



Ref. No: **BMK/2022-23/2233**

Date: **27.02.2023**

2/3/23

To,

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

Sub: Release of Financial Grant for attended to National conference

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

KAHER.2022-23/D-16122214 Dt: 10.12.2022.

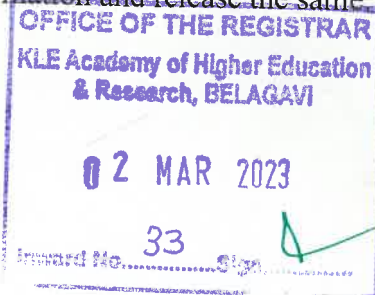
Sir,

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

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

This is for your information and release the same.

Thanking you,



Yours truly,

Principal
2/3/2023

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

Encl: As above



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

Accredited A⁺ Grade by NAAC (3rd Cycle)

Placed in Category 'A' by MoE (GoI)

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

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

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

10th December, 2022

ORDER

Sub: Approval of Grant of financial support for attending the International Conference at Goa (Panaji) from 8th to 11th December 2022.

Ref: Your office letter Ref. No. BMK / 2022-23/1618 dated 24th November 2022.

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

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

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

[Handwritten signature]
21/12/2022

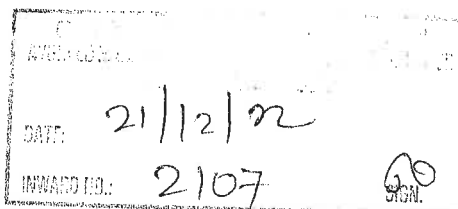


[Handwritten signature]
Prof Dr.V.A.Kothiwale
Registrar

To,
The above staff member.

CC to:

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





KLE UNIVERSITY

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

[Established under Section 3 of the UGC Act, 1956 vide Government of India Notification No.F.9-19/2000-U.3(A)]

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

A. To be filled by the faculty member:	
1. Name	DR. RASAVARAJ R. TUDAKU
2. Qualification	MD. P.H.D
3. Designation	Professor
4. Department	Kayachikitsa
5. Institution	K.A.H.E.'s Amrham Solapur
6. Date of joining the Institution	26/7/2011
7. Objectives of the Conference / Seminar / Symposium	International Conference
8. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
9. Assignment in the aforesaid Conference / Seminar / Symposium	a) Chairing a scientific session. ✓ b) Contributing a scientific paper (poster or oral) ✓ c) Delivering a guest lecture d) Others, if any, specify.
10. Particulars of the financial support extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	8000/-
a) Title of the Conference / Seminar / Symposium	WORLD AYURVED CONFERENCE -
b) Date of conduct	8/12/2022 - 11/12/2022
c) Venue	PANJIM, GOA
d) Financial support extended by the University	
e) Copy of the sanction letter to be enclosed	
f) Level of Conference State / Zonal / National	INTERNATIONAL
Note : The faculty member is eligible for financial support to attend one State / Zonal and one National Conference in a calendar year.	
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	World Ayurveda Foundation
b) Title of the program	2 nd World Ayurveda Congress & Expo
c) Place	Panjim, Goa
d) Duration	8/12/22 - 11/12/22 - 1 day
e) Date	8/12/22 - 11/12/22
f) Amount claimed	



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12. Expenses involved towards attending the Conference:	
a) Place	Panaji
b) Mode of journey	Personal vehicle
c) Fare	- 125 km + 125 km
To and Fro expenses	- 250 km x 14 = Rs 3500/-
Registration / Delegation Fee	Rs 2360/-
Accommodation charges	- Rs 5000/-
Total Expenses	
13. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	Attached
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors of the Conference or any other funding agency for attending the aforesaid Conference.
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference.
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.
- I shall reimburse the amount to the University in excess of the eligibility.

Date: 23/10/20

Signature of the faculty member

Ref. No. _____

Date: _____

To

The Registrar,
KLE University,
Belgaum.

Dear Sir,

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

Thanking you,

Yours faithfully,

Signature of the HoD

Seal

Principal

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



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

A. To be filled by the faculty member:	
1. Name	Dr. Savita. S. Angadi
2. Qualification	BAMS, MS in Shalabyatantra
3. Designation	Professor and HOD
4. Department	Shalabyatantra
5. Institution	KLES Shri BMK Ayurveda Mahavidyalaya, Belagavi
6. Date of joining the Institution	28/01/2016
7. Objectives of the Conference / Seminar / Symposium	World Ayurveda Congress - To update knowledge, Ayurveda for health
8. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
9. Assignment in the aforesaid Conference / Seminar / Symposium	a) Chairing a scientific session. b) Contributing a scientific paper (poster or oral) ✓ c) Delivering a guest lecture d) Others, if any, specify.
10. Particulars of the financial support extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	Nil
a) Title of the Conference / Seminar / Symposium	9th World Ayurveda Congress & Arogya Expo - 2022
b) Date of conduct	8th to 11th December 2022
c) Venue	Panjim, Goa, India
d) Financial support extended by the University	Yes
e) Copy of the sanction letter to be enclosed	Yes
f) Level of Conference State / Zonal / National	International
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National</u> Conference in a calendar year.	
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	World Ayurveda Foundation, Vijnana Bhawan
b) Title of the program	9th WAC & Arogya Expo 2022
c) Place	Panjim, Goa, India
d) Duration	8th to 11th Dec 2022 - 4 days
e) Date	8th to 11th Dec 2022
f) Amount claimed	11,360.00 Rupees

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12. Expenses involved towards attending the Conference:	
a) Place	Panjim, Goa, India
b) Mode of journey	By Car
c) Fare	
To and Fro expenses	2500 = 00
Registration / Delegation Fee	2360 = 00
Accommodation charges	16500 = 00
Total Expenses	11360 = 00
13. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	✓ Yes
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	✓ Yes

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the 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 : 24/11/2022

Signature of the faculty member



Ref. No. _____

Date:

24/11/2022

To

The Registrar,
KLE University,
Belgaum.

Dear Sir,

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

Thanking you,

Yours faithfully,



Principal

Shri B. M. Kankanwadi

Ayurved Mahavidyalaya

A Constituent Unit of KAHER

Shahapur, BELAGAVI-03

Signature of the HoD

Seal



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

A. To be filled by the faculty member:	
1. Name	Dr Rajeshwari V. Karnat
2. Qualification	M.D.(Ayur) Ph.D
3. Designation	Professor
4. Department	Rakshashtra and Bhairavajya Kal
5. Institution	Shri BMK Ayurveda Mahavidyalaya, Peenya.
6. Date of joining the Institution	01/08/2001
7. Objectives of the Conference / Seminar / Symposium	
8. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet. Attached
9. Assignment in the aforesaid Conference / Seminar / Symposium	a) Chairing a scientific session. b) <u>Contributing a scientific paper</u> (poster or oral) ✓ c) Delivering a guest lecture d) Others, if any, specify.
10. Particulars of the financial support extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	Nil. 8000/-
a) Title of the Conference / Seminar / Symposium	9 th World Ayurveda Congress & Arogya Expo
b) Date of conduct	8-11 th Dec 2022
c) Venue	Goa (Panjim)
d) Financial support extended by the University	Yet to receive
e) Copy of the sanction letter to be enclosed	Yet to receive
f) Level of Conference State / Zonal / National	International (Global)
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference</u> in a calendar year.	✗ Till date not taken any Financial assistance..
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	World Ayurveda Foundation
b) Title of the program	9 th World Ayurveda Foundation
c) Place	Goa - Panjim
d) Duration	8-11 th Dec 2022 (4 days)
e) Date	8-11 th Dec 2022
f) Amount claimed	25,080/- only



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12. Expenses involved towards attending the Conference:	
a) Place	Panjim - Goa.
b) Mode of journey	Own car (115x2) 230km
c) Fare	
To and Fro expenses	230 km x 14 = 3,220/-
Registration / Delegation Fee	2360/-
Accommodation charges	19,500/-
Total Expenses	
13. Documents to be submitted:	25,080/-
a) Copy of the letter of invitation from the organizers.	Attached.
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors of the Conference or any other funding agency for attending the aforesaid Conference.
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference.
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.
- I shall reimburse the amount to the University in excess of the eligibility.

Date: 22/11/2022

Signature of the faculty member

[Signature]

Ref. No. _____

Date: _____

To

The Registrar,
KLE University,
Belgaum.

Dear Sir,

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

Thanking you,

[Signature]

Signature of the HoD

Seal

Yours faithfully,

[Signature]
Principal

Shri B. M. Kankanwadi

Ayurved Mahavidyalaya

A Constituent Unit of KAHER

Shahapur, BELAGAVI-03



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

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

A. To be filled by the faculty member:	
1. Name	DR. VINOD S. GURAV
2. Qualification	M.D. Ph.D.
3. Designation	Professor.
4. Department	Sharir Kriya
5. Institution	Shri B.M.K. Ayurveda Mahavidyalaya.
6. Date of joining the Institution	16/06/2014.
7. Objectives of the Conference / Seminar / Symposium	Health and Environment.
8. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet. Yes.
9. Assignment in the aforesaid Conference / Seminar / Symposium	a) Chairing a scientific session. b) Contributing a scientific paper (poster or oral) ✓ c) Delivering a guest lecture d) Others, if any, specify.
10. Particulars of the financial support extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December	- NK
a) Title of the Conference / Seminar / Symposium	—
b) Date of conduct	—
c) Venue	—
d) Financial support extended by the University	—
e) Copy of the sanction letter to be enclosed	—
f) Level of Conference State / Zonal / National	—
Note : The faculty member is eligible for financial support to attend one State / Zonal and one National Conference in a calendar year.	
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	98th North Ayurveda Congress - 2022
b) Title of the program	—do—
c) Place	GOA
d) Duration	8th - 11th December 2022
e) Date	—do—
f) Amount claimed	15,000/-.

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12. Expenses involved towards attending the Conference:	
a) Place	Panjim goA
b) Mode of journey	CAR.
c) Fare	
To and Fro expenses	350 X 15 = 5250
Registration / Delegation Fee	2350 = 00
Accommodation charges	2200 X 3 = 6600 + GST.
Total Expenses	14210 / approximate.
13. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	Yes.
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	

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 : 24/11/22

Signature of the faculty member

Ref. No. _____

Date: _____

To

The Registrar,
KLE University,
Belgaum.

Dear Sir,

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

Thanking you,

Yours faithfully,

Signature of the HoD

Seal

Principal

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



KLE UNIVERSITY

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

A. To be filled by the faculty member:	
1. Name	DR. VEDANTAM GIRIDHAR
2. Qualification	M.D. (Ayu)
3. Designation	READER
4. Department	DRAVYAGUNA
5. Institution	KLE's Shri B.M.K. Ayurved Mahavidyalaya
6. Date of joining the Institution	10-09-2012
7. Objectives of the Conference / Seminar / Symposium	World Ayurveda Congress - Ayurveda For One Health
8. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet. presenting paper on outcomes KAHER research grant
9. Assignment in the aforesaid Conference / Seminar / Symposium	<input checked="" type="checkbox"/> a) Chairing a scientific session. <input checked="" type="checkbox"/> b) Contributing a scientific paper (poster or oral) <input type="checkbox"/> c) Delivering a guest lecture <input type="checkbox"/> d) Others, if any, specify.
10. Particulars of the financial support extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	N.A.
a) Title of the Conference / Seminar / Symposium	
b) Date of conduct	
c) Venue	
d) Financial support extended by the University	
e) Copy of the sanction letter to be enclosed	
f) Level of Conference State / Zonal / National	
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National</u> Conference in a calendar year.	
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	World Ayurveda Congress 2022
a) Name of the Organizer	World Ayurveda Foundation Ministry of AYUSH, Govt
b) Title of the program	World Ayurveda Congress 2022
c) Place	Panjim, Goa
d) Duration	4 days
e) Date	08-11 December 2022
f) Amount claimed	

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12. Expenses involved towards attending the Conference:	
a) Place	Panjim, Goa
b) Mode of journey	Car
c) Fare	
To and Fro expenses	2000/-
Registration / Delegation Fee	2360/-
Accommodation charges	6000/- (for 3 days)
Total Expenses	10,360/-
13. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	Enclosed
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	Enclosed

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors 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: 24-11-2022

Signature of the faculty member Prindhar

Ref. No. _____

Date: _____

To

The Registrar,
KLE University,
Belgaum.

Dear Sir,

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

Thanking you,

Yours faithfully,

Seal

Signature of the HoD

Prindhar
24/11/22
HOD DRAVYAGUNA
KLEU SHRI B.M.K. AYURVED
MAHAVIDYALAYA, BELGAUM.

Principal

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



KLE UNIVERSITY

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

A. To be filled by the faculty member:	
1. Name	Dr. Keerkan. M. S.
2. Qualification	M.A. (Yu) (Ph.D. scholar)
3. Designation	Associate Professor
4. Department	ROGA NIDANA
5. Institution	KAMAR SHAI DMKAMC Belagavi
6. Date of joining the Institution	10/09/2012
7. Objectives of the Conference / Seminar / Symposium	E-Book publication / Seminar
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. E-Book
10. Particulars of the financial support extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	8000/-
a) Title of the Conference / Seminar / Symposium	WAC - Goa 2022
b) Date of conduct	08/12/2022 - 11/12/2022
c) Venue	PANJIM - Goa
d) Financial support extended by the University	
e) Copy of the sanction letter to be enclosed	
f) Level of Conference State / Zonal / National	INTERNATIONAL
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference</u> in a calendar year.	
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	World Ayurveda Foundation
b) Title of the program	9th World Ayurveda Congress
c) Place	Panaji - Goa
d) Duration	4 days.
e) Date	8/12/22 - 11/12/22
f) Amount claimed	19,860/-

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12. Expenses involved towards attending the Conference:	
a) Place	Paraji.
b) Mode of journey	Personal vehicle.
c) Fare	260kms
To and Fro expenses	250 x 16 = 3360/-
Registration / Delegation Fee	2500/-
Accommodation charges	12,000/-
Total Expenses	19,860/-
13. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	Attached.
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors of the Conference or any other funding agency for attending the aforesaid Conference.
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference.
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.
- I shall reimburse the amount to the University in excess of the eligibility.

Date: 29/4/22

Signature of the faculty member

[Signature]

Ref. No. _____

Date: _____

To

The Registrar,
KLE University,
Belgaum.

Dear Sir,

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

Thanking you,

Yours faithfully,

PRINCIPAL

Shri B. M. Mahanawadi
Ayurved Mahavidyalaya

A Constituent Unit of KAHER
Shahapur, BELAGAVI-03.

Seal

Signature of the HoD



KLE UNIVERSITY

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

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

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

A. To be filled by the faculty member:	
1. Name	Dr Rohan Mohandas
2. Qualification	BAMS MD (AYU)
3. Designation	Assistant Professor.
4. Department	Dept. of Kayachikitsa
5. Institution	KARER'S BMK Ayurveda Mahavidyalaya,
6. Date of joining the Institution	29/12/2021
7. Objectives of the Conference / Seminar / Symposium	Ayurveda for me health
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) Contributing a scientific paper (poster or oral) c) Delivering a guest lecture d) Others, if any, specify.
10. Particulars of the financial support extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	Nil. 8000/-
a) Title of the Conference / Seminar / Symposium	9 th WORLD AYURVEDA CONGRESS
b) Date of conduct	8 th to 11 th DEC - 2022
c) Venue	Kala Academy (Panjim-GoA)
d) Financial support extended by the University	yet to receive
e) Copy of the sanction letter to be enclosed	yet to receive
f) Level of Conference State / Zonal / National	International (Global)
Note :- The faculty member is eligible for financial support to attend one State / Zonal and one National Conference in a calendar year.	
Till date not taken any financial assistance	
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	Govt Ministry of AYUSH, World Ayurveda foundation
b) Title of the program	Ayurveda for one health
c) Place	Panjim-Goa.
d) Duration	4 days 8-11 dec 2022
e) Date	8 th to 11 th December 2022
f) Amount claimed	20860 / -

- 2 -

12. Expenses involved towards attending the Conference:	
a) Place	Panjim-Goa
b) Mode of journey	Personal vehicle (120x2=240km)
c) Fare	
To and Fro expenses	240km x 14 = 3360/-
Registration / Delegation Fee	2500/-
Accommodation charges	15000/-
Total Expenses	20860/-
13. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	Attached
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors of the Conference or any other funding agency for attending the aforesaid Conference.
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference.
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.
- I shall reimburse the amount to the University in excess of the eligibility.

Date: 23/11/22

Signature of the faculty member



Ref. No. _____

Date: _____

To

The Registrar,
KLE University,
Belgaum.

Dear Sir,

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

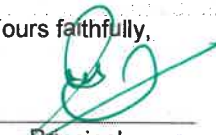
Thanking you,



Signature of the HoD

Seal

Yours faithfully,



Principal

Shri B. M. Kankanwadi

Ayurved Mahavidyalaya

A Constituent Unit of KAHER

Shahapur, BELAGAVI-03



KLE UNIVERSITY

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

[Established under Section 3 of the UGC Act, 1956 vide Government of India Notification No.F-9-19/2000-U.3(A)]

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

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

- 2 -

12. Expenses involved towards attending the Conference:	
a) Place	GOA -
b) Mode of journey	VECHIKER ROAD DROP
c) Fare	
To and Fro expenses	RS. 8000
Registration / Delegation Fee	RS. 2360
Accommodation charges	6 DAYS (12000)
Total Expenses	RS. 22360
13. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	COPY of Invitation attached Registration Details.
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the 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: 24/11/2022

Signature of the faculty member

[Signature]

Ref. No. _____

Date: _____

To

The Registrar,
KLE University,
Belgaum.

Dear Sir,

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

Thanking you,

Yours faithfully,

[Signature]

Principal

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

Signature of the HoD

Seal



KLE UNIVERSITY

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

[Established under Section 3 of the UGC Act, 1956 vide Government of India Notification No.F.9-19/2000-U.3(A)]

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

A. To be filled by the faculty member:	
1. Name	Dr. PRASHANT. G. JADAD
2. Qualification	MD & PhD
3. Designation	Dean & Vice-Principal
4. Department	Rasashastra & Bhaishajya Kalpana
5. Institution	Shri. BMK Ayurveda Mahavidyalaya
6. Date of joining the Institution	20-09-2000
7. Objectives of the Conference / Seminar / Symposium	International Conference - Ayurveda
8. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
9. Assignment in the aforesaid Conference / Seminar / Symposium	<input checked="" type="checkbox"/> a) Chairing a scientific session. <input checked="" type="checkbox"/> b) Contributing a scientific paper (poster or oral) c) Delivering a guest lecture d) Others, if any, specify.
10. Particulars of the financial support extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	
a) Title of the Conference / Seminar / Symposium	World Ayurveda Congress-22
b) Date of conduct	08-12-2022 to 11-12-2022
c) Venue	Panjim - Goa
d) Financial support extended by the University	—
e) Copy of the sanction letter to be enclosed	Yes
f) Level of Conference State / Zonal / National	International
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National</u> Conference in a calendar year.	
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	World Ayurveda Foundation
b) Title of the program	9 th World Ayurveda Congress & Expo
c) Place	Panjim - Goa
d) Duration	04 days
e) Date	08-12-2022 to 11-12-2022
f) Amount claimed	—

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



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	Panjim - Goa
b) Mode of journey	Train
c) Fare	Ride share Rs. 2,000/-
To and Fro expenses	Rs. 5,000/-
Registration / Delegation Fee	Rs. 4,700/-
Accommodation charges	Rs. 1,500/-
Total Expenses	Rs. 68,000/- Approx - Rs. 70,000/-

13. Documents to be submitted:

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

Attached

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors of the Conference or any other funding agency for attending the aforesaid Conference,
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference,
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.
- I shall reimburse the amount to the University in excess of the eligibility.

Date : 22/12/22

Signature of the faculty member

PQW

Ref. No. _____

Date: _____

To

The Registrar,
KLE University,
Belgaum.

Dear Sir,

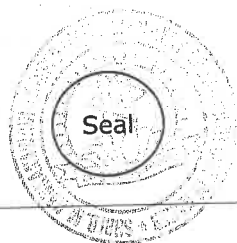
We are enclosing herewith the application of the above Teacher in the prescribed format for grant of financial support to attend the Conference for kind consideration.

Thanking you,

H.O.D.

Rasashastra & Bhaishajya Kalpana

Signature of the HOD
P. G. Studies & Research Centre
Belgaum-03



Yours faithfully,

Principal

Principal

Shri B. H. Kankarwadi
Ayurveda Mahavidyalaya
A Centre Unit U. A. of KLE ACR
Shriyashikhar, Belgaum - 591005

Ref.No.KAHER/22-23/D- 02032308

1st March, 2023

ORDER

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

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

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

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

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.

As per Rules

[Signature]



[Signature]
Prof Dr.V.A.Kothiwale
Registrar

To,
The above staff member.

CC to:

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

11



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

Accredited A⁺ Grade by NAAC (3rd Cycle)

Placed in Category 'A' by MoE (GoI)

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

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

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

10th December, 2022

ORDER

Sub: Approval of Grant of financial support for attending the International Conference at Goa (Panaji) from 8th to 11th December 2022.

Ref: Your office letter Ref. No. BMK / 2022-23/1618 dated 24th November 2022.

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

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

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



[Signature]

Prof Dr. V.A. Kothiwale
Registrar

To,
The above staff member.

CC to:

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

[Signature]
16.12.22

SHRI BM KANKANAWADI AYURVED MAHAVIDYALAYA

Post Graduate Studies & Research Centre

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

A Constituent Unit of

KLE ACADEMY OF HIGHER EDUCATION & RESEARCH

(DEEMED-TO-BE- UNIVERSITY)

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

First AYUSH Institution having NAAC & NABH Accreditation

Ref.No: BMK/2022.23/1668

Date: 05.12.2022

To,

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

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

Sir,

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

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

This is for your information and do the needful.

Thanking you,



Yours truly,

PRINCIPAL

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

Shahapur, Belagavi - 590 003, Karnataka, India

Phone: +91 831 2486286; 7204969289 Fax: +91 831 2424157

Website: www.kleayurworld.edu.in, Email: bmkprincipal.kaher@kleayurworld.edu.in

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

A. To be filled by the faculty member:	
1. Name	Dr Ramesh. S. K Medar
2. Qualification	BAMS. MS(Ay) (PhD)
3. Designation	Associate professor
4. Department	Basoth Tantra & Shree yoga
5. Institution	KATHER'S chn B M K. A. M. V
6. Email ID	dramesh39@gmail.com
7. Date of joining the Institution	13/9/2014
8. Objectives of the Conference / Seminar / Symposium	International Conference
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
10. Assignment in the aforesaid Conference / Seminar / Symposium	a) Contributing a scientific paper (poster or oral) b) Delivering a guest lecture c) Others, if any, specify.
11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	
a) Title of the Conference / Seminar / Symposium	World Ayurveda Congress
b) Date of conduct	8/12/2022 - 11/12/2022
c) Level of Conference (State / Zonal / National)	International
d) Venue	Goa (Panaji)
e) Financial support extended by the University	
f) Copy of the sanction letter to be enclosed	
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National</u> Conference in a calendar year.	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	World Ayurveda foundation
b) Title of the program	9 th world Ayurveda Congress
c) Place	Panaji - Goa
d) Duration	8/12/22 - 11/12/2022 4 days
e) Date	8/12/22 - 11/12/2022
f) Amount claimed	12804/-

13. Expenses involved towards attending the Conference:	
a) Place	Panaji
b) Mode of journey	Personal vehicle
c) Fare	125 km + 125 km
To and Fro expenses	250 km x 14 = 35000/-
Registration / Delegation Fee	3304
Accommodation charges	6000
Total Expenses	12,804 Rs/-
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	attached.
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors of the Conference or any other funding agency for attending the aforesaid Conference,
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference,
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.
- I shall reimburse the amount to the University in excess of the eligibility.

Date: 3/11/2022

Signature of the faculty member

[Signature]

Ref. No. _____

Date: 05/12/2022

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]

Signature of the HoD



Yours faithfully,

[Signature]
Principal

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

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

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

A. To be filled by the faculty member:	
1. Name	Dr. Shweta Yaragatti
2. Qualification	BAMS, MD (AYU)
3. Designation	Assistant Professor
4. Department	Dravyaguna
5. Institution	KAHER's Shri BMK Amv Belagavi
6. Email ID	shwetay.kaher@klayuniversity.edu.in
7. Date of joining the Institution	5/07/2021
8. Objectives of the Conference / Seminar / Symposium	International conference
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
10. Assignment in the aforesaid Conference / Seminar / Symposium	<input checked="" type="checkbox"/> a) Contributing a scientific paper (poster or oral) <input type="checkbox"/> b) Delivering a guest lecture <input type="checkbox"/> c) Others, if any, specify.
11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	
a) Title of the Conference / Seminar / Symposium	World Ayurveda Congress
b) Date of conduct	8/12/2022 to 11/12/2022
c) Level of Conference (State / Zonal / National)	International
d) Venue	
e) Financial support extended by the University	
f) Copy of the sanction letter to be enclosed	
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference</u> in a calendar year.	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	World Ayurveda Foundation
b) Title of the program	9 th World Ayurveda Congress
c) Place	Panaji, Goa
d) Duration	8/12/22 to 11/12/2022 4 days
e) Date	8/12/22 to 11/12/2022
f) Amount claimed	

13. Expenses involved towards attending the Conference:

a) Place	Panaji
b) Mode of journey	Personal vehicle
c) Fare	125 km + 125 km
To and Fro expenses	250 km x 14 = 3500/-
Registration / Delegation Fee	2360/-
Accommodation charges	7000/-
Total Expenses	12,860 Rs/-

14. Documents to be submitted:

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

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors of the Conference or any other funding agency for attending the aforesaid Conference,
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference,
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.
- I shall reimburse the amount to the University in excess of the eligibility.

Date : 5/12/2022

Signature of the faculty member



Ref. No. _____

Date: 05/12/2022

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,



Principal

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

Signature of the HoD

Dr. Anand Chavhan

5/Dec/2022



SHRI B. M. KANKANAWADI AYURVED MAHAVIDYALAYA

Post Graduate Studies & Research Centre

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

A Constituent Unit of

KLE ACADEMY OF HIGHER EDUCATION & RESEARCH

(DEEMED-TO-BE- UNIVERSITY)

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

First AYUSH Institution having NAAC & NABH Accreditation

Ref.No: BMK/2022-23/2235

Date: 28.02.2023

To,

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

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

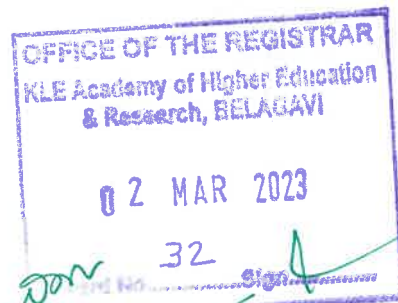
Sir,

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

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

This is for your information and permit the same.

Thanking you,



Encl: bills & vouchers

Yours truly,

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

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

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

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

☎: 0831-2444444 FAX: 0831-2493777

Web: <http://www.kledeemeduniversity.edu.in> E-mail: info@kledeemeduniversity.edu.in

15th Feb.2023

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

ORDER

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


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

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

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

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





Prof Dr. V.A. Kothiwale
Registrar


To:
The above staff member.

CC to:

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


(Dr. Usharani Sanu)



DATE	23/2/23
2556	

OK

Ref. No: BMK/2022-23/2234

Date: 27.02.2023

23/23

15-16-17

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

Sub: Release of Financial Grant for attended to National conference

Sir,

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

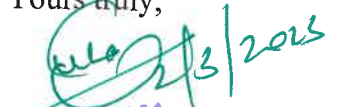
Sl. No	Name of Teacher	Designation	Department	Conference details	Date
1	Dr Sandeep S Sagare	Reader	Swasthviritta	9th World Ayurveda Congress & Arogya Expo at Goa	8th – 11th Dec 2022
2	Dr. Usharani S Sanu	Reader	Kriya Sharir		
3	Dr, Kadambari S	Asst. Prof	Kriya Sharir		

This is for your information and release the same.

Thanking you,



Yours truly,


PRINCIPAL
Shri B. M. Kankanawadi
Ayurved Mahavidyalaya
A Constituent Unit of KLE
Shahapur, BELAGAVI

Encl: As above



KLE UNIVERSITY


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

[Established under Section 3 of the UGC Act, 1956 vide Government of India Notification No.F.9-19/2000-U.3(A)]

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND CONFERENCES

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

A. To be filled by the faculty member:	
1. Name	Dr. Sandeep. S. Sagare
2. Qualification	MD (Swasthritta)
3. Designation	Reader
4. Department	Swasthritta & Yoga
5. Institution	KLE Shree BMS Ayurved Mahavitha
6. Date of joining the Institution	04/10/2012 Belgaon
7. Objectives of the Conference / Seminar / Symposium	9th World Ayurveda Congress
8. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
9. Assignment in the aforesaid Conference / Seminar / Symposium	a) Delivering Key-note address / orations / plenary lectures b) Contributing a scientific paper c) Chairing a scientific session d) International collaboration exchange program (only on invitation) e) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation) f) Others, if any, specify.
10. Particulars of the financial support extended by the University to attend the International Conference(s) during the block period of three years (1 st January to 31 st December)	Kr
a) Title of the Conference / Seminar / Symposium	9th World Ayurveda Congress
b) Date of conduct	8th December 2022
c) Venue	Panjim, Goa
d) Financial support extended by the University	-
e) Copy of the sanction letter to be enclosed	-
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	-
b) Title of the program	-
c) Place	-
d) Duration	-
e) Date of Conference	-
f) Financial grant sought	-

12. Travelling (by shortest route) and other expenses involved		
	International	✓ Domestic
a) Place		Panjim, Goa
b) Mode of journey		By Car
c) Fare		-
d) To and Fro		To - 130km Fro - 130km
e) Accommodation charges		3000/-
f) Registration / Delegation Fee		2,360/-
g) Air-port Tax		-
13. Documents to be submitted:		✓
a) Copy of the letter of invitation from the organizers.	Attached	
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.		
14. Signature of the faculty member		

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors / organizers of the Conference or any other funding agency for attending the aforesaid Conference. I am aware that I am liable for any disciplinary action by the University in case it is found at a later stage that the information furnished in this application is wrong / false, in support of my application for financial grant.
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference.
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.

Date : _____

Ref. No. _____

To

The Registrar, KLE University, Belagavi.

Dear Sir,

Signature of the faculty member 

Date: 14/12/2022


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

Thanking you,

Yours faithfully,


Signature of the Head of Department

Seal


Principal



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.9-1

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND CONFERENCES

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

A. To be filled by the faculty member:

1. Name	Dr. Usharani S. Sanu
2. Qualification	B.A.M.S MD (Ayu)
3. Designation	Reader
4. Department	Kriya Sharis
5. Institution	KANER's Shri B.M.K Ayurveda Mahavidyalaya, Betagavi
6. Date of joining the Institution	1-01-2016
7. Objectives of the Conference / Seminar / Symposium	World Ayurveda Conference.
8. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
9. Assignment in the aforesaid Conference / Seminar / Symposium	a) Delivering Key-note address / orations / plenary lectures b) Contributing a scientific paper ✓ c) Chairing a scientific session d) International collaboration exchange program (only on invitation) e) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation) f) Others, if any, specify.
10. Particulars of the financial support extended by the University to attend the International Conference(s) during the block period of three years (1 st January to 31 st December)	NIL
a) Title of the Conference / Seminar / Symposium	9 th World Ayurveda Congress & Arogya Expo 2022
b) Date of conduct	8 th Dec - 11 th Dec 2022
c) Venue	Kala Academy, Panaji Goa.
d) Financial support extended by the University	
e) Copy of the sanction letter to be enclosed	
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	World Ayurveda Foundation Bangalore
a) Name of the Organizer	-
b) Title of the program	-
c) Place	-
d) Duration	-
e) Date of Conference	-
f) Financial grant sought	-



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)]

12. Travelling (by shortest route) and other expenses involved		International	Domestic
a) Place			Parsi, Goa
b) Mode of journey			Car
c) Fare			(To) (Fr) 130 + 130 = 260 kms
d) To and Fro		-	Rs. 4,200/-
e) Accommodation charges	(2 days)	-	Rs. 2360/-
f) Registration / Delegation Fee		1-	-
g) Air-port Tax		-	-
13. Documents to be submitted:			
a) Copy of the letter of invitation from the organizers.			
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	attached,		
14. Signature of the faculty member	[Signature] (Dr. Usharani Sanu)		

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors / organizers of the Conference or any other funding agency for attending the aforesaid Conference. I am aware that I am liable for any disciplinary action by the University in case it is found at a later stage that the information furnished in this application is wrong / false, in support of my application for financial grant.
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference.
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.

Date: _____

Signature of the faculty member _____

Ref. No. _____

Date: _____

To

The Registrar, KLE University, Belagavi.

Dear Sir,

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

Thanking you,

Yours faithfully,

[Signature]
Professor & H.O.D.
Dept. of Kriya Shareera
KLE's Shri B.M.K. Ayurved Mahavidyalaya
Shahapur - BELAGAVI - 03.



[Signature]
Principal

KLE UNIVERSITY

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[Established under Section 3 of the UGC Act, 1956 vide Government of India Notification No.F.9-19/2000-U.3(A)]

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND CONFERENCES

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

A. To be filled by the faculty member:	
1. Name	Dr. Kadombare S
2. Qualification	MD (Kriya Sharire)
3. Designation	Assistant Professor
4. Department	Kriya Sharire
5. Institution	KLE Shree BMK Ayurved Mahavidyalaya Belagavi
6. Date of joining the Institution	8/04/2015
7. Objectives of the Conference / Seminar / Symposium	World Ayurveda Congress
8. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
9. Assignment in the aforesaid Conference / Seminar / Symposium	<ul style="list-style-type: none"> a) Delivering Key-note address / orations / plenary lectures <input checked="" type="checkbox"/> b) Contributing a scientific paper c) Chairing a scientific session d) International collaboration exchange program (only on invitation) e) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation) f) Others, if any, specify.
10. Particulars of the financial support extended by the University to attend the International Conference(s) during the block period of three years (1 st January to 31 st December)	Nil
a) Title of the Conference / Seminar / Symposium	9th World Ayurveda Congress
b) Date of conduct	10th December 2022
c) Venue	Panjim, Goa
d) Financial support extended by the University	-
e) Copy of the sanction letter to be enclosed	-
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	-
b) Title of the program	-
c) Place	-
d) Duration	-
e) Date of Conference	-
f) Financial grant sought	-



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12. Travelling (by shortest route) and other expenses involved		
	International	Domestic
a) Place	—	Ponjim Goa
b) Mode of journey		By Car
c) Fare		—
d) To and Fro		To-130km Fro-130km
e) Accommodation charges		3000/-
f) Registration / Delegation Fee		3,304/-
g) Air-port Tax		—
13. Documents to be submitted:		✓
a) Copy of the letter of invitation from the organizers.	Attached	
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.		
14. Signature of the faculty member		

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors / organizers of the Conference or any other funding agency for attending the aforesaid Conference. I am aware that I am liable for any disciplinary action by the University in case it is found at a later stage that the information furnished in this application is wrong / false, in support of my application for financial grant.
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference.
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.

Date : _____

Signature of the faculty member

Ref. No. _____

Date: _____

To

The Registrar, KLE University, Belagavi.

Dear Sir,

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

Thanking you,

Yours faithfully,

Professor & H.O.D.
Dept. of Kriya Shareera
KLE's Shri B.M.K. Ayurved Mahavidyalaya
Signature of the HoD - 03.

Seal

Principal

From:

Dr. Vishwanath S. Wasedar
Associate Professor,
Department Of Panchakarma
KAHER's Shri B M Kankanawadi Ayurveda Mahavidyalaya; Shahapur, Belagavi

To,

The Registrar
KLE Academy Of Higher Education and Research, Belagavi

Through Proper Channels

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

Respected Sir,

Myself Dr. Vishwanath S. Wasedar, Working as Associate Professor Department of Panchakarma had sent Abstract 3880 to World Ayurveda Congress and Ayur Expo 22 from 08/12/2022 to 11/12/2022 at Goa was selected for Oral Presentation and presented on 09/12/2022, and is been awarded the BEST PAPER AWARD, Kindly request you to provide the financial aid for attending and presenting Oral paper in the said International Conference as per University norms.

Kindly do the needful.

Thanking you

Your Sincerely

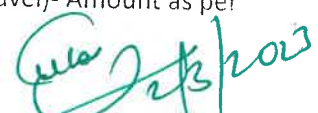
Dr. Vishwanath S Wasedar

Date: 28/02/2023

Place : Belagavi

Financial Aids:

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


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

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

Accredited A⁺ Grade by NAAC (3rd Cycle)

Placed in Category 'A' by MoE (GoI)

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

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

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

03rd December, 2022


ORDER

- Sub : **Permission to participate in the International Conference.**
- Ref : Request letter of the applicant forwarded through the concerned HoD,
Shri B .M Kankanwadi Ayurveda Mahavidyalaya, Belagavi.

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

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




Prof. Dr. V.A. Kothiwale
Registrar

To,
The above staff member.

CC to:

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

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

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

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

Ref. No. KAHER-/2022-23/D- 24022313

22nd February, 2023

ORDER

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

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

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




Prof. Dr. V.A. Kothiwale
Registrar

To,
The above staff member.

CC to:

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



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / NATIONAL CONFERENCES

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

A. To be filled by the faculty member:	
1. Name	Dr. Basavahaj Motimath
2. Qualification	Associate Professor
3. Designation	Associate Professor
4. Department	Sports Physiotherapy
5. Email ID	bsmotimath@yahoo.co.in
6. Institution	KLE Institute of Physiotherapy
7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility)	
8. Objectives of the Conference / Seminar / Symposium	(Workshop)
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
10. Assignment in the aforesaid Conference / Seminar / Symposium	a) Delivering Key-note address / orations / plenary lectures b) Contributing a scientific paper c) International collaboration exchange program (only on invitation) d) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation) e) Others, if any, specify.
11. Particulars of the Conference being attended	
a) Title of the Conference / Seminar / Symposium	International Conference in Osteopathy
b) Date of conduct	20/11/2022
c) Level of Conference	State / National / I
d) Quantum of financial grant eligible (or actuals expenses, whichever is less)	State Level : Rs. 8,000/- National Level : Rs. 16,000/-
e) Venue	New Delhi
f) Copy of the sanction letter along-with Brochure to be enclosed	Yes
Note : The faculty member is eligible for financial support to attend one State / Zonal and one National Conference in a calendar year	
12. Particulars of the financial support previously extended by the University	
a) Name of the Organizer	Osteo pro.
b) Title of the program	Certificate Course in Osteopathy
c) Place	New Delhi
d) Duration	6 days Level I & II
e) Date of Conference	14th to 19th (Workshop)
f) Financial grant availed	



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

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

- 2 -

13. Travelling (by shortest route) and other expenses involved	
	Particulars
a) Place	New delhi
b) Mode of journey	Flight
c) Fare	
d) To and Fro	16,000/-
e) Accommodation charges	3,000/-
f) Registration / Delegation Fee	45,000/-
g) Air-port Tax	

14. Documents to be submitted:

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

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors / organizers of the Conference or any other funding agency for attending the aforesaid Conference. I am aware that I am liable for any disciplinary action by the University in case it is found at a later stage that the information furnished in this application is wrong / false, in support of my application for financial grant.
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference.
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.

Date : _____

Signature of the faculty member _____

Ref. No. _____

Date: _____

To

The Registrar, KAHER, Belagavi.

Dear Sir,

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

Thanking you,

Yours faithfully,

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⁺ Grade by NAAC (3rd Cycle)

Placed in Category 'A' by MoE (GoI)

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

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

Ref. No. KAHER-/2022-23/D- 07022301

3rd February, 2023

ORDER

- Sub : **Permission to participate in the Conference.**
- Ref : Request letter of the applicant forwarded through the concerned principal and HoD J N Medical College, Belagavi.

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

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



Prof. Dr. V.A. Kothiwale
Registrar

To,
The above staff member.

CC to:

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

As per norms
R
1.2.23

13. Expenses involved towards attending the Conference:	
a) Place	-
b) Mode of journey	-
c) Fare	-
To and Fro expenses	-
Registration / Delegation Fee	Rs 7000/- Seven thousand only
Accommodation charges	-
Total Expenses	Rs 7000/- Seven thousand only
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	Attached
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	Attached

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors of the Conference or any other funding agency for attending the aforesaid Conference,
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference,
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.
- I shall reimburse the amount to the University in excess of the eligibility.

Date: 18/11/2023

Signature of the faculty member

Ref. No. 2389

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 lecture to attend the Conference for kind consideration.

Thanking you,

Rajathi

Signature of the HoD

Dr. Ravi S. Jatti

Professor & Head

Department of Orthopaedics

J.N. Medical College, Belagavi.



Yours faithfully,

Principal

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]

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

A. To be filled by the faculty member:	
1. Name	Dr Anand Heggannavar
2. Qualification	MPT (PhD)
3. Designation	Associate Professor
4. Department	Orthopaedic Manual Therapy
5. Institution	KAHER Institute of Physiotherapy, Belagavi
6. Email ID	anandheggannavar@kleipt.edu.in
7. Date of joining the Institution	10th August 2007
8. Objectives of the Conference / Seminar / Symposium	Handson work shop on Neural Mobilization
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. Delegate
11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December	NIL
a) Title of the Conference / Seminar / Symposium	Neural Mobilization Workshop
b) Date of conduct	23/02/2023 to 26/02/2023
c) Level of Conference (State / Zonal / National)	Zonal
d) Venue	KAHER Institute of Physiotherapy, Belagavi
e) Financial support extended by the University	—
f) Copy of the sanction letter to be enclosed	—
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference</u> in a calendar year.	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium / Workshop	
a) Name of the Organizer	Department of Neurophysiotherapy
b) Title of the program	Handson work shop on Neural Mobilization
c) Place	JNMC Campus, Nehru Nagar, Belagavi, India
d) Duration	4 days
e) Date	23/02/2023 to 26/02/2023
f) Amount claimed	6500

Keep
for
further
details

Get the bills



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

- 2 -

13. Expenses involved towards attending the Conference:	
a) Place	NIL
b) Mode of journey	NIL
c) Fare	NIL
To and Fro expenses	NIL
Registration / Delegation Fee	NIL
Accommodation charges	NIL
Total Expenses	NIL
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	Workshop Details
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the 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 : 06/02/2023

Signature of the faculty member

Ref. No. _____

Date: 06/02/2023

To

The Registrar,
KAHER,
Belgaum.

Dear Sir,

We are enclosing herewith the application of the above Teacher in the prescribed format for grant of financial support for presentation scientific paper (poster or oral) / delivering a guest lecture to attend the Conference for kind consideration.

Thanking you,

Signature of the HoD



Yours faithfully,

Principal

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

22nd November, 2022

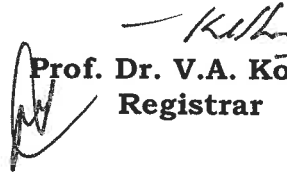
ORDER

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

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

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




Prof. Dr. V.A. Kothiwale
Registrar

To,

The above staff member.

CC to:

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

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

28th November, 2022

(24)


ORDER

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

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

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




Prof. Dr. V.A. Kothiwale
Registrar

To,
The above staff member.

CC to:

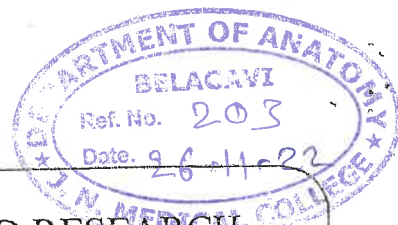
1. The PA to Hon. Chancellor, KAHER, Belagavi.
2. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
3. The Director, IQAC
4. The Principal, J N Medical College, Belagavi.
5. The Finance Officer, KAHER, Belagavi.



