credit	Balance
	953 paytmqr5daw9l@ptys manjunathsogala dl@ybl Payment from PhonePe					
19/09/2024 JT	By NEFT/RTGS KLE ACADEMY 09996 00 18/09/2024 OF HIGHE P262240354608534 CNRB0010504				10640.00	11502.09 Cr

Rani Channamma Mahila Sahakari Bank Ny. Belagavi.  
DENTAL COLLEGE

Printed By 0026 on 19/11/2024 at 13:07:52.8649922



## Rani Channamma Mahila Sahakari Bank

---

Name : Miss Kole Uma Laxman

Mobile : 7829103791

[Primary A/c] : 003002300002324

UCIC : 32347

Parent Branch : 03~Dental College

MMID No : 8555203

App Version : JL04 104.0.0

19/09/2024

₹10,640.00 Cr

By KLE ACADEMY OF HIGHE|P26224

Instrument: 09996|001

Bal: ₹1,21,447.00



# RANI CHANNAMMA MAHILA SAHAKARI BANK NIYAMIT,

Branch Name DENTAL COLLEGE

A/c Type & No 003002300003190

IFSC CODE IBKL0101BZR

A/c Name MUCHALAMBI URF BAGEWADI VAISHALI S

Address H NO 6699 SECT NO 10  
ANJANEYA NAGAR

BELAGAVI 590016 Karnataka



Accountant

Manager

## Bank Note :

All entries in the Pass Book will be made by the Bank officials and Constituents who correct any entry therein.

The Pass Book shall always be presented at the Bank Office whenever money is deposited.

03/09/2024	TO NEW A/C 3-37/7851		
17/09/2024	BY CLG CITY UNIO CITY	191488	5,900.00
19/09/2024	By KLE ACADEMY OF HIGHEP	0999600	10,640.00
30/09/2024	Savings Int.		5,201.00



Rani Channamma Mahila Sahakari Bank Ny. Belagavi.  
DENTAL COLLEGE

ANGADI SHWETA ASHOK ALIAS DANDAGI SHWETA [UCIC: 031773]  
KRC NAGAR 1ST CROSS BAILHONGAL  
KLE INST OF NURSING SCI  
BELGAUM 590010

04/09/2024	TR 000002	TO S.I. INT - 25/2910	13802	10000.00	
05/09/2024	TR 000025	BY SAL AUG 2024			41231.00
19/09/2024	JT 700012	By KLE ACADEMY OF HIGHE P262240354608540 CNRB001050 4 05042170000039 Shweta Ashok Angadi	09996 007		10640.00
30/09/2024	TR 700577	Savings Int.			1371.00

Rani Channamma Mahila Sahakari Bank Ny. Belagavi.  
DENTAL COLLEGE

AGASIMANI ALIES JANGANURE SUDHA S [UCIC: 053268]  
#22A MATH GALLI  
VTC BALEKUNDRI (KH)  
BALEKUNDRI 591103

Statement of Account No: 003002300004636 for the period: 19/09/2024 to 20/09/2024

Date	Scroll No	Particulars	Chq Ref	Debit	Credit	Balance	Br.
19/09/2024		Opening Balance				19155.90 Cr	
19/09/2024	TR 801998	To UPI Debit Trf 382 090565 kirancj545545- 1@okhdfcbank sudhajanganure- 5@okhdfcbank UPI	42631209056 5	15000.00		4155.90 Cr	00
19/09/2024	JT 700016	By KLE ACADEMY OF HIGHE P262240354608541 CNRB001050 4 05042170000039 SUDHA CHANDRAKANT JANGANURE	10118 002		10640.00	14795.90 Cr	00

Rani Channamma Mahila Sahakari Bank Ny. Belagavi.  
DENTAL COLLEGE

AGASIMANI ALIES JANGANURE SUDHA S [UCIC: 053268]  
#22A MATH GALLI  
VTC BALEKUNDRI (KH)  
  
BALEKUNDRI 591103

Statement of Account No: 003002300004636 for the period: 19/09/2024 to 20/09/2024

Date	Scroll No	Particulars	Chq Ref	Debit	Credit	Balance	Br.
19/09/2024		Opening Balance				19155.90 Cr	
19/09/2024	TR 801998	To UPI Debit Trf 382 090565 kirancj545545- 1@okhdfcbank sudhajanganure- 5@okhdfcbank UPI	42631209056 5	15000.00		4155.90 Cr	00
19/09/2024	JT 700016	By KLE ACADEMY OF HIGHE P262240354608541 CNRB001050 4 05042170000039 SUDHA CHANDRAKANT JANGANURE	10118 002		10640.00	14795.90 Cr	00