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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



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

A. To be filled by the faculty member:

1. Name Mr. Sanjay Kumar Yadav
2. Qualification M.Sc.(Med) Anatomy
3. Designation Sr. Tutor
4. Department Anatomy
5. Email ID Sanjaykr yadav 718 @ gmail.com
6. Institution J.N. Medical College, Belagavi

7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility)

23rd May 2014

8. Objectives of the Conference / Seminar / Symposium

Oral Presentation.

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

Please enclose a separate sheet.

10. Assignment in the aforesaid Conference / Seminar / Symposium

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

11. Particulars of the Conference being attended

a) Title of the Conference / Seminar / Symposium

69th NATCON, World Congress of Anatomist

b) Date of conduct

8th to 10th Dec. 2022

c) Level of Conference

State / ☒ National

d) Quantum of financial grant eligible (or actuals expenses, whichever is less)

State Level : Rs. 8,000/-

National Level : Rs.16,000/- ☒

e) Venue

GIMS, GADAG

f) Copy of the sanction letter along-with Brochure to be enclosed

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

12. Particulars of the financial support previously extended by the University

a) Name of the Organizer

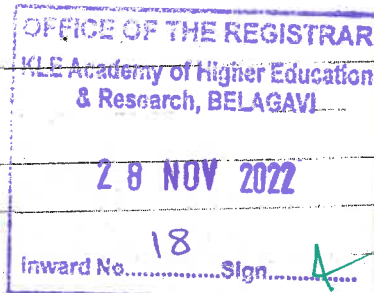
b) Title of the program

c) Place

d) Duration

e) Date of Conference

f) Financial grant availed



Aspirant
28/11



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

- 2 -

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

	Particulars
a) Place	
b) Mode of journey	Car
c) Fare	
d) To and Fro	
e) Accommodation charges	
f) Registration / Delegation Fee	
g) Air-port Tax	

14. Documents to be submitted:

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

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors / organizers of the Conference or any other funding agency for attending the aforesaid Conference. I am aware that I am liable for any disciplinary action by the University in case it is found at a later stage that the information furnished in this application is wrong / false, in support of my application for financial grant.
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference.
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.

Date : _____

Signature of the faculty member _____

Ref. No. 1813

Date: 26-11-2022

To

The Registrar, KAHER, Belagavi.

Dear Sir,

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

Thanking you,

Yours faithfully,

Signature of the HoD

Seal

Professor & Head Dept. of Anatomy
J. N. Medical College, Belagavi.

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

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

28th November, 2022

ORDER

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

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

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



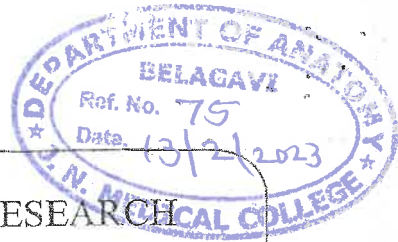

Prof. Dr. V.A. Kothiwale
Registrar

To,
The above staff member.

CC to:

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

25



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

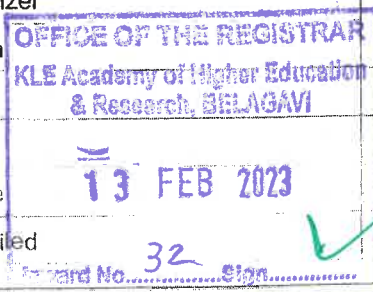
APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / NATIONAL CONFERENCES (To be submitted to the University through the concerned HoD & Principal)

A. To be filled by the faculty member:	
1. Name	Dr. Sheetal Vishwanath Pattanshetti
2. Qualification	M.B.B.S., M.D (Anatomy)
3. Designation	Professor
4. Department	Anatomy
5. Email ID	sheetal.pattanshetti@gmail.com
6. Institution	J.N. Medical College, Belagavi
7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility)	02-05-2008
8. Objectives of the Conference / Seminar / Symposium	Global Congress of Anatomists & 69 th NATCON of Anatomical Society of India
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet. Upgrading knowledge & skill set in Soft Embalming Tech. Visual Anatomy through Endoscopy.
10. Assignment in the aforesaid Conference / Seminar / Symposium	<input checked="" type="checkbox"/> a) Delivering Key-note address / orations / plenary lectures <input checked="" type="checkbox"/> b) Contributing a scientific paper <input type="checkbox"/> c) International collaboration exchange program (only on invitation) <input type="checkbox"/> d) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation) <input type="checkbox"/> e) Others, if any, specify.
11. Particulars of the Conference being attended	
a) Title of the Conference / Seminar / Symposium	69 th NATCON of ASI & Global Congress of Anatomists
b) Date of conduct	8 th to 11 th Dec 2022
c) Level of Conference	State / National
d) Quantum of financial grant eligible (or actuals expenses, whichever is less)	State Level : Rs. 8,000/- <input checked="" type="checkbox"/> National Level : Rs. 16,000/-
e) Venue	GIMS, Gadag, Karnataka.
f) Copy of the sanction letter along-with Brochure to be enclosed	- Yes - attached.

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

12. Particulars of the financial support previously extended by the University

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



- Nil -

As per norms
17.2.23

- 2 -

13. Travelling (by shortest route) and other expenses involved		Proofs attached.
		Particulars
a) Place		Gadag.
b) Mode of journey		By car.
c) Fare		Petrol (1200 by cash) to 4 36 00/- by ATM card.
d) To and Fro		Toll - 440/-
e) Accommodation charges		
f) Registration / Delegation Fee		3000/-
g) Air-port Tax		
14. Documents to be submitted:		
a) Copy of the letter of invitation from the organizers.		Yes - attached
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.		Yes - attached.

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors / organizers of the Conference or any other funding agency for attending the aforesaid Conference. I am aware that I am liable for any disciplinary action by the University in case it is found at a later stage that the information furnished in this application is wrong / false, in support of my application for financial grant.
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference.
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.

Date: 20/12/2022

Signature of the faculty member



Ref. No. 2555

Date: 20/12/2022

To

The Registrar, KAHER, Belagavi.

Dear Sir,

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

Thanking you,

Yours faithfully,

1/c 

Signature of the HoD




Principal

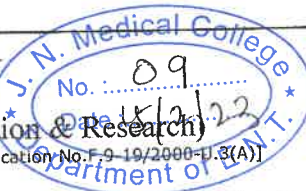
PRINCIPAL
J.N. Medical College,
BELAGAVI- 590 010

Professor & Head Dept. of Anatomy
J.N. Medical College, 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)

A. To be filled by the faculty member:	
1. Name	Dr. ANIL KUMAR SHARMA
2. Qualification	M.S. PhD
3. Designation	Prof & Unit chief
4. Department	ORL & HNS (ENT)
5. Institution	JNMC
6. Date of joining the Institution	19.11.1995
7. Objectives of the Conference / Seminar / Symposium	Recent trends in ENT
8. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet. Sharing & learning newer techniques in ENT
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. Panel member on panel on complications of FET
10. Particulars of the financial support extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	
a) Title of the Conference / Seminar / Symposium	74 th AOI National conf
b) Date of conduct	2 to 5 th Feb 2023
c) Venue	Jaipee Birla Auditorium
d) Financial support extended by the University	Yes
e) Copy of the sanction letter to be enclosed	Enclosure ①
f) Level of Conference State / Zonal / National	National
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference</u> in a calendar year.	
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	AOI Jaipur Branch
b) Title of the program	74 th AOI National conf
c) Place	Jaipur
d) Duration	2 to 5 th Feb 4 days
e) Date	2 to 5
f) Amount claimed	

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

17 FEB 2023

Forward No. 17 Sign. ✓

As per noon



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	Jainpur
b) Mode of journey	Bus
c) Fare	Belga to Mysai & Mysai to Belga
To and Fro expenses	1751 + 4500 + 4500 + 1020
Registration / Delegation Fee	11800/-
Accommodation charges	-
Total Expenses	23571/-

13. Documents to be submitted:

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

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors of the Conference or any other funding agency for attending the aforesaid Conference,
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference,
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.
- I shall reimburse the amount to the University in excess of the eligibility.

Date: 15/2/23

Signature of the faculty member

Ref. No. 2587

Date: 17-2-2023

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 of the HoD



Yours faithfully,

Principal
Jawaharlal Nehru Medical College
BELAGAVI



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

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

A. To be filled by the faculty member:	
1. Name	DR MEGHANA PATIL
2. Qualification	MBBS, MS, FCPRS
3. Designation	ASSISTANT PROFESSOR
4. Department	OPHTHALMOLOGY
5. Institution	KLE JAMMEDICAL COLLEGE
6. Email ID	drmeghana14@gmail.com
7. Date of joining the Institution	05/03/2021
8. Objectives of the Conference / Seminar / Symposium	
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
10. Assignment in the aforesaid Conference / Seminar / Symposium	a) Contributing a scientific paper (poster or <u>oral</u>) b) Delivering a guest lecture c) Others, if any, specify.
11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	
a) Title of the Conference / Seminar / Symposium	
b) Date of conduct	
c) Level of Conference (State / Zonal / National)	
d) Venue	
e) Financial support extended by the University	
f) Copy of the sanction letter to be enclosed	
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National</u> Conference in a calendar year.	
12. Particulars of the organizers of the aforesaid <u>Conference</u> / Seminar / Symposium	
a) Name of the Organizer	41 st ANNUAL CONFERENCE
b) Title of the program	KARNATAKA OPHTHALMIC SOCIETY
c) Place	KOSLOW 2022
d) Duration	HUBBALLI
e) Date	9 th to 11 th DECEMBER 2022
f) Amount claimed	



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

- 2 -

13. Expenses involved towards attending the Conference:

a) Place

HUBBALLI

b) Mode of journey

CAR

c) Fare

To and Fro expenses

—

Registration / Delegation Fee

Rs 6000/-

Accommodation charges

—

Total Expenses

Rs 6500/-

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.

*As per
Rajesh*

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

As per

Ref. No. _____

To

Date: _____

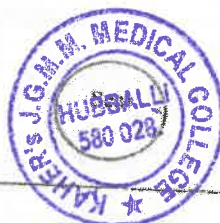
The Registrar,
KAHER,
Belgaum.

Dear Sir,

We are enclosing herewith the application of the above Teacher in the prescribed format for grant of financial support for presentation scientific paper (poster or oral) / delivering a guest lecture to attend the Conference for kind consideration.

Thanking you,

Signature of the HoD



Yours faithfully,

Dr. Praveen

PRINCIPAL

KAHER's JGMM Medical College
Gabbur Cross, Kotgondhunshi,
HUBBALLI-28.



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

Accredited A⁺ Grade by NAAC (3rd Cycle)

Placed in **Category 'A'** by MoE (GoI)

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

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

Ref. No. KAHER-/2022-23/D- 07012303.

31st December, 2022

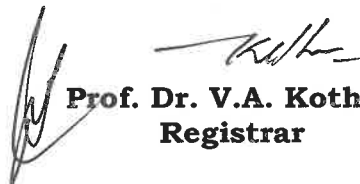
ORDER

- Sub : **Permission to participate in the National Conference.**
- Ref : Request letter of the applicant forwarded through the concerned principal and HoD J N Medical College, Belagavi.

With reference to the above, the request of **Dr. Shailesh V Udupudi**, Professor, Department of Orthopaedic, J N Medical College Belagavi. For attending National Conference '**67th Annual Conference of INDIAN ORTHOPAEDIC ASSOCIATION**' be held **Guru Nanak Dev University, Amritsar, Punjab** from **28th November to 3rd December, 2022**, has been approved by the competent authority of the University.

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




Prof. Dr. V.A. Kothiwale
Registrar

To,
The above staff member.

CC to:

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

A. To be filled by the faculty member:

1. Name	Dr. Shailesh V. Udapudi
2. Qualification	M.S (Ortho) D. (Ortho)
3. Designation	Professor
4. Department	Dept. of Orthopaedics
5. Institution	J. N. Medical College, Bgm
6. Email ID	desvudapudi@gmail.com
7. Date of joining the Institution	1994
8. Objectives of the Conference / Seminar / Symposium	IOACON 2022 conference
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
10. Assignment in the aforesaid Conference / Seminar / Symposium	<input checked="" type="checkbox"/> a) Contributing a scientific paper (poster or oral) <input type="checkbox"/> b) Delivering a guest lecture <input type="checkbox"/> c) Others, if any, specify.

11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1st January to 31st December)

a) Title of the Conference / Seminar / Symposium	IOACON-2023
b) Date of conduct	Nov 30 th to Dec 3 rd 2022
c) Level of Conference (State / Zonal / National)	National
d) Venue	Amritsar
e) Financial support extended by the University	—
f) Copy of the sanction letter to be enclosed	—

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

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

a) Name of the Organizer	Indian Orthopaedic Asso.
b) Title of the program	National Conference
c) Place	Amritsar
d) Duration	5 days
e) Date	Nov 29 th till 3 rd Dec 2022
f) Amount claimed	31 DEC 2022

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

31 DEC 2022

06

Aspernom
2
31-12-22

13. Expenses involved towards attending the Conference:	
a) Place	Amritsar
b) Mode of journey	Flight
c) Fare	Goa to Amritsar & Amritsar to Hebbali
To and Fro expenses	21955/- Rs
✓ Registration / Delegation Fee	Rs 8500/-
Accommodation charges	—
Total Expenses	30455/- Rs.
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors of the Conference or any other funding agency for attending the aforesaid Conference,
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference,
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.
- I shall reimburse the amount to the University in excess of the eligibility.

Date: 26/12/22

Signature of the faculty member

Ref. No. 2093

Date: 30-12-2022

To


The Registrar,
KAHER,
Belgaum.

Dr. Ravi S. Jatti
Professor & Head ,
Department of Orthopaedics
J.N. Medical College, Belagavi.

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. Ravi S. Jatti
Professor & Head ,
Department of Orthopaedics
J.N. Medical College, Belagavi.



Yours faithfully,


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

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 CONFERENCES OUTSIDE INDIA

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

A. To be filled by the faculty member:

1. Name	Dr. Mahesh Kamate
2. Qualification	DM (Paediatric Neurology)
3. Designation	Professor & HoD of Paediatric Neurology
4. Department	Paediatric Neurology
5. Institution	J.N. Medical College, Belagavi
6. Date of joining the Institution	09-07-2007
7. Objectives of the Conference / Seminar / Symposium	To provide rich tapestry of Childhood Neurological Disorders from a Global Perspective.
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	<p>a) Delivering Key-note address / orations / plenary lectures</p> <p>b) <u>Contributing a scientific paper</u></p> <p>c) Chairing a scientific session</p> <p>d) International collaboration exchange program (only on invitation)</p> <p>e) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation)</p> <p>f) Others, if any, specify.</p>

10. Particulars of the financial support previously extended by the University to attend the International Conference(s) during the block period of three years (1st January to 31st December)

a) Title of the Conference / Seminar / Symposium	International Child-neurology Congress-2014
b) Date of conduct	3rd to 5 th October 2014
c) Venue	Antalya
d) Financial support extended by the University	Rs.50,000/-
e) Actual amount credited / reimbursed and Date of payment	Rs.50,000/-
f) Copy of the sanction letter to be enclosed	

11. Particulars of the Conference / Seminar / Symposium being attended

a) Name of the Organizer	International Child-neurology Association
b) Title of the program	ICNC-2022
c) Place	Antalaya, Turkey
d) Duration	5 days
e) Date of Conference	3rd to 7 th October 2022

Informal
Candidate

As per norms
3.10.22



Get
Certificate

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 -

Financial grant sought:

North / South America

Europe, Africa and Australia

Rs. 75,000/-

China and Japan

Asia countries

Other Asia countries Other Asia countries except
Sri Lanka, Pakistan, Bangladesh, Nepal,
Afghanistan, Bhutan, Myanmar, Maldives)

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

International

Domestic

a) Place

Delhi to Istanbul

Belgaum to Delhi

b) Mode of journey

Flight

Flight

c) Fare

20000 rupees

8500 rupees

d) To and Fro

25000 rupees

e) Accommodation charges

490 Euros (38430
INR)

f) Registration / Delegation Fee

g) Air-port Tax

14. Documents to be submitted:

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

Attached

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

Attached

15. Signature of the faculty member

Mukund

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors / organizers of the Conference or any other funding agency for attending the aforesaid Conference. I am aware that I am liable for any disciplinary action by the University in case it is found at a later stage that the information furnished in this application is wrong / false, in support of my application for financial grant.
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference.
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.

Date : 22/9/2022

Signature of the faculty member

Mukund

Ref. No. KAHER-/2022-23/D- 22022305

13th February.2023

30

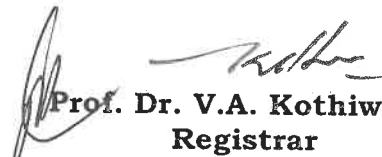
ORDER

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

With reference to the above, the request of **Dr. Pramod Hurkadale**, Professor, Department of Pharmacognosy and Phytochemistry, KLE College of Pharmacy, Belagavi. For attending 'International Ethnopharmacology Congress ; 22nd International Congress of International Society for Ethnopharmacology and the 10th International Congress of the Society for Ethnopharmacology And also presenting Scientific Paper '*Reimagine Ethnopharmacology; Globalization of Traditional Medicine*' to be held City Convention Centre, Imphal. Manipur from 24th February to 26th February 2023 has been approved by the competent authority of the University.

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




Prof. Dr. V.A. Kothiwale
Registrar

To,
The above staff member.

CC to:

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

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / NATIONAL CONFERENCES

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

A. To be filled by the faculty member:

1. Name
2. Qualification
3. Designation
4. Department
5. Email ID
6. Institution
7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility)
8. Objectives of the Conference / Seminar / Symposium
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium
10. Assignment in the aforesaid Conference / Seminar / Symposium

Dr. Pramod T. Hurkadale
M.Pharm., Ph.D
Professor
Pharmacognosy
pramodhurakadale@yahoo.com
KLE College of Pharmacy, Belagavi
Oct 2004

Congress / Spec 2023 DBT

Please enclose a separate sheet.

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

☒ b) Contributing a scientific paper

c) International collaboration / exchange program (only on invitation)

d) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation)

☒ e) Others, if any, specify. (Speaker / Resource person)

11 Particulars of the Conference being attended

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

ISE-SPEC 2023, Imphal, Manipur
24, 25 & 26 February 2023

State / National ☒

State Level : Rs. 8,000/- ☒

National Level : Rs. 16,000/-

IBSD-DBT-Institute, Manipur.

Enclosed - As Annexure ①

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

12. Particulars of the financial support previously extended by the University

- a) Name of the Organizer
- b) Title of the program
- c) Place
- d) Duration
- e) Date of Conference
- f) Financial grant availed

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

09 FEB 2023

13

Inward No. Sign

2nd IPC - Nagpur.

PC -

Nagpur

03 days

20-22 Jan 2023

Rs 16,000/-

(Submitted Documents for sanction)

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

- 2 -

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

- a) Place
- b) Mode of journey
- c) Fare
- d) To and Fro
- e) Accommodation charges
- f) Registration / Delegation Fee
- g) Air-port Tax

Particulars

Belagavi to Durgal-Belagavi
Air
25,000 = 00 Approximately
2,800 = 00 (Local transport)
Complimentary
Complimentary
1,200 = 00 (Approximately)

14. Documents to be submitted:

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

Enclosed - Annexure ②
Enclosed - Annexure ③

DECLARATION

I hereby declare that

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors / organizers of the Conference or any other funding agency for attending the aforesaid Conference. I am aware that I am liable for any disciplinary action by the University in case it is found at a later stage that the information furnished in this application is wrong / false, in support of my application for financial grant.
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference.
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.

Date 7.02.2023

Signature of the faculty member

Ref. No. KLE/COP/2015/2022/23

Date: 7.02.2023

To

The Registrar, KAHER, Belagavi.

Dear Sir,

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

Thanking you,

Yours faithfully,

K.S. Patil
Signature of the HoD



Principal

PRINCIPAL
KLE College of Pharmacy
BELAGAVI - 590 010.



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

Accredited A⁺ Grade by NAAC (3rd Cycle)

Placed in Category 'A' by MoE (GoI)

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

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

Ref. No. KAHER-/2022-23/D- 27022318

24th February, 2023

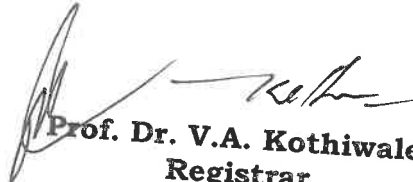
ORDER

Sub : **Permission to participate in the International Conference.**
 Ref : Request letter of the applicant forwarded through the concerned HoD,
 KLE Homeopathic Medical College and Hospital, Belagavi.

With reference to the above, the request of **Dr. Preeti Hampannawar**, Assistant Professor, Department of Homoeopathic Pharmacy, KLE Homeopathic Medical College, Belagavi. For attending '**International Ayush Summit-2023**' and also presented Scientific Paper '**Role of homeopathy in treating psychosomatic ailments and restoration of Mental Health**' to be held at Kanyakumari from 27th to 29th January, has been approved by the competent authority of the University.

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




Prof. Dr. V.A. Kothiwale
 Registrar

To,
 The above staff member.

CC to:

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

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

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

A. To be filled by the faculty member:	
1. Name	Dr. Preeti R. Hampannawar.
2. Qualification	B.H.M.S. M.D (Hom)
3. Designation	Assistant Professor.
4. Department	Homoeopathic Pharmacy
5. Institution	KLEU's Homoeopathic Medical College, Belagavi.
6. Email ID	preeti.hampannawar @ gmail.com
7. Date of joining the Institution	17 th Jan, 2018
8. Objectives of the Conference / Seminar / Symposium	To promote high quality research & academic discourse of Ayush Medical Systems.
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
10. Assignment in the aforesaid Conference / Seminar / Symposium	<input checked="" type="checkbox"/> a) Contributing a scientific paper (poster or oral) <input type="checkbox"/> b) Delivering a guest lecture <input type="checkbox"/> c) Others, if any, specify.
11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	—
a) Title of the Conference / Seminar / Symposium	—
b) Date of conduct	—
c) Level of Conference (State / Zonal / National)	—
d) Venue	—
e) Financial support extended by the University	—
f) Copy of the sanction letter to be enclosed	—
Note : The faculty member is eligible for financial support to attend one State / Zonal and one National Conference in a calendar year.	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	Press Network of India (PNI), Santgiri Ashram & leading Organizations of Ayush
b) Title of the program	International Ayush Summit, 2023
c) Place	Vivekanandapuram, Kanyakumari
d) Duration	3 days
e) Date	27-29 January, 2023
f) Amount claimed	10,742/-

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

- 2 -

13. Expenses involved towards attending the Conference:	
a) Place	Vivekanandapuram, Kanyakumari.
b) Mode of journey	Train & Bus.
c) Fare	
To and Fro expenses	3478/- + 1950/-
Registration / Delegation Fee	3,075/-
Accommodation charges	2,239/-
Total Expenses	10,742/-
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	Attached.
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	Paper presentation - copy attached.

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors of the Conference or any other funding agency for attending the aforesaid Conference,
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference,
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.
- I shall reimburse the amount to the University in excess of the eligibility.

Date : 20/02/2023

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,



Signature of the HoD



Yours faithfully,



Principal

KLE Homoeopathic Medical College & Hospital,
BELAGAVI

HOD

Department of Hom. Pharmacy
KLE University's H.M.C. & Hospital
Belagavi.

Ref. No. KAHER-/2022-23/D- 30112205

28th November, 2022

32

ORDER

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

With reference to the above, the request of **Dr. Suma Dnyanesh**, Associate Professor, Department of Anatomy, J N Medical College Belagavi. For attending '69th NATCON, and Global Congress of Anatomists' to be held Institute of Medical Sciences, Gadag from 8th to 11th December, 2022, has been approved by the competent authority of the University.

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




Prof. Dr. V.A. Kothiwale
Registrar

To,
The above staff member.

CC to:

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

informed on 25/2/2023



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / NATIONAL CONFERENCES

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

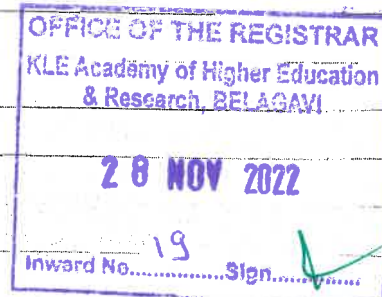
To be filled by the faculty member:

1. Name	Dr. Suma Dnyanesh
2. Qualification	MBBS, MD Anatomy
3. Designation	Associate Professor
4. Department	Anatomy
5. Email ID	drsumad410@gmail.com
6. Institution	INMC, Belagavi
7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility)	1/7/2011
8. Objectives of the Conference / Seminar / Symposium	
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
10. Assignment in the aforesaid Conference / Seminar / Symposium	a) Delivering Key-note address / orations / plenary lectures b) Contributing a scientific paper c) International collaboration exchange program (only on invitation) d) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation) e) Others, if any, specify.
11. Particulars of the Conference <u>being attended</u>	
a) Title of the Conference / Seminar / Symposium	69th NATCON, Global Congress of Anatomists
b) Date of conduct	8th to 11th Dec. 2022
c) Level of Conference	State / National
d) Quantum of financial grant eligible (or actuals expenses, whichever is less)	State Level : Rs. 8,000/- National Level : Rs. 16,000/-
e) Venue	YIMC Gadag
f) Copy of the sanction letter along-with Brochure to be enclosed	

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

12. Particulars of the financial support previously extended by the University

a) Name of the Organizer	
b) Title of the program	
c) Place	
d) Duration	
e) Date of Conference	
f) Financial grant availed	



28-11-22



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

- 2 -

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

Particulars

a) Place

b) Mode of journey

c) Fare

d) To and Fro

e) Accommodation charges

f) Registration / Delegation Fee

g) Air-port Tax

Gadag
Car

14. Documents to be submitted:

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

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors / organizers of the Conference or any other funding agency for attending the aforesaid Conference. I am aware that I am liable for any disciplinary action by the University in case it is found at a later stage that the information furnished in this application is wrong / false, in support of my application for financial grant.
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference.
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.

Date: 25/11/22

Signature of the faculty member

AD

Ref. No.

1814

Date:

22/11/22

To

The Registrar, KAHER, Belagavi.

Dear Sir,

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

Thanking you,

Yours faithfully,

Signature of the HoD

Seal

Principal
Jawahar Lal Medical College
BELAGAVI

Professor & Head Dept. of Anatomy
J. N. Medical College, Belagavi.

Ref. No. KAHER-/2022-23/D- 27022317

22nd February, 2023

33

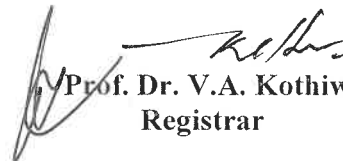
ORDER

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

With reference to the above, the request of Mr. Rajashekar S Chavan, Assistant Professor, KLE College of Pharmacy, Belagavi for attending 'International Conference on Innovation and Advances in Pharmaceutical Sciences-Current scenario and Future Perspectives' to be held at Sri Adichunchangiri College of Pharmacy Adichunchangiri University B.G.Nagar from 10th and 12th February 2023 has been approved by the competent authority of the University.

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




Prof. Dr. V.A. Kothiwale
Registrar

To,
The above staff member.

CC to:

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

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / NATIONAL CONFERENCES

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

A. To be filled by the faculty member:

1. Name Rajashekar. S. Chavan
2. Qualification M. Pharm
3. Designation Assistant professor
4. Department Pharmacology
5. Email ID Rajashekar.chavan18@gmail.com
6. Institution K.L.E WOP Belagavi
7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility) 01/08/2016
8. Objectives of the Conference / Seminar / Symposium Innovation & Advances in Pharmaceutical Sciences.
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium Please enclose a separate sheet.
10. Assignment in the aforesaid Conference / Seminar / Symposium
 - a) Delivering Key-note address / orations / plenary lectures
 - b) Contributing a scientific paper
 - c) International collaboration exchange program (only on invitation)
 - d) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation)
 - e) Others, if any, specify.

11 Particulars of the Conference being attended

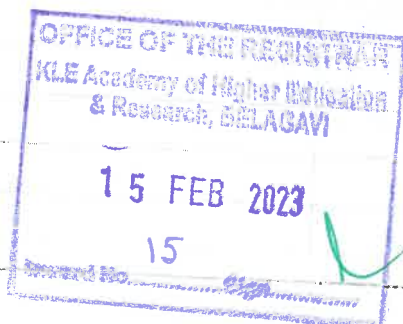
- a) Title of the Conference / Seminar / Symposium Conference
- b) Date of conduct 10th & 11th 2023
- c) Level of Conference State / National state.
- d) Quantum of financial grant eligible (or actuals expenses, whichever is less) State Level : Rs. 8,000/-
National Level : Rs. 16,000/-
- e) Venue Sri Adichunchanagiri College of Pharmacy
Adichunchanagiri University B.G. Nagar
Nagamangala Taluk, Mandya District.
- f) Copy of the sanction letter along-with Brochure to be enclosed

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

12. Particulars of the financial support previously extended by the University

- a) Name of the Organizer
- b) Title of the program
- c) Place
- d) Duration
- e) Date of Conference
- f) Financial grant availed

NIL



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

	Particulars
a) Place	Sri. Adichunnah nagar College of Pharmacy B.G. Nager Road DIT
b) Mode of journey	Train
c) Fare	622+622=1244 Other expenditure
d) To and Fro	Belagavi to B.G. Nager 1200 1200 B.G. to Belagavi
e) Accommodation charges	1180/-
f) Registration / Delegation Fee	2750/-
g) Air-port Tax	-

14. Documents to be submitted:

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

Enclosed

As per Rule

DECLARATION

I hereby declare that

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors / organizers of the Conference or any other funding agency for attending the aforesaid Conference. I am aware that I am liable for any disciplinary action by the University in case it is found at a later stage that the information furnished in this application is wrong / false, in support of my application for financial grant.
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference.
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.

Date: 15/02/2023

Signature of the faculty member

[Signature]

Ref. No. KLE/COP/1242/2022/23

Date: 13/02/2023

To

The Registrar, KAHER, Belagavi.

Dear Sir,

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

Thanking you,

Yours faithfully,

Signature of the HoD

[Signature]
13/2/23



Principal

PRINCIPAL

KLE College of Pharmacy
BELAGAVI - 10.



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

Accredited A⁺ Grade by NAAC (3rd Cycle)

Placed in Category 'A' by MoE (GoI)

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

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

Ref. No. KAHER-/2022-23/D- 23012318

18th January, 2023

34


ORDER

Sub : **Permission to participate in the National Conference.**
Ref : Request letter of the applicant forwarded through the concerned principal and HoD J N Medical College, Belagavi.

With reference to the above, the request of Dr. Netravathi A Kavi, Associate Professor, Department of Pharmacology, J N Medical College Belagavi. For attending National Conference '52nd Annual Conference of Indian Pharmacological Society' to be held JSS College of Pharmacy, Mysore, from 22nd to 25th February, 2023 has been approved by the competent authority of the University.

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




Prof. Dr. V.A. Kothiwale
Registrar

To,
The above staff member.

CC to:

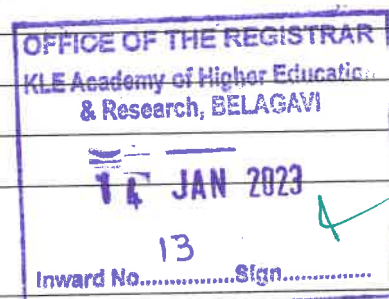
1. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
2. The Principal, J N Medical College, Belagavi.
3. The Finance Officer, KAHER, Belagavi.

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



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

A. To be filled by the faculty member:	
1. Name	DR. NETRAVATHI A. KAVI
2. Qualification	M.D. Pharmacology
3. Designation	Associate Professor
4. Department	Pharmacology
5. Institution	J.N. Medical College
6. Email ID	drnetra.angadi@gmail.com
7. Date of joining the Institution	02/06/2014
8. Objectives of the Conference / Seminar / Symposium	Future challenges of Pharmacology in Health & well being.
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
10. Assignment in the aforesaid Conference / Seminar / Symposium	<input checked="" type="checkbox"/> a) Contributing a scientific paper (poster or oral) <input type="checkbox"/> b) Delivering a guest lecture <input type="checkbox"/> c) Others, if any, specify.
11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December	NIL
a) Title of the Conference / Seminar / Symposium	
b) Date of conduct	
c) Level of Conference (State / Zonal / National)	
d) Venue	
e) Financial support extended by the University	
f) Copy of the sanction letter to be enclosed	
Note : The faculty member is eligible for financial support to attend <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	ISS College Pharmacy, Mysore
b) Title of the program	Indian Pharmacological Society conference
c) Place	Mysore, Karnataka (IPSCON-2023)
d) Duration	4 Days
e) Date	22nd to 25th Feb 2023
f) Amount claimed	15,000/-



As per...

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

- 2 -

13. Expenses involved towards attending the Conference:	
a) Place	Mysore, Karnataka
b) Mode of journey	Bus
c) Fare	
To and Fro expenses	3000
Registration / Delegation Fee	5000
Accommodation charges	6000
Total Expenses	15,000
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	Enclosed
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors of the Conference or any other funding agency for attending the aforesaid Conference,
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference,
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.
- I shall reimburse the amount to the University in excess of the eligibility.

Date: 13/1/2023

Signature of the faculty member

Netravathi AN

Ref. No. 2264

Date: 14-1-2023

To

The Registrar,
KAHER,
Belgaum.

Dear Sir,

We are enclosing herewith the application of the above Teacher in the prescribed format for grant of financial support for presentation scientific paper (poster or oral) / delivering a guest lecture to attend the Conference for kind consideration.

Thanking you,

Yours faithfully,

Signature of the HoD

Professor & Head

Dept. of Pharmacology

KAHER's J. N. Medical College
Belagavi



Principal
Jawahar Lal Nehru Medical College
BELAGAVI



INSTITUTE OF PHYSIOTHERAPY

A Constituent Unit of

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

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

Accredited 'A+' Grade by NAAC (3rd Cycle)

Placed in Category 'A' by MHRD (GoI)

NEHRU NAGAR, BELAGAVI - 590010, KARNATAKA, INDIA



Office -0831-2473906, Fax - 0831 -2474727

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

Ref. No/KAHER/ KIPT/22-23 /1175

Date: 23/02/2023

To,
The Registrar,
KAHER,
Belagavi.

Sub: - Forwarding of bills of national conference attended by staff at Madikeri.

Ref: KAHER-/2022-23/D-07012302, dated 31/12/2022

Sir,

With reference to the subject cited above, I am forwarding herewith the application of the below mentioned Staff for grant of financial assistance for attended the national conference on 10th & 11th February 2023 at Madikeri, hereby forwarding the bills, Photograph, Attendance certificate for your consideration and needful.

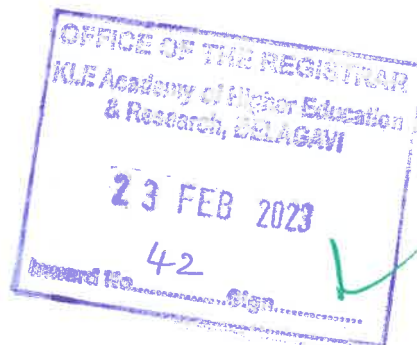
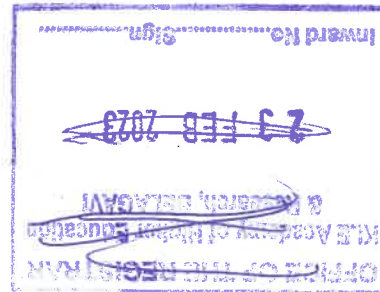
Sl No	Name of the Staff	Designation
1	Dr. Raju Gadad ✓	Assistant Librarian

Kindly acknowledge receipt of the same.

Thanking you,

Yours truly,

PRINCIPAL,



As per
23.2.23

Ref. No. KAHER-/2022-23/D- 07012302

31st December, 2022

(14)

ORDER

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

With reference to the above, the request of **Dr. Raju Gadad**, Assistant Librarian, KAHER Institute of Physiotherapy, For attending '**KHSLA-2023 National Conference Karnataka Health sciences library Association**' to be held **Kodagu Institute of Medical Sciences, Madikeri**. From **10th and 11th February, 2023** has been approved by the competent authority of the University.

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

*As per
Principal
KAHER*



[Signature]
Prof. Dr. V.A. Kothiwale
Registrar

To,
The above staff member.

CC to:

1. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
2. The Principal, KAHER Institute of Physiotherapy, 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)

A. To be filled by the faculty member:	
1. Name	Dr. Raju Gadad M.LISC Ph.D.
2. Qualification	MLISC, Ph.D.
3. Designation	Asst. Librarian
4. Department	Library
5. Institution	KAHER, Institute of Physiotherapy - Belagavi
6. Date of joining the Institution	22-07-2019
7. Objectives of the Conference / Seminar / Symposium	Health informatics for health science librarians
8. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
9. Assignment in the aforesaid Conference / Seminar / Symposium	a) Chairing a scientific session. b) Contributing a scientific paper (poster or oral) ✓ c) Delivering a guest lecture d) Others, if any, specify.
10. Particulars of the financial support extended by the University for the 1 st time to attend the similar Conference (s) during the current financial year (1 st April to 31 st March)	— NO —
a) Title of the Conference / Seminar / Symposium	Health informatics for health science librarians
b) Date of conduct	9 th , 10 th & 11 th Feb. 2023
c) Venue	Kodagu Institute of Medical Sciences - Madikeri
d) Financial support extended by the University	—
e) Copy of the sanction letter to be enclosed	yes.
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	Kodagu institute of medical sciences - madikeri
b) Title of the program	Health informatics for health science librarians
c) Place	Madikeri
d) Duration	3 days
e) Date	9 th , 10 th & 11 th Feb. 2023





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. Expenses involved towards attending the Conference:	
a) Place	Belagavi - Mysuru - Madikeri
b) Mode of journey	Bus
c) Fare	5000/- Approximate
To and Fro expenses	2000/-
Registration / Delegation Fee	750
Total Expenses	7000/- Approximate
3. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	yes
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	yes

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the 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: 28-12-2022

Signature of the faculty member

[Signature]

Ref. No. _____

Date: _____

The Registrar,
KLE University,
Belgaum.

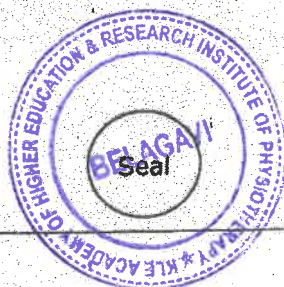
Dear Sir,

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

Thanking you,

Yours faithfully,

Signature of the HoD



Principal



(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)]

KLE UNIVERSITY

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

A. To be filled by the faculty member:	
1. Name	DR. SHIVAYOGI M. HUGAR
2. Qualification	MDS
3. Designation	PROF & HEAD
4. Department	PEDIATRIC & PREVENTIVE DENTISTRY
5. Institution	KLE VR IDS BELAGAVI
6. Date of joining the Institution	8/6/2006
7. Objectives of the Conference / Seminar / Symposium	To increase knowledge
8. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
9. Assignment in the aforesaid Conference / Seminar / Symposium	<input type="checkbox"/> a) Chairing a scientific session. <input type="checkbox"/> b) Contributing a scientific paper (poster or oral) <input checked="" type="checkbox"/> c) Delivering a guest lecture <input type="checkbox"/> d) Others, if any, specify.
10. Particulars of the financial support extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	
a) Title of the Conference / Seminar / Symposium	19th ISPRO National PC convention
b) Date of conduct	23rd Feb - 25th Feb 2023
c) Venue	Saveetha Dental College Chennai
d) Financial support extended by the University	
e) Copy of the sanction letter to be enclosed	Enclosed
f) Level of Conference State / Zonal / National	National
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference</u> in a calendar year.	
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	Saveetha Dental college, ISPRO conf.
b) Title of the program	19th ISPRO National PC convention
c) Place	Chennai
d) Duration	3 days
e) Date	23rd Feb to 25th Feb 2023
f) Amount claimed	

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

01 MAR 2023

23

Stamp No. _____

Approved
2.7.23

- 2 -

12. Expenses involved towards attending the Conference:	
a) Place	Chennai
b) Mode of journey	Train
c) Fare	
To and Fro expenses	5000/-
Registration / Delegation Fee	7000/-
Accommodation charges	10,000/-
Total Expenses	22000/-
13. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	Enclosed
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors of the Conference or any other funding agency for attending the aforesaid Conference,
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference,
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.
- I shall reimburse the amount to the University in excess of the eligibility.

Date : _____

Signature of the faculty member

Smhugal

Ref. No. _____

Date: _____

To

The Registrar,
KLE University,
Belgaum.

Dear Sir,

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

Thanking you,

Yours faithfully,

Smhugal

Signature of the HoD

Professor and Head

Department of Pedodontics

KLE V. K. Institute of Dental Sciences,
Belagavi

Seal

dhaz

Principal

INSTITUTE OF NURSING SCIENCES



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



Accredited 'A' Grade by NAAC (3rd Cycle) Placed in Category 'A' by MoE [MHRD] (GoI)

NEHRU NAGAR, BELAGAVI-590010, KARNATAKA, INDIA

☎: 091-0831-2472303

FAX: 091- 0831-2475103

Web: <http://kleunursingbgm.edu.in>

E-mail: principalklenursingbgv@gmail.com

Recognized by: Indian Nursing Council (New Delhi)-Karnataka Nursing Council (Bengaluru, Karnataka)

Ref.No: KAHER/INS/2022-23/D-1038

Date: 01-03-2023

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

Sub: Reg. Submission of Bills of attended National Conference.

Respected Sir,

With reference to the subject cited above, we are enclosing herewith the bills of the below teacher in the prescribed format for grant of financial support / Incentive for attended National Conference on **"Integration of Genomics in Nursing & Healthcare Practice"** organized by MAHE (Deemed to be University), Manipal College of Nursing, Manipal held on 16th & 17 February 2023.

S No	Name of the Faculty	Designation	Paper/Poster Presentation
1	Mrs. Vaishali B	Assistant Professor	Paper & Poster Presentation
2	Mrs. Shweta D	Senior Tutor	Paper & Poster Presentation

This is for your kind information & needful in the matter.

Thanking you,

Yours faithfully

Principal

KAHER Institute of Nursing Sciences
Belagavi



Ref.No.KAHER/22-23/D- 22022306

15th Feb.2023

ORDER

Sub: Approval of Grant of financial support for attending the National Conference at Manipal from 16th and 17th February 2023.


Ref: Your office letter Ref. No. INS / 2022-23/979 dated 8th February, 2023 .

With reference to the above, the following faculty members are hereby permitted to attend the National Conference [Integration of Genomics in Nursing and Healthcare Practice'] to be held at Manipal from 16th to 17th February 2023:

SL. No	Name	Designation	Department
1	Mr.Jagadeesh G.H	Assistant Professor	Child Health Nursing
2	Mrs. Shubahrami S M	Assistant professor	OBG Nursing
3.	Mrs.Shweta D.	Assistant Professor	Child Health Nursing
4.	Mrs.Vaishali B.	Assistant Professor	OBG Nursing

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




Prof Dr.V.A.Kothiwale
Registrar

To,
The above staff member.

CC to:

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

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KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

Accredited A⁺ Grade by NAAC (3rd Cycle)

Placed in Category 'A' by MoE (GoI)

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

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

Ref. No. KAHER-/2022-23/D- 08022309

8th February, 2023


ORDER

Sub : **Permission to participate in the International Conference.**
Ref : Request letter of the applicant forwarded through the concerned HoD,
Dr. Prabhakar Kore, Basic Sciences Research Centre, Belagavi.

With reference to the above, the request of **Dr. Priya Shetti**, Research Associate (Grade 1) BSRC, Belagavi. For attending '**International conference on Innovation and Advances in Pharmaceutical Sciences**' organised by **Association of Pharmaceutical Research**. to be held at **Sri Advichunchanagiri college of Pharmacy, Adichunchangiri University B.G, Nagar, Karnartaka** from **10th to 11th Feb 2023**, has been approved by the competent authority of the University.

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




Prof. Dr. V.A. Kothiwale
Registrar

To,
The above staff member.

CC to:

1. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
2. In charge Director Dr. Prabhakar kore Basic Sciences Research Centre, KAHER, Belagavi. The Finance Officer, KAHER, Belagavi.

KLE 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)

A. To be filled by the faculty member:

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 th May 2022
7. Objectives of the Conference / Seminar / Symposium	<ul style="list-style-type: none"> • Exchange new ideas & apply hands on experiences to build up new relationships and research collaborations with global partners involved in herbal drug research. • Bridge the gap between Biologists, Pharmaceutical Scientists, Ayurvedic practitioners, Scientists, and other delegates involved in Drug Development
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: Possible Research Collaboration
10. Particulars of the financial support extended by the University to attend the similar Conference (s) during the current calendar year [1 st Jan. to 31 st Dec.]	
a) Title of the Conference / Seminar / Symposium	International Conference on Innovation & Advances in Pharmaceutical Sciences - Current Scenario and Future Perspectives
b) Date of conduct	10 th and 11 th February 2023
c) Venue	Sri Adichunchanagiri College of Pharmacy, Adichunchanagiri University, B. G. Nagara, Karnataka
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
Note: The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference</u> in a calendar year.	
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	Adichunchanagiri University & Association for Pharmaceutical Research
b) Title of the program	International Conference on Innovation & Advances in Pharmaceutical Sciences - Current Scenario and Future Perspectives
c) Place	Sri Adichunchanagiri College of Pharmacy, Adichunchanagiri University, B. G. Nagara, Karnataka
d) Duration	2 Days
e) Date	10 th and 11 th February 2023
f) Amount claimed	8,500/-

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH [KAHER]



12. Expenses involved towards attending the Conference:

a) Place	Belagavi to Bangalore via Tumkur [To & Fro]
b) Mode of journey	Train (3 rd AC)
c) Fare	
To and Fro expenses	Train: 2,200/- and approx. 220 kms (110 kms one way) Local travelling expenses: Rs.1,000/- (by bus)
Registration / Delegation Fee	2,800/-
Accommodation charges	2,500/-
Total Expenses	Rs.8,500/-

13. Documents to be submitted:

- | | |
|--|--|
| 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 : 02.02.2023

Signature of the faculty member

Ref. No. KAHER/BSRC/22-23/236

Date: 02.02.2023

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,

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



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

SHRI BM KANKANAWADI AYURVED MAHAVIDYALAYA

Post Graduate Studies & Research Centre

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

A Constituent Unit of

KLE ACADEMY OF HIGHER EDUCATION & RESEARCH

(DEEMED-TO-BE- UNIVERSITY)

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



First AYUSH Institution having NAAC & NABH Accreditation



Ref No. Bmk/2022-23/2340

Date: 16.03.2023

(41)

To,

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

Sub: Release of Financial Grant for attended to international conference
Ref No. Order KAHER.2022-23/D-27022312 Dt: 22.02.2023

Sir,

With reference to the above subject, we are herewith submitting the attendance Certificate, Photographs and Original bills/ Vouchers of the faculty members who have attended "7th International Ayurveda Congress – Holistic Health Kathmandu Nepa from 3rd to 5th Mar 2023 as per your approval letter for release of Financial Grant. The details of the faculty are as follows.

Sl. No	Name of Teacher	Designation	Department	Workshop /Conference details	Date of Conference
1	Dr Keertan M S	Reader	Roga Nidana	7 th International Ayurveda Congress – Holistic Health Kathmandu Nepal	3 rd to 5 th Mar 2023

This is for your information and permit the same.

Thanking you,



Yours truly,

PRINCIPAL

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

Encl: bills & vouchers with certificate

Shahapur, Belagavi – 590 003, Karnataka, India

Phone: +91 831 2486286; 7204969289 Fax: +91 831 2424157

Website: www.kleayurworld.edu.in, Email: bmkprincipal.kaher@kleayurworld.edu.in



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

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Accredited A⁺ Grade by NAAC (3rd Cycle)

Placed in Category 'A' by MoE (GoI)

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

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

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

27022312

22nd February, 2023

ORDER

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

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

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




Prof. Dr. V.A. Kothiwale
Registrar

To,
The above staff member.

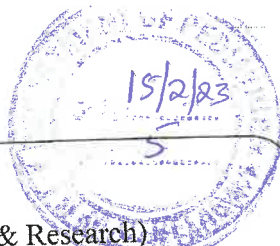
CC to:

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



KLE UNIVERSITY

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



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

A. To be filled by the faculty member:	
1. Name	DR. DNYANESH D.K
2. Qualification	M.D (ped). L.L.B.
3. Designation	Professor
4. Department	Pediatrics
5. Institution	J.N.M. C Belagavi
6. Date of joining the Institution	22.11.2006
7. Objectives of the Conference / Seminar / Symposium	Conference
8. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
9. Assignment in the aforesaid Conference / Seminar / Symposium	a) Chairing a scientific session. b) Contributing a scientific paper (poster or oral) c) Delivering a guest lecture ✓ d) Others, if any, specify.
10. Particulars of the financial support extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	
a) Title of the Conference / Seminar / Symposium	30th IPA Congress & 60th PEDICON-2023
b) Date of conduct	19th - 23 Feb 2023.
c) Venue	Gandhinagar, Gujarat India
d) Financial support extended by the University	
e) Copy of the sanction letter to be enclosed	
f) Level of Conference State / Zonal / National	National & International
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National</u> Conference in a calendar year.	
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	International pediatric association congress and Indian Academy of Pediatrics
b) Title of the program	30th IPA congress & 60th pedicon-2023
c) Place	Gandhinagar, Gujarat
d) Duration	5 days
e) Date	19th to 23 Feb 2023
f) Amount claimed	₹ 35,000/-

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

16 FEB 2023

24

Inward No. Sign

Permitted as per
KLE
17.2.23

- 2 -

12. Expenses involved towards attending the Conference:	
a) Place	Gandhi nagar. Gujarat
b) Mode of journey	Flight.
c) Fare	
To and Fro expenses	9753/-
Registration / Delegation Fee	12,000/-
Accommodation charges	15,648
Total Expenses	37401
13. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	Attached
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	As per But...

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: 15/12/22

Signature of the faculty member

Ref. No. 2584

To

The Registrar,
KLE University,
Belgaum.

Dear Sir,

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

Thanking you,

Yours faithfully,

Signature of the HoD



PRINCIPAL
Jawahar Lal Nehru Medical College
BELAGAVI

Dr. Dnyanesh D. K.
Professor & Consultant Pediatrician
KMC Reg. No. 64066
KLES Dr. Prabhakar Kore Hospital &
MRC, BELAGAVI - 590 010.



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

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

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Placed in Category 'A' by MoE (GoI)

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

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

Ref. No. KAHER-/2022-23/D- 17 02 23 02

17th February 2023


ORDER

Sub : **Permission to participate in the National Conference.**
Ref : Request letter of the applicant forwarded through the concerned HOD,
Principal J.N.Medical College, Belagavi.

With reference to the above, the request of **Dr.Dnyanesh D.K**, Professor, Department of Paediatrics, J.N.Medical College, Belagavi for attending '**National Conference - 30th TPA Congress & 60th PEDICON - 2023**' to be held at Gujarat from **19th and 23rd February 2023** has been approved by the competent authority of the University.

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




Prof. Dr. V.A. Kothiwale
Registrar

To,
The above staff member.

CC to:

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



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

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

42

22nd February, 2023

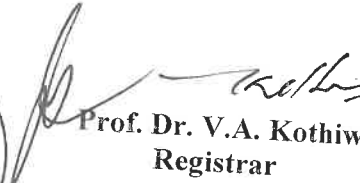
ORDER

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

With reference to the above, the request of **Mr. Namit Kudatarkar**, Assistant Professor, department of Pharmacology, KLE College of Pharmacy, Belagavi. for attending '**International Conference and also presenting a poster Presentation**' to be held at **UCSI University Kuala Lumpur, Malaysia** from **10th and 12th March 2023** has been approved by the competent authority of the University.

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




Prof. Dr. V.A. Kothiwale
Registrar

To,
The above staff member.

CC to:

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



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

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APPLICATION FOR FINANCIAL SUPPORT TO ATTEND CONFERENCES OUTSIDE INDIA

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

A. To be filled by the faculty member:

1. Name **NAMIT KUDATARKAR**
2. Qualification **M Pharm**
3. Designation **Assistant Professor**
4. Department **Pharmacology**
5. Institution **KLE College of Pharmacy, Belagani.**
6. Date of joining the Institution **01/08/2018**

7. Objectives of the Conference / Seminar / Symposium

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

Please enclose a separate sheet.

9. Assignment in the aforesaid Conference / Seminar / Symposium

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

10. Particulars of the financial support previously extended by the University to attend the International Conference(s) during the block period of three years (1st January to 31st December)

Nil

a) Title of the Conference / Seminar / Symposium

b) Date of conduct

c) Venue

d) Financial support extended by the University

e) Actual amount credited / reimbursed and Date of payment

f) Copy of the sanction letter to be enclosed

11. Particulars of the Conference / Seminar / Symposium being attended

a) Name of the Organizer

b) Title of the program

c) Place

d) Duration

e) Date of Conference

**UCSI University, Faculty of Pharmaceutical Sciences
International Research Conference on
Pharmaceutical & Allied Sciences.
Kuala Lumpur, Malaysia.
10, 11, 12th March 2023
10-12th March 2023**



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

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

- 2 -

12. Financial grant sought:

North / South America	Rs. 1,25,000/-
Europe, Africa and Australia	Rs. 75,000/-
China and Japan	Rs. 60,000/-
Asia countries	Rs. 30,000/-
Other Asia countries except Sri Lanka, Pakistan, Bangladesh, Nepal, Afghanistan, Bhutan, Myanmar, Maldives)	Rs. 20,000/-

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

- Place
- Mode of journey
- Fare
- To and Fro
- Accommodation charges
- Registration / Delegation Fee
- Air-port Tax

International

Domestic

Malaysia

Flight

16410/-

16410/-

6715/-

8907/-

As per
Rules
of

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.

15. Signature of the faculty member

DECLARATION

I hereby declare that

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors / organizers of the Conference or any other funding agency for attending the aforesaid Conference. I am aware that I am liable for any disciplinary action by the University in case it is found at a later stage that the information furnished in this application is wrong / false, in support of my application for financial grant.
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference.
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.

Date

31/01/2023

Signature of the faculty member

NOTE: The faculty member who has completed minimum three years of services in the institution is eligible to avail this facility.

SHRI B. M. KANKANAWADI AYURVED MAHAVIDYALAYA

Post Graduate Studies & Research Centre

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

A Constituent Unit of

KLE ACADEMY OF HIGHER EDUCATION & RESEARCH

(DEEMED-TO-BE- UNIVERSITY)

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

First AYUSH Institution having NAAC & NABH Accreditation

Ref No. BMK/2022-23/2315

Date: 13.03.2023

To,

43 - 44

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

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

Sir,

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

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

This is for your information and permit the same.

Thanking you,



Encl: bills & vouchers with certificate

Yours truly,

PRINCIPAL

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

Shahapur, Belagavi - 590 003, Karnataka, India

Phone: +91 831 2486286; 7204969289 Fax: +91 831 2424157

Website: www.kleayurworld.edu.in, Email: bmknprincipal.kaheer@kleayurworld.edu.in

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

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

Graded A⁺ Grade by NAAC (3rd Cycle)

Placed in Category 'A' by MoE (Gol)

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

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

Ref.No.KAHER/22-23/D- 27022316.

22nd February, 2023

ORDER

Sub: Approval of Grant of financial support for attending the International Conference at Jaipur from 23rd to 25th February 2023.

Ref: Your office letter Ref. No. BMK / 2022-23/2173 dated 20th February 2023.

With reference to the above, the following faculty members are hereby permitted to attend the National Conference [National Level Workshop on 'Ayurvedic Pharmaceutical Sciences-Department of RS & BK National Institute of Ayurveda to be held at Jaipur from 23rd to 25th February 2023:

SL. No	Name	Designation	Department
1	Dr. R.S.Hiremath	Professor and HoD	RS and BK
2	Dr. Poornima B Tukanatti	Assistant Professor	RS and BK

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.



[Signature]
Prof Dr.V.A.Kothiwale
Registrar

To,
The above staff member.

CC to:

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

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Placed in Category 'A' by MHRD (GoI)

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

☎: 0831-2444444

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

E-mail: info@kledeemeduniversity.edu.in

Ref. No. KAHER-/2022-23/D- 05112201

03rd November, 2022


ORDER

Sub : Permission to participate in the International Conference.
Ref : Request letter of the applicant forwarded through the concerned principal and HOD.KLE College of Pharmacy, Belagavi.

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

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




Prof. Dr. V.A. Kothiwale
Registrar

To,

The above staff member.

CC to:

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



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND CONFERENCES OUTSIDE INDIA

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

A. To be filled by the faculty member:

1. Name	Shankar G. Alegaon
2. Qualification	M. Pharm, Ph.D
3. Designation	Professor and HoD
4. Department	Pharmaceutical Chemistry
5. Institution	KLE College of Pharmacy, Belagavi
6. Date of joining the Institution	07/06/2005
7. Objectives of the Conference / Seminar / Symposium	Enclosed
8. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
9. Assignment in the aforesaid Conference / Seminar / Symposium	a) Delivering Key-note address / orations / plenary lectures b) Contributing a scientific paper ✓ c) International collaboration exchange program (only on invitation) d) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation) e) Others, if any, specify
10. Particulars of the financial support <u>previously</u> extended by the University to attend the International Conference(s) during the block period of three years (1 st January to 31 st December)	
a) Title of the Conference / Seminar / Symposium	ICDD-2020
b) Date of conduct	29/2/2020 to 2/3/2022
c) Venue	BITS-Pilani-Hydrabad campus
d) Financial support extended by the University	KAHER
e) Actual amount credited / reimbursed and Date of payment	8000/-
f) Copy of the sanction letter to be enclosed	Enclosed
11. Particulars of the Conference / Seminar / Symposium <u>being</u> attended	
a) Name of the Organizer	Schrodinger & BITS Pilani Goa campus
b) Title of the program	ICDD-2022
c) Place	GOA. KK Birla Goa campus, GOA
d) Duration	Two day, 10th & 11th November-2022
e) Date of Conference	

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

21 SEP 2022

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

Dr. Hariprasad



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

- 2 -

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

	Particulars
a) Place	Panaji (Goa)
b) Mode of journey	Road (Car)
c) Fare	2500/-
d) To and Fro	5000/-
e) Accommodation charges	4000/-
f) Registration / Delegation Fee	3500/-
g) Air-port Tax	

14. Documents to be submitted:

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

Total = 12500/-

Enclosed

DECLARATION

I hereby declare that

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors / organizers of the Conference or any other funding agency for attending the aforesaid Conference. I am aware that I am liable for any disciplinary action by the University in case it is found at a later stage that the information furnished in this application is wrong / false, in support of my application for financial grant.
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference.
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.

Date: 20/09/22

Signature of the faculty member

[Signature]

Ref. No. KLE/COP/680/2022/23

Date: 20/9/2022

To

The Registrar, KAHER, Belagavi.

Dear Sir,

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

Thanking you,

Yours faithfully,

[Signature]
Signature of the HoD



[Signature]

Principal
KLE College of Pharmacy
BELAGAVI - 590 010.



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / NATIONAL CONFERENCES

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

A. To be filled by the faculty member:

1. Name **Dr. Meenaxi. Mast**
2. Qualification **M'pharm. Ph.D. PGDHPE.**
3. Designation **Professor**
4. Department **Pharmaceutical Chemistry**
5. Email ID **meenaxim@gmail.com, meenaxi.maste@klepharm.edu**
6. Institution **KLE college of Pharmacy, Belagavi.**
7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility) **21st August 2002**
8. Objectives of the Conference / Seminar / Symposium **Conference.**
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium **Please enclose a separate sheet. current trends in Pharm industry.**
10. Assignment in the aforesaid Conference / Seminar / Symposium **oral presentation**
 - a) Delivering Key-note address / orations / plenary lectures
 - b) Contributing a scientific paper
 - c) International collaboration exchange program (only on invitation)
 - d) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation)
 - e) Others, if any, specify.

11 Particulars of the Conference being attended

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

"2nd International Conference on current advances in Pharmaceutical industry & development"

State / National **National**

State Level : Rs. 8,000/-

National Level : Rs. 16,000/-

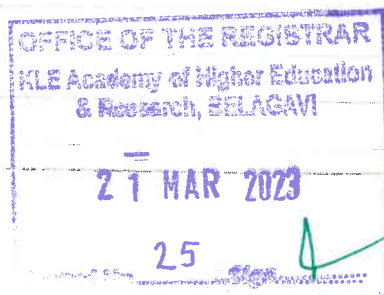
Hyderabad, JNTU.

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

12. Particulars of the financial support previously extended by the University

- a) Name of the Organizer
- b) Title of the program
- c) Place
- d) Duration
- e) Date of Conference
- f) Financial grant availed

NIL
NIL



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

	Particulars
a) Place	Hyderabad.
b) Mode of journey	Flight & bus.
c) Fare	Flight Fare Rs 2600 + 1185
d) To and Fro	2600 + 1185 = 3785 = 00
e) Accommodation charges	1785 for two nights.
f) Registration / Delegation Fee	2500
g) Air-port Tax	Total. 3785 + 2500 = Rs 6285

14. Documents to be submitted:

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

DECLARATION

I hereby declare that

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors / organizers of the Conference or any other funding agency for attending the aforesaid Conference. I am aware that I am liable for any disciplinary action by the University in case it is found at a later stage that the information furnished in this application is wrong / false, in support of my application for financial grant.
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference.
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.

Date 21/03/2023

Signature of the faculty member



Ref. No. KLE/COP/1353/2022/23

Date: 20/3/2023

To

The Registrar, KAHER, Belagavi.

Dear Sir,

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

Thanking you,

Yours faithfully,

Signature of the HoD



Seal




Principal





INSTITUTE OF PHYSIOTHERAPY

A Constituent Unit of

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

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

Accredited 'A+' Grade by NAAC (3rd Cycle)

Placed in Category 'A' by MHRD (Gol)

NEHRU NAGAR, BELAGAVI - 590010, KARNATAKA, INDIA

Office -0831-2473906, Fax - 0831 -2474727

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



Ref. No/KAHER/ KIPT/22-23/1247

Date: 09/03/2023

47

To,
The Registrar,
KAHER,
Belagavi.

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

Sir,

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

Sl No	Department	Name of the Staff	Designation	Conference
1	OMT	Dr. Santosh Metgud	Professor	National Level

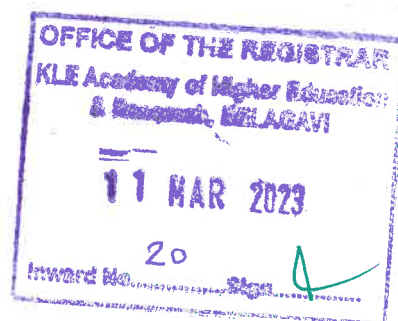
Kindly acknowledge receipt of the same.

Thanking you,

Yours truly,

Siva

PRINCIPAL,
KLE INSTITUTE OF PHYSIOTHERAPY,
BELAGAVI.



Encl: Application & copy of Certificates.

Agmon



KLE UNIVERSITY

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

[Established under Section 3 of the UGC Act, 1956 vide Government of India Notification No. F.9-19/2000-U.3(A)]

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

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

A. To be filled by the faculty member:	
1. Name	Dr. SANTOSH METGUD
2. Qualification	Ph.D
3. Designation	PROFESSOR & HEAD
4. Department	ORTHOPAEDIC MANUAL THERAPY
5. Institution	KLE INSTITUTE OF PHYSIOTHERAPY
6. Date of joining the Institution	Jan 16 th 2003
7. Objectives of the Conference / Seminar / Symposium	CONFERENCE
8. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet: Multibased Approach to Physiotherapy
9. Assignment in the aforesaid Conference / Seminar / Symposium	a) Chairing a scientific session. ✓ b) Contributing a scientific paper (poster or oral) ✓ c) Delivering a guest lecture d) Others, if any, specify.
10. Particulars of the financial support extended by the University for the 1 st time to attend the similar Conference (s) during the current financial year (1 st April to 31 st March)	1 st time in the financial year
a) Title of the Conference / Seminar / Symposium	PRAVARA MYZION 2023
b) Date of conduct	25-26 FEBRUARY 2023
c) Venue	LONI, MAHARASHTRA
d) Financial support extended by the University	N/A
e) Copy of the sanction letter to be enclosed	-
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	PRAVARA INSTITUTE OF MEDICAL SCIENCES
b) Title of the program	PRAVARA PHYZION 2023
c) Place	LONI, MAHARASHTRA
d) Duration	3 DAYS
e) Date	25-26 FEB 2023



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)]

12. Expenses involved towards attending the Conference:

a) Place

Pravara Institute of Medical Sciences
Loni

b) Mode of journey

Car

c) Fare

4000 + 4000

To and Fro expenses

8000 / -

Registration / Delegation Fee

3500 / -

Total Expenses

11500 / -

13. Documents to be submitted:

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

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

DECLARATION

I hereby declare that:

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors of the Conference or any other funding agency for attending the aforesaid Conference.
- I shall produce necessary bills / receipts along with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference.
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.
- I shall reimburse the amount to the University in excess of the eligibility.

Date:

9th March

Signature of the faculty member

Ref. No.

Date:

Registrar,
KLE University,
Belgaum.

Dear Sir,

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

Thanking you,

Yours faithfully,

Signature of the HoD



Principal

Ref. No. KAHER-/2022-23/D- 14032311

1st March, 2023

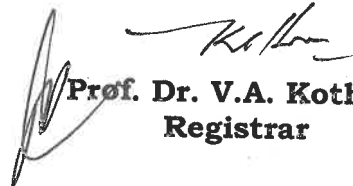
ORDER

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

With reference to the above, the request of **Dr. Sanjiv Kumar**, Principal, KLE Institute of Physiotherapy, Belagavi, For attending '**Pravara Phyzion 2023 National physiotherapy conference** and also delivered the **guest lecture on 'Bed sore-role physiotherapist to play'** to be held **Pravara Nagar Loni** from **25th and 26th February 2023**, has been approved by the competent authority of the University.

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




Prof. Dr. V.A. Kothiwale
Registrar

To,
The above staff member.

CC to:

1. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
2. The Principal, KAHER Institute of Physiotherapy, 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)

A. To be filled by the faculty member:

1. Name: Dr. Sanjiv Kumar
2. Qualification: MPT, Ph.D
3. Designation: Principal
4. Department: Neuro-Physiotherapy
5. Institution: KLE Institute of Physiotherapy, Belagavi
6. Date of joining the Institution: 05-06-2000

7. Objectives of the Conference / Seminar / Symposium

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

Please enclose a separate sheet.

9. Assignment in the aforesaid Conference / Seminar / Symposium

- a) Chairing a scientific session.
b) Contributing a scientific paper (poster or oral)
c) ☒ Delivering a guest lecture
d) Others, if any, specify: - Panel discussion

10. Particulars of the financial support extended by the University for the 1st time to attend the similar Conference (s) during the current financial year (1st April to 31st March)

a) Title of the Conference / Seminar / Symposium

PHYZION-2023

b) Date of conduct

25th & 26th Feb - 2023

c) Venue

Loni

d) Financial support extended by the University

e) Copy of the sanction letter to be enclosed

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

a) Name of the Organizer

Pravara A P J Abdul Kalam institute

b) Title of the program

Multitask approach to Physiotherapy & Rehabilitation

c) Place

LONI

d) Duration

2 Days

e) Date

25 & 26th

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)]

KLE
UNIVERSITY
EMPOWERING PROFESSIONALS

12. Expenses involved towards attending the Conference:

a) Place	LONI
b) Mode of journey	CAR
c) Fare	15708/-
To and Fro expenses	15708/-
Registration / Delegation Fee	NIL
Total Expenses	15708/-

13. Documents to be submitted:

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

DECLARATION

I hereby declare that:

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors of the Conference or any other funding agency for attending the aforesaid Conference.
- I shall produce necessary bills / receipts along with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference.
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.
- I shall reimburse the amount to the University in excess of the eligibility.

Date: _____

Signature of the faculty member Srin

Ref. No. _____

Date: _____

Registrar,
KLE University,
Belgaum.

Dear Sir,

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

Thanking you,

Yours faithfully,

Signature of the HoD

Seal

Principal

Ref. No. KAHER-/2022-23/D- 01022314

25th January, 2023

5

ORDER

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

With reference to the above, the request of **Mrs. Geetanjali Salimath**, Assistant Professor, Department of Pharmacy Practise , KLE College of Pharmacy, Belagavi. For attending '1st International Congress on Infectious diseases and Clinical Pharmacy-2023' and also presenting scientific paper entitled '*POCT A potential tool to address significant global issue of Antimicrobial resistance (AMR)*' to be held Believers Convention Center, Thiruvalla, Kerala from 20th to 22nd January 2023, has been approved by the competent authority of the University.

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




Prof. Dr. V.A. Kothiwale
Registrar

To,
The above staff member.

CC to:

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



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / NATIONAL CONFERENCES

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

A. To be filled by the faculty member:

1. Name	Mrs. Geetanjali. Salimath
2. Qualification	M.Pharm
3. Designation	Asst. Professor
4. Department	Pharmacy Practice
5. Email ID	geetanjalisalimath@gmail.com
6. Institution	KLE College of Pharmacy, Belagavi
7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility)	07-06-2014
8. Objectives of the Conference / Seminar / Symposium	Address on the infectious diseases & antimicrobial stewardship
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	<div><div>a) Delivering Key-note address / orations / plenary lectures</div><div>b) Contributing a scientific paper ✓</div><div>c) International collaboration exchange program (only on invitation)</div><div>d) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation)</div><div>e) Others, if any, specify.</div></div>

To get certificate

11. Particulars of the Conference being attended

a) Title of the Conference / Seminar / Symposium	1st International Congress on infectious diseases and clinical Pharmacy
b) Date of conduct	20-22 Jan 2023
c) Level of Conference	State / National ✓
d) Quantum of financial grant eligible (or actuals expenses, whichever is less)	State Level : Rs. 8,000/- National Level : Rs.16,000/- ✓
e) Venue	Believes Church Medical College Hospital
f) Copy of the sanction letter along-with Brochure to be enclosed	Enclosed Thiruvalla Kerala

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

12. Particulars of the financial support previously extended by the University

a) Name of the Organizer	} Not availed this academic year
b) Title of the program	
c) Place	
d) Duration	
e) Date of Conference	
f) Financial grant availed	

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

18 JAN 2023

Inward No. 16
Signature

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

	Particulars
a) Place	Thiruvalla, Kerala
b) Mode of journey	By Road
c) Fare	Bus Fare
d) To and Fro	Approx. 8,000/-
e) Accommodation charges	Approx. 2,000/-
f) Registration / Delegation Fee	3,500/-
g) Air-port Tax	

} Final Bill
will be enclosed
after the
conference

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.

Enclosed

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors / organizers of the Conference or any other funding agency for attending the aforesaid Conference. I am aware that I am liable for any disciplinary action by the University in case it is found at a later stage that the information furnished in this application is wrong / false, in support of my application for financial grant.
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference.
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.

Date: 18/01/2023

Signature of the faculty member

Subinath

Ref. No. KLE/COP/1104/2022/23

Date: 16/01/23

To

The Registrar, KAHER, Belagavi.

Dear Sir,

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

Thanking you,

Signature of the HoD



Yours faithfully,

[Signature]

Principal

PRINCIPAL
KLE College of Pharmacy
BELAGAVI - 590 010.

Ref. No. KAHER-/2023-24/D-10042316.

6

7th April 2023

ORDER

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

With reference to the above, the request of **Mrs. Sneha B Patil**, Assistant professor, Department of Pharmacognosy, KLE College of Pharmacy, Belagavi. For attending '**26th National Convention of Society of Pharmacognosy and International Conference on 'New Vistas of Herbal and Natural Products ; Indian Context'** to be held at **JSS College Mysore** from **22nd to 24th April 2023** has been approved by the competent authority of the University.

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



Prof. Dr. V.A. Kothiwale
Registrar

To,
The above staff member.

CC to:

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



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

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

A. To be filled by the faculty member:

1. Name	Mrs. Sneha B. Patil
2. Qualification	M-Pharmacy
3. Designation	Assistant Professor
4. Department	Pharmacognosy
5. Email ID	Snehabpatil@gmail.com
6. Institution	KLE College of Pharmacy, Bgm
7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility)	19/08/2019
8. Objectives of the Conference / Seminar / Symposium	New vistas of Natural & Herbal products
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
10. Assignment in the aforesaid Conference / Seminar / Symposium	a) Delivering Key-note address / orations / plenary lectures b) Contributing a scientific paper c) International collaboration exchange program (only on invitation) d) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation) e) Others, if any, specify.

11. Particulars of the Conference being attended

a) Title of the Conference / Seminar / Symposium	26th National Convention of Society of Pharmacognosy & International Conference
b) Date of conduct	
c) Level of Conference	State / National
d) Quantum of financial grant eligible (or actuals expenses, whichever is less)	State Level : Rs. 8,000/- National Level : Rs. 16,000/-
e) Venue	Sharad Chandra Pawar College of Pharmacy, Dombivli, Pune, Maharashtra
f) Copy of the sanction letter along-with Brochure to be enclosed	Enclosed

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

12. Particulars of the financial support previously extended by the University

a) Name of the Organizer	J. S. S
b) Title of the program	9th International Conference of SFEL
c) Place	J. S. S. College Mysuru
d) Duration	02 days
e) Date of Conference	22 nd to 24 th April 2022
f) Financial grant availed	Yes

30 MAR 2023

19

Aspen



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

- 2 -

13. Travelling (by shortest route) and other expenses involved	
	Particulars
a) Place	Otur, Pune
b) Mode of journey	
c) Fare	
d) To and Fro	
e) Accommodation charges	2100/-
f) Registration / Delegation Fee	1800/-
g) Air-port Tax	

14. Documents to be submitted:

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

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors / organizers of the Conference or any other funding agency for attending the aforesaid Conference. I am aware that I am liable for any disciplinary action by the University in case it is found at a later stage that the information furnished in this application is wrong / false, in support of my application for financial grant.
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference.
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.

Date : 30/03/2023

Signature of the faculty member

[Signature]

Ref. No. KLE/COP/1388/2022/23

Date: 30/03/2023

To

The Registrar, KAHER, Belagavi.

Dear Sir,

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

Thanking you,

Yours faithfully,

K.S. Patil
Signature of the HoD



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



KLE UNIVERSITY

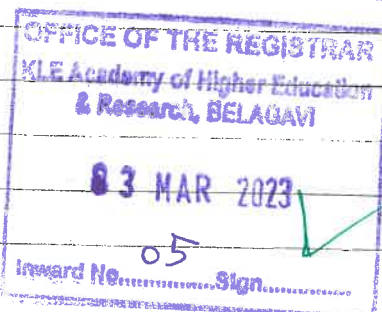
(Formerly known as KLE Academy of Higher Education & Research)

[Established under Section 3 of the UGC Act, 1956 vide Government of India Notification No.F.9-19/2000-U.3(A)]

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

A. To be filled by the faculty member:

1. Name	Mr. Sanjay Kumar Yadav
2. Qualification	Sr. tutor (M.Sc. Med Anatomy)
3. Designation	Sr. tutor
4. Department	Anatomy
5. Institution	J.N. medical college, Belagavi
6. Date of joining the Institution	23-May-2014
7. Objectives of the Conference / Seminar / Symposium	Oral presentation
8. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
9. Assignment in the aforesaid Conference / Seminar / Symposium	a) Chairing a scientific session. b) <input checked="" type="checkbox"/> Contributing a scientific paper (poster or oral) c) Delivering a guest lecture d) Others, if any, specify.
10. Particulars of the financial support extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	
a) Title of the Conference / Seminar / Symposium	MAHACON, Regional chapter of Anatomy & ^{feature of} Anatomy
b) Date of conduct	17-18 March 2023
c) Venue	Symbiosis medical college for women Pune (Maharashtra)
d) Financial support extended by the University	
e) Copy of the sanction letter to be enclosed	
f) Level of Conference State / Zonal / National	National / Regional
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference</u> in a calendar year.	
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	
b) Title of the program	
c) Place	
d) Duration	
e) Date	
f) Amount claimed	



- 2 -

12. Expenses involved towards attending the Conference:

a) Place

b) Mode of journey

c) Fare

To and Fro expenses

Registration / Delegation Fee

Accommodation charges

Total Expenses

13. Documents to be submitted:

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

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

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors of the Conference or any other funding agency for attending the aforesaid Conference,
- I shall produce necessary bills / receipts along with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference,
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.
- I shall reimburse the amount to the University in excess of the eligibility.

Date : 01-3-23

Signature of the faculty member

Ref. No. 2718

Date: 3/3/2023

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,



Signature of the HoD



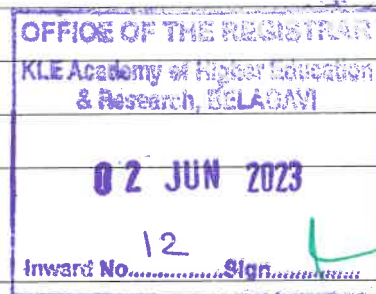
PRINCIPAL

Jawaharal Nehru Medical College
BELAGAVI

Professor & Head Dept. of Anatomy
J. N. Medical College, Belagavi.

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

A. To be filled by the faculty member:	
1. Name	Dr Vanishree. S. Bubanale
2. Qualification	MD Biochemistry
3. Designation	Professor
4. Department	Biochemistry
5. Institution	JNMC
6. Email ID	vanishreejabannavar@gmail.com
7. Date of joining the Institution	23-03-2007
8. Objectives of the Conference / Seminar / Symposium	New Era of Diagnostic in Pre-implantation & Prenatal testing
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
10. Assignment in the aforesaid Conference / Seminar / Symposium	<input checked="" type="checkbox"/> a) Contributing a scientific paper (poster or oral) <input type="checkbox"/> b) Delivering a guest lecture <input type="checkbox"/> c) Others, if any, specify.
11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	NIL
a) Title of the Conference / Seminar / Symposium	
b) Date of conduct	
c) Level of Conference (State / Zonal / National)	
d) Venue	
e) Financial support extended by the University	
f) Copy of the sanction letter to be enclosed	
Note : The faculty member is eligible for financial support to attend <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	Department of Biochemistry, SDMCMS & H D Dharwad
b) Title of the program	New Era of diagnostic in Preimplantation testing
c) Place	Dharwad
d) Duration	2 days
e) Date	19 th & 20 th May 2023
f) Amount claimed	5,500/-



Signature

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

- 2 -

13. Expenses involved towards attending the Conference:	
a) Place	Dharwad
b) Mode of journey	
c) Fare	
To and Fro expenses	2000/-
Registration / Delegation Fee	3500/-
Accommodation charges	
Total Expenses	5,500/-
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	Attached
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors of the Conference or any other funding agency for attending the aforesaid Conference,
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference,
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.
- I shall reimburse the amount to the University in excess of the eligibility.

Date : 31st May 2023

Signature of the faculty member 

Ref. No. 422

Date: 1/6/2023

To
The Registrar,
KAHER,
Belgaum.

Dear Sir,

We are enclosing herewith the application of the above Teacher in the prescribed format for grant of financial support for presentation scientific paper (poster or oral) / delivering a guest lecture to attend the Conference for kind consideration.

Thanking you,



Signature of the HoD




Yours faithfully,

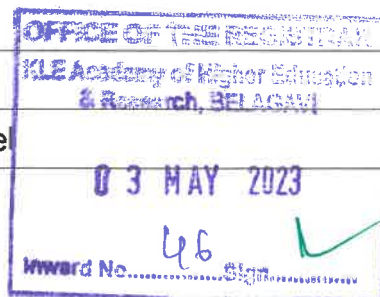
PRINCIPAL
Jawaharal Nehru Medical College
BELAGAVI

PROFESSOR & HEAD
DEPT. BIOCHEMISTRY
J. N. Medical College, Belagavi.

APPLICATION FOR FINANCIAL ASSISTANCE TO FACULTY MEMBERS FOR PRESENTATION / INVITED TALK / ORATION / GUEST SPEAKER / RESOURCE PERSON ONCE IN A YEAR WITHIN INDIA

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

A. To be filled by the faculty member:	
1. Name	R. B. UPPIN
2. Qualification	M.S. COXHO
3. Designation	Professor
4. Department	Orthopaedics
5. Institution	J.N. Medical College
6. Email ID	uppinrajendra@rediffmail.in
7. Date of joining the Institution	1-8-1955
8. Objectives of the Event	National Conference KONG
9. Benefits to be derived from participation in the aforesaid Event	Please enclose a separate sheet. Teaching for UG & PG
10. Assignment in the aforesaid Event	<p>a) Scientific paper presentation (poster or oral)</p> <p>b) For Invited Talk</p> <p>c) For Oration</p> <p>d) Guest Speaker</p> <p>e) Resource Person</p> <p>Note: No financial grant is considered mere for attending or chairing the session.</p>
<p><i>As per Rule 19</i></p>	
11. Particulars of the Event:	
a) Name of the Organizers	Dr. Dinesh Kale
b) Title of the Event	AOAAS 2023 Belagavi Annual National Conference
c) Place	Association of Belagavi Academics, Belagavi
d) Duration	3 days
e) Date	28 th - 30 th April 2023
f) Amount claimed	Rs 5000/-
g) Level of the Event	National
12. Amount eligible	
a) State Level	Rs. 8,000/-
b) National level	Rs. 16,000/-



As per room

13. Expenses involved towards attending the Event	
a) Place	—
b) Mode of journey	—
c) Fare	—
To and Fro expenses	—
Registration / Delegation Fee	Rs 5000 / —
Accommodation charges	—
Total Expenses	Rs 5000 / —
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	
b) Copy of the full text of documents / <u>abstract</u> / paper prepared by the applicant for presentation.	

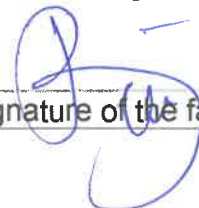
DECLARATION

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 : 25/4/23

Signature of the faculty 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⁺ Grade by NAAC (3rd Cycle)

Placed in Category 'A' by MoE (GoI)

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

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

Ref. No. KAHER-/2022-23/D- 23032304

16th March, 2023

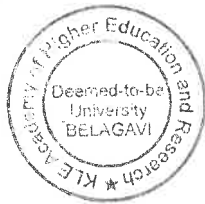
④

ORDER

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

With reference to the above, the request of **Dr. Shaila Kothiwale**, Professor, Department of periodontics, KLE VKIDS Belagavi for attending '**ORAL HEALTH INNOVATION CONCLAVE 2023**' and also **Contributing a scientific paper** to be held at **Delhi** from **25th and 26th March, 2023** has been approved by the competent authority of the University.

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




Prof. Dr. V.A. Kothiwale
Registrar

To,
The above staff member.

CC to:

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



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

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

A. To be filled by the faculty member:

1. Name	Dr. Shaile Kothiwale
2. Qualification	MDS PhD
3. Designation	Professor
4. Department	Periodontics
5. Email ID	shailekothiwale2000@yahoo.co.in
6. Institution	KLE VR IDS
7. Date of joining the institution (the faculty should complete minimum one year of service to avail this facility)	14/10/1993
8. Objectives of the Conference / Seminar / Symposium	
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
10. Assignment in the aforesaid Conference / Seminar / Symposium	<ul style="list-style-type: none">a) Delivering Key-note address / orations / plenary lecturesb) Contributing a scientific paperc) International collaboration exchange program (only on invitation)d) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation)e) Others, if any, specify.

11. Particulars of the Conference being attended

a) Title of the Conference / Seminar / Symposium	
b) Date of conduct	25-26 th March 2023
c) Level of Conference	State / National ✓
d) Quantum of financial grant eligible (or actuals expenses, whichever is less)	State Level : Rs. 8,000/- National Level : Rs. 16,000/-
e) Venue	Manipal Hospital Centre
f) Copy of the sanction letter along-with Brochure to be enclosed	

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

12. Particulars of the financial support previously extended by the University

a) Name of the Organizer	Indian Dental Association
b) Title of the program	Oral health Conclave
c) Place	Delhi
d) Duration	25-26 th (Two days)
e) Date of Conference	25-26 th
f) Financial grant availed	

As per memo
15/3/23



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

Accredited A⁺ Grade by NAAC (3rd Cycle)

Placed in Category 'A' by MoE (GoI)

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

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

Ref. No. KAHER-/2022-23/D- 07022302

3rd February, 2023

7

ORDER

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

With reference to the above, the request of **Dr. Jeba Chitra**, Professor, KLE Institute of Physiotherapy, Belagavi, For attending '7th Annual conference of Society of Indian Physiotherapist' and also delivered a guest lecture to be held **Bhubaneswar** from **23rd March to 25th March 2023**, has been approved by the competent authority of the University.

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



Prof. Dr. V.A. Kothiwale
Registrar

To,
The above staff member.

CC to:

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

KLE UNIVERSITY

known as KLE Academy of Higher Education & Research)
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)

To be filled by the faculty member:	
1. Name	TEBA CHITRA
2. Qualification	MPT
3. Designation	PROFESSOR
4. Department	NEUROPHYSIOTHERAPY
5. Institution	KLE INSTITUTE OF PHYSIOTHERAPY
6. Date of joining the Institution	11 th AUGUST 2004
7. Objectives of the Conference / Seminar / Symposium	
8. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
9. Assignment in the aforesaid Conference / Seminar / Symposium	<input checked="" type="checkbox"/> a) Chairing a scientific session. <input type="checkbox"/> b) Contributing a scientific paper (poster or oral) <input type="checkbox"/> c) Delivering a guest lecture <input type="checkbox"/> d) Others, if any, specify.
10. Particulars of the financial support extended by the University for the 1 st time to attend the similar Conference (s) during the current financial year (1 st April to 31 st March)	
a) Title of the Conference / Seminar / Symposium	6 th Annual Conference of SIP
b) Date of conduct	April 29, 30 & May 1 2022
c) Venue	Chennai
d) Financial support extended by the University	Yes
e) Copy of the sanction letter to be enclosed	Approved Online
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	Dr. P.P. Mohanty, Dr. Nitesh Bansal
b) Title of the program	7 th ANNUAL CONFERENCE OF SOCIETY OF INDIAN PHYSIOTHERAPIST
c) Place	Bhubaneswar
d) Duration	3 DAYS
e) Date	28 th March - 25 th March 2023

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))

Expenses involved towards attending the Conference:	
a) Place	Bhubaneswar
b) Mode of journey	Bns, flight
c) Fare	
To and Fro expenses	15,000/-
Registration / Delegation Fee	5,470/-
Total Expenses	20,470/-
13. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	Enclosed

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors 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: 25/1/23.

Signature of the faculty member

Ref. No. _____

Date: _____

To

The Registrar,
KLE University,
Belgaum.

Dear Sir,

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

Thanking you,

Yours faithfully,

Signature of the HoD

Principal





INSTITUTE OF PHYSIOTHERAPY

A Constituent Unit of

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

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

Accredited 'A+' Grade by NAAC (3rd Cycle)

Placed in 'Category 'A' by MHRD (Gol)

NEHRU NAGAR, BELAGAVI - 590010, KARNATAKA, INDIA

Office - 0831-2473906, Fax - 0831 -2474727

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



Ref. No/KAHER/ KIPT/22-23/1306

Date: 25/03/2023

To,
The Registrar,
KAHER,
Belagavi.

8 - 9 - 10 - 11

Sub: - Regarding financial assistance for attending conference by staff members.

Ref: - Your letter No. KAHER/2019-20/D - 280220002, dated 20th February 2020.

Sir,

With reference to the subject cited above, I am forwarding herewith the application of the below mentioned Teaching Staffs for grant of financial assistance for attending conference by faculty members.

Sl No	Department	Name of the Staff	Designation	Conference
1	Orthopedic	Dr. Peeyoosha Gurudut	Associate Professor	National Level
2	Orthopedic	Dr. Aarti Welling	Assistant Professor	National Level
3	OMT	Dr. Pamela D'silva	Assistant Professor	National Level
4	Oncology	Dr. Nikita Pawar	Assistant Professor	National Level

Kindly acknowledge receipt of the same.