## Statement for A/c XXXXXXXXXX0085 for the period 26-May-2024 to 25-Nov-2024

Customer Id	XXXXXXXX39	Branch Code	10504
Name	NAMRATA M DEVULKAR	Branch Name	BELAGAVI NEHRU NAGAR
Phone	+919480737397	IFSC Code	CNRB0010504
Address	H NO 187/7 S V COLONY 2 ND CROSS TILAKWADI KAHER INST OF NURSING BELAGAVI KARNATAKA	Address	JAWAHARLAL NEHRU MEDICAL COLLEGE CAMPUS, NEHRU NAGAR, BELAGAVI KARNATAKA

Date	Particulars	Deposits	Withdrawals	Bal
09-07-2024	KLE BELAGAVI FINANCIAL ASSISTANCE	10,568.00		
	Chq:			
09-07-2024	CASH AWARD KLE BELAGAVI	4,500.00		
	Chq:			
10-07-2024	NACH FININDIANCLEARING 113746783 CNRB6000000014892034		10,000.00	



## Statement for A/c XXXXXXXXXXX1613 for the period 25-Nov-2023 to 24-Nov-2024

Customer Id	XXXXXXXX25	Branch Code	10504
Name	SANJEEV BADLI	Branch Name	BELAGAVI NEHRU NAGAR
Phone	+919972019222	IFSC Code	CNRB0010504
Address	C O PUNDALIK BADLI H NO 279 LAXMI GALLI VTC SULEBAHVI HUKKERI BELAGAVI KARNATAKA	Address	JAWAHARLAL NEHRU MEDICAL COLLEGE CAMPUS, NEHRU NAGAR, BELAGAVI KARNATAKA

09-07-2024 KLE BELAGAVI FINANCIAL ASSISTANCE 10,568.00

Chq:

UPI/DR/419161486347/DEVULK  
AR  
/IBKL/\*\*ULKAR@OKHDFCBANK

केनरा बैंक

भारत सरकार का उपक्रम

Canara Bank

A Government of India Undertaking



## Statement for A/c XXXXXXXXXX7493 between 09-Jul-2024 and 09-Jul-2024

Customer Id	XXXXXXXX83	Branch Code	8515
Name	SANTOSH S DODAMANI	Branch Name	BELAGAVI KLES HOSPITAL AND MEDICAL RESEARCH CENTRE
Phone	+918123484668	IFSC Code	CNRB0008515
Address	D-3/8, JNMC STAFF QUARTERS NEHRU NAGAR BELGAUM KARNATAKA	Address	NEHRU NAGAR BELAGAVI KARNATAKA

Date	Particulars	Deposits	Withdrawals	Balance
		Opening Balance		5,344.50
08-07-2024	UPI/DR/455602955991/DEVEND RAY/YESB/**81108@YBL/UPI//A XIF7F7EDC653E647B5A00D6F4 3AE8C03BF/08/07/2024 21:18:19 Chq: 455602955991		68.00	5,276.50
09-07-2024	UPI/DR/419107485452/EURONE TGP/ICIC/**Y.RCH@ICICI/UPI//A XID04A0795DF274AE9B055FD7 D7E922F1B/09/07/2024 14:07:14 Chq: 419107485452		49.00	5,227.50
09-07-2024	KLE BELAGAVI FINANCIAL ASSISTANCE Chq:	10,368.00		15,595.50
09-07-2024	CASH AWARD KLE BELAGAVI Chq:	1,500.00		17,095.50
09-07-2024	UPI/DR/419187600658/CRYSTAL G/UTIB/**12400@OKBIZAXIS/UPI//AXIC067B0F3761D4586BD6 E8DB0E678F888/09/07/2024 19:13:15 Chq: 419187600658		10.00	17,085.50
		Closing Balance		17,085.50



## **DISCLAIMER**

UNLESS THE CONSTITUENT BRINGS TO THE NOTICE OF THE BANK ANY DISCREPANCY /ERRORS /OMMISSION /UNAUTHORISED DEBITS IMMEDIATELY, THE ENTRIES IN SUCH PASS SHEET SHALL BE DEEMED AS CORRECT AND SHALL BIND THE CONSTITUENT FOR ALL PURPOSES AND INTENTS