Thanking you,

Yours truly,

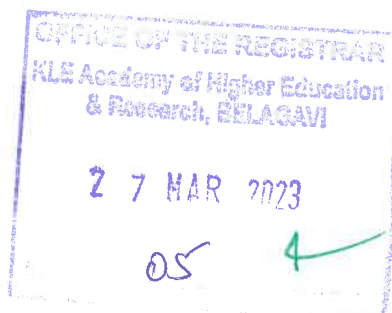
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PRINCIPAL,
KLE INSTITUTE OF PHYSIOTHERAPY,
BELAGAVI.



Encl: Applications.

Aspin





KLE UNIVERSITY

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

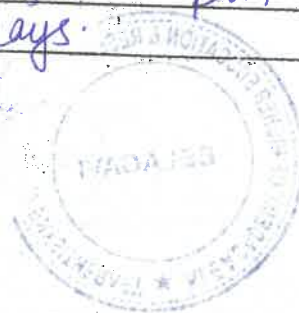
[Established under Section 3 of the UGC Act, 1956 vide Government of India Notification No. F.9-19/2000-U.3(A)]

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

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

To be filled by the faculty member:

Name	DR. PEEYOOSHA GURUDUT
2. Qualification	Associate Professor
3. Designation	MPT. (Ph.D Scholar)
4. Department	Orthopedic Physiotherapy
5. Institution	KLE Institute of Physiotherapy
6. Date of joining the Institution	10-08-2007
7. Objectives of the Conference / Seminar / Symposium	Physioconclave - PG I Chandigarh
8. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
9. Assignment in the aforesaid Conference / Seminar / Symposium	<input checked="" type="checkbox"/> a) Chairing a scientific session. <input checked="" type="checkbox"/> b) Contributing a scientific paper (poster or oral) <input type="checkbox"/> c) Delivering a guest lecture <input type="checkbox"/> d) Others, if any, specify.
10. Particulars of the financial support extended by the University for the 1 st time to attend the similar Conference (s) during the current financial year (1 st April to 31 st March)	None
a) Title of the Conference / Seminar / Symposium	Physioconclave
b) Date of conduct	1 st & 2 nd April 2023
c) Venue	PG I Chandigarh
d) Financial support extended by the University	
e) Copy of the sanction letter to be enclosed	
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	PG I, Chandigarh
b) Title of the program	Physioconclave
c) Place	Chandigarh
d) Duration	1 st & 2 nd April 2023
e) Date	2 days





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-U3(A))

12. Expenses involved towards attending the Conference:

a) Place	Belagani → Goa → Chandigarh
b) Mode of journey	(Goa - Chand) Flight & Taxi (Goa to Bgm)
c) Fare	
To and Fro expenses	Flight - ₹12,791/- Taxi - ₹2,000/-
Registration / Delegation Fee	₹2,500/- + Accommodation: ₹1,200/-
Total Expenses	₹18,491/-

13. Documents to be submitted:

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

ATTACHED

DECLARATION

I hereby declare that:

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors of the Conference or any other funding agency for attending the aforesaid Conference.
- I shall produce necessary bills / receipts along with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference.
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.
- I shall reimburse the amount to the University in excess of the eligibility.

Date: 23/3/2023

Signature of the faculty member

[Signature]

Date:

Ref. No.

Registrar,
KLE University,
Belgaum.

Dear Sir,

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

Thanking you,

Yours faithfully,

Signature of the HoD

Principal



From:

Dr. Aarti Welling
Assistant Professor,
KAHER Institute of Physiotherapy
Belagavi

Date: 12/04/2023

To,
The Registrar,
KAHER
Belagavi - 590010

[Through proper channel]

Sub: Requesting release of funds as incentive towards presenting research paper and being Chairperson at National level conference

Respected Sir,

With reference to the subject cited above, I presented an oral paper during National level conference organized by Dept. of Physiotherapy, PGIMER at Chandigarh on 1st and 2nd April 2023.

I had submitted an application form for approval of release of funds attached with conference brochure, registration proof, abstract submitted for presentation [Ref. No. KIPT/22-23/1306 dated 25/03/2023]. Presently, I have attached the certificates of paper presentation as well as recognition as chairperson during the conference along with the travel expenditures as proof. In this regard, I would request you to kindly release the incentive amount for the same.

Kindly consider and do the needful.

Thanking you,

Yours' Sincerely



(Dr. Aarti Welling)

Following are the payment & bank details:

Account holder name: Aarti Anand Welling

Account number: 05022010009070

Account type: Savings

IFSC: CNRB0010504

Branch address: JNMC campus, Nehru Nagar, Belagavi

From:

Dr. Pamela D'Silva
Assistant Professor,
KAHER Institute of Physiotherapy
Belagavi

Date: 12/04/2023

To,
The Registrar,
KAHER
Belagavi - 590010

[Through proper channel]

Sub: Requesting release of funds as incentive towards presenting research paper and being Chairperson at National level conference

Respected Sir,

With reference to the subject cited above, I presented an oral paper during National level conference organized by Dept. of Physiotherapy, PGIMER at Chandigarh on 1st and 2nd April 2023.

I had submitted an application form for approval of release of funds attached with conference brochure, registration proof, abstract submitted for presentation [Ref. No. KIPT/22-23/1306 dated 25/03/2023]. Presently, I have attached the certificates of paper presentation as well as recognition as chairperson during the conference along with the travel expenditures as proof. In this regard, I would request you to kindly release the incentive amount for the same.

Kindly consider and do the needful.

Thanking you,

Yours' Sincerely



(Dr. Pamela D'Silva)

Following are the payment & bank details:

Account holder name: Dr. Pamela D'Silva
Account number: 05042180025955
Account type: Savings
IFSC: CNRB0010504
Branch address: JNMC campus, Nehru Nagar, Belagavi

From:
Dr. Nikita Pawar
Assistant Professor,
KAHER Institute of Physiotherapy
Belagavi

Date: 12/04/2023

To,
The Registrar,
KAHER
Belagavi - 590010

[Through proper channel]

Sub: Requesting release of funds as incentive towards presenting research paper and being Chairperson at National level conference

Respected Sir,

With reference to the subject cited above, I presented an oral paper during National level conference organized by Dept. of Physiotherapy, PGIMER at Chandigarh on 1st and 2nd April 2023.

I had submitted an application form for approval of release of funds attached with conference brochure, registration proof, abstract submitted for presentation [Ref. No. KIPT/22-23/1306 dated 25/03/2023]. Presently, I have attached the certificates of paper presentation as well as recognition as chairperson during the conference along with the travel expenditures as proof. In this regard, I would request you to kindly release the incentive amount for the same.

Kindly consider and do the needful.

Thanking you,

Yours' Sincerely



(Dr. Nikita Pawar)

Following are the payment & bank details:

Account holder name: Dr. Nikita Pawar

Account number: 110031240767

Account type: Savings

IFSC: CNRB0010504

Branch address: JNMC campus, Nehru Nagar, Belagavi

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)

To be filled by the faculty member:	
1. Name	Dr. Vinuta. Deshpande.
2. Qualification	BPT, MPT (PhD).
3. Designation	Assistant Professor.
4. Department	Paediatric Physiotherapy.
5. Institution	KLE Institute of Physiotherapy.
6. Email ID	vinutadeshpande@kleipt.edu.in
7. Date of joining the Institution	20 th August 2015.
8. Objectives of the Conference / Seminar / Symposium	Enclosed.
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
10. Assignment in the aforesaid Conference / Seminar / Symposium	a) Contributing a scientific paper (poster or oral) b) Delivering a guest lecture c) Others, if any, specify.
11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	
a) Title of the Conference / Seminar / Symposium	Society of Indian Physiotherapist Conference
b) Date of conduct	23 rd - 25 th March 2023.
c) Level of Conference (State / Zonal / National)	National.
d) Venue	Bhubaneswar
e) Financial support extended by the University	16,000/-.
f) Copy of the sanction letter to be enclosed	Will be submitted. Post Attending Conference
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference</u> in a calendar year.	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	Society of Indian Physiotherapist
b) Title of the program	SIPCON- 2023.
c) Place	Bhubaneswar.
d) Duration	3 days.
e) Date	23 rd - 25 th March 2023.
f) Amount claimed	25000/-

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

- 2 -

13. Expenses involved towards attending the Conference:	
a) Place	Bhuvaneshwar.
b) Mode of journey	Flight.
c) Fare	16000/-
To and Fro expenses	16000/-
Registration / Delegation Fee	NIL.
Accommodation charges	9000/-
Total Expenses	25000/-
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	Enclosed.
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors of the Conference or any other funding agency for attending the aforesaid Conference,
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference,
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.
- I shall reimburse the amount to the University in excess of the eligibility.

Date: 8th March 2023.

Signature of the faculty member 

Ref. No. _____

Date: _____

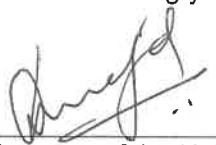
To

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,


Signature of the HoD



Yours faithfully,


Principal



INSTITUTE OF PHYSIOTHERAPY

A Constituent Unit of

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

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

Accredited 'A+' Grade by NAAC (3rd Cycle)

Placed in Category 'A' by MHRD (GoI)

NEHRU NAGAR, BELAGAVI - 590010, KARNATAKA, INDIA

Office -0831-2473906, Fax - 0831 -2474727

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



Ref. No/KAHER/ KIPT/23-24 /112

Date: 09/05/2023

To,
The Registrar,
KAHER,
Belagavi.

*Some copy
2 copy
Bills are
done*

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

Sir,

With reference to the subject cited above, I am forwarding herewith the application of the below mentioned Teaching Staffs for grant of financial assistance for attending conference by faculty members.

Sl No	Department	Name of the Staff	Designation	Conference
1	CVTS	Dr. Varun Naik	Associate Professor	International Level

Kindly acknowledge receipt of the same.

Thanking you,

Yours truly,

PRINCIPAL,
KLE INSTITUTE OF PHYSIOTHERAPY,
BELAGAVI.



Encl: Applications.

Handwritten 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))

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

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

A. To be filled by the faculty member:	
1. Name	DR. VARUN NAIK
2. Qualification	MPF
3. Designation	ASSOCIATE PROFESSOR
4. Department	CUTS PHYSIOTHERAPY
5. Institution	KAHER INSTITUTE OF PHYSIOTHERAPY
6. Date of joining the Institution	12.06.2013
7. Objectives of the Conference / Seminar / Symposium	RESOURCE PERSON
8. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
9. Assignment in the aforesaid Conference / Seminar / Symposium	<input type="checkbox"/> a) Chairing a scientific session. <input type="checkbox"/> b) Contributing a scientific paper (poster or oral) <input checked="" type="checkbox"/> c) Delivering a guest lecture <input type="checkbox"/> d) Others, if any, specify.
10. Particulars of the financial support extended by the University for the 1 st time to attend the similar Conference (s) during the current financial year (1 st April to 31 st March)	
a) Title of the Conference / Seminar / Symposium	INTERNATIONAL CONFERENCE CHET PHYSIDCON
b) Date of conduct	12.05.2023
c) Venue	CHENNAI
d) Financial support extended by the University	NIL
e) Copy of the sanction letter to be enclosed	NIL
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	CHETTINAD SCHOOL OF PHYSIOTHERAPY
b) Title of the program	CHET PHYSIDCON
c) Place	CHENNAI
d) Duration	2.30 pm - 3.15 pm
e) Date	12.05.2023

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-U3(A))

12. Expenses involved towards attending the Conference:

a) Place	CHENNAI
b) Mode of journey	FLIGHT
c) Fare	
To and Fro expenses	12,484
Registration / Delegation Fee	
Total Expenses	12,484

13. Documents to be submitted:

- 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: 09.05.2023

Signature of the faculty member

Ref. No. _____

Date: _____

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

Ref. No. KAHER-/2022-23/D- 07012302

31st December, 2022

(14)

ORDER

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

With reference to the above, the request of **Dr. Raju Gadad**, Assistant Librarian, KAHER Institute of Physiotherapy, For attending '**KHSLA-2023 National Conference Karnataka Health sciences library Association**' to be held **Kodagu Institute of Medical Sciences, Madikeri**. From **10th and 11th February, 2023** has been approved by the competent authority of the University.

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

*As per
Prudhvi
RK*



[Signature]
Prof. Dr. V.A. Kothiwale
Registrar

To,
The above staff member.

CC to:

1. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
2. The Principal, KAHER Institute of Physiotherapy, 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)

A. To be filled by the faculty member:	
1. Name	Dr. Raju Gadad M.LISC Ph.D.
2. Qualification	MLISC, Ph.D.
3. Designation	Asst. Librarian
4. Department	Library
5. Institution	KAHER, Institute of Physiotherapy - Belagavi
6. Date of joining the Institution	22-07-2019
7. Objectives of the Conference / Seminar / Symposium	Health informatics for health science librarians
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) <input checked="" type="checkbox"/> c) Delivering a guest lecture d) Others, if any, specify.
10. Particulars of the financial support extended by the University for the 1 st time to attend the similar Conference (s) during the current financial year (1 st April to 31 st March)	- NO -
a) Title of the Conference / Seminar / Symposium	Health informatics for health science librarians
b) Date of conduct	9 th , 10 th & 11 th Feb. 2023
c) Venue	Kodagu Institute of Medical Sciences - Madikeri
d) Financial support extended by the University	-
e) Copy of the sanction letter to be enclosed	yes
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	Kodagu institute of medical sciences - madikeri
b) Title of the program	Health informatics for health science librarians
c) Place	Madikeri
d) Duration	3 days
e) Date	9 th , 10 th & 11 th Feb. 2023





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. Expenses involved towards attending the Conference:	
a) Place	Belagavi - Mysuru - Madikeri
b) Mode of journey	Bus
c) Fare	5000/- Approximate
To and Fro expenses	2000/-
Registration / Delegation Fee	750
Total Expenses	7000/- Approximate
3. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	yes
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	yes

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the 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: 28-12-2022

Signature of the faculty member

[Signature]

Ref. No. _____

Date: _____

The Registrar,
KLE University,
Belgaum.

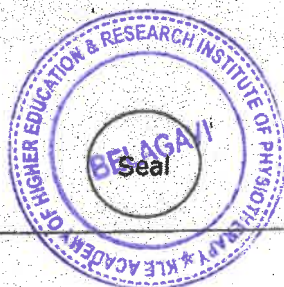
Dear Sir,

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

Thanking you,

Yours faithfully,

Signature of the HoD



Principal

Ref.No.KAHER/22-23/D- 23032303

16th March, 2023

ORDER

Sub: Approval of Grant of financial support for attending the National Conference at Bhuvneshwar, Odissa from 23rd to 25th March 2023.

Ref: Your office letter Ref. No. KIPT / 2022-23/1263 dated 13th March February 2023.

With reference to the above, the following faculty members are hereby permitted to attend the National Conference [National Level Conference on '*Effect of plyometric exercises on balance in children with juvenile diabetes Miletus; A RCT*'] and also presenting Paper presentation to be held at **Bhuvneshwar, Odisha** from **23rd to 25th March, 2023:**

SL. No	Name	Designation	Department
1	Dr.Shukra Chivate	Assistant Professor	Paediatric
2	Dr.Vinuta Deshpande	Assistant professor	

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

To,
The above staff member.




Prof Dr. V.A. Kothiwale
Registrar

CC to:

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



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

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

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

A. To be filled by the faculty member:	
1. Name	Shreya Chivali
2. Qualification	MPT
3. Designation	Assistant Professor
4. Department	Pediatric Physiotherapy
5. Institution	KLE Institute of Physiotherapy
6. Email ID	shreyachivali@kleiph.edu.in
7. Date of joining the Institution	
8. Objectives of the Conference / Seminar / Symposium	enclosed
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 1st January to 31st December)	
a) Title of the Conference / Seminar / Symposium	Society of Indian Physiotherapists
b) Date of conduct	23 rd - 25 th March 2023
c) Level of Conference (State / Zonal / National)	National
d) Venue	Bhuvaneshwar
e) Financial support extended by the University	16,000/-
f) Copy of the sanction letter to be enclosed	will be submitted Post Conference
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference</u> in a calendar year.	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	Society of Indian Physiotherapists
b) Title of the program	SIPCON-2023
c) Place	Bhuvaneshwar
d) Duration	3 days
e) Date	23 rd - 25 th March
f) Amount claimed	25000/-

13. Expenses involved towards attending the Conference:	
a) Place	Bhuvanahalli
b) Mode of journey	Flight
c) Fare	16,000/-
To and Fro expenses	16,000/-
Registration / Delegation Fee	Rs. 5000/-
Accommodation charges	9000/-
Total Expenses	80,900/-
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	Enclosed.
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	


DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors of the Conference or any other funding agency for attending the aforesaid Conference,
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference,
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.
- I shall reimburse the amount to the University in excess of the eligibility.

Date : _____

Signature of the faculty member



Ref. No. _____

Date: _____

To
The Registrar,
KAHER,
Belgaum.

Dear Sir,

We are enclosing herewith the application of the above Teacher in the prescribed format for grant of financial support for presentation scientific paper (poster or oral) / delivering a guest lecture to attend the Conference for kind consideration.

Thanking you,



Signature of the HoD



Yours faithfully,



Principal

Ref. No. KAHER-/2022-23/D- 27022315

22nd February, 2023



ORDER

Sub : **Permission to participate in the National Conference.**
Ref : Request letter of the applicant forwarded through the concerned HOD,
Principal KLE Institute of Nursing Sciences.

With reference to the above, the request of **Mrs. Asha V Bhat, Associate Professor, KLE Institute of Nursing Sciences, Belagavi** for attending **16th National Conference on 'Promote Natural Birthing for Health of Mother and Baby-Bring Back Midwives'** to be held at **College of Nursing SGPGIMS, Lucknow, UP** from **17th and 19th March 2023** has been approved by the competent authority of the University.

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



Prof. Dr. V.A. Kothiwale
Registrar

To,
The above staff member.

CC to:

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

INSTITUTE OF NURSING SCIENCES

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

Accredited 'A' Grade by NAAC (3rd Cycle) Placed in Category 'A' by MoE [MHRD] (GoI)

NEHRU NAGAR, BELAGAVI-590010, KARNATAKA, INDIA

☎: 091-0831-2472303

FAX: 091- 0831-2475103

Web: <http://kleunursingbgm.edu.in>

E-mail: principalklenursingbgv@gmail.com

Recognized by: Indian Nursing Council (New Delhi)-Karnataka Nursing Council (Bengaluru, Karnataka)

Ref.No: KAHER/INS/2022-23/D- 992

Date: 16-02-2023

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

Sub: Reg. Financial Support towards National conference.

Respected Sir,

With reference to the subject cited above, we are enclosing herewith the application of the below teacher in the prescribed format for grant of financial support / Incentive for Attending & presentation scientific paper (Oral).

It is 16th National Conference on "Promote Natural Birthing for Health of Mother and Baby- Bring Back Midwives" organized by Society of Midwives India will be held at college of Nursing SGPGIMS, Lucknow, UP from 17th to 19th March 2023.

S No	Name of the Faculty	Designation	Paper/Poster Presentation
1	Mrs. Asha V Bhat	Associate Professor	Paper Presentation Moderator for a Session

This is for your kind information & needful in the matter.

Thanking you,

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

16 FEB 2023

Inward No. 12 Sign. ✓



Yours faithfully


Principal

KAHER Institute of Nursing Sciences
Belagavi


17.2.23

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

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

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

A. To be filled by the faculty member:	
1. Name	Mrs. ASHA V. BHAT
2. Qualification	M.Sc (N)
3. Designation	ASSOCIATE PROFESSOR
4. Department	ORCE (N)
5. Institution	KAHER INS
6. Email ID	ashabhat1978@gmail.com
7. Date of joining the Institution	10/07/2013
8. Objectives of the Conference / Seminar / Symposium	To promote Natural breathing
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet. Enclosed
10. Assignment in the aforesaid Conference / Seminar / Symposium	a) Contributing a scientific paper (poster or oral) ✓ b) Delivering a guest lecture c) Others, if any, specify. - Material fee a session
11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	NIL
a) Title of the Conference / Seminar / Symposium	-
b) Date of conduct	-
c) Level of Conference (State / Zonal / National)	-
d) Venue	-
e) Financial support extended by the University	-
f) Copy of the sanction letter to be enclosed	-
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference</u> in a calendar year.	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	NA
a) Name of the Organizer	-
b) Title of the program	-
c) Place	-
d) Duration	-
e) Date	-
f) Amount claimed	-

13. Expenses involved towards attending the Conference:	
a) Place	LUCKNOW (UP)
b) Mode of journey	AIR
c) Fare	
To and Fro expenses	13,000/-
Registration / Delegation Fee	3000/-
Accommodation charges	6000/-
Total Expenses	22,000/-
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	✓
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	✓

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors of the Conference or any other funding agency for attending the aforesaid Conference,
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference,
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.
- I shall reimburse the amount to the University in excess of the eligibility.

Date : 16-02-2022

Signature of the faculty member



Ref. No. _____

Date: _____

To

The Registrar,
KAHER,
Belgaum.

Dear Sir,

We are enclosing herewith the application of the above Teacher in the prescribed format for grant of financial support for presentation scientific paper (poster or oral) / delivering a guest lecture to attend the Conference for kind consideration.

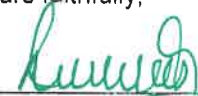
Thanking you,

Yours faithfully,



Signature of the HoD

Seal



Principal

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

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

A. To be filled by the faculty member:

1. Name	Dr. Bhagya Venkanna Rao
2. Qualification	PhD
3. Designation	Associate Professor
4. Department	Pharmacology
5. Institution	KLE College of Pharmacy, Bengaluru
6. Email ID	bhagyavrao.klecop@gmail.com
7. Date of joining the Institution	02/03/2020
8. Objectives of the Conference / Seminar / Symposium	Main objective of this conference is to disseminate knowledge and academic excellence in the field of biomedical sciences.
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)
Poster presentation

11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1st January to 31st December)

a) Title of the Conference / Seminar / Symposium

**"New Horizons
for Drug discovery and Innovation in Health
care and Pharmaceutical Research"**

b) Date of conduct

November 29, 2022

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

National

d) Venue

C.D. Sagar Auditorium
Dayananda Sagar University
Bengaluru

e) Financial support extended by the University

Rs 945/-

f) Copy of the sanction letter to be enclosed

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

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

a) Name of the Organizer

The Department of Neurophysiology, NIMHANS,
Bengaluru

b) Title of the program

11th Annual International Conference of
the Indian Academy of Biomedical
Sciences (IABSCON-2023)
**Biomedical Research: From Molecules to
Consciousness**

c) Place

NIMHANS Convention Centre
Bengaluru, INDIA

d) Duration	Three days
e) Date	3-5 MARCH 2023
f) Amount claimed	Registration fee: Rs 6500/- Poster printing Rs 700/- Local Transport: 1200/- for 3 days Total: Rs 8400/-

13. Expenses involved towards attending the Conference:

a) Place	Bengaluru
b) Mode of journey	Local transport by auto/ cab
c) Fare	
To and Fro expenses	Rs 1200/- for 3 days
Registration / Delegation Fee	Rs 6500/-
Accommodation charges	NIL
Total Expenses	RS 7700/- 6,500/-

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 : 13/02/2023

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,

Signature of the HoD

Seal

Yours faithfully,

Principal

KLE College of Pharmacy
Bengaluru-560 010





KLE ACADEMY OF HIGHER EDUCATION & RESEARCH

(Formerly known as KLE University)

[Established under Section 3 of the UGC Act, 1956 vide Government of India Notification No.F.9-19/2000-U.3(A)]

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND CONFERENCES OUTSIDE INDIA

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

A. To be filled by the faculty member:	
1. Name	Mrs. Kaveya. M.
2. Qualification	M. Pharm. (Pharmacology)
3. Designation	Assistant Professor
4. Department	Pharmacology
5. Institution	KLE College of Pharmacy, Bha
6. Date of joining the Institution	04-07-2016
7. Objectives of the Conference / Seminar / Symposium	To understand Computer Aided Drug Design (CADD)
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	<ul style="list-style-type: none"> a) Delivering Key-note address / orations / plenary lectures b) Contributing a scientific paper c) Chairing a scientific session d) International collaboration exchange program (only on invitation) e) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation) f) Others, if any, specify. (Enclosed)
10. Particulars of the financial support extended by the University to attend the International Conference(s) during the block period of three years (1 st January to 31 st December)	
a) Title of the Conference / Seminar / Symposium	8 th FDP on Computer Aided Drug Design (CADD-2023)
b) Date of conduct	14 th - 20 th March, 2023
c) Venue	Online mode
d) Financial support extended by the University	Seeking for Financial support
e) Copy of the sanction letter to be enclosed	-
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	Dr. Nikhil Aggarwal HOD & Convener
b) Title of the program	8 th FDP on Computer Aided Drug Design (CADD-2023)
c) Place	Online mode
d) Duration	7 days (14 th - 20 th March 2023)
e) Date of Conference	14 th - 20 th March, 2023
f) Financial grant sought	₹, 537.50 (Reg. Receipt Attached)

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

29 MAY 2023

14

Inward No. Sign.

[Handwritten Signature]
20/5



KLE ACADEMY OF HIGHER EDUCATION & RESEARCH

(Formerly known as KLE University)

[Established under Section 3 of the UGC Act, 1956 vide Government of India Notification No.F.9-19/2000-U.3(A)]

12. Travelling (by shortest route) and other expenses involved	International	Domestic
a) Place		-
b) Mode of journey		-
c) Fare		-
d) To and Fro		-
e) Accommodation charges		-
f) Registration / Delegation Fee		-
g) Air-port Tax		-
13. Documents to be submitted:		
a) Copy of the letter of invitation from the organizers.		
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.		
14. Signature of the faculty member		

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors / organizers of the Conference or any other funding agency for attending the aforesaid Conference. I am aware that I am liable for any disciplinary action by the KAHER in case it is found at a later stage that the information furnished in this application is wrong / false, in support of my application for financial grant.
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the KAHER from the date of attending the aforesaid Conference.
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.

Date : 26-05-2023
Ref. No. 2023/CADD-FDP/8/5

Signature of the faculty member Kareya. M.
Date: 26-05-23

To
The Registrar, KAHER, Belagavi.
Dear Sir,

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

Thanking you,

Yours faithfully,

[Signature]
Signature of the HoD



Seal

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



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / NATIONAL CONFERENCES

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

A. To be filled by the faculty member:

1. Name	DR JESSICA MONTEIRO
2. Qualification	MD HOMOEOPATHY
3. Designation	ASSOCIATE PROFESSOR
4. Department	PRACTICE OF MEDICINE
5. Email ID	drjessicamonteiro@gmail.com
6. Institution	KLE HOMOEOPATHIC MEDICAL COLLEGE
7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility)	13/3/2021
8. Objectives of the Conference / Seminar / Symposium	Mastering Case taking skills & Different Approaches of prescription
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
10. Assignment in the aforesaid Conference / Seminar / Symposium	a) Delivering Key-note address / orations / plenary lectures b) Contributing a scientific paper c) International collaboration exchange program (only on invitation) d) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation) e) Others, if any, specify.

11. Particulars of the Conference being attended

a) Title of the Conference / Seminar / Symposium	IMPETUS 2022
b) Date of conduct	16/9/22 - 17/9/22
c) Level of Conference	State / National
d) Quantum of financial grant eligible (or actuals expenses, whichever is less)	State Level : Rs. 8,000/- National Level : Rs. 16,000/-
e) Venue	FATHER MULLER AUDITORIUM, BERALAKATTA MANGLORE
f) Copy of the sanction letter along-with Brochure to be enclosed	

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

12. Particulars of the financial support previously extended by the University

a) Name of the Organizer	NO ANY
b) Title of the program	
c) Place	
d) Duration	
e) Date of Conference	
f) Financial grant availed	



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

- 2 -

13. Travelling (by shortest route) and other expenses involved	
	Particulars
a) Place	MANGALORE
b) Mode of journey	BUS JOURNEY
c) Fare	RS 1180 + RS 1285
d) To and Fro	RS 2465 /-
e) Accommodation charges	RS 7434 /-
f) Registration / Delegation Fee	RS 1600 /-
g) Air-port Tax	-
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	Paper Presentation
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	

DECLARATION

I hereby declare that:

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors / organizers of the Conference or any other funding agency for attending the aforesaid Conference. I am aware that I am liable for any disciplinary action by the University in case it is found at a later stage that the information furnished in this application is wrong / false, in support of my application for financial grant.
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference.
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.

Date: 27/9/22

Signature of the faculty member

Date: 27/9/22

Ref. No. _____

To

The Registrar, KAHER, Belagavi.

Dear Sir,

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

Thanking you,

Yours faithfully,

Signature of the HoD



Principal

KLE Homoeopathic Medical College & Hospital,
BELAGAVI

HOD
Dept. of Practice of Medicine
KAHER's
KLE Homoeopathic Medical College & Hospital,
Belagavi

Ref. No. KAHER-/2022-23/D- 14032308

6th March, 2023

20

ORDER

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

With reference to the above, the request of **Ms.Pooja N Gouda**, Assistant professor KLE College of Pharmacy, Hubballi. For attending '**2nd International Conference on Current Advances in Pharmaceutical Industry and Development**' and also presented poster Presentation entitled '**Synthesis and Evaluation of Anticancer Activity of Schiff Base Divalent Metal Complexes of 7-Amino-4-Methyl Benzopyran-2-One Derivatives**' to be held **JNTUH, Telangana** from **16th and 17th March, 2023** has been approved by the competent authority of the University.

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



Prof. Dr. V.A. Kothiwale
Registrar

To,
The above staff member.

CC to:

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

A. To be filled by the faculty member:	
1. Name	Pooja N Gouda
2. Qualification	M.Pharmacy
3. Designation	Assistant Professor
4. Department	Pharmaceutical Chemistry
5. Institution	KLE College of Pharmacy Hubli
6. Date of joining the Institution	25 th November 2022
7. Objectives of the Conference / Seminar / Symposium	This Conference will address professional development and interaction with experienced doctors and Pharm Industrialists.
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) Research Paper Presentation (Poster).
10. Particulars of the financial support extended by the University on the previous occasion	
a) Title of the Conference / Seminar / Symposium	2 nd International Conference on Current Advances in Pharmaceutical Industry and Development
b) Date of conduct	16 th and 17 th March 2023
c) Venue	JNTU Hyderabad, Telangana India
d) Financial support extended by the University	
e) Copy of the sanction letter to be enclosed	
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	Centre of Pharmaceutical Science, UPGST, Jawaharlal Nehru Technological University Hyderabad (JNTUH) Telangana & Association of Pharmaceutical Research (APR) India.
b) Title of the program	Current Advances in Pharmaceutical Industry and Development
c) Place	JNTU Hyderabad, Telangana, India
d) Duration	2 Days
12. Travelling (by shortest route) and other expenses involved	

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)]

	International	Domestic
a) Place		Hyderabad
b) Mode of journey		Train
c) Fare		2500
d) Registration / Delegation Fee		2500
e) Accommodation/DA		3000
f) Air-port Tax		
Total		8000

13. Documents to be submitted:

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

Enclosed

14. Signature of the faculty member

Ref. No. KLE/CPH/2022-23/491

Date: 02-03-2023

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 outside India for kind consideration.

Thanking you,

Yours faithfully,

Signature of the HoD

Dr S S Honnalli



Principal

KLES College of Pharmacy
(A constituent unit of KLE Academy
of Higher Education & Research)
Vidyahagar HUSBALLI - 580 03

Ref. No. KAHER-/2022-23/D- 14032309

6th March, 2023

21

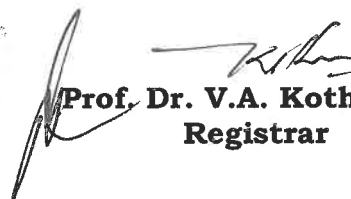
ORDER

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

With reference to the above, the request of **Ms. Prabhu Shreya Ajay**, Assistant professor KLE College of Pharmacy, Hubballi. For attending '**2nd International Conference on Current Advances in Pharmaceutical Industry and Development**' and also presented Oral Presentation entitled '**Preparation and Characterization of Different Polymorph and Formulation of Immediate Release Tablet of Mefloquine Hydrochloride**' to be held JNTUH, Telangana from **16th and 17th March, 2023** has been approved by the competent authority of the University.

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




Prof. Dr. V.A. Kothiwale
Registrar

To,
The above staff member.

CC to:

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

A. To be filled by the faculty member:	
1. Name	MS. PRABHU SHREYA AJAY
2. Qualification	M.PHARM
3. Designation	ASSISTANT PROFESSOR
4. Department	PHARMACEUTICS
5. Institution	KLE COLLEGE OF PHARMACY HUBBALLI
6. Date of joining the Institution	25-11-2022
7. Objectives of the Conference / Seminar / Symposium	<p>This conference focuses on the recent developments and current Advances in the Pharmaceutical Industry.</p> <p>Pharmaceutical Industry has been building up more advances and many novel approaches in the drug development.</p> <p>The theme "Advances in Drug Design Development and Novel Nanotechnology – Present and Future prospects".</p>
8. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Enclosed a separate sheet.
9. Assignment in the aforesaid Conference / Seminar / Symposium	a) Research Paper Presentation (ORAL).
10. Particulars of the financial support extended by the University on the previous occasion	
a) Title of the Conference / Seminar / Symposium	2 nd International Conference on Current Advances in Pharmaceutical Industry and Development
b) Date of conduct	16 th and 17 th March 2023
c) Venue	JNTUH, Telangana, India
d) Financial support extended by the University	
e) Copy of the sanction letter to be enclosed	
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	<p>Center for Pharmaceutical Sciences, UPGCST, Jawaharlal Nehru Technological University Hyderabad (JNTU) Telangana, India</p> <p>Association of Pharmaceutical Research (APR) India</p>
b) Title of the program	2 nd International Conference on Current Advances in Pharmaceutical Industry and Development



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)]

c) Place	JNTU Hyderabad, Telangana, India	
d) Duration	2 Days	
12. Travelling (by shortest route) and other expenses involved		
	International	Domestic
a) Place		Hyderabad
b) Mode of journey		Train & Bus
c) Fare		2500
d) Registration / Delegation Fee		2500
e) Accommodation/DA		3000
f) Air-port Tax		
Total		8000
13. Documents to be submitted:		
a) Copy of the letter of invitation from the organizers.	Enclosed	
b) Copy of the full text of documents / paper prepared by the applicant for presentation.		
14. Signature of the faculty member		

Ref. No. KLEcoph/2022-23/490

Date: 02-07-2023

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 outside India for kind consideration.

Thanking you,

Yours faithfully,

Signature of the HoD



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

Ref. No. KAHER-/2022-23/D- 19112205

15th November, 2022

22

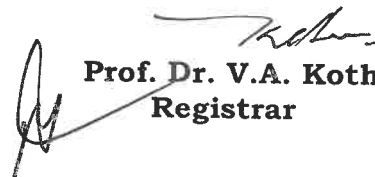
ORDER

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

With reference to the above, the request of **Dr.F.S.Dasankoppa**, Professor, Department of Pharmaceutics, KLE College of Pharmacy, Hubballi. For attending '**International Conference on Clinical & Biomedical Research**' to be held **SDM University, Dharwad** from **21st and 22nd November, 2022**, has been approved by the competent authority of the University.

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




Prof. Dr. V.A. Kothiwale
Registrar

To,
The above staff member.

CC to:

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



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

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

A. To be filled by the faculty member:	
1. Name	DR. F-S. DASANKOPPA
2. Qualification	PROFESSOR . M-PHARM. PH-D
3. Designation	PROFESSOR.
4. Department	PHARMACEUTICS
5. Institution	KLE COLLEGE OF PHARMACY, HUBBALLI
6. Email ID	f.s.dasankop@gmail.com.
7. Date of joining the Institution	14/02/2003.
8. Objectives of the Conference / Seminar / Symposium	Biomedical & Clinical Research.
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 3-ORAL ✓ c) Others, if any, specify. 2-POSTER
11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	NIL
a) Title of the Conference / Seminar / Symposium	—
b) Date of conduct	—
c) Level of Conference (State / Zonal / National)	—
d) Venue	—
e) Financial support extended by the University	—
f) Copy of the sanction letter to be enclosed	—
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference</u> in a calendar year.	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	SDM UNIVERSITY, DHARWAD & ASSOCIATION OF PHARMACEUTICAL RESEARCH.
b) Title of the program	INTERNATIONAL CONFERENCE ON CLINICAL & BIOMEDICAL RESEARCH.
c) Place	DHARWAD
d) Duration	02 DAYS
e) Date	21 st & 22 nd NOVEMBER, 2022
f) Amount claimed	RS. 3000/-

13. Expenses involved towards attending the Conference:

a) Place

DHARWAD

b) Mode of journey

BUS

c) Fare

To and Fro expenses

RS. 500/-

Registration / Delegation Fee

RS. 2500/-

Accommodation charges

NIL

Total Expenses

RS. 3000/-

14. Documents to be submitted:

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

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

COPY OF ABSTRACT
ACCEPTANCE LETTERS
ENCLOSED.

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors 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 : 3/11/2022

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.

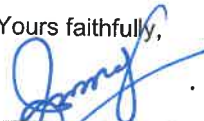
Thanking you,



Signature of the HoD



Yours faithfully,



Principal

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



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

Accredited A⁺ Grade by NAAC (3rd Cycle)

Placed in Category 'A' by MoE (GoI)

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

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

Ref. No. KAHER-/2022-23/D-29032302

27th March, 2023

ORDER

- Sub : **Permission to participate in the National Conference.**
- Ref : Request letter of the applicant forwarded through the concerned HoD, KAHER's JGMM Medical College, Hubballi.

With reference to the above, the request of **Dr. Namratha Kulkarni, Assistant professor, Department of Community Medicine** KAHER's JGMM Medical College, Hubballi. For attending '**IPHA National Conference 2023**' and also **presenting two scientific paper presentation** to be held at Kolkata from **06th to 09th April 2023** has been approved by the competent authority of the University.

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




Prof. Dr. V.A. Kothiwale
Registrar

To,
The above staff member.

CC to:

1. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
2. The Principal, KAHER's JGMM Medical College, Hubballi..
3. The Finance Officer, KAHER, Belagavi.



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

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

A. To be filled by the faculty member:	
1. Name	Dr. Namratha. Kulkarni
2. Qualification	MBBS, MD.
3. Designation	Assistant Professor.
4. Department	Department of Community Medicine
5. Institution	JAMM Medical College, Hubballi
6. Email ID	namratha.d.kulk@gmail.com
7. Date of joining the Institution	11th April 2022
8. Objectives of the Conference / Seminar / Symposium	National Conference on Public Health
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet. Enclosed
10. Assignment in the aforesaid Conference / Seminar / Symposium	a) Contributing a scientific paper (poster or oral) b) Delivering a guest lecture Two Scientific c) Others, if any, specify. poster presentations
11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December	Nil
a) Title of the Conference / Seminar / Symposium	NA
b) Date of conduct	
c) Level of Conference (State / Zonal / National)	
d) Venue	
e) Financial support extended by the University	
f) Copy of the sanction letter to be enclosed	
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference</u> in a calendar year.	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	NA
b) Title of the program	
c) Place	
d) Duration	
e) Date	
f) Amount claimed	



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

- 2 -

13. Expenses Involved towards attending the Conference:	
a) Place	Kolkata, West Bengal, India.
b) Mode of journey	Air travel (flight)
c) Fare	
To and Fro expenses	Approx 20,000/-
Registration / Delegation Fee	Rupess 6490/-
Accommodation charges	12,000/-
Total Expenses	Approx 38,500/-
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	Attached
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	As per Rules

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors of the Conference or any other funding agency for attending the aforesaid Conference.
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference.
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.
- I shall reimburse the amount to the University in excess of the eligibility.

Date : 16/03/2023

Signature of the faculty member

[Signature]

Dr. Nimmagadda Kulkarni

Ref. No. _____

Date: _____

To
The Registrar,
KAHER,
Belgaum.

Dear Sir,

We are enclosing herewith the application of the above Teacher in the prescribed format for grant of financial support for presentation scientific paper (poster or oral) / delivering a guest lecture to attend the Conference for kind consideration.

Thanking you,

Yours faithfully,

[Signature]

Principal

KAHER's JGMM Medical College
Gabbur Cross, Kotgondhunshi,
HUBBALLI-28.

[Signature]
Signature of the HoD
Professor & Head

Seal

Department of Community Medicine
KAHER's JGMM Medical College
Gabbur Cross, Kotgondhunshi,
HUBBALLI-28.



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

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

A. To be filled by the faculty member:	
1. Name	Dr. SANTOSHKUMAR .ASHOK.SHETTI
2. Qualification	MBBS, MD
3. Designation	Associate Professor
4. Department	PHARMACOLOGY
5. Institution	KANGRI JGM Medical College, Huttballi
6. Email ID	shetti989@gmail.com
7. Date of joining the Institution	23-06-2022
8. Objectives of the Conference / Seminar / Symposium	To upgrade in recent trends in development
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
10. Assignment in the aforesaid Conference / Seminar / Symposium	<input checked="" type="checkbox"/> a) Contributing a scientific paper (poster or oral) <input type="checkbox"/> b) Delivering a guest lecture <input type="checkbox"/> c) Others, if any, specify.
11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	
a) Title of the Conference / Seminar / Symposium	52 nd IPSECON 2023
b) Date of conduct	22-25 February 2023
c) Level of Conference (State / Zonal / National)	National
d) Venue	Mysuru (JSS Medical College)
e) Financial support extended by the University	
f) Copy of the sanction letter to be enclosed	
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference</u> in a calendar year.	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	JSS Medical College, Mysuru
b) Title of the program	52 nd IPSECON 2023
c) Place	Mysuru
d) Duration	Four days 22-25 Feb 2023
e) Date	22-25 Feb 2023
f) Amount claimed	4,720/-



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

- 2 -

13. Expenses involved towards attending the Conference:	
a) Place	MYSRU
b) Mode of journey	Bus + Train
c) Fare	
To and Fro expenses	1207 + 300 + 303 = 1,810/-
Registration / Delegation Fee	4,720/-
Accommodation charges	
Total Expenses	6,530/-
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors of the Conference or any other funding agency for attending the aforesaid Conference,
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference,
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.
- I shall reimburse the amount to the University in excess of the eligibility.

Date: 17-05-2023

Signature of the faculty member

Ref. No. _____

Date: 17-05-2023

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,

Signature of the HoD

Professor & Head



Principal

Department of Pharmacology
KAHER's JGMM Medical College
Gabbur Cross, Kotgondhunshi,
HUBBALLI-28.

KAHER's JGMM Medical College
Gabbur Cross, Kotgondhunshi
HUBBALLI-28.



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

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

A. To be filled by the faculty member:	
1. Name	Dr. SANTOSH KUMAR. A. SHETTI
2. Qualification	M.B.B.S, M.D
3. Designation	Associate Professor
4. Department	PHARMACOLOGY
5. Institution	KARVER'S JGM Medical College, Hubballi
6. Email ID	shetti989@gmail.com
7. Date of joining the Institution	23-06-2022
8. Objectives of the Conference / Seminar / Symposium	To improve our knowledge
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 <u>oral</u>) <input type="checkbox"/> b) Delivering a guest lecture <input type="checkbox"/> c) Others, if any, specify.
11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	
a) Title of the Conference / Seminar / Symposium	IntPCON 2022
b) Date of conduct	9, 10 & 11 December 2022
c) Level of Conference (State / Zonal / <u>National</u>)	National
d) Venue	GMC, Surat, Gujarat
e) Financial support extended by the University	
f) Copy of the sanction letter to be enclosed	
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference</u> in a calendar year.	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	Government Medical College, Surat
b) Title of the program	IntPCON 2022
c) Place	Surat, Gujarat
d) Duration	Three days
e) Date	9, 10, 11 Dec 2022
f) Amount claimed	2500/-

KARVER'S JGM Medical College
Gubbi Cross, Kollegal
HUBBALLI-58





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

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

- 2 -

13. Expenses Involved towards attending the Conference:	
a) Place	Surat,
b) Mode of journey	
c) Fare	
To and Fro expenses	
Registration / Delegation Fee	2,500/-
Accommodation charges	
Total Expenses	2,500/-
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	✓
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	✓

DECLARATION

I hereby declare that:

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors of the Conference or any other funding agency for attending the aforesaid Conference,
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference,
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.
- I shall reimburse the amount to the University in excess of the eligibility.