BEWARE OF PHISHING ATTACKS THROUGH EMAILS OR FAKE WEBSITE

IMB USERS ARE REQUESTED TO NOTE THAT CANARA BANK DOES NOT SEEK ANY INFORMATION THROUGH EMAIL. DO NOT CLICK ON ANY LINK WHICH HAS COME THROUGH EMAIL FROM UNEXPECTED SOURCES. IT MAY CONTAIN MALICIOUS CODE OR COULD BE AN ATTEMPT TO "PHISH". ALWAYS LOGIN THROUGH [www.canarabank.com](http://www.canarabank.com) PLEASE BEWARE OF PHISHING

CHANGE IN THE ADDRESS OF ACCOUNT HOLDER/PA HOLDER, IF ANY, MAY PLEASE BE INFORMED TO THE BRANCH ALONG WITH ADDRESS

**DO NOT SHARE ATM PIN NUMBER, ACCOUNT DETAILS, OTP TO OUTSIDERS, EMAILS ETC**

### **Details of Ombudsman:**

The Banking Ombudsman C/o. RBI,  
10/3/8 Nrupatunga Road  
Bangalore-560001  
E-mail: [bobangalore@rbi.org.in](mailto:bobangalore@rbi.org.in)

ARE YOU A MERCHANT / TRADER / RETAILER / SMALL VENDOR. USE DIGITAL PAYMENT CHANNEL TO RECEIVE PAYMENT FROM YOUR CUSTOMERS. CONTACT BRANCH

**COMPUTER OUTPUT- DOES NOT REQUIRE SIGNATURE**

----- END OF STATEMENT -----



## Statement for A/c XXXXXXXXXX0085 for the period 26-May-2024 to 25-Nov-2024

Customer Id	XXXXXXXX39	Branch Code	10504
Name	NAMRATA M DEVULKAR	Branch Name	BELAGAVI NEHRU NAGAR
Phone	+919480737397	IFSC Code	CNRB0010504
Address	H NO 187/7 S V COLONY 2 ND CROSS TILAKWADI KAHER INST OF NURSING BELAGAVI KARNATAKA	Address	JAWAHARLAL NEHRU MEDICAL COLLEGE CAMPUS, NEHRU NAGAR, BELAGAVI KARNATAKA

Date	Particulars	Deposits	Withdrawals	Bal
09-07-2024	KLE BELAGAVI FINANCIAL ASSISTANCE	10,568.00		
	Chq:			
09-07-2024	CASH AWARD KLE BELAGAVI	4,500.00		
	Chq:			
10-07-2024	NACH FININDIANCLEARING 113746783 CNRB60000000014892034		10,000.00	

Account Name	Mr. BHAIRGOUDA KALAGOU DA PATIL
Address	H NO 543, PATIL GALLI, KANABARGI, BELGAUM, 590016
Date	25 Nov 2024
Account Number	54061869581
Account Description	Savings
Branch	RAMTEERTHA NAGAR BELAGAVI
Drawing Power	0.00
Interest Rate(%p.a.)	2.7000
CIF No.	74098583022
IFS Code	SBIN0017790
MICR Code	590002022
CKYC No.	Not Available in Bank Records
Nomination Registered	Yes
Balance as on	25 May 2024 INR 87029.41
Search for	29 Aug 2024 to 25 May 2024

09 Jul 2024	TRANSFER FROM 4698197044302 - NEFT*CNRB0010504*P19124033467 6625*KLE ACADEMY OF H	-	10368.00	10620.29
10 Jul 2024	TRANSFER TO 4698197044302 -	10368.00	10368.00	10620.29



केनरा बैंक

भारत सरकार का उपक्रम

Canara Bank

A Government of India Undertaking



## Statement for A/c XXXXXXXXXX7493 between 09-Jul-2024 and 09-Jul-2024

Customer Id	XXXXXXXX83	Branch Code	8515
Name	SANTOSH S DODAMANI	Branch Name	BELAGAVI KLES HOSPITAL AND MEDICAL RESEARCH CENTRE
Phone	+918123484668	IFSC Code	CNRB0008515
Address	D-3/8, JNMC STAFF QUARTERS NEHRU NAGAR BELGAUM KARNATAKA	Address	NEHRU NAGAR BELAGAVI KARNATAKA

Date	Particulars	Deposits	Withdrawals	Balance
		Opening Balance		5,344.50
08-07-2024	UPI/DR/455602955991/DEVEND RAY/YESB/**81108@YBL/UPI//A XIF7F7EDC653E647B5A00D6F4 3AE8C03BF/08/07/2024 21:18:19 Chq: 455602955991		68.00	5,276.50
09-07-2024	UPI/DR/419107485452/EURONE TGP/ICIC/**Y.RCH@ICICI/UPI//A XID04A0795DF274AE9B055FD7 D7E922F1B/09/07/2024 14:07:14 Chq: 419107485452		49.00	5,227.50
09-07-2024	KLE BELAGAVI FINANCIAL ASSISTANCE Chq:	10,368.00		15,595.50
09-07-2024	CASH AWARD KLE BELAGAVI Chq:	1,500.00		17,095.50
09-07-2024	UPI/DR/419187600658/CRYSTAL G/UTIB/**12400@OKBIZAXIS/UPI//AXIC067B0F3761D4586BD6 E8DB0E678F888/09/07/2024 19:13:15 Chq: 419187600658		10.00	17,085.50
		Closing Balance		17,085.50

## **DISCLAIMER**

UNLESS THE CONSTITUENT BRINGS TO THE NOTICE OF THE BANK ANY DISCREPANCY /ERRORS /OMMISSION /UNAUTHORISED DEBITS IMMEDIATELY, THE ENTRIES IN SUCH PASS SHEET SHALL BE DEEMED AS CORRECT AND SHALL BIND THE CONSTITUENT FOR ALL PURPOSES AND INTENTS

BEWARE OF PHISHING ATTACKS THROUGH EMAILS OR FAKE WEBSITE

IMB USERS ARE REQUESTED TO NOTE THAT CANARA BANK DOES NOT SEEK ANY INFORMATION THROUGH EMAIL. DO NOT CLICK ON ANY LINK WHICH HAS COME THROUGH EMAIL FROM UNEXPECTED SOURCES. IT MAY CONTAIN MALICIOUS CODE OR COULD BE AN ATTEMPT TO "PHISH". ALWAYS LOGIN THROUGH [www.canarabank.com](http://www.canarabank.com) PLEASE BEWARE OF PHISHING

CHANGE IN THE ADDRESS OF ACCOUNT HOLDER/PA HOLDER, IF ANY, MAY PLEASE BE INFORMED TO THE BRANCH ALONG WITH ADDRESS

**DO NOT SHARE ATM PIN NUMBER, ACCOUNT DETAILS, OTP TO OUTSIDERS, EMAILS ETC**

### **Details of Ombudsman:**

The Banking Ombudsman C/o. RBI,  
10/3/8 Nrupatunga Road  
Bangalore-560001  
E-mail: [bobangalore@rbi.org.in](mailto:bobangalore@rbi.org.in)

ARE YOU A MERCHANT / TRADER / RETAILER / SMALL VENDOR. USE DIGITAL PAYMENT CHANNEL TO RECEIVE PAYMENT FROM YOUR CUSTOMERS. CONTACT BRANCH