Date: 17/05/2023

Signature of the faculty member

Ref. No. _____

Date: 17/05/2023

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,

Signature of the HoD



PRINCIPAL

KAHER's JGMM Medical College
Gabbur Cross, Kotgondhunshi
HUBBALLI-28.

KAHER's JGMM Medical College
Gabbur Cross, Kotgondhunshi,
HUBBALLI-28.



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

Accredited A⁺ Grade by NAAC (3rd Cycle)

Placed in Category 'A' by MoE (Gol)

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

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

Ref. No. KAHER-/2022-23/D- 22022307

9th February, 2023

26


ORDER

Sub : **Permission to participate in the Annual Conference.**
Ref : Request letter of the applicant forwarded through the concerned HoD, Principal KAHER's JGMM Medical College, Hubballi.

With reference to the above, the request of **Dr. Ranjana Ranade**, Associate Professor, Department of Pathology, KAHER's JGMM Medical College Hubballi., For attending '**16th Annual conference and CME and ISRTP-2023**' to be held **MPUH, Nadiad, Gujarat** from **17th to 19th February, 2023** has been approved by the competent authority of the University.

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




Prof. Dr. V.A. Kothiwale
Registrar

To,
The above staff member.

CC to:

1. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
2. The Principal, KAHERs JGMM Medical College, Hubballi.
3. The Finance Officer, KAHER, Belagavi.



**KAHER's JAGADGURU GANGADHAR MAHASWAMIGALU
MOORUSAVIRMATH MEDICAL COLLEGE**
Kundagol Cross, Kotagondhunshi,
Hubballi-580028.

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

Website: <https://klejgmmmc.edu.in/> Email: infojgmmmc@kledeemeduniversity.edu.in ☎0836-2228244

Ref No: JGMM/PRI/Conf/ 202 /2023-24

Date: 11-05-2023

To,
The Registrar,
KAHER University
JNMC Campus
Neharu Nagar
BELAGAVI-10

27 - 28 - 29 - 30

(Through Prof. Dr. V.D. Patil, Director, Hospitals Development & New Projects)

Sub: Request to sanction financial support amount reg...

Respected Sir,

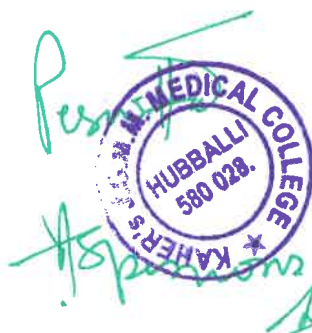
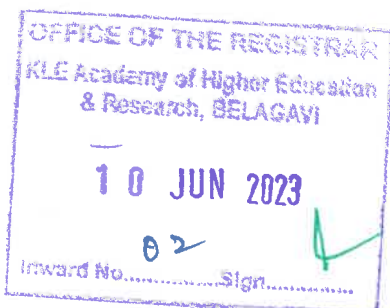
With reference to the subject cited above, I am forwarding herewith the Bills and Vouchers and attendance certificates, Photographs in respect of following Biochemistry department faculties for sanction financial support for attending preconference workshop on Blue Printing of question paper and Electives in Biochemistry on 18th May-2023 at SDM Medical College, Dharwad and they have also attended the conference on 19th & 20th -May-2023 at SDM Medical College, Dharwad with the theme on New era diagnostics in preimplantation and prenatal testing .

Sl No	Name of the faculty	Department	Designation	Amount
01	Dr Amrut Arvindrao Dambal	Biochemistry	Professor & HOD	5000=00
02	Dr Mahalaxmi S Petimani	Biochemistry	Associate Prof.	5000=00
03	Dr Nimisha V	Biochemistry	Assit. Prof.	5000=00
04	Dr Deepak Tangadi	Biochemistry	Assit. Prof.	5000=00

Kindly sanction the financial support for the same and do the needful.

Thanking you,

Yours faithfully



Principal
PRINCIPAL
KAHER's JGMM Medical College
Gabbur Cross, Kotgondhunshi,
HUBBALLI-28.

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

- Name of the applicant : Dr. AMRUT. ARVINDRAO. DAMBAL
 - Designation : Professor and HOD
 - Name of the Department : Biochemistry
 - Name of the Institution : JGMMMC Hubballi
 - Contact details : Mobile No. 9701120408
 - Nature of appointment : Regular / Consolidated / Re-appointed / Contract
 - Whether Temporary/Permanent/Probation : Probation
 - Date of joining the Institution : 01/12/2021
 - Particulars of leave applied for:
 - Type of Leave : SPL
 - Period of Leave : 3 days From 18/05/23 to 20/05/2023
 - Reasons for availing the leave :
- *In case of Duty Leave / Special Casual Leave, please enclose proof.

Place : Belagavi

Date : 08/05/2023

Dr. Ambal

Signature of the applicant

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

The leave requested by the applicant is recommended/not recommended. During the leave period, the applicant faculty. Dr. A.A. Dambar Designation Prof and HOD shall look after the duties of the applicant faculty.

Date : 08/05/2023

Dr. Dambar

Signature of the HoD

11. For Office Use at College:

Type of Leave	Leave balance as on the date of application	No. of days		
		Leave Applied for	Leave recommended	Leave balance
<u>SPL Casual Leave</u>	<u>08 days</u>	<u>03 days</u>	<u>03 days</u>	<u>05 days</u>
<u>08/05/2023</u>	<u>Dr. Ambal</u>	<u>Dr. Ambal</u>	<u>Dr. Ambal</u>	<u>Dr. Ambal</u>

12. For KAHER Office use:

Office Superintendent
KAHER's JGMM Medical College
Gabbur Cross, Kotgondhunsht
HUBBALLI-28.

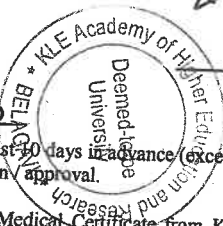
(k&l) under MOA of the KLE Academy of Higher Education

Date :

Note:

Ref No: KAHER 1D - 16052302

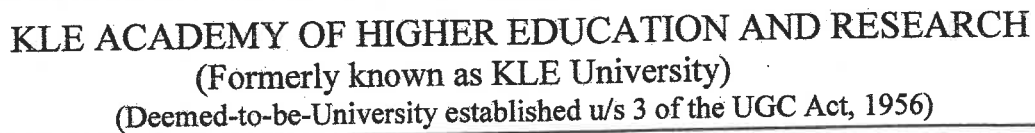
- The faculty shall submit the leave application in the prescribed format at least 30 days in advance (except Leave on medical grounds).
- The KAHER shall not consider any application involving post-facto sanction/ approval.
- The faculty shall avail the Earned Leave for a minimum period of 10 days.
- The faculty who intend to avail leave on medical grounds shall submit Medical Certificate from KLE Dr. Prabhakar Kore Hospital (in case of illness in Belagavi) and from a Doctor with minimum qualification of MBBS (in case of illness outside Belagavi).
- The concerned Heads of the Departments and the Principals of the constituent units shall forward only those applications which are eligible to be considered by the KAHER as per the existing Leave Policy / Rules & Regulations of the KAHER.
- The faculty shall not proceed on leave without prior approval from the KAHER.
- The faculty shall be eligible to avail Special Casual Leave / Duty Leave not exceeding 15 days in a year, on production of necessary supporting document and he / she shall not be permitted to avail the same in excess of the prescribed limit.
- The salary during the leave period shall be sanctioned only after approval for grant of leave by the competent authority of the KAHER.



Signature of the Registrar

Ref No: JGmm/PO/ES/104/2023-24

Date: 08/05/2023



(To be submitted through proper channel)

- Signature of the applicant

Signature of the HoD _____

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

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

Ref: T6000/30/684/104/2023-24.

DT: 08/05/2023

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

- Name of the applicant : Dr NIMISHA V
 - Designation : ASSISTANT PROFESSOR
 - Name of the Department : BIOCHEMISTRY
 - Name of the Institution : KAHER'S JGMM MEDICAL COLLEGE, HUBBALLI
 - Contact details : Mobile No. 8147497821
 - Nature of appointment : Regular / Consolidated / Re-appointed / Contract
 - Whether Temporary/Permanent/Probation : Probation
 - Date of joining the Institution : 28/09/2022
 - Particulars of leave applied for:
 - Type of Leave : 3 days From 18/05/23 to 20/05/23
 - Period of Leave : Conference + Pre conference Workshop
 - Reasons for availing the leave : AMBI-KL
- *In case of Duty Leave / Special Casual Leave, please enclose proof.

Place : Belagavi

Date : 08/05/2023

Signature of the applicant

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

The leave requested by the applicant is recommended/not recommended. During the leave period, Ms Nikita Desai, Designation Tutor (Signature N. Desai) shall look after the duties of the applicant faculty.

Date : 08-05-23

Signature of the HoD

11. For Office Use at College:

Type of Leave	Leave balance as on the date of application	No. of days		
		Leave Applied for	Leave recommended	Leave balance
<u>SpCasual Leave</u>	<u>15 days</u>	<u>03 days</u>	<u>03 days</u>	<u>12 days</u>

Date : 09/05/2023

12. For KAHER Office Use:

Office Superintendent
KAHER'S JGMM Medical College
Gabbur Cross, Kotgondhunshi
HUBBALLI-28.

Date :

Note:

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

Ref No: JGMM/PO/EST/104/202324.

Dt 08/05/2023

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

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

1. Name of the applicant : DR DEEPAK TANGADI
2. Designation : ASSISTANT PROFESSOR
3. Name of the Department : BIOCHEMISTRY
4. Name of the Institution : JGMM MC, HUBBALLI
5. Contact details : Mobile No. 9711093963
6. Nature of appointment : Regular / Consolidated / Re-appointed / Contract
7. Whether Temporary/Permanent/Probation : PROBATION
8. Date of joining the Institution : 15-12-2021
9. Particulars of leave applied for:
 - a) Type of Leave :
 - b) Period of Leave : 02 days From 19-05-23 to 20-05-23
 - c) Reasons for availing the leave : Conference & Poster Presentation

Place : Belagavi

Date : 08-05-2023

Signature of the applicant

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

The leave requested by the applicant is recommended/not recommended. During the leave period, Mr Nikita Desai Designation Tutor (Signature N Desai) shall look after the duties of the applicant faculty.

Date : 08-05-2023

Signature of the HoD

11. For Office Use at College:

Type of Leave	Leave balance as on the date of application	No. of days		
		Leave Applied for	Leave recommended	Leave balance
<u>Spcl Casual Leave</u>	<u>15 days</u>	<u>02 days</u>	<u>02 days</u>	<u>13 days</u>

Date 09/05/2023 Verified by (Sign.) [Signature]

12. For KAHER Office use:

Office Superintendent
KAHER's JGMM Medical College
Gabbur Cross, Kotgondhunshi, HUBBALLI-28.

KAHER's JGMM Medical College
Gabbur Cross, Kotgondhunshi, HUBBALLI-28.

Date :

Note: Ref NO: KAHER/D-18052304

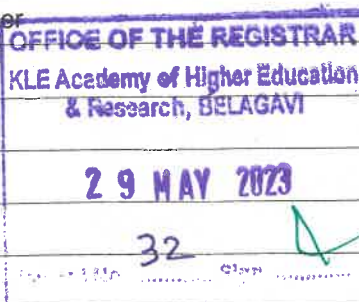
Signature of the Registrar
KLE Academy of Higher Education
and Research, BELAGAVI

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

Ref. JGMM/DR/654/04/2023-24. Dt 08/05/2023

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

A. To be filled by the faculty member:	
1. Name	Dr. Smita S Sondi
2. Qualification	MBBS MD Ph.D.
3. Designation	Prof & Head
4. Department	Biochemistry
5. Institution	JMMC
6. Email ID	naragundensita@gmail.com
7. Date of joining the Institution	22/11/2003
8. Objectives of the Conference / Seminar / Symposium	Conference
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
10. Assignment in the aforesaid Conference / Seminar / Symposium	a) Contributing a scientific paper (poster or oral) b) Delivering a guest lecture <u>Panelist</u> c) Others, if any, specify.
11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	NO
a) Title of the Conference / Seminar / Symposium	AMBKCCON SDMCHS 2023
b) Date of conduct	19 & 20 th May 2023
c) Level of Conference (State / Zonal / National)	State
d) Venue	SDM, Dhruvaal
e) Financial support extended by the University	
f) Copy of the sanction letter to be enclosed	
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference</u> in a calendar year.	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	Dept of Biochemistry, SDM
b) Title of the program	AMBKCCON -
c) Place	Belagavi
d) Duration	2 days
e) Date	19 & 20 th
f) Amount claimed	



[Signature]

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

- 2 -

13. Expenses involved towards attending the Conference:	
a) Place	Dharwad
b) Mode of journey	Personal (Car)
c) Fare	
To and Fro expenses	2500
Registration / Delegation Fee	4000
Accommodation charges	3000
Total Expenses	12,000
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	Yes
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	Yes.

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors of the Conference or any other funding agency for attending the aforesaid Conference,
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference,
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.
- I shall reimburse the amount to the University in excess of the eligibility.

Date : 22/3/23

Signature of the faculty member

Ref. No. _____

Date: _____

To
The Registrar,
KAHER,
Belgaum.

Dear Sir,

We are enclosing herewith the application of the above Teacher in the prescribed format for grant of financial support for presentation scientific paper (poster or oral) / delivering a guest lecture to attend the Conference for kind consideration.

Thanking you,

Yours faithfully,

Signature of the HoD

Seal

**PROFESSOR & HEAD
DEPT. BIOCHEMISTRY
J. N. Medical College, Belagavi.**

**PRINCIPAL
Jawahar Lal Nehru Medical College
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)

A. To be filled by the faculty member:	
1. Name	Dr. Jyoti. M. Nagemote.
2. Qualification	MD. Ph.D.
3. Designation	Professor of Microbiology & COE, KAHER.
4. Department	MICROBIOLOGY.
5. Institution	J.N. medical college.
6. Date of joining the Institution	15-11-1993.
7. Objectives of the Conference / Seminar / Symposium	Furthering the cause of applied microbiology
8. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet. For Patient care
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. — Judging Scientific papers
10. Particulars of the financial support extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	- NIL -
a) Title of the Conference / Seminar / Symposium	
b) Date of conduct	
c) Venue	
d) Financial support extended by the University	
e) Copy of the sanction letter to be enclosed	
f) Level of Conference State / Zonal / National	
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference</u> in a calendar year.	
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	Indian Association of Medical Microbiologists
b) Title of the program	45 th Annual conference of IAMM (IAMM)
c) Place	AIIMS, Bhubaneswar.
d) Duration	24 th - 27 th Nov. 2022 (04 days)
e) Date	" "
f) Amount claimed	



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	Belagavi - Bhubaneswar
b) Mode of journey	Flight
c) Fare	
To and Fro expenses	25,000
Registration / Delegation Fee	9,000
Accommodation charges	10,000
Total Expenses	44,000/-
13. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	Enclosed.
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	—

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors of the Conference or any other funding agency for attending the aforesaid Conference.
- I shall produce necessary bills / receipts along with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference.
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.
- I shall reimburse the amount to the University in excess of the eligibility.

Date: 8/11/22

Signature of the faculty member

[Signature]

Ref. No. 1071/1676

Date: 08-11-2022

10-11-2022

To

The Registrar,
KLE University,
Belgaum.

Dear Sir,

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

Thanking you,

Yours faithfully,

Signature of the HoD

[Signature]
Dr. Manjula V. Vargali



[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⁺ Grade by NAAC (3rd Cycle)

Placed in Category 'A' by MoE (GoI)

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

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

Ref. No. KAHER-/2022-23/D- 21012304

17th Jan.2023

ORDER

Sub : Permission to participate in the 12th Annual Conference.

Ref : Letter dated, REF-JNMC-78, dated 12th January, 2023.

With reference to the above, the request of Mr.Ravi D Shivanaikar, Assistant Librarian, KLE Academy of Higher education and research, Belagavi. For attending '12th Annual conference of Karnataka Health Sciences Library Association' the theme of the Conference 'Health informatics for Health Science Librarians and Doctors' to be held Kodagu Institute of Medical Sciences, Madikeri Auditorium, KoIMS, Madikeri, from 10th to 11th February 2023, has been approved by the competent authority of the University.




Prof. Dr. V.A. Kothiwale
Registrar

To,
The above staff member.

CC to:

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

Ref.No.KAHER/23-24/D- 12062315

8th June, 2023

(4) - (5)

ORDER

Sub: Approval of Grant of financial support for attending the National Conference at Jaipur from 17th and 18th June 2023.

Ref: Your office letter Ref. No. KIPT / 2023-24/1618 dated 30th May 2023.

With reference to the above, the following faculty members are hereby permitted to deliver guest lecture at National Conference **[JURJ PHYSIOS COLLOQUIUM]** to be held at **Jaipur** from **17th and 18th December 2023**.

SL. No.	Name	Designation	Department
1	Dr. Basavaraj Motimath	Professor	Sports Physiotherapy
2	Dr.Dhaval Chivate	Assistant Professor	Sports Physiotherapy

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

To,
The above staff members.




Prof Dr.V.A.Kothiwale
Registrar

CC to:

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

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

A. To be filled by the faculty member:	
1. Name	Dr Dhavi Basavaraj Motimath
2. Qualification	MPT in Physiotherapy
3. Designation	Professor
4. Department	Musculoskeletal & Sports
5. Institution	KLEU Institute of Physiotherapy
6. Email ID	bsmotimath@yahoo.co.in
7. Date of joining the Institution	07/07/2006
8. Objectives of the Conference / Seminar / Symposium	
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
10. Assignment in the aforesaid Conference / Seminar / Symposium	a) Contributing a scientific paper (poster or oral) b) Delivering a guest lecture ✓ c) Others, if any, specify.
11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	
a) Title of the Conference / Seminar / Symposium	JURT PHYSIOS COLLOQUIUM
b) Date of conduct	17 th & 18 th
c) Level of Conference (State / Zonal / National)	National.
d) Venue	JAIPUR
e) Financial support extended by the University	
f) Copy of the sanction letter to be enclosed	
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference</u> in a calendar year.	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	Jaganath University d
b) Title of the program	JURT PHYSIOS Colloquium
c) Place	Jaipur
d) Duration	2 days
e) Date	17 th & 18 th
f) Amount claimed	

13. Expenses involved towards attending the Conference:	
a) Place	Jaipur
b) Mode of journey	Flight
c) Fare	11,800/-
To and Fro expenses	11,800/-
Registration / Delegation Fee	
Accommodation charges	
Total Expenses	
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	Yes
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	

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 : 06/07/2023

Signature of the faculty member



Ref. No. _____

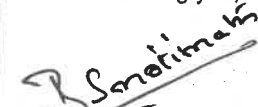
Date: _____

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,


Signature of the HoD



Yours faithfully,


Principal

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

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

A. To be filled by the faculty member:	
1. Name	DR. ARATI V. MAHISHALE
2. Qualification	MPT, P.h.D
3. Designation	Professor & Head
4. Department	Dept of Obst Physiotherapy
5. Institution	KAHIER Inst of Physiotherapy
6. Email ID	mphysioarati@gmail.com
7. Date of joining the Institution	21st Jan 2006.
8. Objectives of the Conference / Seminar / Symposium	"Recent trends in Rehabilitation"
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) <u>Delivering a guest lecture</u> ✓ c) Others, if any, specify.
11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1st January to 31st December)	None.
a) Title of the Conference / Seminar / Symposium	—
b) Date of conduct	—
c) Level of Conference (State / Zonal / National)	—
d) Venue	—
e) Financial support extended by the University	—
f) Copy of the sanction letter to be enclosed	—
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National</u> Conference in a calendar year.	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	Jagannath Univ, Jaipur
b) Title of the program	"Recent Advancement in Rehab"
c) Place	Jaipur
d) Duration	02 days.
e) Date	17th & 18th June 2023
f) Amount claimed	20,000/-

AS per Rules

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

- 2 -

13. Expenses involved towards attending the Conference:	
a) Place	Jaipur
b) Mode of journey	Flight / By air
c) Fare	
To and Fro expenses	12,800/-
Registration / Delegation Fee	
Accommodation charges	8,000/-
Total Expenses	20,800/-
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	Enclosed tickets & invitation letter
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 : 08/06/2023

Signature of the faculty member

[Signature]

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,

Signature of the HoD



Yours faithfully,

[Signature]

Principal

Ref.No.KAHER/23-24/D- 23062303

22nd June, 2023

(7) - (8)

ORDER

Sub: Approval of Grant of financial support for attending the National Conference at Bijapur on 23rd June 2023.

Ref: Your office letter Ref. No. INS / 2023-24/187 dated 13th June 2023.

With reference to the above, the following faculty members are hereby permitted to contributing **paper presentation** at national Conference on 'Evidence Based Practice in Paediatric & neonatal Care' organised by BLDEA'S B.M.K IONS Bijapur on 23rd June 2023.

SL. No.	Name	Designation	Paper/Poster Presentation
1.	Dr. Gavishiddhayya S	Professor Department of Child Health Nursing	Paper Presentation Moderator for a Session
2.	Mr. Mahaling H	Professor Department of Paediatric Nursing	Paper Presentation

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




Prof Dr. V.A. Kothiwale
Registrar

To,
The above staff members.

CC to:

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



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

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

A. To be filled by the faculty member:	
1. Name	MAHALINGA HULAYBALI
2. Qualification	M.Sc Nursing
3. Designation	Professor
4. Department	Pediatric Nursing
5. Institution	Institute of Nursing Sciences
6. Email ID	mahalingmh@gmail.com
7. Date of joining the Institution	02/06/2010
8. Objectives of the Conference / Seminar / Symposium	understand the importance of CBR
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
10. Assignment in the aforesaid Conference / Seminar / Symposium	<input checked="" type="checkbox"/> a) Contributing a scientific paper (poster or oral) <input type="checkbox"/> b) Delivering a guest lecture <input type="checkbox"/> c) Others, if any, specify.
11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	NIL
a) Title of the Conference / Seminar / Symposium	
b) Date of conduct	
c) Level of Conference (State / Zonal / National)	
d) Venue	
e) Financial support extended by the University	
f) Copy of the sanction letter to be enclosed	
Note : The faculty member is eligible for financial support to attend <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	BLDE's Institute of nursing
b) Title of the program	Evidence Based Practice in neonatal
c) Place	Vijaypur
d) Duration	one day
e) Date	23/06/2023
f) Amount claimed	

13. Expenses involved towards attending the Conference:	
a) Place	Vijaypuri
b) Mode of journey	By Road (By car)
c) Fare	
To and Fro expenses	6420
Registration / Delegation Fee	600
Accommodation charges	4480
Total Expenses	11,500/-
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors of the Conference or any other funding agency for attending the aforesaid Conference,
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference,
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.
- I shall reimburse the amount to the University in excess of the eligibility.

Date: 10/06/2023

Signature of the faculty member



Ref. No. KAHER/INS/22-23/0-187

Date: 13/06/2023

To

The Registrar,
KAHER,
Belgaum.

Dear Sir,

We are enclosing herewith the application of the above Teacher in the prescribed format for grant of financial support for presentation scientific paper (poster or oral) / delivering a guest lecture to attend the Conference for kind consideration.

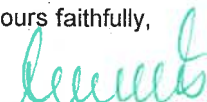
Thanking you,



Signature of the HoD



Yours faithfully,



Principal

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

A. To be filled by the faculty member:	
1. Name	MR. UMESH . NANDAHOON
2. Qualification	M.SC (NURSING)
3. Designation	ASSISTANT PROFESSOR
4. Department	CHILD HEALTH NURSING
5. Institution	KANER INSTITUTE OF NURSING SCIENCES, BELMATE
6. Email ID	umesh 223048@gmail.com
7. Date of joining the Institution	18.12.2014
8. Objectives of the Conference / Seminar / Symposium	UNDERSTANDING THE IMPORTANCE OF EVIDENCED BASED PRACTICE
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
10. Assignment in the aforesaid Conference / Seminar / Symposium	<input checked="" type="checkbox"/> a) Contributing a scientific paper (poster or oral) <input type="checkbox"/> b) Delivering a guest lecture <input type="checkbox"/> c) Others, if any, specify.
11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	<p>AS per below</p> <p>EVIDENCE BASED PRACTICE IN PEDIATRIC & NEONATAL CARE</p> <p>23.06.2023</p> <p>NATIONAL</p> <p>B.L.D.E.A'S SHRI B.M.PATIL INSTITUTE OF NURSING SCIENCE VIJAYAPUR</p>
a) Title of the Conference / Seminar / Symposium	
b) Date of conduct	
c) Level of Conference (State / Zonal / National)	
d) Venue	
e) Financial support extended by the University	
f) Copy of the sanction letter to be enclosed	
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference</u> in a calendar year.	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	B.L.D.E.A'S INSTITUTE OF NURSING SCIENCE VIJAYAPUR
b) Title of the program	NATIONAL CONFERENCE
c) Place	VIJAYAPUR KARNATAKA.
d) Duration	1 DAY
e) Date	23.06.2023
f) Amount claimed	

13. Expenses involved towards attending the Conference:	
a) Place	VISAYAPUR KARNATAKA
b) Mode of journey	TRAVEL BY OWN CAR
c) Fare	
To and Fro expenses	Rs. 3000 - 00
Registration / Delegation Fee	Rs. 600 - 00
Accommodation charges	Rs. 1500 - 00
Total Expenses	Rs. 5100 - 00
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	ATTACHMENT ENCLOSED.
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors of the Conference or any other funding agency for attending the aforesaid Conference,
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference,
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.
- I shall reimburse the amount to the University in excess of the eligibility.

Date : 28.06.2023

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.

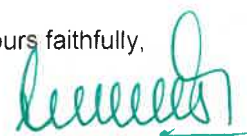
Thanking you,



Signature of the HoD

Seal

Yours faithfully,



Principal

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

A. To be filled by the faculty member:	
1. Name	MR. VIRUPAKSHAPPA. SAVADI
2. Qualification	MSc (NURSING)
3. Designation	ASSISTANT PROFESSOR
4. Department	CHILD HEALTH NURSING
5. Institution	KAHER. INSTITUTE OF NURSING SCIENCES BELGAVI.
6. Email ID	Svirupaxappa@gmail.com
7. Date of joining the Institution	01-01-2017
8. Objectives of the Conference / Seminar / Symposium	UNDERSTANDING THE IMPORTANCE OF EVIDANCED BASED PRACTICE
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
10. Assignment in the aforesaid Conference / Seminar / Symposium	<input checked="" type="checkbox"/> a) Contributing a scientific paper (poster or oral) <input type="checkbox"/> b) Delivering a guest lecture <input type="checkbox"/> c) Others, if any, specify.
11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	<p>HS per rule</p> <p>EVIDANCED BASED PRACTICE IN PEDIATRIC & NEONATEL CARE</p> <p>23-06-2023</p> <p>NATIONAL</p> <p>BLDEAS. SHRI RM. PATIL. INSTITUTE OF NURSING. SCI. VIJAPUR.</p>
a) Title of the Conference / Seminar / Symposium	EVIDANCED BASED PRACTICE IN PEDIATRIC & NEONATEL CARE
b) Date of conduct	23-06-2023
c) Level of Conference (State / Zonal / National)	NATIONAL
d) Venue	BLDEAS. SHRI RM. PATIL. INSTITUTE OF NURSING. SCI. VIJAPUR.
e) Financial support extended by the University	
f) Copy of the sanction letter to be enclosed	
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference</u> in a calendar year.	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	BLDEAS INSTITUTE OF NURSING SCIENCES VIJAPUR.
b) Title of the program	NATIONAL CONFERENCE
c) Place	VIJAYAPURA. KARNATAKA.
d) Duration	1 DAY
e) Date	23-06-2023
f) Amount claimed	

13. Expenses involved towards attending the Conference:	
a) Place	VIJAYPURA, KARNATAKA.
b) Mode of journey	TRAVEL BY OWN CAR
c) Fare	
To and Fro expenses	RS 3000 - 00
Registration / Delegation Fee	RS. 600 - 00
Accommodation charges	RS. 1500 - 00
Total Expenses	RS. 5100 - 00
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	ATTACHMENT ENCLOSED
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors of the Conference or any other funding agency for attending the aforesaid Conference.
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference.
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.
- I shall reimburse the amount to the University in excess of the eligibility.

Date: 28/06/2023.

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,



Signature of the HoD

Seal

Yours faithfully,



Principal



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

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

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

A. To be filled by the faculty member:	
1. Name	Mrs. Priyanka Gudannawar
2. Qualification	M.Sc. Nursing
3. Designation	Senior tutor
4. Department	Child health nursing
5. Institution	KATER INS, Belagavi
6. Email ID	poiya060892@gmail.com
7. Date of joining the Institution	27-05-2019
8. Objectives of the Conference / Seminar / Symposium	Understanding the importance of evidence based care
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
10. Assignment in the aforesaid Conference / Seminar / Symposium	<input checked="" type="checkbox"/> a) Contributing a scientific paper (poster or oral) <input type="checkbox"/> b) Delivering a guest lecture <input type="checkbox"/> c) Others, if any, specify.
11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December	AS per Rules
a) Title of the Conference / Seminar / Symposium	Evidence based practice in pediatric & Neonatal care
b) Date of conduct	23-06-2023
c) Level of Conference (State / Zonal / National)	National
d) Venue	BLDEA's Shri. B.M. Patil Institute of nursing sciences, Vijayapur
e) Financial support extended by the University	
f) Copy of the sanction letter to be enclosed	
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference</u> in a calendar year.	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	BLDEA's Shri. B.M. Patil Institute of nursing sciences, Vijayapur
b) Title of the program	National Conference
c) Place	Vijayapur, Karnataka
d) Duration	1 day
e) Date	23-06-2023
f) Amount claimed	

13. Expenses involved towards attending the Conference:	
a) Place	Vijapur, Karnataka
b) Mode of journey	Travel by own car
c) Fare	
To and Fro expenses	Rs. 3000
Registration / Delegation Fee	Rs. 600
Accommodation charges	Rs. 1500
Total Expenses	Rs. 5100
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	Attachment enclosed.
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors of the Conference or any other funding agency for attending the aforesaid Conference,
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference,
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.
- I shall reimburse the amount to the University in excess of the eligibility.

Date: 04/07/2023

Signature of the faculty member Bg

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,

Bg

Signature of the HoD

Seal

Yours faithfully,

Bg

Principal



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

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

A. To be filled by the faculty member:	
1. Name	MRS SUDHA C. JANGANURE
2. Qualification	MBC NURSING
3. Designation	SENIOR TUTOR
4. Department	CHILD HEALTH NURSING
5. Institution	KAHER INSTITUTE OF NURSING SCIENCES
6. Email ID	11/04/2022
7. Date of joining the Institution	sudhajanganure@gmail.com
8. Objectives of the Conference / Seminar / Symposium	UNDERSTANDING IMPORTANCE OF EVIDENCED BASED PRACTICE
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
10. Assignment in the aforesaid Conference / Seminar / Symposium	a) Contributing a scientific paper (poster or oral) b) Delivering a guest lecture c) Others, if any, specify.
11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	As per sheet
a) Title of the Conference / Seminar / Symposium	EVIDENCED BASED PRACTICE IN PAEDIATRIC AND NEONATAL CARE
b) Date of conduct	23/06/2023
c) Level of Conference (State / Zonal / National)	NATIONAL
d) Venue	BLDEA SRI B M PATIL INSTITUTE OF NURSING SCIENCES
e) Financial support extended by the University	
f) Copy of the sanction letter to be enclosed	
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference</u> in a calendar year.	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	BLDEA INSTITUTE OF NURSING SCIENCES VIJAYPURA.
b) Title of the program	NATIONAL CONFERENCE
c) Place	VIJAYAPURA KARNATAKA
d) Duration	1 DAY
e) Date	23/6/2023.
f) Amount claimed	

13. Expenses involved towards attending the Conference:	
a) Place	VIJAYPURA KARNATAKA
b) Mode of journey	TRAVEL BY OWN CAR.
c) Fare	
To and Fro expenses	RS 3000.00
Registration / Delegation Fee	RS. 600.00
Accommodation charges	RS 1500.00
Total Expenses	RS 5100.00
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	ATTACHMENT. ENCLOSED.
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors of the Conference or any other funding agency for attending the aforesaid Conference,
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference,
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.
- I shall reimburse the amount to the University in excess of the eligibility.

Date : 28.06.2023

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.

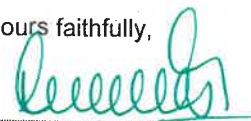
Thanking you,



Signature of the HoD

Seal

Yours faithfully,



Principal



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

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

A. To be filled by the faculty member:	
1. Name	Dr. Rekha
2. Qualification	MD-Pharmacology
3. Designation	Assistant Professor
4. Department	Pharmacology
5. Institution	JEMMC, Hubli
6. Email ID	rekhaarun13@gmail.com
7. Date of joining the Institution	11/04/2022
8. Objectives of the Conference / Seminar / Symposium	New era of Diagnostics in
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet. Preimplantation & prenatal testing
10. Assignment in the aforesaid Conference / Seminar / Symposium	a) Contributing a scientific paper (poster or oral) b) Delivering a guest lecture c) Others, if any, specify.
11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	
a) Title of the Conference / Seminar / Symposium	New era of diagnostics in preimplantation & prenatal testing
b) Date of conduct	19/05/23 & 20/05/23
c) Level of Conference (State / Zonal / National)	State
d) Venue	SOM, Dharwad
e) Financial support extended by the University	
f) Copy of the sanction letter to be enclosed	
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National</u> Conference in a calendar year.	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	Dr. Shreerang P. Kulkarni
b) Title of the program	New era of diagnostics in preimplantation & prenatal testing
c) Place	Dharwad
d) Duration	2 days
e) Date	19/05/23 & 20/05/23
f) Amount claimed	3,800/-

AS per
Principles

13. Expenses involved towards attending the Conference:	
a) Place	Dharwad
b) Mode of journey	bus
c) Fare	-
To and Fro expenses	-
Registration / Delegation Fee	3,800 /-
Accommodation charges	-
Total Expenses	3,800/- (Three thousand eight hundred only)
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	attached
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors of the Conference or any other funding agency for attending the aforesaid Conference,
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference,
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.
- I shall reimburse the amount to the University in excess of the eligibility.

Date : 06/06/23

Signature of the faculty member Dr. C. D. B. B. B.

Ref. No. _____

Date: _____

To
The Registrar,
KAHER,
Belgaum.

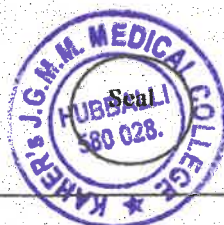
Dear Sir,

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,

Dr. C. D. B. B. B.
06/06/23
Signature of the Head
Professor of Pharmacology
Department of Pharmacology
KAHER's JGMM Medical College
Gabbur Cross, Kotgondhunshi,
HUBBALLI-28.



Dr. C. D. B. B. B.
PRINCIPAL
KAHER's JGMM Medical College
Gabbur Cross, Kotgondhunshi
HUBBALLI-28.

1



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

Accredited A⁺ Grade by NAAC (3rd Cycle)

Placed in Category 'A' by MoE (GoI)

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

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

Ref.No.KAHER/23-24/D- 18092330

15th September 2023

ORDER

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

Ref: Your office letter Ref. No. JNMC/ 2023-24/14 dated 5th September, 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the Conference on '**IAPSMCON-2023**' at Vijayapur from **15th to 16th September, 2023** and also **contributing a scientific paper entitled 'Integrated Approach towards Infertility in an Elderly female: A Success story'**.

SL. No.	Name	Designation	Department
1	Dr. Shivaswamy M S	Professor, J N Medical College, Belagavi.	Community 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.




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



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

A. To be filled by the faculty member:	
1. Name	Dr. SHIVASWAMY M.S.
2. Qualification	MD Community Medicine
3. Designation	Professor
4. Department	Community Medicine
5. Institution	INMC, Belagavi
6. Email ID	drshivaswamyms@yahoo.co.in
7. Date of joining the Institution	07-08-2007
8. Objectives of the Conference / Seminar / Symposium	Update in Preventive Med / Public Health
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet. Update in Knowledge / Paper presentation
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 - chairing a scientific paper / poster session
11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	
a) Title of the Conference / Seminar / Symposium	Nil To publication
b) Date of conduct	
c) Level of Conference (State / Zonal / National)	
d) Venue	
e) Financial support extended by the University	
f) Copy of the sanction letter to be enclosed	
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference</u> in a calendar year.	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	Dept of Community Medicine
b) Title of the program	BAPM MC, BLDEDU, Vijayapure IARSM State Conference - 2023
c) Place	BLDE Deemed University, Vijayapure
d) Duration	Two days
e) Date	15 th & 16 th Sept 2023
f) Amount claimed	Rs - 12,750.

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

06 SEP 2023

27

Inward No. Sign

13. Expenses involved towards attending the Conference:	
a) Place	Vijayapur
b) Mode of journey	Car
c) Fare	
To and Fro expenses	Rs - 6,000 (200 + 200 km)
Registration / Delegation Fee	Rs - 3,750
Accommodation charges	Rs - 3,000
Total Expenses	Rs - 12,750.
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	} enclosed
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors of the Conference or any other funding agency for attending the aforesaid Conference,
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference,
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.
- I shall reimburse the amount to the University in excess of the eligibility.

Date : 04-09-2023

Signature of the faculty member

Shivaram

Ref. No. 1177

Date: 6/9/2023

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,

Signature of the HoD



Mis
PRINCIPAL
Jawaharlar Medical College
BELAGAVI

Ref.No.KAHER/23-24/D-18092331

13th September 2023

ORDER

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

Ref: Your office letter Ref. No. JNMC/ 2023-24/254 dated 5th September, 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the Conference on '**23rd KCACON organised by department of Anatomy Kasturba Medical College, Manipal from 14th to 16th September, 2023** and also contributing a scientific paper entitled '**Embryological basis of a case of gastroschisis in a preterm new-born**'.

SL. No.	Name	Designation	Department
1	Dr. Sheetal V Pattanshetti	Professor, J N Medical College, Belagavi.	Anatomy

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




Prof Dr. M.S. Ganachari
Registrar

To,
The above staff member.

CC to:

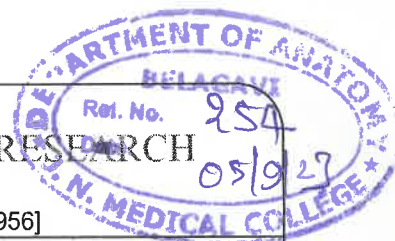
1. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
2. The Principal, J N Medical College, Belagavi.
3. The Finance Officer, KAHER, Belagavi



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

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

A. To be filled by the faculty member:	
1. Name	Dr. Sheetal V. Pattanghetti
2. Qualification	M.B.B.S, M.D. Anatomy, ACME.
3. Designation	Professor.
4. Department	Anatomy
5. Institution	KAHER's Jawaharlal Nehru Medical college
6. Email ID	sheetal.pattanghetti@gmail.com
7. Date of joining the Institution	02-05-2008 (as Asst. Prof.) 01-07-2011 (as Asst. Prof.)
8. Objectives of the Conference / Seminar / Symposium	Academic Growth & oral paper presentation
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet. Preconference CME & Conference. (Karnataka Chapter of Anatomist)
10. Assignment in the aforesaid Conference / Seminar / Symposium	a) Contributing a scientific paper (poster or oral) b) Delivering a guest lecture c) Others, if any, specify.
11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December	No.
a) Title of the Conference / Seminar / Symposium	
b) Date of conduct	
c) Level of Conference (State / Zonal / National)	
d) Venue	
e) Financial support extended by the University	
f) Copy of the sanction letter to be enclosed	
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National</u> Conference in a calendar year.	
To publication	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	KMC Manipal Dept. of Anatomy
b) Title of the program	23 rd KACOB organised by Dept. of Anatomy Kasturba Medical College, Manipal
c) Place	KMC Manipal
d) Duration	3 days.
e) Date	14 th - 16 th Sept 2023.
f) Amount claimed	as per University revised financial aid for conference norms.



13. Expenses involved towards attending the Conference:	
a) Place	Manipal.
b) Mode of journey	car.
c) Fare	Yes.
To and Fro expenses	Yes
Registration / Delegation Fee	conference & pre conference CME.
Accommodation charges	Yes.
Total Expenses	
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	Yes.
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	

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 : 4/9/2023

Signature of the faculty member

[Signature]

Ref. No. 1175

Date: 6/9/2023

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,

Signature of the HoD

[Signature]



[Signature]
PRINCIPAL
Jawaharlan Nehru Medical College
BELAGAVI



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Placed in Category 'A' by MoE (GoI)

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

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

Ref.No.KAHER/23-24/D- **18092332** 13th September 2023

ORDER

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

Ref: Your office letter Ref. No. JNMC/ 2023-24/16 dated 5th September, 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the Conference on **'IAPSMCON-2023'** at Vijayapur from **15th to 16th September, 2023** and also **contributing a scientific paper entitled 'Determinants and consequences of Post-Stroke disabilities among Stroke Patients visiting Kinaye RHTC of JNMC,KAHRT,Belagavi-A facility based study'.**

SL. No.	Name	Designation	Department
1	Dr. Deepti Mohan Kadeangadi	Associate Professor, J N Medical College, Belagavi.	Community 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.



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



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

A. To be filled by the faculty member:	
1. Name	Dr. Deepti Mohan Kadeargadi
2. Qualification	MD, PGDHPE, ACME
3. Designation	Associate Professor
4. Department	Community Medicine
5. Institution	JNMC, Belagavi
6. Email ID	deeptimkin@yahoo.co.in
7. Date of joining the Institution	12-07-2007
8. Objectives of the Conference / Seminar / Symposium	Update in Preventive Med / Public Health
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet. Update in knowledge
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. - chairing Scientific Poster Session
11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	No
a) Title of the Conference / Seminar / Symposium	
b) Date of conduct	
c) Level of Conference (State / Zonal / National)	
d) Venue	
e) Financial support extended by the University	
f) Copy of the sanction letter to be enclosed	
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference</u> in a calendar year.	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	To publication.
a) Name of the Organizer	Dept of Community Medicine, BMDMC, BLIEDU, Vijayapur
b) Title of the program	IAPSM State Conference - 2023
c) Place	BLIE Deemed University, Vijayapur
d) Duration	Two days
e) Date	15 th & 16 th Sept 2023
f) Amount claimed	Rs - 12,750.

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

06 SEP 2023

Inward No. 28 Sign

13. Expenses involved towards attending the Conference:	
a) Place	Vijayapur
b) Mode of journey	Car
c) Fare	
To and Fro expenses	Rs-6,000 (200+200 kms)
Registration / Delegation Fee	Rs-3,750
Accommodation charges	Rs-3,000
Total Expenses	Rs-12,750
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	} enclosed
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors of the Conference or any other funding agency for attending the aforesaid Conference,
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference,
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.
- I shall reimburse the amount to the University in excess of the eligibility.

Date : 04-09-2023

Signature of the faculty member

Deepthi M. K. Sangeetha

Ref. No. 1179

Date: 6/9/2023

To
The Registrar,
KAHER,
Belgaum.

Dear Sir,

We are enclosing herewith the application of the above Teacher in the prescribed format for grant of financial support for presentation scientific paper (poster or oral) / delivering a guest lecture to attend the Conference for kind consideration.

Thanking you,

Signature of the HoD



Yours faithfully,

Principal
Jawaharlal Nehru Medical College
BELAGAVI

KLE Academy of Higher Education & Research

Accredited 'A+' Grade by NAAC (3rd Cycle)

Jawaharlal Nehru Medical College

Nehru Nagar Belagavi-590010, Karnataka India

Tel. No: 0831-2473777 (16 Lines), Ext – 1248.

Fax: 0831 – 2470759.