**COMPUTER OUTPUT- DOES NOT REQUIRE SIGNATURE**

----- END OF STATEMENT -----





NO.	Date	Name of the Employee	Bank Name	Branch	Ac Type	Place	Ac No	IFSC Code	Amount Sanctioned
23	05.04.2024	Dr Keluskar K M	BZRCM Bank	Dental College	SB	Belagavi	003002300000121	IBKL0101BZR	30,780.00
24	05.04.2024	Dr Mahantesh Bembalgi	BZRCM Bank	Dental College	SB	Belagavi	003002300001882	IBKL0101BZR	26,080.00
25	05.04.2024	Dr Anadkumar Patil	BZRCM Bank	Dental College	SB	Belagavi	003002300002616	IBKL0101BZR	26,080.00
26	05.04.2024	Dr Sunita Shivanad	BZRCM Bank	Dental College	SB	Belagavi	003002300001086	IBKL0101BZR	35,150.00
27	05.04.2024	Dr Sonal B Joshi	BZRCM Bank	Dental College	SB	Belagavi	003002300000155	IBKL0101BZR	35,150.00
28	05.04.2024	Dr Sounyala Rayannavar	BZRCM Bank	Dental College	SB	Belagavi	003002300001701	IBKL0101BZR	75,000.00
29	05.04.2024	Dr Rinku Porwal	CANARA BANK	Nehru Nagar	SB	Belagavi	110000298230	CNRB0010504	20,140.00
30	05.04.2024	Dr Supriya J Kulkarni	CANARA BANK	Nehru Nagar	SB	Belagavi	05042180028540	CNRB0010504	20,140.00
31	05.04.2024	Dr Shruti Ranjan Kakade	CANARA BANK	Nehru Nagar	SB	Belagavi	05002190000645	CNRB0010504	10,650.00
32	05.04.2024	Dr Jessica Mouterio	Canara Bank	Govaves	SB	Belagavi	1634101008047	CNRB0010538	30,000.00
33	05.04.2024	Dr Swaroop Patil	CANARA BANK	Nehru Nagar	SB	Belagavi	05042180028670	CNRB0010504	30,000.00
34	05.04.2024	Dr Manisha S Chougale	Canara Bank	Dharwad	SB	Dharwad	12472180016187	CNRB0011247	16,110.00
35	05.04.2024	Dr Abhinandan Wali	Canara Bank	Nehru Nagar	SB	Belagavi	05042180026083	CNRB0010504	12,010.00
36	05.04.2024	Dr Madhuri Dindalkopp	Canara Bank	Dharwad	SB	Dharwad	12472010011536	CNRB0011247	37,370.00
37	05.04.2024	Dr Ranjana Ranade	Canara Bank	Dharwad	SB	Dharwad	12412200021930	CNRB0011247	18,150.00
38	05.04.2024	Dr Prajna K.S	Canara Bank	Mangalore	SB	Mangalore	8633101403493	CNRB0008633	4,020.00
39	05.04.2024	Dr Rajesh Vishnu Naik	CANARA BANK	Nehru Nagar	SB	Belagavi	05042600000944	CNRB0010504	12,900.00
40	05.04.2024	Dr Rajesh Vishnu Naik	CANARA BANK	Nehru Nagar	SB	Belagavi	-05042600000944	CNRB0010504	17,170.00
41	05.04.2024	Dr A H M Viswanath swamy	Canara Bank	Vidya Nagar	SB	Hubali	12402180004299	CNRB0011240	30,000.00
42	05.04.2024	Dr Prashant Mukkanavar	Canara Bank	Dharwad	SB	Hubali	12472200014451	CNRB0011247	25,660.00
43	05.04.2024	Dr Priyanka Kamaria	Canara Bank	Rajajinagar	SB	Banglore	3152131000199	CNRB0008418	4,670.00
44	05.04.2024	Ms Priyanka Tiwari	Canara Bank	Rajajinagar	SB	Banglore	110044623684	CNRB0008418	4,670.00
45	05.04.2024	Dr Amey Khande	Canara Bank	Nehru Nagar	SB	Belgaum	05042180018142	CNRB0010504	5,120.00
46	05.04.2024	DR Jeba Chitra	Canara Bank	Nehru Nagar	SB	Belagavi	05042010074634	CNRB0010504	15,040.00
47	05.04.2024	Dr Raju Gadad	Canara Bank	Nehru Nagar	SB	Belagavi	05042610005654	CNRB0010504	13,610.00
48	05.04.2024	Jyoti M Nagamoti	Canara Bank	Nehru Nagar	SB	Belagavi	05042010005120	CNRB0010504	15,830.00
49	05.04.2024	Kiran Malavade	Canara Bank	Nehru Nagar	SB	Belagavi	05522180000685	CNRB0010504	13,610.00



## **Supriya Kulkarni, BHMS, MD**

**Karnataka Lingayat Education (KLE) Homoeopathic Medical College and Hospital, Belagavi, India**

has completed the Fellowship in

**Health Professions Education**

offered by

**FAIMER®**, a Division of Intealth™, USA

in partnership with

**Christian Medical College, Ludhiana, India**

through the

**Christian Medical College at Ludhiana – FAIMER Regional Institute (CMCL-FRI)**

**2022 to 2024**

Ronald R. Blanck, DO, MACP  
Executive Director  
FAIMER  
USA

Rashmi Vyas, MD, MHPE  
Senior Director, FAIMER Global  
Vice President, Intealth  
USA

Dinesh Badyal, MD, MPHE  
Program Director, CMCL-FRI  
Vice Principal (Med Edu), Christian Medical College, Ludhiana  
India

Jeyaraj D. Pandian, MD, DM  
President Elect, World Stroke Organization  
Principal, Christian Medical College, Ludhiana  
India



Current & Saving Account Statement

MALLIKARJUN S BALLUR  
SHANTA RESIDENCY APARTMENT 4TH FLOOR  
NO 59 SHREYA NAGAR NEAR TATVAQDARSH  
HOSPITAL GOKUL ROAD  
HUBBALLI