Department of Cardiac Anaesthesiology



KLES/CA/2023-24/ **B78**

Date: 27/09/2023

To,
The Registrar,
KAHER,
Belagavi.

(Through Proper Channel)

Sub: Application for Financial Grant.

Respected Sir,

With reference to the above subject, please find the attached application for financial grant of the faculty member Dr. Abhijeet Shitole for attending the National Conference at Bangalore.

Please consider and do the needful.

Thanking You,



Yours Sincerely,

Dr. Sharanagouda Patil
Professor & HOD
Dept. of Cardiac Anaesthesiology
J.N. Medical College, Belagavi.

Dr. Sharanagouda Patil
M.D.
KMC Reg. No. 37911
Professor & HOD
Dept. of Cardiac Anaesthesiology
J. N. Medical College,
Nehru Nagar, BELAGAVI - 590 010.


Permitted

*Participants as moderator
- need perm*

2/10/23

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

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

A. To be filled by the faculty member:	
1. Name	Dr. Abhijeet .B. Shitole
2. Qualification	MD (Anaesthesiology), FIACTA, FTEE
3. Designation	Associate Professor
4. Department	Cardiac Anaesthesia
5. Institution	J.N. Medical College, Belgaum.
6. Email ID	ijeet.fortune2013@gmail.com
7. Date of joining the Institution	01.08.2014
8. Objectives of the Conference / Seminar / Symposium	Moderator
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	Moderator 
11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	
a) Title of the Conference / Seminar / Symposium	8th International & 17th National Transesophageal Echocardiography (TEE) Workshop & CME
b) Date of conduct	16 th - 19 th August 2023
c) Level of Conference (State / Zonal / National)	International
d) Venue	7th Floor, Harold Varmus Auditorium, Mazumdar Shaw Medical Centre, NH-Narayana Health City, Bangalore.
e) Financial support extended by the University	Nil
f) Copy of the sanction letter to be enclosed	Yes
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference</u> in a calendar year.	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	The Indian Association of Cardiovascular and Thoracic Anaesthesiologists (IACTA)
b) Title of the program	8th International & 17th National Transesophageal Echocardiography (TEE) Workshop & CME
c) Place	Bangalore.
d) Duration	3 days
e) Date	17 th - 19 th August 2023
f) Amount claimed	Rs. 5000/-

13. Expenses involved towards attending the Conference:

a) Place	Bangalore
b) Mode of journey	Bus Transport
c) Fare	1475
To and Fro expenses	2950
Registration / Delegation Fee	5000
Accommodation charges	0
Total Expenses	7950

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: 26/09/2023

Signature of the faculty member [Signature]

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,

[Signature]
Dr. Sharanagouda Patil
M.D.

Signature of the HoD
Professor & HOD

Dept. of Cardiac Anaesthesiology
KLES Dr. Prabhakar Kore Hospital
& MRC, Nehru Nagar, BELAGAVI-10



Yours faithfully,

[Signature]
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⁺ Grade by NAAC (3rd Cycle)

Placed in Category 'A' by MoE (GoI)

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

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

Ref.No.KAHER/23-24/D- 12102302

6TH October, 2023

ORDER

Sub: Approval of Grant of financial support.

Ref: Your office letter Ref. No. JNMC/ 2023-24/ 160 dated 19th September, 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the **3rd IAPSMCON 2023** being held on Pre conference CME on '**Scaling Up Health Care Using Digital Health**' from **15th TO 16th September, 2023** in BLDE (Deemed to be University) **Shri .B.M.Patil Medical College, Hospital & Research Centre, Vijayapura** and also delivering talks on the topic '**non-Surgical options in the VUR and Recurrent UTI**'.

SL. No.	Name	Designation	Department
1	Dr. Asha Anil Bellad	Associate Professor	Community Medicine, 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.

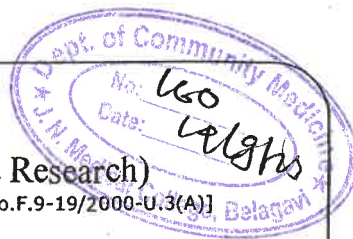
CC to:

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)

A. To be filled by the faculty member:	
1. Name	DR. ASHA ANIL BELLAD
2. Qualification	MBBS MD
3. Designation	ASSOCIATE PROFESSOR
4. Department	COMMUNITY MEDICINE
5. Institution	JN MEDICAL COLLEGE
6. Date of joining the Institution	18/8/2001
7. Objectives of the Conference / Seminar / Symposium	ENVIRONMENT & HEALTH
8. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet. Gain in knowledge & skills
9. Assignment in the aforesaid Conference / Seminar / Symposium	a) Chairing a scientific session. <input checked="" type="checkbox"/> b) Contributing a scientific paper (poster or oral) c) Delivering a guest lecture d) Others, if any, specify.
10. Particulars of the financial support extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	To publication
a) Title of the Conference / Seminar / Symposium	—
b) Date of conduct	—
c) Venue	NIL
d) Financial support extended by the University	—
e) Copy of the sanction letter to be enclosed	—
f) Level of Conference State / Zonal / National	—
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National</u> Conference in a calendar year.	
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	IAPSM - State chapter
a) Name of the Organizer	IAPSM - State chapter
b) Title of the program	ENVIRONMENT & HEALTH - EQUIP EDUCATE, EMPOWER & ACCEPT TOWARDS
c) Place	BLDE Shri. B.M. Patil Medical College, Vijayapura
d) Duration	2 Days
e) Date	15 - 16 th Sept 2023
f) Amount claimed	Rs. 15,220/-



ATTAINING SDG



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	VIJAYAPURA
b) Mode of journey	By Own Car
c) Fare	3000 x 2 = Rs. 6,000/-
To and Fro expenses	220 x 8 = 1760 220 x 8 = 1760 = Rs. 3,520/-
Registration / Delegation Fee	Rs. 3,700/-
Accommodation charges	Rs. 2,000
Total Expenses	Rs. 15,220/-
13. Documents to be submitted:	
<input checked="" type="checkbox"/> 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 : 13/09/22

Signature of the faculty member Asha A Belga

Ref. No. 1264

Date: 15/9/2023

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,



Yours faithfully,

[Signature]
Signature of the HoD

[Signature]
PRINCIPAL
Jawahar Lal Nehru Medical College
BELAGAVI

Ref. No. KAHER-/2023-24/D- 06072302

6th July 2023

ORDER

- Sub : Permission to participate in the 19th Scientific Meeting of APASTB (2023)
- Ref : Request letter of the applicant forwarded through the concerned HoD & the Principal, KLE VKIDS Belagavi.

With reference to the above, the request of **Dr. Shaila Kothiwale**, Professor, Department of Periodontics, KLE VKIDS Belagavi for contributing Scientific paper & Chairing the session in the "19th Scientific Meeting of Asia Pacific Association of Surgical Tissue Banking (APASTB 2023) to be held at Kyushu University School of Medicine in Fukuoka, Japan from 17th to 19th August 2023 has been approved by the competent authority of the University.

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




Prof. Dr. V.A. Kothiwale
Registrar

To,
The above staff member.

CC to:

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

ok



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

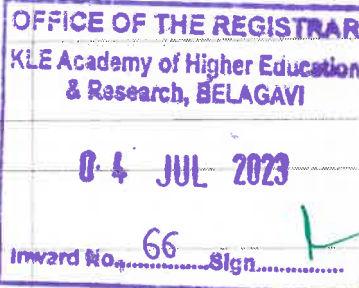
[Deemed-to-be-University established u/s 3 of the UGC Act, 1956]

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND CONFERENCES OUTSIDE INDIA

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

A. To be filled by the faculty member:

1. Name	Dr. Shaila Kothiwale
2. Qualification	MDS. P.H.D
3. Designation	Professor
4. Department	Periodontics
5. Institution	KLE VK Institute of Dental Sciences
6. Date of joining the Institution	14/10/1993
7. Objectives of the Conference / Seminar / Symposium	
8. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet. Enclosed
9. Assignment in the aforesaid Conference / Seminar / Symposium	a) Delivering Key-note address / orations / plenary lectures b) Contributing a scientific paper c) International collaboration exchange program (only on invitation) d) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation) e) Others, if any, specify.
10. Particulars of the financial support <u>previously</u> extended by the University to attend the International Conference(s) during the block period of three years (1 st January to 31 st December)	—
a) Title of the Conference / Seminar / Symposium	
b) Date of conduct	
c) Venue	
d) Financial support extended by the University	
e) Actual amount credited / reimbursed and Date of payment	
f) Copy of the sanction letter to be enclosed	
11. Particulars of the Conference / Seminar / Symposium <u>being attended</u>	
a) Name of the Organizer	
b) Title of the program	
c) Place	
d) Duration	
e) Date of Conference	



Approved

12. Financial grant sought:		
North / South America	Rs. 1,25,000/-	
Europe, Africa and Australia	Rs. 75,000/-	
✓ China and Japan	Rs. 60,000/-	
Asia countries	Rs. 30,000/-	
Other Asia countries Other Asia countries except Sri Lanka, Pakistan, Bangladesh, Nepal, Afghanistan, Bhutan, Myanmar, Maldives)	Rs. 20,000/-	
13. Travelling (by shortest route) and other expenses involved		
	International	Domestic
a) Place	JAPAN	
b) Mode of journey	FLIGHT	
c) Fare	65,800 Rs	
d) To and Fro		
e) Accommodation charges	20,000 Rs	
f) Registration / Delegation Fee	29,500 Rs	
g) Air-port Tax		
14. Documents to be submitted:		
a) Copy of the letter of invitation from the organizers.	Enclosed	
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.		
15. Signature of the faculty member		

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors / organizers of the Conference or any other funding agency for attending the aforesaid Conference. I am aware that I am liable for any disciplinary action by the University in case it is found at a later stage that the information furnished in this application is wrong / false, in support of my application for financial grant.
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference.
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.

Date : _____

Signature of the faculty member



NOTE: The faculty member who has completed minimum three years of services in the institution is eligible to avail this facility.



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

Accredited A⁺ Grade by NAAC (3rd Cycle)

Placed in Category 'A' by MoE (GoI)

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

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

Ref.No.KAHER/23-24/D- 15062301

12th June, 2023

ORDER

Sub: Approval of Grant of financial support for attending the National Conference at Jaipur from 17th and 18th June 2023.

Ref: Your office letter Ref. No. KIPT / 2023-24/1193 dated 7th June 2023.

With reference to the above, the following faculty member is hereby permitted to **contributing a scientific poster** at National Conference [JURJ PHYSIOS COLLOQUIUM] to be held at Jaipur from 17th and 18th June 2023.

SL. No.	Name	Designation	Department
1	Dr. Ganesh B.R	Professor	Cardiopulmonary Physiotherapy

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

Get certificate



[Signature]
Prof. Dr. V.A. Kothiwale
Registrar

To,
The above staff members.

CC to:

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



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

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

A. To be filled by the faculty member:	
1. Name	GANESH. B. R
2. Qualification	Ph.D in Physiotherapy
3. Designation	Professor
4. Department	Cardiopulmonary Physiotherapy
5. Institution	KLEU Institute of Physiotherapy
6. Email ID	dr.ganeshnss.officer@gmail.com
7. Date of joining the Institution	1.6.1999
8. Objectives of the Conference / Seminar / Symposium	Recent Advancement in Rehabilitation
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
10. Assignment in the aforesaid Conference / Seminar / Symposium	a) Contributing a scientific paper (poster or oral) b) Delivering a guest lecture c) Others, if any, specify.
11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	AS per Rules
a) Title of the Conference / Seminar / Symposium	JURJ Physios. Colloquium
b) Date of conduct	17th & 18th JUNE
c) Level of Conference (State / Zonal / National)	National
d) Venue	JAIPUR
e) Financial support extended by the University	
f) Copy of the sanction letter to be enclosed	
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National</u> Conference in a calendar year.	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	Jagannath University
b) Title of the program	JURJ Physios Colloquium
c) Place	Jaipur
d) Duration	2 days
e) Date	17th & 18th
f) Amount claimed	

13. Expenses involved towards attending the Conference:

a) Place	Jaipur
b) Mode of journey	Flight
c) Fare	
To and Fro expenses	11,700/-
Registration / Delegation Fee	
Accommodation charges	
Total Expenses	

14. Documents to be submitted:


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

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors of the Conference or any other funding agency for attending the aforesaid Conference,
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference,
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.
- I shall reimburse the amount to the University in excess of the eligibility.

Date: 07/06/2023

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,

Signature of the HoD 



Yours faithfully,


Principal



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Ref.No.KAHER/23-24/D-18042326

15th September 2023



ORDER

Sub: Approval of Grant of financial support for attending the KAPCON 2023-49th Annual Conference of KCIAPM.

Ref: Your office letter Ref. No. JGMMMC / 2023-24/396 dated 11th August 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the 49TH Annual Conference of the Karnataka Chapter, Indian Association of Pathologists and Microbiologists (KCIAPM) to be held at father muller Medical College, Mangalore from 6th to 8th October, 2023 and also contributing a scientific paper entitled 'KAPCON 2023-Bridge to the future'.

SL. No.	Name	Designation	Department
1	Dr. Priyanka S Murgod	Associate Professor, KLE JGMM Medical College Hubballi.	Pathology

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




Prof Dr. M.S. Ganachari
Registrar

To,
The above staff member.

CC to:

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

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

A. To be filled by the faculty member:	
1. Name	DR. PRIYANKA S. MURGOD
2. Qualification	MD PATHOLOGY
3. Designation	ASSOCIATE PROFESSOR
4. Department	PATHOLOGY.
5. Institution	KLE'S JGMM MEDICAL COLLEGE, HUBBALLI
6. Email ID	priyanka.murgod@gmail.com.
7. Date of joining the Institution	25/4/2023.
8. Objectives of the Conference / Seminar / Symposium	POSTER PRESENTATION & KNOWLEDGE UPGRADATION
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
10. Assignment in the aforesaid Conference / Seminar / Symposium	a) Contributing a scientific paper (poster or oral) b) Delivering a guest lecture c) Others, if any, specify.
11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	NA
a) Title of the Conference / Seminar / Symposium	
b) Date of conduct	
c) Level of Conference (State / Zonal / National)	
d) Venue	
e) Financial support extended by the University	
f) Copy of the sanction letter to be enclosed	
Note : The faculty member is eligible for financial support to attend one State / Zonal and one National Conference in a calendar year.	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	DEPARTMENT OF PATHOLOGY FATHER MULLER MEDICAL COLLEGE, MANGALUR
a) Name of the Organizer	KAPCON 2023 - 49 th Annual Conference of KCIAP
b) Title of the program	KAPCON 2023 - Bridge to the Future
c) Place	Father Muller Convection Centre, Mangaluru
d) Duration	3 days
e) Date	6 th October 2023 - 8 th October, 2023
f) Amount claimed	Rs 12,200/- (12,200)

13. Expenses involved towards attending the Conference:	
a) Place	MANGALURU
b) Mode of journey	BUS
c) Fare	
To and Fro expenses	2000/-
Registration / Delegation Fee	6200/-
Accommodation charges	4000/-
Total Expenses	12,200/-
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors of the Conference or any other funding agency for attending the aforesaid Conference,
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference,
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.
- I shall reimburse the amount to the University in excess of the eligibility.

Date : 8/8/2023

Signature of the faculty member

[Signature]

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,

Signature of the HoD

[Signature]
Dr. G. S. Pillai



Yours faithfully,

[Signature]

Principal

KAHER's JGMM Medical College
Gabbur Cross, Kotgondhunshi
HUBBALLI-28.



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Ref.No.KAHER/23-24/D- 18092334

15th September 2023



ORDER

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

Ref: Your office letter Ref. No. JGMMMC / 2023-24/431 dated 23rd August 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the '**INTPCON Goa 2023 Conference**' to be held at **Goa Medical College Goa 23rd to 24th September 2023** and also **contributing a scientific paper entitled 'A Study on perception of drug promotional literature in Pharmacology of second year MBBS students.**

SL. No.	Name	Designation	Department
1	Dr. Santosh kumar A Shetti	Associate Professor, KLE JGMM Medical College Hubballi.	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, KLE JGMM Medical College, Hubballi.
3. The Finance Officer, KAHER, Belagavi

7

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

A. To be filled by the faculty member:	
1. Name	Dr. Santoshkumar. A. Shetti
2. Qualification	M.D. Pharmacology
3. Designation	Associate Professor
4. Department	Pharmacology
5. Institution	RAHER'S Jyamm Medical College, Hubballi.
6. Email ID	shetti989@gmail.com
7. Date of joining the Institution	23-06-2022
8. Objectives of the <u>Conference</u> / Seminar / Symposium	Small molecules in Chemotherapy, AI
9. Benefits to be derived from participation in the aforesaid <u>Conference</u> / Seminar / Symposium	Please enclose a separate sheet. Attached
10. Assignment in the aforesaid Conference / Seminar / Symposium	<input checked="" type="checkbox"/> a) Contributing a <u>scientific paper</u> (poster or oral) <input type="checkbox"/> b) Delivering a guest lecture <input type="checkbox"/> c) Others, if any, specify.
11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	
a) Title of the Conference / Seminar / Symposium	IPSECON 2023.
b) Date of conduct	22 to 25 Feb 2023.
c) Level of Conference (State / <u>Zonal</u> / National)	South Zonal.
d) Venue	J.S.S. Mysuru.
e) Financial support extended by the University	Yes.
f) Copy of the sanction letter to be enclosed	Yes.
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.	National.
12. Particulars of the organizers of the aforesaid <u>Conference</u> / Seminar / Symposium	Conference.
a) Name of the Organizer	Dept. of Pharmacology, GMC, Goa
b) Title of the program	Int PCON Goa 2023.
c) Place	Goa Medical College, Goa
d) Duration	Two days
e) Date	23 & 24 Sept. 2023
f) Amount claimed	15,000/-

13. Expenses involved towards attending the Conference:	
a) Place	hmc, hoga
b) Mode of journey	By road with car
c) Fare	
To and Fro expenses	6,000/-
Registration / Delegation Fee	3,000/-
Accommodation charges	6,000/-
Total Expenses	15,000/-
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	✓ (attached)
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	✓ (attached).

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors of the Conference or any other funding agency for attending the aforesaid Conference.
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference.
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.
- I shall reimburse the amount to the University in excess of the eligibility.

Date: 19-08-2023

Signature of the faculty member

(Signature)

Ref. No. _____

Date: _____

To
The Registrar,
KAHER,
Belgaum.

Dear Sir,

We are enclosing herewith the application of the above Teacher in the prescribed format for grant of financial support for presentation scientific paper (poster or oral) / delivering a guest lecture to attend the Conference for kind consideration.

Thanking you,

Yours faithfully,

(Signature)
Signature of the Head
Department of Pharmacology
JGMM Medical College
Gabbur Cross, Kotgondhunshi,
HUBBALLI-28.



(Signature)
Principal
PRINCIPAL
KAHER's JGMM Medical College
Gabbur Cross, Kotgondhunshi,
HUBBALLI-28.

11 - 12 - 13 - 14



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Placed in Category 'A' by MoE (GoI)

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

Ref.No.KAHER/23-24/D- 13092301

12th September, 2023

ORDER

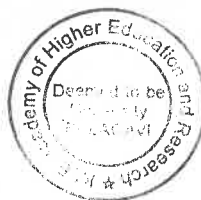
Sub: **Approval of Grant of financial support for attending the south regional workshop. A J Institute of Medical Sciences Auditorium II, 3rd Floor Kuntikana, Mangalore.**


Ref: Your office letter Ref. No. INS / 2023-24/407 dated 2nd September 2023.

With reference to the above, the following faculty members are hereby permitted to attend the south regional workshop to be held at A J Institute of Medical Sciences Auditorium II, 3rd Floor Kuntikana, Mangalore from 14th to 15th September, 2023.

SL. No	Name	Designation	Department
1	Dr. Preeti R Bhupal	Dean, Faculty of Nursing.	Medical Surgical Nursing
2	Dr.Honnagouda Patil	Associate Professor	Medical Surgical Nursing
3	Mr.Mahesh Byalagoudar	Sr. Tutor	Medical Surgical Nursing
4	Ms.Jampa Lhamo	Sr. Tutor	Medical Surgical Nursing

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




Prof Dr.M.S.Ganachari
Registrar

To,
The above staff member.

CC to:

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

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

A. To be filled by the faculty member:	
1. Name	Prof (Dr) Preeti R Bhupali
2. Qualification	Msc (m), Ph.D.
3. Designation	Dean Faculty of Nursing
4. Department	Medical - Surgical Nursing
5. Institution	KAHER NUS.
6. Email ID	preeti7@gmail.com
7. Date of joining the Institution	1/7/1999.
8. Objectives of the Conference / Seminar / Symposium	
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
10. Assignment in the aforesaid Conference / Seminar / Symposium	<input checked="" type="checkbox"/> a) Contributing a scientific paper (poster or oral) <input type="checkbox"/> b) Delivering a guest lecture <input type="checkbox"/> c) Others, if any, specify.
11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	
a) Title of the Conference / Seminar / Symposium	
b) Date of conduct	
c) Level of Conference (State / Zonal / National)	
d) Venue	
e) Financial support extended by the University	
f) Copy of the sanction letter to be enclosed	
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference</u> in a calendar year.	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	
b) Title of the program	
c) Place	
d) Duration	
e) Date	
f) Amount claimed	

13. Expenses involved towards attending the Conference:	
a) Place	Mangalore
b) Mode of journey	By Road.
c) Fare	
To and Fro expenses	Rs. 7,000/- (Rs. 7.00/km).
Registration / Delegation Fee	Rs. 2,700/-
Accommodation charges	Rs. 4,000/- (2 days)
Total Expenses	Rs. 13,700/-
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors of the Conference or any other funding agency for attending the aforesaid Conference,
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference,
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.
- I shall reimburse the amount to the University in excess of the eligibility.

Date : 21/9/23.

Signature of the faculty member

[Signature]

Ref. No. _____

Date: _____

To
The Registrar,
KAHER,
Belgaum.

Dear Sir,

We are enclosing herewith the application of the above Teacher in the prescribed format for grant of financial support for presentation scientific paper (poster or oral) / delivering a guest lecture to attend the Conference for kind consideration.

Thanking you,

Yours faithfully,

[Signature]
Signature of the HoD

Seal

[Signature]
Principal

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

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

A. To be filled by the faculty member:	
1. Name	DR. HONNAGODDA . PATIL
2. Qualification	M.Sc.(N), Ph.D.(Nursing)
3. Designation	Associate Professor
4. Department	Medical-Surgical Nursing
5. Institution	Institution of Nursing Sciences
6. Email ID	rajivpatil@gmail.com
7. Date of joining the Institution	01/01/2010
8. Objectives of the Conference / Seminar / Symposium	Clinical nursing research & Health care
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
10. Assignment in the aforesaid Conference / Seminar / Symposium	<input checked="" type="checkbox"/> a) Contributing a scientific paper (poster or oral) <input type="checkbox"/> b) Delivering a guest lecture <input type="checkbox"/> c) Others, if any, specify.
11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	
a) Title of the Conference / Seminar / Symposium	
b) Date of conduct	
c) Level of Conference (State / Zonal / National)	
d) Venue	
e) Financial support extended by the University	
f) Copy of the sanction letter to be enclosed	
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference</u> in a calendar year.	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	
b) Title of the program	
c) Place	
d) Duration	
e) Date	
f) Amount claimed	


13. Expenses involved towards attending the Conference:	
a) Place	Mangalore. Karnataka.
b) Mode of journey	By road
c) Fare	
To and Fro expenses	Rs. 7000. (Rs. 07 / km.)
Registration / Delegation Fee	Rs. 2700.
Accommodation charges	Rs. 4000 (Two days)
Total Expenses	Rs. 13,700.
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	Enclosed Abstract. ^{or} for Paper presentation.
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors 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 : 04/09/2023

Signature of the faculty member 

Ref. No. _____

Date: 04/09/2023

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

Seal

Yours faithfully,


Principal

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

A. To be filled by the faculty member:	
1. Name	MATHEESH. BYALAGOULDAR.
2. Qualification	M.Sc Nursing
3. Designation	Senior Tutor
4. Department	Medical-Surgical Nursing
5. Institution	KATKAR, J. W. Belagavi.
6. Email ID	maheshbyalagoudar@gmail.com
7. Date of joining the Institution	02/02/2017.
8. Objectives of the Conference / Seminar / Symposium	clinical nursing research
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 <u>scientific paper</u> (poster or oral) <input type="checkbox"/> b) Delivering a guest lecture <input type="checkbox"/> c) Others, if any, specify.
11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	
a) Title of the Conference / Seminar / Symposium	
b) Date of conduct	
c) Level of Conference (State / Zonal / National)	
d) Venue	
e) Financial support extended by the University	
f) Copy of the sanction letter to be enclosed	
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference</u> in a calendar year.	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	
b) Title of the program	
c) Place	
d) Duration	
e) Date	
f) Amount claimed	

13. Expenses involved towards attending the Conference:	
a) Place	Mangalore.
b) Mode of journey	By Road.
c) Fare	
To and Fro expenses	7,000 (7rs per km)
Registration / Delegation Fee	2700/-
Accommodation charges	4,000/- (2 days)
Total Expenses	Rs 13,700/-
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	Enclosed Abstract Copy for paper presentation.
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors 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 : 04/09/23.

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,


Signature of the HoD

Seal

Yours faithfully,


Principal



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

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

A. To be filled by the faculty member:	
1. Name	Ms Tampa Lhamo
2. Qualification	M.Sc Nursing
3. Designation	Senior Tutor
4. Department	Medical Surgical Nursing
5. Institution	KAHER INS, Belagavi
6. Email ID	tampa777@gmail.com
7. Date of joining the Institution	22/11/2017
8. Objectives of the Conference / Seminar / Symposium	Clinical Nursing Research & Health Care
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
10. Assignment in the aforesaid Conference / Seminar / Symposium	<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 1st January to 31st December)	
a) Title of the Conference / Seminar / Symposium	
b) Date of conduct	
c) Level of Conference (State / Zonal / National)	
d) Venue	
e) Financial support extended by the University	
f) Copy of the sanction letter to be enclosed	
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference</u> in a calendar year.	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	
b) Title of the program	
c) Place	
d) Duration	
e) Date	
f) Amount claimed	



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

- 2 -

13. Expenses involved towards attending the Conference:	
a) Place	Mangalore
b) Mode of journey	By Road
c) Fare	
To and Fro expenses	Rs 7000 (Rs 7/km)
Registration / Delegation Fee	Rs 2700
Accommodation charges	Rs 4000 (2 days)
Total Expenses	Rs 13,700/-
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	Enclosed Abstract copy for paper presentation
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors 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: 4/9/23

Signature of the faculty member [Signature]

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,

[Signature]
Signature of the HoD

Seal

Yours faithfully,

[Signature]
Principal



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

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

A. To be filled by the faculty member:

1. Name	Dr. VEENA BEMBALGI
2. Qualification	MPT, PhD (PHYSIOTHERAPY)
3. Designation	PROFESSOR
4. Department	PHYSIOTHERAPY
5. Institution	KLE COLLEGE OF PHYSIOTHERAPY, HUBLI
6. Email ID	veenabembalgi kcpt@gmail.com
7. Date of joining the Institution	01/02/2023
8. Objectives of the Conference / Seminar / Symposium	PHYSIOTHERAPY - POTENTIAL UNLIMITED
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
10. Assignment in the aforesaid Conference / Seminar / Symposium	a) Contributing a scientific paper (poster or oral) b) Delivering a guest lecture c) Others, if any, specify.
11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December	—
a) Title of the Conference / Seminar / Symposium	NA
b) Date of conduct	NA
c) Level of Conference (State / Zonal / National)	NA
d) Venue	NA
e) Financial support extended by the University	NA
f) Copy of the sanction letter to be enclosed	NA
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference</u> in a calendar year.	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	JSS COLLEGE OF PHYSIOTHERAPY
b) Title of the program	PHYSIOTHERAPY - POTENTIAL UNLIMITED
c) Place	MYSORE
d) Duration	01 day (9:00am - 6:00pm)
e) Date	01/09/2023
f) Amount claimed	Rs. 20,368/-

13. Expenses involved towards attending the Conference:	
a) Place	HUBLI TO MYSORE & back
b) Mode of journey	ROAD (Car)
c) Fare	Rs. 1578
To and Fro expenses	Rs. 13,539/-
Registration / Delegation Fee	Rs. 250/-
Accommodation charges	Rs. 5001/-
Total Expenses	Rs. 20,368/-
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	Enclosed
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	Enclosed

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors of the Conference or any other funding agency for attending the aforesaid Conference,
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference,
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.
- I shall reimburse the amount to the University in excess of the eligibility.

Date : 12/09/23

Signature of the faculty member *Dr. Veena Bembalgi*

Ref. No. 273

Date: 05/10/2023

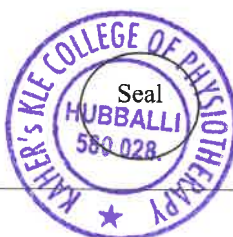
To
The Registrar,
KAHER,
Belgaum.

Dear Sir,

We are enclosing herewith the application of the above Teacher in the prescribed format for grant of financial support for presentation scientific paper (poster or oral) / delivering a guest lecture to attend the Conference for kind consideration.

Thanking you,

Signature of the HoD



Yours faithfully,

Principal



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

Accredited A⁺ Grade by NAAC (3rd Cycle)

Placed in Category 'A' by MoE (GoI)

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

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

Ref.No.KAHER/23-24/D- **13092306**

28th August 2023

ORDER

Sub: Approval of Grant of financial support for attending the symposium on 1st September, 2023.

Ref: Your office mail dated 25th August 2023.

With reference to the above, the following faculty member is hereby permitted to present a Poster title **'BRIDGING THE CHASM: integrating Physiotherapy into Psychiatric Care-Addressing the Urgent Need for an Emerging Curriculum'** to be held at **JSS College of Physiotherapy** from **1st September, 2023**.

SL. No.	Name	Designation	Title
1	Dr.Veena Bembalgi	Professor and department of KCPT of KLE College of Physiotherapy, Hubballi	'BRIDGING THE CHASM: integrating Physiotherapy into Psychiatric Care-Addressing the Urgent Need for an Emerging Curriculum'

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


Prof Dr.M.S.Ganachari
Registrar

To,
The above staff member.

CC to:

1. The Principal, KLE College of Physiotherapy, Hubballi.
2. The Finance Officer, KAHER, Belagavi



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

Accredited A⁺ Grade by NAAC (3rd Cycle)

Placed in Category 'A' by MoE (Gol)

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

Web: <http://www.kledeemeduniversity.edu.in> E-mail: info@kledeemeduniversity.edu.in

Ref no: KAHER/D-13092307

ORDER

Sub: Approval of Grant of financial support for attending the symposium on 1st September, 2023.

Ref: Your office mail dated 25th August 2023.

With reference to the above, the following faculty member is hereby permitted to attend symposium to be held at **JSS College of Physiotherapy** from **1st September, 2023.**

SL. No.	Name	Designation	Title
1	Dr.Prashant Mukkannnava r	Professor and Principal of KLE College of Physiotherapy, Hubballi	'Artificial Intelligence in Physiotherapy'

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



Prof Dr.M/S.Ganachari
Registrar

To,
The above staff member.

CC to:

1. The Principal, KLE College of Physiotherapy, Hubballi.
2. The Finance Officer, KAHER, Belagavi



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

Accredited A⁺ Grade by NAAC (3rd Cycle) Established u/s 3 of the UGC Act, 1956

JNMC Campus, Nehru Nagar, Belagavi-590 010, Karnataka State, India Placed in Category 'A' by MoE (GoI)

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

Ref.No.KAHER/23-24/D- 13092308

28th August 2023

ORDER

Sub: Approval of Grant of financial support for attending the symposium on 1st September, 2023.

Ref: Your office mail dated 25th August 2023.

With reference to the above, the following faculty member is hereby permitted to present a e-Poster title **'Unveiling New frontiers: AI -E NABLOD Evolution in Physiotherapy Care'** from 1st September, 2023.

SL. No	Name	Designation	Title
1	Dr. Cassindra Cardoz	Ass. Professor and department of KCPT of KLE College of Physiotherapy, Hubballi	'Unveiling New frontiers: AI -E NABLOD Evolution in Physiotherapy Care'

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



Prof Dr.M.S.Ganachari
Registrar

To,
The above staff member.

CC to:
1. The Principal, KLE College of Physiotherapy, Hubballi.
2. The Finance Officer, KAHER, Belagavi



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

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

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

Ref. No. KAHER-/2022-23/D- 01 022312

25th January, 2023

ORDER

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

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

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




Prof. Dr. V.A. Kothiwale
Registrar

To,
The above staff member.

CC to:

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



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

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

Accredited A⁺ Grade by NAAC (3rd Cycle)

Placed in **Category 'A'** by MoE (GoI)

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

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

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

(1)

9th November 2023

ORDER

Sub: Approval of Grant of financial support.

Ref: Your office letter Ref. No. JNMC/2023-24/468 dated 7th 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 24th to 26th 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)

A. To be filled by the faculty member:	
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 th 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 st January to 31 st 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	—
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National</u> Conference in a calendar year.	
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	IAMM
b) Title of the program	MICROCON 2023
c) Place	LUCKNOW
d) Duration	3 DAYS
e) Date	24-26 th NOV 2023
f) Amount claimed	





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	LUCKNOW
b) Mode of journey	BUS, FLIGHT
c) Fare	
To and Fro expenses	27500/-
Registration / Delegation Fee	9000/-
Accommodation charges	12,850/-
Total Expenses	49,350/-
13. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	✓
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	✓

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors of the Conference or any other funding agency for attending the aforesaid Conference,
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference,
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.
- I shall reimburse the amount to the University in excess of the eligibility.

Date : 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 18th September, 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the “40th AOIKCON 2023” to be held at Bangalore from 7th to 10th 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.

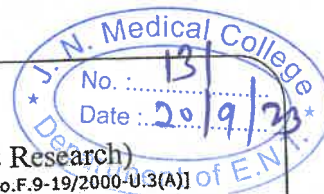
CC to:

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.



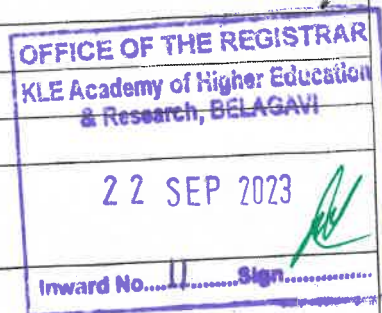
KLE UNIVERSITY

(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)

A. To be filled by the faculty member:	
1. Name	Dr. Pinki 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 st January to 31 st 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	
Note : The faculty member is eligible for financial support to attend one State / Zonal and one National Conference in a calendar year.	
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	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

(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	Bangalore
b) Mode of journey	Train
c) Fare	
To and Fro expenses	3500/-
Registration / Delegation Fee	7800/-
Accommodation charges	2500/-
Total Expenses	13800/-
13. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	✓
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	✓

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors of the Conference or any other funding agency for attending the aforesaid Conference,
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference,
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.
- I shall reimburse the amount to the University in excess of the eligibility.

Date: 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

(24)

28th November 2023

ORDER

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

Ref: Your office letter dated 28th November, 2023.

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

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

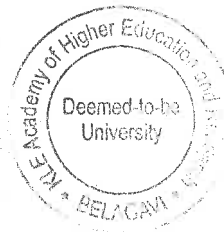
The KAHER shall consider the release of financial grant only after submission of the attendance certificate, Photograph and original bills/ vouchers as per university rules.


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)

A. To be filled by the faculty member:	
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 st January to 31 st December)	Nil
a) Title of the Conference / Seminar / Symposium	
b) Date of conduct	
c) Level of Conference (State / Zonal / National)	
d) Venue	
e) Financial support extended by the University	
f) Copy of the sanction letter to be enclosed	
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference</u> in a calendar year.	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	Dept. of Community medicine & Public Health
b) Title of the program	6 th Asia International Public Health conference
c) Place	Kochi, Kerala
d) Duration	2 days
e) Date	1 st & 2 nd 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 -

13. Expenses involved towards attending the Conference:	
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/-
Total Expenses	20,000/-
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors of the Conference or any other funding agency for attending the aforesaid Conference,
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference,
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.
- I shall reimburse the amount to the University in excess of the eligibility.

Date : 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⁺ Grade by NAAC (3rd Cycle)

Placed in Category 'A' by MoE (GoI)

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

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

Ref. No. KAHER/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 9th December, 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the "83rd Annual Conference of ASI" to be held at Visakhapatnam from 13th to 16th 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)

A. To be filled by the faculty member:	
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 TYSA - 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 st January to 31 st December)	
a) Title of the Conference / Seminar / Symposium	
b) Date of conduct	
c) Level of Conference (State / Zonal / National)	
d) Venue	
e) Financial support extended by the University	
f) Copy of the sanction letter to be enclosed	
<p>Note : The faculty member is eligible for financial support to attend one State / Zonal and one National Conference in a calendar year.</p>	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	Association of Surgeons of India
b) Title of the program	83 rd 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

13. Expenses involved towards attending the Conference:	
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
Total Expenses	35620 = 00
14. Documents to be submitted:	
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

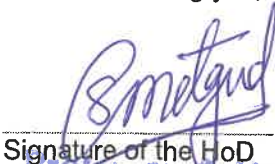
To

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
Jawahar Lal 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 11th 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 15th to 17th 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

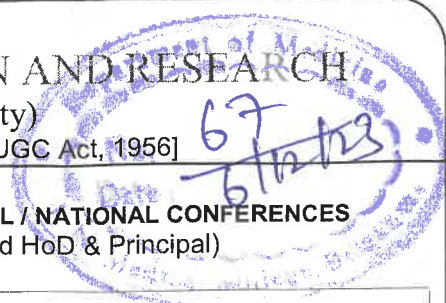
The above staff member.

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)

A. To be filled by the faculty member:	
1. Name	DR. DNYANESH N. MORKAR
2. Qualification	MBBS MD DNIB MNAMS FGSI
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 st January to 31 st December)	NIL
a) Title of the Conference / Seminar / Symposium	<div style="border: 1px solid black; padding: 5px; text-align: center;"> OFFICE OF THE REGISTRAR KLE Academy of Higher Education & Research, BELAGAVI 11 DEC 2023 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	
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference</u> in a calendar year.	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	Yenepoya medical College GSICON 2023 Mangalore 3 days 15-17 th December 2023 14,000
b) Title of the program	
c) Place	
d) Duration	
e) Date	
f) Amount claimed	

To publication

13. Expenses involved towards attending the Conference:	
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
Total Expenses	
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors of the Conference or any other funding agency for attending the aforesaid Conference,
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference,
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.
- I shall reimburse the amount to the University in excess of the eligibility.

Date : _____

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



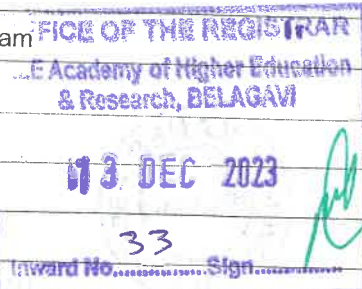
KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(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)

A. To be filled by the faculty member:	
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 st January to 31 st December)	
a) Title of the Conference / Seminar / Symposium	-
b) Date of conduct	-
c) Level of Conference (State / Zonal / National)	-
d) Venue	-
e) Financial support extended by the University	-
f) Copy of the sanction letter to be enclosed	-
Note : The faculty member is eligible for financial support to attend <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



13. Expenses involved towards attending the Conference:	
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/-
Total Expenses	Rs. 1,61,042/-
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors of the Conference or any other funding agency for attending the aforesaid Conference,
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference,
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.
- I shall reimburse the amount to the University in excess of the eligibility.

Date: 06.12.2023

Signature of the faculty member



Ref. No. 2026

Date: 12/12/2023

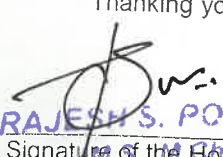
To

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 21st November, 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the “SELSICON - 2023” 16th National Conference to be held at Pune from 27th to 29th 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:

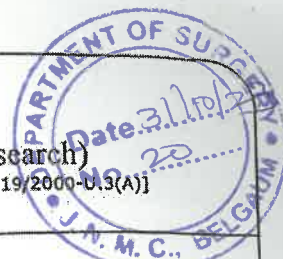
1. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
2. The Principal, J. N. Medical College, Belagavi.
3. The Finance Officer, KAHER, Belagavi.

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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)

A. To be filled by the faculty member:	
1. Name	Dr. Rahul Kenawa Dekar
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 st January to 31 st December)	- NIL -
a) Title of the Conference / Seminar / Symposium	
b) Date of conduct	
c) Venue	
d) Financial support extended by the University	To publication
e) Copy of the sanction letter to be enclosed	
f) Level of Conference State / Zonal / National	
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference</u> in a calendar year.	
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	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⁺ Grade by NAAC (3rd Cycle)

Placed in **Category 'A'** by MoE (GoI)

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

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

Ref. No. KAHER/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 25th November, 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the “**APPICON – 2023**” 69th Annual National Conference of Physiologists and Pharmacologists of India to be held at **Kalyani, West Bengal** from **30th November to 2nd 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)

A. To be filled by the faculty member:	
1. Name	Dr. Harpreet Kour
2. Qualification	Ph.D. Med. Physiol.
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 upgrade 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 st January to 31 st December	To publication
a) Title of the Conference / Seminar / Symposium	APPI CON 2023
b) Date of conduct	30 th Nov - 2 nd 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	
Note : The faculty member is eligible for financial support to attend one State / Zonal and one National Conference in a calendar year.	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	APPI CON 2023
b) Title of the program	69 th Annul Conference
c) Place	AIRMS, Kalyani, West Bengal.
d) Duration	03 Three
e) Date	30 th Nov - 2 nd 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/-
Total Expenses	38,000/-

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

Haypr...

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 ⁴lecture to attend the Conference for kind consideration.

Thanking you,

[Signature]

Signature of the HoD



Yours faithfully,

[Signature]

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⁺ Grade by NAAC (3rd Cycle)

Placed in Category 'A' by MoE (GoI)

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

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

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

22nd 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 21st 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 30th 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)

A. To be filled by the faculty member:	
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 th May2022
7. Objectives of the Conference / Seminar / Symposium	<ul style="list-style-type: none"> Exchange new ideas & apply hands on experiences to build up new relationships and research collaborations with global partners involved in herbal drug research. Bridge the gap between Biologists, Pharmaceutical Scientists, Ayurvedic practitioners, Scientists, and other delegates involved in Drug Development
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 st Jan. to 31 st 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 th 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
Note: The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference</u> in a calendar year.	
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	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 th September 2023
f) Amount claimed	7,500/-

12. Expenses involved towards attending the Conference:	
a) Place	Belagavi to Bangalore [To & Fro]
b) Mode of journey	Train (3 rd 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/-
Total Expenses	Rs.7,500/-
13. Documents to be submitted:	
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

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

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

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

10th October,2023

ORDER

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

Ref: Your office letter Ref. No. JNMC/ 2023-24/ dated 21st 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 30th and 31st 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)

A. To be filled by the faculty member:	
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 th 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 st Jan. to 31 st Dec.]	
a) Title of the Conference / Seminar / Symposium	International conference on genetics & epigenetics of Cancer
b) Date of conduct	30 th & 31 st 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
Note: The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference</u> in a calendar year.	
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	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 th & 31 st october 2023
e) Date	2 days.
f) Amount claimed	

12. Expenses involved towards attending the Conference:

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.
Total Expenses	12,010/-

13. Documents to be submitted:

- | | |
|---|---|
| <p>a) Copy of the letter of invitation from the organizers.</p> <p>b) Conference brochure with committee details.</p> | <p><u>Enclosed along with application</u></p> |
|---|---|

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 : 04th Oct 2023

Signature of the faculty member

Ref. No. _____

Date: To 04th Oct '23

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

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

11th October,2023

ORDER

Sub: Approval of Grant of financial support.

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

With reference to the above, the following faculty member is hereby permitted to participate in the 'MICROCON-2023' to be held on 23rd to 26th 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

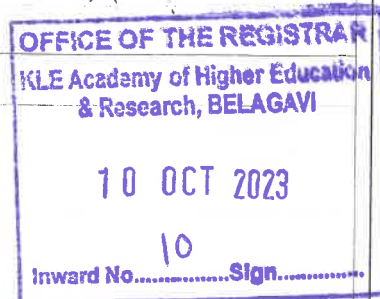
To,
The above staff member.

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)

A. To be filled by the faculty member:	
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 st January to 31 st December)	NIL To publication
a) Title of the Conference / Seminar / Symposium	
b) Date of conduct	23 rd -26 th 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	
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference</u> in a calendar year.	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	IAMM
b) Title of the program	46 th National conference IAMM
c) Place	KGMU Lucknow
d) Duration	3 days
e) Date	23 rd -26 th Nov 2023
f) Amount claimed	



13. Expenses involved towards attending the Conference:	
a) Place	LUCKNOW - India Flight
b) Mode of journey	
c) Fare	
To and Fro expenses	
Registration / Delegation Fee	
Accommodation charges	
Total Expenses	
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	Enclosed
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors of the Conference or any other funding agency for attending the aforesaid Conference,
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference,
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.
- I shall reimburse the amount to the University in excess of the eligibility.

Date : 14/9/23

Signature of the faculty member



Ref. No. MDC/M:CM/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

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

6th November, 2023

ORDER

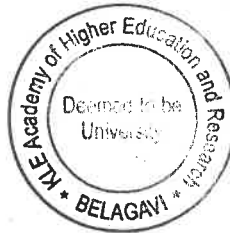
Sub : Approval of grant of financial Support

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)

A. To be filled by the faculty member:	
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 st January to 31 st 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.
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference</u> in a calendar year.	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	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.

13. Expenses involved towards attending the Conference:	
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/-
Total Expenses	Rs 27,174/-
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors of the Conference or any other funding agency for attending the aforesaid Conference,
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference,
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.
- I shall reimburse the amount to the University in excess of the eligibility.

Date : 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

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)

A. To be filled by the faculty member:	
1. Name	Dr. Neha Kulkarni
2. Qualification	MBBS MD PGDHPE PDCR FAIMER Fellow
3. Designation	Professor
4. Department	Physiology
5. Institution	KAHER's J.N. Medical College Belgaur
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 st January to 31 st December)	
a) Title of the Conference / Seminar / Symposium	
b) Date of conduct	
c) Level of Conference (State / Zonal / National)	
d) Venue	
e) Financial support extended by the University	
f) Copy of the sanction letter to be enclosed	
Note : The faculty member is eligible for financial support to attend <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	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 th National Conference on health professional Education
c) Place	Sion, Mumbai
d) Duration	2 days. (Pre conference on day)
e) Date	24 th & 25 th November 2023
f) Amount claimed	as per university financial support extended by the University

13. Expenses involved towards attending the Conference:	
a) Place	} will submit after conference. - 5500
b) Mode of journey	
c) Fare	
To and Fro expenses	
Registration / Delegation Fee	
Accommodation charges	
Total Expenses	
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors of the Conference or any other funding agency for attending the aforesaid Conference,
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference,
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.
- I shall reimburse the amount to the University in excess of the eligibility.

Date : 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.



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH
(Deemed -to- be- University)
JAWAHARLAL NEHRU MEDICAL COLLEGE, BELAGAVI
Accredited 'A+' Grade by NAAC Placed in Category 'A+' by MHRD (GoI)
DEPARTMENT OF PHARMACOLOGY

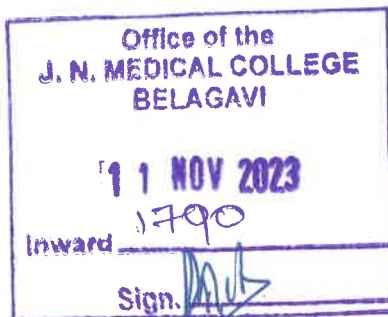


Website: <http://www.jnmc.edu>
Email: dome@jnmc.edu
domejnmc@sancharnet.in

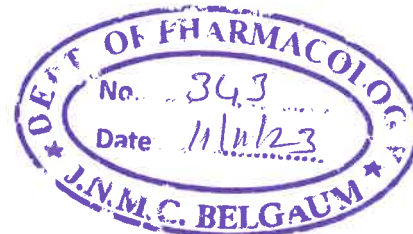
Dept.: 0831-2473777
Fax No.: 91-0831-2470759
Ext No: 4095

From,
Dr. Aarti Bhosale
Asst. Professor of Pharmacology,
JNMC, Belagavi

To,
The Registrar,
KAHER,
Belagavi.



Date: 11/11/2023



Sub: Approval of grant of financial support
Ref: KAHER/23-24/D-09112306 dated 6th November 2023
(Though proper channel)

Respected Sir,

With reference to the subject cited above, I am attaching the proofs of my attendance and Oral Presentation, presented at the National Conference ISRPTCON held in Kasturba Medical College, Manipal from 3rd to 5th November 2023 for your reference.

Kindly reimburse me for the expenses that I have incurred.

To publication

Thanking you with kind regards



Yours faithfully,

[Signature]
(Dr. Aarti Bhosale)

100/11/11/23
Professor & Head
Dept. of Pharmacology
KAHER's J. N. Medical College
Belagavi

*Forwarded
you needful
MA
11/11/23*

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

Accredited A⁺ Grade by NAAC (3rd Cycle)

Placed in Category 'A' by MoE (GoI)

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

444444 FAX: 0831-2493777 Web: <http://www.kledeemeduniversity.edu.in> E-mail: info@kledeemeduniversity.edu.in

No. KAHER/23-24/D- 09112306

6th November, 2023

ORDER

Sub : Approval of grant of financial Support

Ref : Your letter Ref No. JNMC /2023-24/322 dated 2nd November, 2023.

With reference to the above the following faculty member is hereby permitted to attend '**ISRPTCon -2023**' and also contributing a scientific paper 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. Aarti Bhosale	Assistant 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)

A. To be filled by the faculty member:	
1. Name	DR. AARTI BHOSALE
2. Qualification	MD - PHARMACOLOGY
3. Designation	ASSISTANT PROFESSOR
4. Department	PHARMACOLOGY
5. Institution	J.N. MEDICAL COLLEGE
6. Email ID	draartibhosale.mbbbs@gmail.com
7. Date of joining the Institution	20-06-2019
8. Objectives of the Conference / Seminar / Symposium	Conference
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
10. Assignment in the aforesaid Conference / Seminar / Symposium	a) <input checked="" type="checkbox"/> Contributing a scientific paper (poster or <u>oral</u>) b) Delivering a guest lecture c) Others, if any, specify.
11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	NIL
a) Title of the Conference / Seminar / Symposium	-
b) Date of conduct	-
c) Level of Conference (State / Zonal / National)	-
d) Venue	-
e) Financial support extended by the University	-
f) Copy of the sanction letter to be enclosed	-
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference</u> in a calendar year.	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	Dept of Pharmacology, Kasturba Medical College
b) Title of the program	ISRPT 2023 - Indian Society for Rational Pharmacotherapy
c) Place	Manipal
d) Duration	3 days
e) Date	3 rd Nov - 5 th Nov
f) Amount claimed	Rs. 6900

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

03 NOV 2023

06

Word No. Sign.

13. Expenses involved towards attending the Conference:	
a) Place	MANIPAL
b) Mode of journey	BUS
c) Fare	
To and Fro expenses	Rs. 2520
Registration / Delegation Fee	Rs. 6900
Accommodation charges	Rs. 9125
Total Expenses	Rs. 11,645
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	Brochure & registration receipt
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	Abstract for oral 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 : 2/11/2023

Signature of the faculty member

Ref. No. 1696

Date: 3-11-2023

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. Narayana H. Hoshilkar
MBBS, MD
Professor & Head
Dept. of Pharmacology
KAHER's J.N. Medical College,
Belagavi



PRINCIPAL
Jawaharlar Medical College
BELAGAVI

Ref.No.KAHER/23-24/D- 02112306

30th October,2023

ORDER

Sub: Approval of Grant of financial support.

Ref: Your office letter Ref. No. JNMC/ 2023-24/467 dated 21st October, 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the '**KAMLSCON-2023**' to be held on 3rd and 4th November, 2023 in **Mangalore** and also **chairing a session**.

SL. No.	Name	Designation	Department
1	Dr. Prasanna S Jirli	Professor	Forensic Medicine, 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 ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

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

A. To be filled by the faculty member:

1. Name	DR. PRASANNA S. JIRLI
2. Qualification	M.D
3. Designation	Professor
4. Department	Forensic Medicine
5. Institution	J.N. Medical College, Belagavi
6. Email ID	psjirli@gmail.com
7. Date of joining the Institution	15.09.2003
8. Objectives of the Conference / Seminar / Symposium	Beyond Conventional Forensics
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
10. Assignment in the aforesaid Conference / Seminar / Symposium	a) Contributing a scientific paper (poster or oral) b) Delivering a guest lecture c) Others, if any, specify. Chairing a session
11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December	NIL
a) Title of the Conference / Seminar / Symposium	To application Verified 9/11/23
b) Date of conduct	
c) Level of Conference (State / Zonal / National)	
d) Venue	
e) Financial support extended by the University	As per norms T.O.F.D
f) Copy of the sanction letter to be enclosed	
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference</u> in a calendar year.	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	Dept. of FMT, KSHEMA, NITTE, Mangaluru
b) Title of the program	KAMLSCON 2023
c) Place	Mangaluru
d) Duration	2 days
e) Date	3 rd & 4 th November 2023
f) Amount claimed	



13. Expenses involved towards attending the Conference:	
a) Place	Mangaluru
b) Mode of journey	Car
c) Fare	928 km
To and Fro expenses	Max. $600 \times 2 = 4800/-$
Registration / Delegation Fee	Rs. 4250/-
Accommodation charges (Dwelling allowance)	Rs. $3000 \times 2 = 6000/-$
Total Expenses	Rs. 15050/-
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	Attached (Brochure).
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: 20.10.2023

Signature of the faculty member

Ref. No. 1621

Date: 25/10/2023

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,

Signature of the HoD

Dr. Ravindra S. Honnugar
M.B.B.S., M.D.

Prof & Head

Forensic Medicine Toxicology

J. N. Medical College, Belagavi.



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⁺ Grade by NAAC (3rd Cycle)

Placed in Category 'A' by MoE (Gol)

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

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

Ref.No.KAHER/23-24/D- 02 112308

30th October, 2023

ORDER

Sub: Approval of Grant of financial support.

Ref: Your office letter Ref. No. JNMC/ 2023-24/468 dated 21st October, 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the '**KAMLSCON-2023**' to be held on 3rd and 4th November, 2023 in **Mangalore** and also contributing a scientific paper.

SL. No.	Name	Designation	Department
1	Dr. Vinay Bannur	Assistant Professor	Forensic Medicine, 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



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KLE



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

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

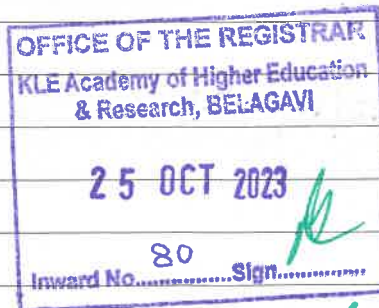
A. To be filled by the faculty member:

1. Name	DR. VINAY BANNUR
2. Qualification	M.D. Forensic medicine & Toxicology
3. Designation	Assistant Professor
4. Department	Forensic Medicine & Toxicology
5. Institution	Jawahar Lal Nehru Medical College
6. Email ID	vinaymar.u7@gmail.com
7. Date of joining the Institution	01/07/2022
8. Objectives of the Conference / Seminar / Symposium	Beyond Conventional Forensics.
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
10. Assignment in the aforesaid Conference / Seminar / Symposium	<input checked="" type="checkbox"/> a) Contributing a scientific paper (poster or oral) <input type="checkbox"/> b) Delivering a guest lecture <input type="checkbox"/> c) Others, if any, specify.

11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1st January to 31st December)

- Title of the Conference / Seminar / Symposium
- Date of conduct
- Level of Conference (State / Zonal / National)
- Venue
- Financial support extended by the University
- Copy of the sanction letter to be enclosed

Noil (Not obtained Financial Assistance this year) To publication.



Vijay 9/11/23

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

As per notes TO F.O

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

- Name of the Organizer
- Title of the program
- Place
- Duration
- Date
- Amount claimed

KAMLSCON 2023- KAMLS
 Dept of fnt, KSHEMA, NITTE, Mangalore
 KAMLSCON 2023
 Mangalore
 2 days
 03rd & 4th November, 2023

13. Expenses involved towards attending the Conference:	
a) Place	Deralakatte, Mangalore.
b) Mode of journey	Car (Not well connected by train)
c) Fare	928 Kms
To and Fro expenses	Max = $600 \times 8 = 4800$ Rs.
Registration / Delegation Fee	Rs 4250/-
Accommodation charges	2 Days \times 3000 = 6000 Rs.
Dearness Allowance	Rs 15,050/- (Fifteen Thousand & Fifty Rupees only)
Total Expenses	
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	Attached.
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors of the Conference or any other funding agency for attending the aforesaid Conference,
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference,
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.
- I shall reimburse the amount to the University in excess of the eligibility.

Date : 20/10/2023

Signature of the faculty member

UgB

Ref. No. 1622

Date: 25/10/2023

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,

[Signature]
Signature of the HOD
M.B.B.S., M.D.
Prof & Head



[Signature]
Principal
Jawaharlal Nehru Medical College
BELAGAVI



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

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

Accredited A⁺ Grade by NAAC (3rd Cycle)

Placed in Category 'A' by MoE (GoI)

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

☎: 0831-244444 FAX: 0831-2493777 Web: <http://www.kledeemeduniversity.edu.in> E-mail: info@kledeemeduniversity.edu.in

Ref.No.KAHER/23-24/D- 02112304

30th October,2023

ORDER

Sub: Approval of Grant of financial support.

Ref: Your office letter Ref. No. JNMC/ 2023-24/466 dated 21st October, 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the '**KAMLSCON-2023**' to be held on 3rd and 4th November, 2023 in Mangalore and also **Executive Committee member of the office -2022-23.**

SL. No.	Name	Designation	Department
1	Dr. Ravindra S Honnungar	Professor	Forensic Medicine, 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 ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

No.: 466
Date: 21/10/23

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

A. To be filled by the faculty member:

1. Name	DR RAVINDRA S. HONNUNGAR
2. Qualification	MBBS. MD.
3. Designation	PROF & HOD
4. Department	FORENSIC-MEDICINE
5. Institution	JN MEDICAL COLLEGE
6. Email ID	rs honnunar@gmail.com
7. Date of joining the Institution	07/07/07
8. Objectives of the Conference / Seminar / Symposium	Beyond Conventional Forensics
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
10. Assignment in the aforesaid Conference / Seminar / Symposium	a) Contributing a scientific paper (poster or oral) b) Delivering a guest lecture c) Others, if any, specify. <i>Executive committee member of the office bearers 2022-23</i>

11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1st January to 31st December)

- Title of the Conference / Seminar / Symposium
- Date of conduct
- Level of Conference (State / Zonal / National)
- Venue
- Financial support extended by the University
- Copy of the sanction letter to be enclosed

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

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

- Name of the Organizer
- Title of the program

- Place
- Duration
- Date
- Amount claimed

OFFICE OF THE REGISTRAR KLE Academy of Higher Education & Research, BELAGAVI 25 OCT 2023 78 Inward No. Sign
--

To publication. As per notes TOF-O
K. S. Hegde Medical College,
Beyond Conventional Forensics
Mangalore
November 3rd & 4th 2023
2 days

Verified 9/11/23

13. Expenses involved towards attending the Conference:	
a) Place	Mangalore
b) Mode of journey	CAR
c) Fare	950 x 8 = 7600
To and Fro expenses	
Registration / Delegation Fee	4250/-
Accommodation charges	2500 6000/-
Total Expenses	<u>17850/-</u>
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	Attached
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors of the Conference or any other funding agency for attending the aforesaid Conference,
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference,
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.
- I shall reimburse the amount to the University in excess of the eligibility.

Date :

18/10/2023

Signature of the faculty member

[Signature]

Ref. No.

1626

Date:

18/10/2023
25/10/23

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

[Signature]
Dr. Ravindra S. Honnangar
M.B.B.S., M.D.

Prof. Head
Forensic Medicine & Toxicology
J. N. Medical College, Belagavi.



Yours faithfully,

[Signature]
PRINCIPAL
Jawahar Medical College
BELAGAVI



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

Accredited A⁺ Grade by NAAC (3rd Cycle)

Placed in Category 'A' by MoE (GoI)

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

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

Ref.No.KAHER/23-24/D- 25102302

06th October, 2023

ORDER

Sub: Approval of Grant of financial support.

Ref: Your office letter Ref. No. JNMC/ 2023-24/67 dated 6th October, 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the 'KCIAPM -2023' to be held on 06th to 08th October, 2023 in Mangalore. and also the resource person.

SL. No.	Name	Designation	Department
1 ✓	Dr. Sunita Patil	Professor	Pathology, 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.

To,
The above staff member.



Prof Dr.M.S.Ganachari
Registrar

CC to:

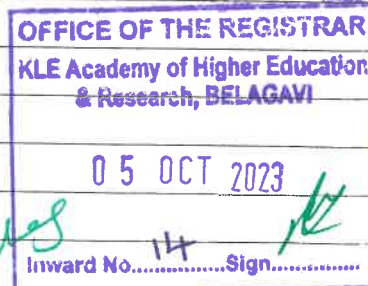
1. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
2. The Principal, J N Medical College, Belagavi.
3. The Finance Officer, KAHER, Belagavi

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

A. To be filled by the faculty member:	
1. Name	DR. SUNITA Y. PATIL
2. Qualification	MD (Pathology)
3. Designation	Professor
4. Department	Pathology
5. Institution	J.N.M.C.
6. Email ID	drsunitapatil27@yahoo.com
7. Date of joining the Institution	14.7.2017.
8. Objectives of the Conference / Seminar / Symposium	Trends in Pathology - KAPCON 2023
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet. Resource person
10. Assignment in the aforesaid Conference / Seminar / Symposium	a) Contributing a scientific paper (poster or oral) b) Delivering a guest lecture ✓ c) Others, if any, specify.
11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December	NIL Verified 9/11/23
a) Title of the Conference / Seminar / Symposium	
b) Date of conduct	
c) Level of Conference (State / Zonal / National)	
d) Venue	
e) Financial support extended by the University	
f) Copy of the sanction letter to be enclosed	
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference</u> in a calendar year.	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	KCIAPM with Father Muller Medical College, Mangalore.
b) Title of the program	KAPCON - 2023
c) Place	Mangalore.
d) Duration	3 days.
e) Date	6.10.23 to 8.10.23
f) Amount claimed	Rs. 15375/-

To publication.

To F.O AS per Rules



13. Expenses involved towards attending the Conference:	
a) Place	Mangaluru.
b) Mode of journey	Train and Road.
c) Fare	
To and Fro expenses	(To & Fro) → Train Rs. 1875/- Car - 2500 = Rs. 4375/-
Registration / Delegation Fee	Rs. 5000/-
Accommodation charges	Rs. 3000/night, 2 nights = Rs. 6000/-
Total Expenses	= Rs. 15,375/-
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors of the Conference or any other funding agency for attending the aforesaid Conference,
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference,
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.
- I shall reimburse the amount to the University in excess of the eligibility.

Date: 30/9/2023

Signature of the faculty member

[Signature]

Ref. No.

1441

Date:

4/10/2023

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]

Signature of the HoD

Professor & Head
Department of Pathology
J.N. Medical College,
BELAGAVI.



Yours faithfully,

[Signature]
PRINCIPAL
Jawahar Naidu 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)

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

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

Ref.No.KAHER/23-24/D- 02112305

30th October,2023

ORDER

Sub: Approval of Grant of financial support.

Ref: Your office letter Ref. No. JNMC/ 2023-24/328 dated 25th October, 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the '**PHYSICON -2023**' to be held on **2nd to 3rd November, 2023** in **Vijayapura** and also contributing a scientific paper.

SL. No.	Name	Designation	Department
1	Dr. Seema V Kamaraddi	Associate Professor	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.

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



Prof Dr.M.S.Ganachari
Registrar



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH
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328

25/10/23

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

A. To be filled by the faculty member:

1. Name **DR. SEEMA.V. KAMARADDE**
2. Qualification **MBBS MD PHYSIOLOGY**
3. Designation **ASSOCIATE PROFESSOR**
4. Department **PHYSIOLOGY**
5. Institution **J.N.MEDICAL COLLEGE**
6. Email ID **seemabkajagar@gmail.com**
7. Date of joining the Institution **31/10/2014**
8. Objectives of the Conference / Seminar / Symposium **Priorities of Research based on Physiological Sciences.**
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 **Yes**
 - ☒ a) Contributing a scientific paper (poster or oral)
 - ☐ b) Delivering a guest lecture
 - ☐ c) Others, if any, specify.

11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1st January to 31st December)

- a) Title of the Conference / Seminar / Symposium
- b) Date of conduct
- c) Level of Conference (State / Zonal / National)
- d) Venue
- e) Financial support extended by the University
- f) Copy of the sanction letter to be enclosed

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

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

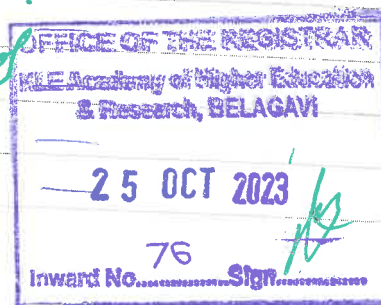
- a) Name of the Organizer
- b) Title of the program
- c) Place
- d) Duration
- e) Date
- f) Amount claimed

NOT AVAILABLE

verified

9/11/23

*To publication.
As per rules.
To FO*



PHYSICON - 2023
[NATIONAL CONFERENCE]
Dept. of Physiology, Shri.B.M.Patil
Medical College, BELAGAVI University
"Physiology: From Experimental to
Translational Medicine"
Vijayapura, KARNATAKA
02 Days
02 & 03 NOVEMBER 2023
Rs.17,180/-

13. Expenses involved towards attending the Conference:

a) Place

b) Mode of journey

c) Fare

To and Fro expenses

Registration / Delegation Fee

Accommodation charges

Total Expenses

Vijayapura, Karnataka
Taxi / Car

≈ 450 kms

X Rs. 12 = Rs. 5,400 / -

Rs. 5,780 / -

02 Days

X Rs. 3000 = Rs. 6,000 / -

Rs. 17,180 / -

14. Documents to be submitted:

a) Copy of the letter of invitation from the organizers

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

Email [Acceptance & Registration]
Abstract

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: 21/10/2023

Signature of the faculty member Seemak

Ref. No. 1634

Date: 25/10/2023

To

The Registrar,
KAHER,
Belgaum.

Dear Sir,

We are enclosing herewith the application of the above Teacher in the prescribed format for grant of financial support for presentation scientific paper (poster or oral) / delivering a guest lecture to attend the Conference for kind consideration.

Thanking you,

Signature of the HoD



Yours faithfully,

Principal
Jawahar Medical College
BELAGAVI

21/10/2023



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Ref.No.KAHER/23-24/D- 02112307

30th October, 2023

ORDER

Sub: Approval of Grant of financial support.

Ref: Your office letter Ref. No. JNMC/ 2023-24/469 dated 21st October, 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the '**KAMLSCON-2023**' to be held on 3rd and 4th November, 2023 in **Mangalore** and also contributing a scientific paper.

SL. No.	Name	Designation	Department
1	Dr. Dhivagar K	Senior Resident	Forensic Medicine, 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 ACADEMY OF HIGHER EDUCATION AND RESEARCH

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

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

A. To be filled by the faculty member:

1. Name	Dr. DHIVAGAR.K
2. Qualification	M.B.B.S, M.D.
3. Designation	SENIOR RESIDENT
4. Department	FORENSIC MEDICINE & TOXICOLOGY
5. Institution	J.N.MEDICAL COLLEGE, KAHER
6. Email ID	dshivagar.latha@gmail.com
7. Date of joining the Institution	28.08.2023
8. Objectives of the Conference / Seminar / Symposium	Beyond Conventional Forensic
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. TO RECEIVE MY AWARD. (SILVER MEDAL)
11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	NIL
a) Title of the Conference / Seminar / Symposium	<p><i>AS per Ref of TOFC</i></p> <p><i>To publication</i></p> <p><i>verified</i></p> <p><i>9/11/23</i></p> <p><i>P 2nd time 300/- for Silver medal</i></p>
b) Date of conduct	
c) Level of Conference (State / Zonal / National)	
d) Venue	
e) Financial support extended by the University	
f) Copy of the sanction letter to be enclosed	
<p>Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference</u> in a calendar year.</p>	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	KAMLSCON 2023 (K.S HEDGE MEDICAL ACADEMY)
b) Title of the program	BEYOND CONVENTIONAL FORENSICS
c) Place	AVISHKAR HALL, 9 th FLOOR, A.B. SHETTY MEMORIAL INSTITUTE OF DENTAL SCIENCES, MANGALORE
d) Duration	2 days
e) Date	November 3 rd & 4 th 2023
f) Amount claimed	

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

25 OCT 2023

No. 75 Sign

Apply separately

13. Expenses involved towards attending the Conference:	
a) Place	Deralakatte, Mangalore
b) Mode of journey	Car (not well connected with train)
c) Fare	928kms
To and Fro expenses	Max = 600 x 8 = Rs. 4800
Registration / Delegation Fee	Rs. 5250
Accommodation charges Dearness Allowance	2 days x Rs. 3000 = Rs. 6000
Total Expenses	Rs. 16050
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	Attached
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors of the Conference or any other funding agency for attending the aforesaid Conference,
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference,
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.
- I shall reimburse the amount to the University in excess of the eligibility.

Date : 20/10/2023

Signature of the faculty member Dr. K. R. 6

Ref. No. 1623

Date: 25/10/2023


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. Ravindra S. Honnugar
Signature of the HoD
M.B.B.S., M.D.
Prof & Head
Forensic Medicine Toxicology
J. N. Medical College, Belagavi.




PRINCIPAL
Jawahar Lal Nehru Medical College
BELAGAVI



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Ref.No.KAHER/23-24/D- 04102306

3rd October, 2023

ORDER

Sub: Approval of Grant of financial support.

Ref: Your office letter Ref. No. JNMC/ 2023-24/ 416 dated 27th September, 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the **43rd Congress of the Society Internationale d'Urology (SIU)** being held on **conjunction with the 32nd Turkish Urology Association meeting from 11th to 14th October, 2023 in Istanbul, Turkey** and also delivering talks on the topic '**non-Surgical options in the VUR and Recurrent UTI**'.

SL. No.	Name	Designation	Department
1	Dr. Swapnil A Pattanshetti	Associate Professor	Paediatric 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.



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

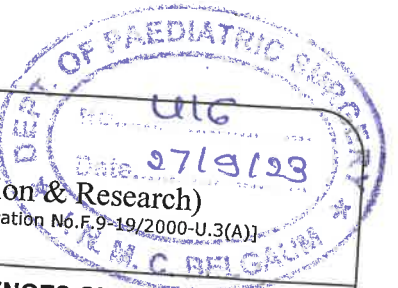
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KLE UNIVERSITY

(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 CONFERENCES OUTSIDE INDIA

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

A. To be filled by the faculty member:

1. Name	
2. Qualification	SWARNIL PATTANSHEETI
3. Designation	MS.MCh (Pediatric surgery)
4. Department	Associate Prof.
5. Institution	Pediatric Surgery
6. Date of joining the Institution	J.R. Medical College
7. Objectives of the Conference / Seminar / Symposium	12/06/2020
8. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	master class talk.
9. Assignment in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.

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

10. Particulars of the financial support extended by the University to attend the International Conference(s) during the block period of three years (1st January to 31st December)

- 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

NIL

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

- a) Name of the Organizer
- b) Title of the program
- c) Place
- d) Duration
- e) Date of Conference
- f) Financial grant sought

Society of International urology
43rd Congress of SIU
Istanbul, Turkey.
11th - 14th October, 2023
4 days



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)]

12. Travelling (by shortest route) and other expenses involved																	
	<table border="1"> <thead> <tr> <th>International</th> <th>Domestic</th> </tr> </thead> <tbody> <tr> <td>a) Place</td> <td>Istanbul</td> </tr> <tr> <td>b) Mode of journey</td> <td>Flight</td> </tr> <tr> <td>c) Fare</td> <td></td> </tr> <tr> <td>d) To and Fro</td> <td>62,000/-</td> </tr> <tr> <td>e) Accommodation charges</td> <td>32,000/-</td> </tr> <tr> <td>f) Registration / Delegation Fee</td> <td>350 Euro (31,200/-)</td> </tr> <tr> <td>g) Air-port Tax</td> <td>(VISA) 10,000</td> </tr> </tbody> </table>	International	Domestic	a) Place	Istanbul	b) Mode of journey	Flight	c) Fare		d) To and Fro	62,000/-	e) Accommodation charges	32,000/-	f) Registration / Delegation Fee	350 Euro (31,200/-)	g) Air-port Tax	(VISA) 10,000
International	Domestic																
a) Place	Istanbul																
b) Mode of journey	Flight																
c) Fare																	
d) To and Fro	62,000/-																
e) Accommodation charges	32,000/-																
f) Registration / Delegation Fee	350 Euro (31,200/-)																
g) Air-port Tax	(VISA) 10,000																
13. Documents to be submitted:																	
a) Copy of the letter of invitation from the organizers. b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.																	
14. Signature of the faculty member																	

DECLARATION

Dr. Swapnil A. Pattanshetti
MBBS, MS, M.CH
Consultant Paediatric Surgeon
KMC Reg. No. 86671
KLES Dr. Prabhakar Kore Hospital & MCO, Belagavi-10.

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors, organizers of the Conference or any other funding agency for attending the aforesaid Conference. I am aware that I am liable for any disciplinary action by the University in case it is found at a later stage that the information furnished in this application is wrong / false, in support of my application for financial grant.
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference.
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.

Date: 26/9/2023

Ref. No. 1410

To

The Registrar, KLE University, Belagavi.

Dear Sir,

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

Thanking you,

Signature of the faculty member

Date: 26/09/2023

Dr. Swapnil A. Pattanshetti
MBBS, MS, M.CH
Consultant Paediatric Surgeon
KMC Reg. No. 86671
KLES Dr. Prabhakar Kore Hospital & MCO, Belagavi-10.

Yours faithfully,

Signature of the HoD

Dr. Santosh S. Kurbet

Professor & Head

Department of Paediatric Surgery
J. N. Medical College, BELGAUM.



Principal
Jawaharal Nehru Medical College
BELAGAVI



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Ref.No.KAHER/23-24/D- 25102307

06th October,2023

ORDER

Sub: Approval of Grant of financial support.

Ref: Your office letter Ref. No. JNMC/ 2023-24/66 dated 6rd October, 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the 'KCIAPM -2023' to be held on 06th to 08th October, 2023 in Mangalore. and also contributing a scientific paper.

SL. No.	Name	Designation	Department
1	Dr. Vijayalaxmi Dhorigol	Professor	Pathology, 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

Venugopal

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

06th October,2023

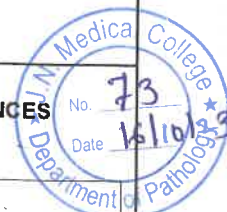


KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

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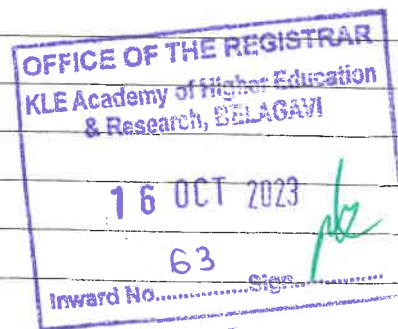
[Deemed-to-be-University established u/s 3 of the UGC Act, 1956]

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



A. To be filled by the faculty member:

1. Name	Dr Vijayalaxmi. Dhorigol.
2. Qualification	MD Pathology
3. Designation	Professor
4. Department	Pathology
5. Institution	J N Medical College, KANER, Belagavi
6. Email ID	vdhorigol@gmail.com.
7. Date of joining the Institution	20/06/1997
8. Objectives of the Conference / Seminar / Symposium	Recent updates in Pathology Theme: Bridge to the Future
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet. Scientific sessions attended enclosed with application for SPC
10. Assignment in the aforesaid Conference / Seminar / Symposium	<input checked="" type="checkbox"/> a) Contributing a scientific paper (poster or oral) <input type="checkbox"/> b) Delivering a guest lecture <input checked="" type="checkbox"/> c) Others, if any, specify. Judge for oral paper presentation (PG)
11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	NA
a) Title of the Conference / Seminar / Symposium	
b) Date of conduct	
c) Level of Conference (State / Zonal / National)	
d) Venue	
e) Financial support extended by the University	
f) Copy of the sanction letter to be enclosed	
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference</u> in a calendar year.	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	NA
a) Name of the Organizer	
b) Title of the program	
c) Place	
d) Duration	
e) Date	
f) Amount claimed	



13. Expenses involved towards attending the Conference:	
a) Place	Mangalore
b) Mode of journey	Car & Train
c) Fare	(1) Car (2) Train
To and Fro expenses	(1) Car → Rs 2100/- (2) Train → Rs 1875/-
Registration / Delegation Fee	Rs 5000/- ; Poster Printing → 650/-
Accommodation charges	Rs 5600/- (for 2 nights)
Total Expenses	Rs 15,225/-
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	certificate enclosed
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors of the Conference or any other funding agency for attending the aforesaid Conference,
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference,
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.
- I shall reimburse the amount to the University in excess of the eligibility.

Date : 12/10/2023

V. K. Shrivastava
Signature of the faculty member

Ref. No. 1555

Date: 16/10/2023

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,

[Signature]
Signature of the HoD

Professor & Head
Department of Pathology
J.N. Medical College,
BELAGAVI.



[Signature]
PRINCIPAL
Jawaharal Nehru Medical College
BELAGAVI



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Ref.No.KAHER/23-24/D- 25102306

06th October, 2023

ORDER

Sub: Approval of Grant of financial support.

Ref: Your office letter Ref. No. JNMC/ 2023-24/66 dated 6th October, 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the 'KCIAPM -2023' to be held on 06th to 08th October, 2023 in Mangalore. and also contributing a scientific paper.

SL. No.	Name	Designation	Department
1	Dr. Bhagyashri Hungund	Professor	Pathology, 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

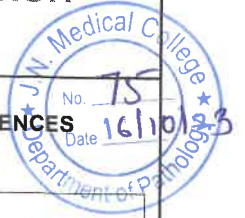
Verified



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

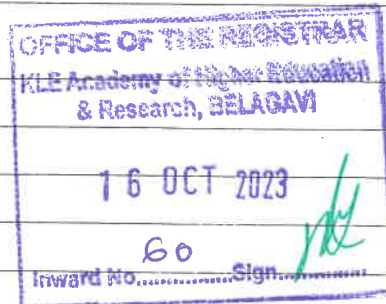
[Deemed-to-be-University established u/s 3 of the UGC Act, 1956]



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

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

A. To be filled by the faculty member:	
1. Name	DR. BHAGYASHRI HUNGUND
2. Qualification	MD PATHOLOGY
3. Designation	Professor
4. Department	Pathology
5. Institution	JNMC
6. Email ID	bhagya78h@gmail.com
7. Date of joining the Institution	11/10/2003
8. Objectives of the Conference / Seminar / Symposium	Recent updates.
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet. Enclosed with application form of SPCL
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. faculty paper judge.
11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	
a) Title of the Conference / Seminar / Symposium	
b) Date of conduct	
c) Level of Conference (State / Zonal / National)	
d) Venue	
e) Financial support extended by the University	
f) Copy of the sanction letter to be enclosed	
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference</u> in a calendar year.	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	
b) Title of the program	
c) Place	
d) Duration	
e) Date	
f) Amount claimed	



13. Expenses involved towards attending the Conference:	
a) Place	Mangalore
b) Mode of journey	1) Car 2) Train
c) Fare	
To and Fro expenses	1) Car - Rs 2100/- 2) Train Rs 1875
Registration / Delegation Fee	RS 5000/- Poster printing - RS 650
Accommodation charges	RS 5600/- (2 nights)
Total Expenses	RS 15225/-
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	Certificates enclosed.

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors 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 : 13/10/2023

Signature of the faculty member

[Signature]

Ref. No.

1557

Date: 16/10/2023

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

[Signature]
Professor & Head
Department of Pathology
J.N. Medical College,
BELAGAVI.



Yours faithfully,

[Signature]
PRINCIPAL
Jawaharal Nehru Medical College
BELAGAVI

Ref.No.KAHER/23-24/D- 25102305

06th October, 2023

ORDER

Sub: Approval of Grant of financial support.

Ref: Your office letter Ref. No. JNMC/ 2023-24/68 dated 6rd October, 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the 'KCIAPM -2023' to be held on 06th to 08th October, 2023 in Mangalore. and also Judge for paper presentation and chairing a session.

SL. No.	Name	Designation	Department
1	Dr.Manasi Gosavi	Professor	Pathology, 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.

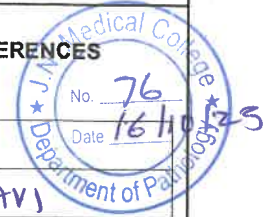
CC to:

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

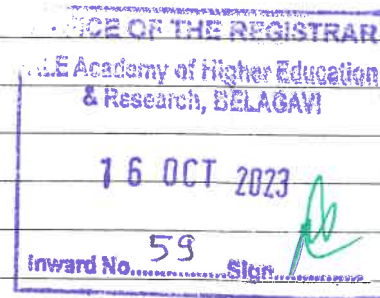
Verified

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

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



A. To be filled by the faculty member:	
1. Name	DR. MANASI GOSAVI
2. Qualification	MD PATHOLOGY
3. Designation	Professor
4. Department	Pathology.
5. Institution	JNMC
6. Email ID	mansi.gosavi@gmail.com
7. Date of joining the Institution	20/6/12
8. Objectives of the Conference / Seminar / Symposium	Recent updates in Pathology, Theme - "Bridge to the Future"
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet. Scientific sessions attended enclosed with application of SpCL
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 - Chairperson, Judge for paper presentation, Judge for Pathol.
11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	— (NA.)
a) Title of the Conference / Seminar / Symposium	
b) Date of conduct	
c) Level of Conference (State / Zonal / National)	
d) Venue	
e) Financial support extended by the University	
f) Copy of the sanction letter to be enclosed	
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference</u> in a calendar year.	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	
b) Title of the program	
c) Place	
d) Duration	
e) Date	
f) Amount claimed	



13. Expenses involved towards attending the Conference:

a) Place	Mangalore
b) Mode of journey	1) Car 2) Train
c) Fare	
To and Fro expenses	1) Car - Rs 2100/- 2) Train - Rs 1875
Registration / Delegation Fee	Rs 5000/- Poster printing - Rs 650/-
Accommodation charges	Rs 5600/- (2 nights)
Total Expenses	Rs 15225/-

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.

Certificates enclosed

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors 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 : 13/10/23

Signature of the faculty member

[Signature]

Ref. No. 1556

Date: 16/10/2023

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,

[Signature]
Signature of the HoD

Professor & Head
Department of Pathology
J.N. Medical College,
BELAGAVI



[Signature]
PRINCIPAL
Jawaharal Naidu Medical College
BELAGAVI



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

Accredited A⁺ Grade by NAAC (3rd Cycle)

Placed in Category 'A' by MoE (GoI)

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

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

Ref.No.KAHER/23-24/D- 25 102303

06th October, 2023

ORDER

Sub: Approval of Grant of financial support.

Ref: Your office letter Ref. No. JNMC/ 2023-24/77 dated 6rd October, 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the 'KCIAPM -2023' to be held on 06th to 08th October, 2023 in Mangalore. and also contributing a scientific paper.

SL. No.	Name	Designation	Department
1	Dr. Ashwini Ratnakar	Associate Professor	Pathology, 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

Verified

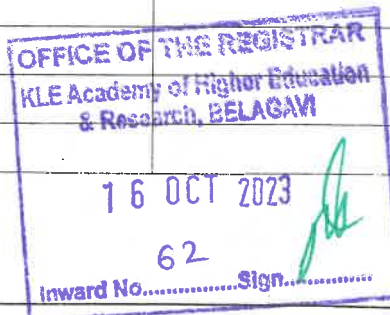
For

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

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



A. To be filled by the faculty member:	
1. Name	Dr. ASHWINI RATNAKAR
2. Qualification	MD PATHOLOGY
3. Designation	ASSOCIATE PROFESSOR
4. Department	PATHOLOGY
5. Institution	JNMC
6. Email ID	ashwininov5@gmail.com
7. Date of joining the Institution	01/08/13
8. Objectives of the Conference / Seminar / Symposium	Recent updates in Pathology. Theme: "Bridge to Future".
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet. Scientific sessions attended enclosed with application of ppt.
10. Assignment in the aforesaid Conference / Seminar / Symposium	a) Contributing a scientific paper (poster or oral) b) Delivering a guest lecture c) Others, if any, specify.
11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	— (NA)
a) Title of the Conference / Seminar / Symposium	
b) Date of conduct	
c) Level of Conference (State / Zonal / National)	
d) Venue	
e) Financial support extended by the University	
f) Copy of the sanction letter to be enclosed	
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference</u> in a calendar year.	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	— (NA)
a) Name of the Organizer	
b) Title of the program	
c) Place	
d) Duration	
e) Date	
f) Amount claimed	



To publication

13. Expenses involved towards attending the Conference:	
a) Place	Mangaluru
b) Mode of journey	1) Car 2) Train.
c) Fare	
To and Fro expenses	1) Car Rs 2100/- 2) Train Rs 1875/-
Registration / Delegation Fee	Rs 5000/- + Poster printing Rs 650/-
Accommodation charges	Rs 5600/- (2 nights)
Total Expenses	Rs 15,225/-
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	Certificates enclosed.

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors 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 : 13/10/23

Signature of the faculty member



Ref. No. 1559

Date: 16/10/2023

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

Professor & Head
Department of Pathology
J.N. Medical College,
BELAGAVI.



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)

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Placed in Category 'A' by MoE (GoI)

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

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

Ref.No.KAHER/23-24/D- 25102304

06th October, 2023

ORDER

Sub: Approval of Grant of financial support.

Ref: Your office letter Ref. No. JNMC/ 2023-24/65 dated 6th October, 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the 'KCIAPM -2023' to be held on 06th to 08th October, 2023 in Mangalore. and also contributing a scientific paper.

SL. No.	Name	Designation	Department
1	Dr. Reshma Karishetti	Professor	Pathology, 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

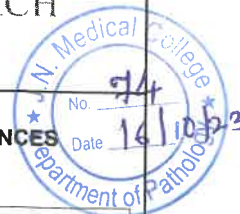
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KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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



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

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

A. To be filled by the faculty member:

1. Name *Dr Reshma Kasichetti*
2. Qualification *MD Pathology*
3. Designation *Professor*
4. Department *Pathology*
5. Institution *TNMC*
6. Email ID *reshma@yaho.co.in*
7. Date of joining the Institution *1/1/2001*

8. Objectives of the Conference / Seminar / Symposium

Recent updates

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

Please enclose a separate sheet.

10. Assignment in the aforesaid Conference / Seminar / Symposium

Enclosed with application of SPCL
a) Contributing a scientific paper (poster or oral)
b) Delivering a guest lecture
c) Others, if any, specify. *Judge for UG & PG paper presentation*

11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1st January to 31st December)

a) Title of the Conference / Seminar / Symposium

b) Date of conduct

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

d) Venue

e) Financial support extended by the University

f) Copy of the sanction letter to be enclosed

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

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

a) Name of the Organizer

b) Title of the program

c) Place

d) Duration

e) Date

f) Amount claimed

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

16 OCT 2023

Inward No. *61* Sign *ph*

13. Expenses involved towards attending the Conference:	
a) Place	Margalore
b) Mode of journey	1) Car 2) Train
c) Fare	
To and Fro expenses	1) Car - Rs 2100 / 2) Train Rs 1275
Registration / Delegation Fee	Rs 5000, + Rs 650 - Poster print
Accommodation charges	Rs. 5600 (for 2 nights)
Total Expenses	Rs 15,225/-
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	certificate enclosed.