Account Statement as of 22-06-2024 11:51:26 +0530

Account Holders Name	MALLIKARJUN S BALLUR
Customer Id	317564397
Branch Name	BVB COLLEGE CAMPUS, HUBLI
MICR Code	580015023
IFSC Code	CNRB0011244
Searched By	From 30 Jan 2024 To 30 Jan 2024
Account Number	110115759185
Account Currency	INR
Product Name	CANARA SB PREMIUM PAYROLL -PLATINUM
Opening Balance	Rs. 5,94,528.00
Closing Balance	Rs. 6,07,138.00

Txn Date	Value Date	Cheque No.	Description	Branch Code	Debit	Credit	Balance
30-01-2024 17:40:33	30 Jan 2024	000000000000	KLE BELAGAVI	10504		12,610.00	6,07,138.00

Disclaimer:

Unless the constituent brings to the notice of the bank any discrepancy/ errors/ omission/ unauthorised debits immediately, the entries in such pass sheet shall be deemed as correct and shall bind the constituent for all purposes and intents beware of phishing attacks through emails or fake website IMB users are requested to note that Canara Bank does not seek any information through email. Do not click on any link which has come through email from unexpected sources. It may contain malicious code or could be an attempt to "phish". Always login through [www.canarabank.com](http://www.canarabank.com). Please beware of phishing change in the address of Account holder/ PA holder, if any, may please be informed to the branch along with address proof.

If you have any Banking Grievance, lodge complaint in <https://canarabank.net.in/cpgrs/login.aspx>. If not satisfied with the resolution, you can contact Banking Ombudsman:

Centralized Receipt & Processing Center (CRPC) Office of Banking Ombudsman,  
Reserve Bank of India,  
4th Floor, Central Vista,  
Sector-17, Chandigarh-160017  
Toll Free No 14448  
Online Complaint Registration Portal: <https://cms.rbi.org.in>

----- END OF STATEMENT -----





DR.RANJANA

06-04-2024	KLE BELAGAVI Chq :	18,150.00 Cr
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DR.MADHURI

06-04-2024	KLE BELAGAVI Chq :	37,370.00 Cr
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DR.PRAJNA

Date	Particulars	Deposits	Withdrawals
		Opening Balance	
06-04-2024	KLE BELAGAVI Chq:	4,020.00	
		Closing Balance	

# THE INTERNATIONAL CONGRESS OF ORAL IMPLANTOLOGISTS

*Hereby certifies that*

**Dr. Ambrapali. S**

*has satisfactorily completed the requirements for Fellowship  
as set forth by the Board of Directors, and has  
demonstrated an exceptional interest in the  
advancement of Implant Dentistry,  
and is thereby recognized with the title of*

**FELLOW**

*of the International Congress of  
Oral Implantologists.*

**May 4, 2024**



DR. SENICHI SUZUKI  
ICOI PRESIDENT

DR. THOMAS GIBLIN  
ICOI PRESIDENT - ELECT

DR. KENNETH JUDY  
ICOI CO-CHAIRMAN

BETTY LUKACS  
ICOI EXECUTIVE DIRECTOR

## KLE Institute of Physiotherapy, Hubballi

Dr. Shivani Patil

Date	Particulars	Deposits	Withdrawals
18-09-2024	KLE BELAGAVI Chq:	13,914.00	

Dr.Brinda Dcosta

18-09-2024	KLE BELAGAVI Chq:	14,700.00	60,808.00
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Dr. Komal K B

Transaction Date	Value Date	Cheque Number	Description	Branch Code	Amount	Balance
18-09-2024 18:06:05	18 Sep 2024	000000000000	KLE BELAGAVI	10504	₹ 14,700.00 Cr	₹ 14,927.93

Dr.Cassindra Cardoz

Date	Particulars	Deposits	Withdrawals
18-09-2024	KLE BELAGAVI Chq:	13,914.00	

Dr.Mrunali Kerkar

Date	Particulars	Deposits	Withdrawals
18-09-2024	KLE BELAGAVI Chq:	13,914.00	

Dr.Pooja Motar Subjok

19-06-2024	KLE BELAGAVI Chq:	1,500.00	1,74,662.01
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page 4



Dr.Suma Patil

Chq: 8112

02-12-2024 KLE BELAGAVI INCENTIVE  
Chq:

4,420.00

Dr.Aditi Prayag

02-12-2024 KLE BELAGAVI INCENTIVE  
Chq:

4,420.00

6,988.40

18:28:36	DR.NAVAMI			
02-12-2024	Cr	4,420.00		6,845.92
KLE BELAGAVI INCENTIVE				
		160.00		2,425.92