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors 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 : 13/10/23

Signature of the faculty member

[Signature]

Ref. No. 1558

Date: 16-10-2023

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

Professor & Head
Department of Pathology
J.N. Medical College,
BELAGAVI



Yours faithfully,

[Signature]
PRINCIPAL
Jawahar Medical College
BELAGAVI



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

Accredited A⁺ Grade by NAAC (3rd Cycle)

Placed in Category 'A' by MoE (GoI)

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

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

Ref.No.KAHER/23-24/D- 1808 2360 .

17th August, 2023

ORDER

Sub: Approval of Grant of financial support for attending the International Conference at Istanbul, Turkey from 11th to 14th October, 2023.

Ref: Your office letter Ref. No. JNMC / 2023-24/564 dated 7th July 2023.

With reference to the above, the following faculty member is hereby permitted to **deliver key-note address, contributing a scientific paper and also chairing a session** at international Conference [43rd Congress of SIU] to be held at **Istanbul, Turkey** from 11th to 14th October, 2023.

SL. No.	Name	Designation	Department
1	Dr. Rajendra B Nerli	Professor	Urology

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 CONFERENCES OUTSIDE INDIA

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

A. To be filled by the faculty member:	
1. Name	Dr. R. B. MERLI
2. Qualification	M.S. M.Ch. PhD. MBA
3. Designation	PROF
4. Department	UROLOGY
5. Institution	J.V. MEDICAL COLLEGE
6. Date of joining the Institution	JULY 1991
7. Objectives of the Conference / Seminar / Symposium	SOC. INT UROLOGY - ADVANCES
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	<div data-bbox="379 891 762 1187" data-label="Image"> </div> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> a) Delivering Key-note address / orations / plenary lectures <input checked="" type="checkbox"/> b) Contributing a scientific paper <input checked="" type="checkbox"/> c) Chairing a scientific session <input type="checkbox"/> d) International collaboration exchange program (only on invitation) <input type="checkbox"/> e) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation) <input type="checkbox"/> f) Others, if any, specify.
10. Particulars of the financial support extended by the University to attend the International Conference(s) during the block period of three years (1 st January to 31 st December)	NIL
a) Title of the Conference / Seminar / Symposium	
b) Date of conduct	
c) Venue	
d) Financial support extended by the University	
e) Copy of the sanction letter to be enclosed	
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	SOCIETY INTERNATIONAL UROLOGY
b) Title of the program	SIN ANNUAL MEET 2023
c) Place	ISTAMBUL TURKEY
d) Duration	OCT 11-14 4 DAYS
e) Date of Conference	OCT 11-14 / 2023
f) Financial grant sought	REGISTRATION + 150,000 AS PER THE RESOLUTION IN RESEARCH COMM

As per norms
2/27/23



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)]

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

	International	Domestic
a) Place	MUM - IST - MUM	BELGAVI - MUMBAI - BEL
b) Mode of journey	FLIGHT	FLIGHT
c) Fare		
d) To and Fro	{ To & still booked	
e) Accommodation charges		
f) Registration / Delegation Fee	32000/-	
g) Air-port Tax	- To be still got	

13. Documents to be submitted:

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

14. Signature of the faculty member

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors / organizers of the Conference or any other funding agency for attending the aforesaid Conference. I am aware that I am liable for any disciplinary action by the University in case it is found at a later stage that the information furnished in this application is wrong / false, in support of my application for financial grant.
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference.
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.

Date : 7/7/2023

Ref. No. 705

Signature of the faculty member

Date: 6/7/23

To

The Registrar, KLE University, Belagavi.

Dear Sir,

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

Thanking you,

Yours faithfully,

Dr. S. I. NEELI

Signature of the HoD

MS, M.Ch (Uro)

Professor & Head

Dept. of Urology

J.N. Medical College & KLES Dr. Prabhakar Kore
Hospital & MRC, BELAGAVI - 590 010.



Principal

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⁺ Grade by NAAC (3rd Cycle)

Placed in Category 'A' by MoE (GoI)

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

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

Ref.No.KAHER/23-24/D-23092322

21st September 2023

ORDER

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

Ref: Your office letter Ref. No. COPBGM/ 2023-24/616 dated 16th September, 2023.

With reference to the above, the following faculty member is hereby permitted to attend the conference at 3rd International conference-2023 on '**Innovations in Chemical, Biological and Pharmaceutical Sciences (ICBPS-2023)**' to be held at **GLA University, Mathura (UP)** from **23rd to 25th November, 2023** and also contributing a scientific paper entitled on '**Development of smart carrier system Alginate-g-poly (Nisoproylacrylamide-co-N-Vinylpyrrolidone for tumour targeted delivery of Capecitabine.**

SL. No.	Name	Designation	Department
1	Dr. Archana S Patil	Associate Professor, KLE College of Pharmacy, Belagavi.	Pharmaceutics

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



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / NATIONAL CONFERENCES

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

A. To be filled by the faculty member:

1. Name	Dr. Archana S. Patil
2. Qualification	M. Pharm, Ph.D
3. Designation	Associate Professor
4. Department	Pharmaceutics
5. Email ID	archanapatil@kalepharm.edu
6. Institution	KLECOP, Belagavi
7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility)	08-08-2016
8. Objectives of the Conference / Seminar / Symposium	Attached Annexure - II
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet. Attached Annexure - III
10. Assignment in the aforesaid Conference / Seminar / Symposium	a) Delivering Key-note address / orations / plenary lectures b) Contributing a scientific paper c) International collaboration exchange program (only on invitation) d) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation) e) Others, if any, specify.

For publication

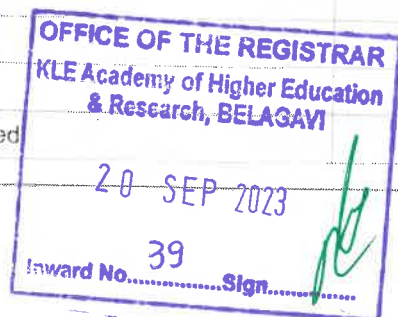
11. Particulars of the Conference being attended

a) Title of the Conference / Seminar / Symposium	3 rd International conference ICBS-2023
b) Date of conduct	November - 23 rd to 25 th , -2023
c) Level of Conference	State / National ✓
d) Quantum of financial grant eligible (or actuals expenses, whichever is less)	State Level : Rs. 8,000/- National Level : Rs.16,000/-
e) Venue	Institute of Pharmaceutical Research, Mathura
f) Copy of the sanction letter along-with Brochure to be enclosed	Enclosed

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

12. Particulars of the financial support previously extended by the University

a) Name of the Organizer	
b) Title of the program	
c) Place	
d) Duration	
e) Date of Conference	
f) Financial grant availed	



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

	Particulars
a) Place	Mathura
b) Mode of journey	Train
c) Fare	5600/- (Approximately)
d) To and Fro	Belagavi to Mathura
e) Accommodation charges	3000/- per day (Approximately)
f) Registration / Delegation Fee	1770/-
g) Air-port Tax	-

14. Documents to be submitted:

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

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors / organizers of the Conference or any other funding agency for attending the aforesaid Conference. I am aware that I am liable for any disciplinary action by the University in case it is found at a later stage that the information furnished in this application is wrong / false, in support of my application for financial grant.
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference.
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.

Date: 16-09-2023.

Signature of the faculty member

[Signature]

Ref. No. KLE/COP/616/2023/24

Date: 16-09-2023

To

The Registrar, KAHER, Belagavi.

Dear Sir,

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

Thanking you,

Yours faithfully,

[Signature]

Signature of the HoD

HOD, Pharmaceutics
KLE College of Pharmacy
BELAGAVI - 10.



[Signature]

Principal
PRINCIPAL
KLE College of Pharmacy
BELAGAVI - 10.



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / NATIONAL CONFERENCES

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

A. To be filled by the faculty member:

1. Name **Vishwa. Rajakumar Byakod**
2. Qualification **M- Pharm**
3. Designation **Assistant Professor**
4. Department **Department of Pharmacy Practice**
5. Email ID **vishwabakod@klepharm.edu**
6. Institution **KLE COLLEGE OF PHARMACY, Bgm**
7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility) **4th of August (4/08/23)**
8. Objectives of the Conference / Seminar / Symposium **Hands on training (Workshop)**
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium **Please enclose a separate sheet.**

10. Assignment in the aforesaid Conference / Seminar / Symposium
 - a) Delivering Key-note address / orations / plenary lectures
 - b) Contributing a scientific paper
 - c) International collaboration exchange program (only on invitation)
 - d) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation)
 - e) Others, if any, specify.

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

27 OCT 2023

16

No. Sign

11 Particulars of the Conference being attended

- a) Title of the Conference / Seminar / Symposium **Statistical discovery & Pharmaceutical science**
- b) Date of conduct **25/07/23 - 26/07/23**
- c) Level of Conference **State / National**
- d) Quantum of financial grant eligible (or actuals expenses, whichever is less)
State Level : Rs. 8,000/-
National Level : Rs. 16,000/-
- e) Venue **KSPC Skill develop center, Bangalore**
- f) Copy of the sanction letter along-with Brochure to be enclosed **Yes**

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

12. Particulars of the financial support previously extended by the University

- a) Name of the Organizer **KSPC (Karnataka state Pharmacy council)**
- b) Title of the program **Application statistical techniques**
- c) Place **Bangalore**
- d) Duration **2 days**
- e) Date of Conference **25/07/23 - 26/07/23**
- f) Financial grant availed



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

- 2 -

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

	Particulars
a) Place	Bangalore
b) Mode of journey	Train & Bus
c) Fare	1000
d) To and Fro	Nil
e) Accommodation charges	Nil
f) Registration / Delegation Fee	2000
g) Air-port Tax	Nil

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.

$$2000 + 1000 = 3000 /$$

DECLARATION

I hereby declare that

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors / organizers of the Conference or any other funding agency for attending the aforesaid Conference. I am aware that I am liable for any disciplinary action by the University in case it is found at a later stage that the information furnished in this application is wrong / false, in support of my application for financial grant.
- I shall produce necessary bills / receipts along with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference.
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.

Date

Signature of the faculty member

[Signature]

Ref. No. KLE/COP/H2S/2023/24

Date: 25/10/23

To

The Registrar, KAHER, Belagavi.

Dear Sir,

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

Thanking you,

Yours faithfully,

[Signature]
Signature of the HoD



[Signature]
Principal

PRINCIPAL
KLE College of Pharmacy
BELAGAVI - 10.



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

Accredited A⁺ Grade by NAAC (3rd Cycle)

Placed in Category 'A' by MoE (GoI)

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

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

Ref. No. KAHER-/2022-23/D- 22022308

9th February, 2023

ORDER

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

With reference to the above, the request of **Dr. Anushree Despande**, Assistant Professor, Department of Pharmacy Practice KLE College of Pharmacy, Belagavi. For attending '**International Conference on Pharmacovigilance, Pharmaceutical Care and Biomedical Research**' and also contributing a Scientific Paper entitled '**Impact of Pharmacist intervention on patients knowledge of oral anticoagulation therapy**' to be held at **Mysuru** from 24th and 25th January, 2023 has been approved by the competent authority of the University.

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




Prof. Dr. V.A. Kothiwale
Registrar

To,
The above staff member.

CC to:

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



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / NATIONAL CONFERENCES

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

A. To be filled by the faculty member:

1. Name	Dr. Anushree Dushpande
2. Qualification	Pharm D
3. Designation	Assistant Professor
4. Department	Pharmacy Practice
5. Email ID	anushreedishpande@klepharm.edu
6. Institution	KLE College of Pharmacy, Belagavi
7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility)	17.11.2015
8. Objectives of the Conference / Seminar / Symposium	Address on Pharmacovigilance & Pharmaceutical care
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
10. Assignment in the aforesaid Conference / Seminar / Symposium	<ul style="list-style-type: none">a) Delivering Key-note address / orations / plenary lectures<input checked="" type="checkbox"/> b) Contributing a scientific paperc) International collaboration exchange program (only on invitation)d) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation)e) Others, if any, specify.

11. Particulars of the Conference being attended

a) Title of the Conference / Seminar / Symposium	ICPBR - 2023
b) Date of conduct	24 th - 25 th January 2023
c) Level of Conference	State / National
d) Quantum of financial grant eligible (or actuals expenses, whichever is less)	<input checked="" type="checkbox"/> State Level : Rs. 8,000/- <input checked="" type="checkbox"/> National Level : Rs. 16,000/-
e) Venue	Mysuru
f) Copy of the sanction letter along-with Brochure to be enclosed	Enclosed

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

12. Particulars of the financial support previously extended by the University

a) Name of the Organizer	} not availed this academic year
b) Title of the program	
c) Place	
d) Duration	
e) Date of Conference	
f) Financial grant availed	

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

	Particulars	
a) Place	Mysuru	} Final Bill will be enclosed after the conference.
b) Mode of journey	Bus, by road	
c) Fare	Bus Fare	
d) To and Fro	Approx 3000/-	
e) Accommodation charges	Approx 4000/-	
f) Registration / Delegation Fee	1500/-	
g) Air-port Tax		

14. Documents to be submitted:

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

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors / organizers of the Conference or any other funding agency for attending the aforesaid Conference. I am aware that I am liable for any disciplinary action by the University in case it is found at a later stage that the information furnished in this application is wrong / false, in support of my application for financial grant.
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference.
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.

Date : 02/02/2023

Signature of the faculty member Anushree

Ref. No. KLE/COP/2022/23

Date : 16.01.23

To

The Registrar, KAHER, Belagavi.

Dear Sir,

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

Thanking you,

Yours faithfully,

Signature of the HoD



Munish

Principal

**KLE College of Pharmacy
BELAGAVI - 590 010.**

Ref. No. KAHER/23-24/D-27112312

22nd September, 2023

ORDER

Sub : Approval of grant of financial Support

Ref : Your letter Ref No. KLECOPBGM/2023-24/ dated 22nd September, 2023.

With reference to the above the following faculty member is hereby permitted to attend "MPCON - 2023" to be held at Manipal College of Pharmaceutical Sciences, Manipal Academy of Education, from 28th to 30th September, 2023.

SL. No.	Name of the Faculty	Designation	Department
1.	Mrs. Nisha Shirkoli	Assistant Professor	P'ceutical Quality Assurance

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




Dr. M. S. Ganachari
Registrar

To,
The above staff member.

CC to :

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



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / NATIONAL CONFERENCES

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

A. To be filled by the faculty member:

1. Name	Mrs. Nisha Shirkoli
2. Qualification	M.Pharm (Pharmaceutics) 2011
3. Designation	Assistant Professor
4. Department	Pharmaceutical Quality Assurance
5. Email ID	nishashirkoli@klepharm.edu
6. Institution	KLE College of Pharmacy, Belagavi
7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility)	03/02/2020
8. Objectives of the Conference / Seminar / Symposium	To impart knowledge on recent advances in pharmaceutical manufacturing, QA & RA
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
10. Assignment in the aforesaid Conference / Seminar / Symposium	a) Delivering Key-note address / orations / plenary lectures b) Contributing a scientific paper c) International collaboration exchange program (only on invitation) d) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation) e) Others, if any, specify.

To publication

11. Particulars of the Conference being attended

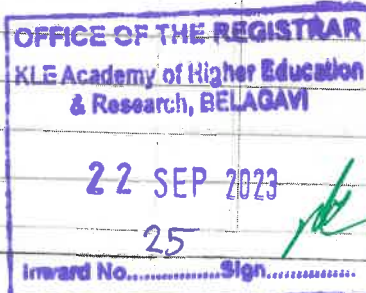
a) Title of the Conference / Seminar / Symposium	Manipal Pharmaceutics Conference 2023
b) Date of conduct	28 th to 30 th September
c) Level of Conference	State / National
d) Quantum of financial grant eligible (or actuals expenses, whichever is less)	State Level : Rs. 8,000/- National Level : Rs. 16,000/-
e) Venue	Manipal, Karnataka
f) Copy of the sanction letter along-with Brochure to be enclosed	

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

12. Particulars of the financial support previously extended by the University

a) Name of the Organizer	
b) Title of the program	
c) Place	
d) Duration	
e) Date of Conference	
f) Financial grant availed	

Nil





KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

- 2 - As per University Circular
KAHER/23-24/D-07 092301

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

	Particulars
a) Place	Manipal
b) Mode of journey	Bus
c) Fare	367 x 367 km
d) To and Fro	600 x 8 = 4,800/-
e) Accommodation charges	3000 x 3 days = 9,000/-
f) Registration / Delegation Fee	22,340/- = 2,340/-
g) Air-port Tax	

14. Documents to be submitted:

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

Total = 16,140/-

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors / organizers of the Conference or any other funding agency for attending the aforesaid Conference. I am aware that I am liable for any disciplinary action by the University in case it is found at a later stage that the information furnished in this application is wrong / false, in support of my application for financial grant.
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference.
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.

Date: 22/09/2023

Signature of the faculty member

(Signature)

Ref. No. KLE/COP/627/2023/24

Date: 22/09/2023

To

The Registrar, KAHER, Belagavi.

Dear Sir,

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

Thanking you,

(Signature of HoD)

Signature of the HoD

HOD, Quality Assurance
KLE College of Pharmacy
BELAGAVI - 10,



Yours faithfully,

(Signature of Principal)

Principal
KLE College of Pharmacy
BELAGAVI - 10.



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / NATIONAL CONFERENCES

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

A. To be filled by the faculty member:

1. Name **Dr. Gangayya. J. W.**
2. Qualification **PHARM-D**
3. Designation **Asst Prof**
4. Department **Pharmacy Practice**
5. Email ID **Gangayyahakkundnath@gmail.com**
6. Institution **KLE COP**
7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility) **04th Aug 2023**
8. Objectives of the Conference / Seminar / Symposium **HAND'S ON 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) Delivering Key-note address / orations / plenary lectures
 - b) Contributing a scientific paper
 - c) International collaboration exchange program (only on invitation)
 - d) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation)
 - e) Others, if any, specify.

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

27 OCT 2023
17

11. Particulars of the Conference being attended

a) Title of the Conference / Seminar / Symposium

b) Date of conduct

c) Level of Conference

d) Quantum of financial grant eligible (or actuals expenses, whichever is less)

e) Venue

f) Copy of the sanction letter along-with Brochure to be enclosed

STATISTICAL DISCOVERY ON PHARMACEUTICAL SCIENCES

State / National

State Level : Rs. 8,000/-

National Level : Rs. 16,000/-

KSPC-SKILL DEVELOPMENT CENTER

YES

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

12. Particulars of the financial support previously extended by the University

a) Name of the Organizer

b) Title of the program

c) Place

d) Duration

e) Date of Conference

f) Financial grant availed

**KARNATAKA STATE PHARMACY COUNCILS
APPLICATION OF STATICAL TECHNIQUES
BANGALORE**

**To publication 2 DAYS
25th & 26th SEPT**



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

- 2 -

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

Particulars

- a) Place **BANGLORE**
- b) Mode of journey **TRAIN , BUS**
- c) Fare **1100**
- d) To and Fro
- e) Accommodation charges
- f) Registration / Delegation Fee **2000**
- g) Air port Tax

Total:- 2000 + 1100 = 3100/-

14. Documents to be submitted:

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

DECLARATION

I hereby declare that

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors / organizers of the Conference or any other funding agency for attending the aforesaid Conference. I am aware that I am liable for any disciplinary action by the University in case it is found at a later stage that the information furnished in this application is wrong / false, in support of my application for financial grant.
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference.
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.

Date: 25/10/23

Signature of the faculty member

Ref. No. KLE/COP/725/2023/24

Date:

25/10/23

To

The Registrar, KAHER, Belagavi.

Dear Sir,

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

Thanking you,

Yours faithfully,

Signature of the HoD



PRINCIPAL
KLE College of Pharmacy
BELAGAVI - 10.



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

Accredited A⁺ Grade by NAAC (3rd Cycle)

Placed in Category 'A' by MoE (GoI)

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

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

Ref. No. KAHER/23-24/D-27112313

23rd September, 2023

ORDER

Sub : Approval of grant of financial Support

Ref : Your letter Ref No. KLECOPBGM /2023-24/ dated 21st September, 2023.

With reference to the above the following faculty member is hereby permitted to attend "MPCON - 2023" and also Contributing a scientific paper to be held at Manipal College of Pharmaceutical Sciences, Manipal Academy of Education from 28th to 30th September, 2023.

SL. No.	Name of the Faculty	Designation	Department
1.	Mrs. Kishori P.Sutar	Assistant Professor	Pharmaceutics

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




Dr. M. S. Ganachari
Registrar

To,
The above staff member.

CC to :

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



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

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

A. To be filled by the faculty member:

1. Name Mrs. Kishore P. Sutar
2. Qualification M. Pharm (Pharmaceutics)
3. Designation Asst Professor
4. Department Pharmaceutics
5. Email ID kishorisutar@klepharm.edu
6. Institution KLEOP, Belagavi

7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility)

28/01/2021

8. Objectives of the Conference / Seminar / Symposium

Imparting knowledge in advancement in QA, RA & manufacturing

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

Please enclose a separate sheet.

10. Assignment in the aforesaid Conference / Seminar / Symposium

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

To Publication

11. Particulars of the Conference being attended

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

Manipal Pharmaceutics conference 2023
28th to 30th September 2023

State / National

State Level : Rs. 8,000/-
National Level : Rs.16,000/-

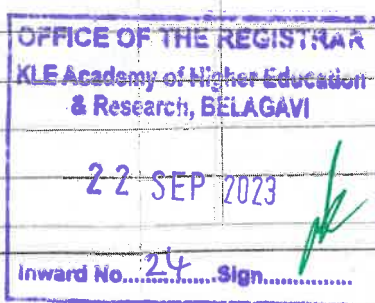
Manipal Karnataka

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

12. Particulars of the financial support previously extended by the University

NIL-

- a) Name of the Organizer
- b) Title of the program
- c) Place
- d) Duration
- e) Date of Conference
- f) Financial grant availed





KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

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

KAHER/23-24/D-07092301
As per University Circular

	Particulars
a) Place	Manipal
b) Mode of journey	Bus
c) Fare	367 x 367 kms
d) To and Fro	600 kms x 08 rs / km = 4,800/-
e) Accommodation charges	3000 (D.A) x 03 days = 9,000/-
f) Registration / Delegation Fee	2,340/-
g) Air-port Tax	2,340/-

14. Documents to be submitted:

Total = 16,140/-

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

DECLARATION

I hereby declare that:

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors / organizers of the Conference or any other funding agency for attending the aforesaid Conference. I am aware that I am liable for any disciplinary action by the University in case it is found at a later stage that the information furnished in this application is wrong / false, in support of my application for financial grant.
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference.
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.

Date: 22/9/23

Signature of the faculty member

[Signature]

Ref. No. KLE/COP/631/2023/24

To

Date: 22/9/23

The Registrar, KAHER, Belagavi.

Dear Sir,

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

Thanking you,

[Signature]

Signature of the HoD



Yours faithfully,

[Signature]

Principal

KLE College of Pharmacy
BELAGAVI - 10.



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

Accredited A⁺ Grade by NAAC (3rd Cycle)

Placed in Category 'A' by MoE (GoI)

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

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

Ref. No. KAHER/23-24/D-27112311

22nd September, 2023

ORDER

Sub : Approval of grant of financial Support

Ref : Your letter Ref No. KLECOPBGM /2023-24/ dated 21st September, 2023.

With reference to the above the following faculty member is hereby permitted to attend "MPCON - 2023" to be held at Manipal College of Pharmaceutical Sciences, Manipal Academy of Education from 28th to 30th September, 2023.

SL. No.	Name of the Faculty	Designation	Department
1.	Ms. Umashri Kokatanur	Assistant Professor	Pharmaceutics

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




Dr. M. S. Ganachari
Registrar

To,
The above staff member.

CC to :

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



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / NATIONAL CONFERENCES

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

A. To be filled by the faculty member:

1. Name	Mrs. Umashri. Kokatanur
2. Qualification	MS, Umashri. Kokatanur
3. Designation	M-pharm
4. Department	Asst. professor
5. Email ID	pharmaceutics.
6. Institution	omakokatanur@gmail.com.
7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility)	KLE college of pharmacy, Belagavi.
8. Objectives of the Conference / Seminar / Symposium	01/09/2019
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
10. Assignment in the aforesaid Conference / Seminar / Symposium	a) Delivering Key-note address / orations / plenary lectures b) Contributing a scientific paper c) International collaboration exchange program (only on invitation) d) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation) e) Others, if any, specify.

To publication

11. Particulars of the Conference being attended

a) Title of the Conference / Seminar / Symposium	MPCON-2023, Manipal pharmaceutical conference-2023
b) Date of conduct	28 th to 30 th Sept 2023
c) Level of Conference	State / National ✓
d) Quantum of financial grant eligible (or actuals expenses, whichever is less)	State Level : Rs. 8,000/- National Level : Rs.16,000/-
e) Venue	Manipal college of pharmacy, manipal
f) Copy of the sanction letter along-with Brochure to be enclosed	

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

12. Particulars of the financial support previously extended by the University

- | | |
|----------------------------|--|
| a) Name of the Organizer | |
| b) Title of the program | |
| c) Place | |
| d) Duration | |
| e) Date of Conference | |
| f) Financial grant availed | |

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

22 SEP 2023

Inward No. 26 Sign.



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

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

- 2 -

13. Travelling (by shortest route) and other expenses involved		As per University Circular KAHER/23-24/D-07092301
	Particulars	
a) Place	Manipal.	
b) Mode of journey		
c) Fare	367 8 367 Km	
d) To and Fro	(max dist) 600 X 8.	4,800 /-
e) Accommodation charges	DA 3000 X 3	9,000 /-
f) Registration / Delegation Fee	2340/-	2340 /-
g) Air-port Tax		
14. Documents to be submitted:		Total = 16,140 /-
a) Copy of the letter of invitation from the organizers.		
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.		

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors / organizers of the Conference or any other funding agency for attending the aforesaid Conference. I am aware that I am liable for any disciplinary action by the University in case it is found at a later stage that the information furnished in this application is wrong / false, in support of my application for financial grant.
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference.
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.

Date 22/09/23

Signature of the faculty member

[Signature]
22/09/2023

Ref. No. KLE/COP/632/2023/24

To

Date: 21/09/2023

The Registrar, KAHER, Belagavi.

Dear Sir,

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

Thanking you,

Yours faithfully,

[Signature]
Signature of the HoD

HOD, Pharmaceutics
KLE College of Pharmacy
BELAGAVI - 10.



[Signature]
Principal
KLE College of Pharmacy
BELAGAVI - 10.

Ref. No. KAHER/23-24/D-27112309

9th September 2023

ORDER

Sub: Approval of Grant of financial support.

Ref: Your office letter Ref. No. KLE VKIDS/ 2023-24/ dated 8th September 2023

With reference to the above, the following faculty member is hereby permitted to participate in the “10th Annual Conference of AOMSI Karnataka State Chapter” to be held at **SDM College of Dental Sciences, Dharwad** from 14th to 16th September 2023.

SL. No.	Name	Designation	College
1.	Dr. Shridhar D. Baliga	Professor & HOD	KLE VK Institute of Dental Science, 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, KLE VK Institute of Dental Science, Belagavi.
3. The Finance Officer, KAHER, Belagavi

Ref. No. 686



KLE UNIVERSITY

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

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

A. To be filled by the faculty member:	
1. Name	Dr Sridhar. D. Baliga
2. Qualification	MDS
3. Designation	Prng / Head
4. Department	Oral & Maxillofacial Surgery
5. Institution	KLE VK Inst of Dental Sc
6. Date of joining the Institution	28 Aug 1999
7. Objectives of the Conference / Seminar / Symposium	update and contribute knowledge
8. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
9. Assignment in the aforesaid Conference / Seminar / Symposium	<input checked="" type="checkbox"/> a) Chairing a scientific session. <input type="checkbox"/> b) Contributing a scientific paper (poster or oral) <input type="checkbox"/> c) Delivering a guest lecture <input type="checkbox"/> d) Others, if any, specify. (guiding PC presentation)
10. Particulars of the financial support extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	To publication
a) Title of the Conference / Seminar / Symposium	10 th Annual Conference of AOMSI
b) Date of conduct	Kamataka Center 14 th , 15 th , 16 th Sept 2023
c) Venue	Dharmad
d) Financial support extended by the University	—
e) Copy of the sanction letter to be enclosed	=
f) Level of Conference State / Zonal / National	State
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference</u> in a calendar year.	
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	SDM College Dharmad
b) Title of the program	10 th Annual Conference of AOMSI
c) Place	Dharmad
d) Duration	3 days
e) Date	14 th , 15 th , 16 Sept
f) Amount claimed	Nil



- 2 -

12. Expenses involved towards attending the Conference:	
a) Place	Dharwad
b) Mode of journey	By Road
c) Fare	
To and Fro expenses	2000/-
Registration / Delegation Fee	5500/-
Accommodation charges	3000/-
Total Expenses	11500/-
13. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	✓
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors of the Conference or any other funding agency for attending the aforesaid Conference,
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference,
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.
- I shall reimburse the amount to the University in excess of the eligibility.

Date: 8/9/23

Signature of the faculty member 

Ref. No. _____

Date: _____

To
The Registrar,
KLE University,
Belgaum.

Dear Sir,

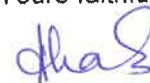
We are enclosing herewith the application of the above Teacher in the prescribed format for grant of financial support to attend the Conference for kind consideration.

Thanking you,

Signature of the HoD

Seal

Yours faithfully,



Principal

PRINCIPAL

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



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

Accredited A⁺ Grade by NAAC (3rd Cycle)

Placed in Category 'A' by MoE (GoI)

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

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

Ref. No. KAHER/23-24/D-29112315

29th November 2023

ORDER

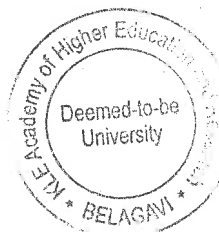
Sub: Approval for Grant of financial support for attending the Conference.


Ref: Your office letter Ref. No KLE VKIDS/2023-24/1111, dated 20th November, 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the "51st Indian Prosthodontic Society National Conference" to be held at Dr. Shyama Prasad Mukherjee Stadium, Goa from 7th to 10th December 2023 for contributing a scientific paper.

SL. No.	Name	Designation	College
1	Dr. Aditya Acharya	Reader, Department of Prosthodontics	KLE VK Institute of Dental Sciences, 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, KLE VK Institute of Dental Sciences, Belagavi.
3. The Finance Officer, KAHER, Belagavi



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / NATIONAL CONFERENCES

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

A. To be filled by the faculty member:	
1. Name	Dr Aditya Acharya
2. Qualification	M.D.S. (Prosthodontics)
3. Designation	Reader
4. Department	Prosthodontics & Maxillofacial Bridge
5. Email ID	dradityaacharya@kledental-bgm.edu.in
6. Institution	KAMER KLE VKIDS
7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility)	27/08/2014
8. Objectives of the Conference / Seminar / Symposium	- Blending skills, precision & reputation
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet. - Enclosed -
10. Assignment in the aforesaid Conference / Seminar / Symposium	a) Delivering Key-note address / orations / plenary lectures b) <input checked="" type="checkbox"/> Contributing a scientific paper c) International collaboration exchange program (only on invitation) d) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation) e) Others, if any, specify. Chairperson for scientific session
11. Particulars of the Conference being attended	
a) Title of the Conference / Seminar / Symposium	51 st IPS national conference
b) Date of conduct	7 th - 10 th DECEMBER 2023
c) Level of Conference	State / National
d) Quantum of financial grant eligible (or actuals expenses, whichever is less)	State Level : Rs. 8,000/- National Level : Rs. 16,000/-
e) Venue	PANJIM, GOA
f) Copy of the sanction letter along-with Brochure to be enclosed	
Note : The faculty member is eligible for financial support to attend one State / Zonal and one National Conference in a calendar year	
12. Particulars of the financial support previously extended by the University	
a) Name of the Organizer	- NIL -
b) Title of the program	
c) Place	
d) Duration	
e) Date of Conference	
f) Financial grant availed	



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

- 2 -

13. Travelling (by shortest route) and other expenses involved	
	Particulars
a) Place	Panjim. Goa,
b) Mode of journey	By Road.
c) Fare	300 x 8 = 2,400/-
d) To and Fro	
e) Accommodation charges	D.A. - 3000 x 3 = 9000/-
f) Registration / Delegation Fee	Rs 14,514
g) Air-port Tax	
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	- Enclosed -
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	- Enclosed -

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors / organizers of the Conference or any other funding agency for attending the aforesaid Conference. I am aware that I am liable for any disciplinary action by the University in case it is found at a later stage that the information furnished in this application is wrong / false, in support of my application for financial grant.
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference.
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.

Date: 20/11/23.

Signature of the faculty member

[Signature]

Ref. No.

1111

Date:

20/11/23.

To

The Registrar, KAHER, Belagavi.

Dear Sir,

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

Thanking you,

Yours faithfully,

[Signature]
Signature of the HoD

Professor and Head

Department of P

KLE V. K. Institute of Dental Sciences
Belagavi

Seal

[Signature]
Principal

PRINCIPAL

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



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

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

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

Ref. No. KAHER/23-24/D-29112317

29th November 2023

ORDER

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

Ref: Your office letter Ref. No KLE VKIDS/2023-24/1112, dated 21st November, 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the "51st Indian Prosthodontic Society National Conference" to be held at Dr. Shyama Prasad Mukherjee Stadium, Goa from 8th to 10th December 2023 for invited as a Guest Speaker & chairing a Scientific Session.

SL. No.	Name	Designation	College
1	Dr. Ramesh P Nayakar	Professor, Department of Prosthodontics	KLE VK Institute of Dental Sciences, 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, KLE VK Institute of Dental Sciences, 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 / NATIONAL CONFERENCES (To be submitted to the University through the concerned HoD & Principal)

A. To be filled by the faculty member:	
1. Name	Dr. Ramesh P. Nayakar
2. Qualification	Master in Dental Surgery
3. Designation	Professor
4. Department	Prosthodontics and crown and Bridge
5. Email ID	ramesh-nayakar@rediffmail.com
6. Institution	KLE VK Institute of Dental Sciences
7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility)	02/08/2010
8. Objectives of the Conference / Seminar / Symposium	Blending Skill, Precision and Perfection.
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet. Enclosed.
10. Assignment in the aforesaid Conference / Seminar / Symposium	<input checked="" type="checkbox"/> a) Delivering Key-note address / orations / plenary lectures <input type="checkbox"/> b) Contributing a scientific paper <input type="checkbox"/> c) International collaboration exchange program (only on invitation) <input type="checkbox"/> d) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation) <input type="checkbox"/> e) Others, if any, specify. Chairing a Scientific Session
11. Particulars of the Conference being attended	
a) Title of the Conference / Seminar / Symposium	51 st Indian Prosthodontic Society Conference.
b) Date of conduct	8 th Dec - 10 th Dec 2023.
c) Level of Conference	State / National <input checked="" type="checkbox"/>
d) Quantum of financial grant eligible (or actuals expenses, whichever is less)	State Level : Rs. 8,000/- National Level : Rs. 16,000/-
e) Venue	Panvim. Goa.
f) Copy of the sanction letter along-with Brochure to be enclosed	Enclosed.
Note : The faculty member is eligible for financial support to attend one State / Zonal and one National Conference in a calendar year	
12. Particulars of the financial support previously extended by the University	
a) Name of the Organizer	NIL
b) Title of the program	
c) Place	
d) Duration	
e) Date of Conference	
f) Financial grant availed	



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

- 2 -

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

		Particulars
a) Place	Panjim, Goa.	-
b) Mode of journey	By Road.	-
c) Fare	8/- Rs per Km	-
d) To and Fro	300 x 8	2400/-
e) Accommodation charges	3,000/- x 3	9,000/-
f) Registration / Delegation Fee	14,514/-	14,514/-
g) Air-port Tax	-	-

14. Documents to be submitted:

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

Key note address.

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors / organizers of the Conference or any other funding agency for attending the aforesaid Conference. I am aware that I am liable for any disciplinary action by the University in case it is found at a later stage that the information furnished in this application is wrong / false, in support of my application for financial grant.
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference.
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.

Date: 21/11/2023.

Signature of the faculty member

Ref. No. 1112

Date:

To

The Registrar, KAHER, Belagavi.

Dear Sir,

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

Thanking you,

Yours faithfully,

Signature of the HoD

Seal

Principal

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

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

Ref. 1209



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / NATIONAL CONFERENCES

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

A. To be filled by the faculty member:

1. Name	GOTHE SANNIDHI S.
2. Qualification	MDS
3. Designation	SENIOR LECTURER.
4. Department	CONSERVATIVE DENTISTRY & ENDODONTICS
5. Email ID	gothe-sannidhi@gmail.com
6. Institution	VRIDS.
7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility)	20/10/23.
8. Objectives of the Conference / Seminar / Symposium	PAPER PRESENTATION.
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
10. Assignment in the aforesaid Conference / Seminar / Symposium	a) Delivering Key-note address / orations / plenary lectures <input checked="" type="checkbox"/> b) Contributing a scientific paper c) International collaboration exchange program (only on invitation) d) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation) e) Others, if any, specify.

11. Particulars of the Conference being attended

a) Title of the Conference / Seminar / Symposium	38 th IACDE NATIONAL CONFERENCE.
b) Date of conduct	30 th NOV - 3 rd DEC, 2023
c) Level of Conference	State / National ✓
d) Quantum of financial grant eligible (or actuals expenses, whichever is less)	State Level : Rs. 8,000/- National Level : Rs. 16,000/- ✓
e) Venue	KOLKATA, INDIA.
f) Copy of the sanction letter along-with Brochure to be enclosed	

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

12. Particulars of the financial support previously extended by the University

a) Name of the Organizer	
b) Title of the program	
c) Place	
d) Duration	
e) Date of Conference	
f) Financial grant availed	

Ref. 1209



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / NATIONAL CONFERENCES

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

A. To be filled by the faculty member:

1. Name

GOTHE SANNIDHI S.

2. Qualification

MDS

3. Designation

SENIOR LECTURER.

4. Department

CONSERVATIVE DENTISTRY & ENDODONTICS

5. Email ID

gothe.sannidhi@gmail.com

6. Institution

VKIDS.

7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility)

20/10/23.

8. Objectives of the Conference / Seminar / Symposium

PAPER PRESENTATION.

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

Please enclose a separate sheet.

10. Assignment in the aforesaid Conference / Seminar / Symposium

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

✓ b) Contributing a scientific paper

c) International collaboration exchange program (only on invitation)

d) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation)

e) Others, if any, specify.

11. Particulars of the Conference being attended

a) Title of the Conference / Seminar / Symposium

38th IACDE NATIONAL CONFERENCE.

b) Date of conduct

30th NOV - 3rd DEC, 2023

c) Level of Conference

State / National ✓

d) Quantum of financial grant eligible (or actuals expenses, whichever is less)

State Level : Rs. 8,000/-

National Level : Rs.16,000/- ✓

e) Venue

KOLKATA, INDIA.

f) Copy of the sanction letter along-with Brochure to be enclosed

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

12. Particulars of the financial support previously extended by the University

a) Name of the Organizer

b) Title of the program

c) Place

d) Duration

e) Date of Conference

f) Financial grant availed

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

	Particulars
a) Place	BELGAUM \Rightarrow KOLKATA.
b) Mode of journey	FLIGHT
c) Fare	Rs 1676/- (TO & FRO)
d) To and Fro	Rs 1676/-
e) Accommodation charges	Rs 14000/-
f) Registration / Delegation Fee	Rs 15000/-
g) Air-port Tax	

14. Documents to be submitted:

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

(Enclosed)

DECLARATION

I hereby declare that

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors / organizers of the Conference or any other funding agency for attending the aforesaid Conference. I am aware that I am liable for any disciplinary action by the University in case it is found at a later stage that the information furnished in this application is wrong / false, in support of my application for financial grant.
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference.
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.

Date: 12/12/23

Signature of the faculty member



Ref. No. _____

Date: _____

To

The Registrar, KAHER, Belagavi.

Dear Sir,

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

Thanking you,

Yours faithfully,

Signature of the HoD

Seal

Principal

Ref. 1209



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / NATIONAL CONFERENCES

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

A. To be filled by the faculty member:

1. Name	Dr. Sandhya Salve
2. Qualification	MDS
3. Designation	Lecturer
4. Department	Dept. of Conservative Dentistry & Endodontics
5. Email ID	dr.sandhyamds@gmail.com
6. Institution	VKIDS
7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility)	26 Jan 2023
8. Objectives of the Conference / Seminar / Symposium	Paper presentation
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
10. Assignment in the aforesaid Conference / Seminar / Symposium	a) Delivering Key-note address / orations / plenary lectures <input checked="" type="checkbox"/> b) Contributing a scientific paper c) International collaboration exchange program (only on invitation) d) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation) e) Others, if any, specify.

11. Particulars of the Conference being attended

a) Title of the Conference / Seminar / Symposium	38 th IACDE, National Conference
b) Date of conduct	30 th Nov - 3 Dec 2023
c) Level of Conference	State / National
d) Quantum of financial grant eligible (or actuals expenses, whichever is less)	State Level : Rs. 8,000/- National Level : Rs. 16,000/-
e) Venue	
f) Copy of the sanction letter along-with Brochure to be enclosed	

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

12. Particulars of the financial support previously extended by the University

a) Name of the Organizer	
b) Title of the program	
c) Place	
d) Duration	
e) Date of Conference	
f) Financial grant availed	

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

	Particulars
a) Place	Kolkata
b) Mode of journey	Flight
c) Fare	16,767/-
d) To and Fro	✓
e) Accommodation charges	14,000/-
f) Registration / Delegation Fee	15,000/-
g) Air-port Tax	

14. Documents to be submitted:

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

Enclosed

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors / organizers of the Conference or any other funding agency for attending the aforesaid Conference. I am aware that I am liable for any disciplinary action by the University in case it is found at a later stage that the information furnished in this application is wrong / false, in support of my application for financial grant.
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference.
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.

Date : _____

Signature of the faculty member _____

[Signature]

Ref. No. _____

Date: 11/12/23

To

The Registrar, KAHER, Belagavi.

Dear Sir,

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

Thanking you,

Yours faithfully,

Signature of the HoD

Seal

Principal

[Signature]

Ref. No - 1209



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

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

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

A. To be filled by the faculty member:	
1. Name	DR HEMALATHA HIREMATH
2. Qualification	MDS
3. Designation	Professor.
4. Department	Department of Conservative Dentistry
5. Institution	KLE VK Institute of Dental Science
6. Email ID	drhemahiremath@yahoo.co.in
7. Date of joining the Institution	5 th Aug 2023.
8. Objectives of the Conference / Seminar / Symposium	Invited as chairperson (National level)
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
10. Assignment in the aforesaid Conference / Seminar / Symposium	a) Contributing a scientific paper (poster or oral) b) Delivering a guest lecture c) Others, if any, specify. <i>Chairperson for Scientific Session.</i>
11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	
a) Title of the Conference / Seminar / Symposium	38 th IACDE National conference 2023
b) Date of conduct	30 th Nov - 3 rd Dec 2023
c) Level of Conference (State / Zonal / National)	National
d) Venue	Kolkata.
e) Financial support extended by the University	-
f) Copy of the sanction letter to be enclosed	-
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National</u> Conference in a calendar year.	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	IACDE
b) Title of the program	National conference
c) Place	Kolkata.
d) Duration	4 days
e) Date	30 Nov 2023 - 3 Dec 2023
f) Amount claimed	45,767 rupees



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

- 2 -

13. Expenses involved towards attending the Conference:	
a) Place	Kolkata
b) Mode of journey	Flight (16767 Rupees)
c) Fare	16,767 Rupees
To and Fro expenses	-
Registration / Delegation Fee	15,000 Rupees.
Accommodation charges	14,000 Rupees.
Total Expenses	45,767.
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	Submitted.
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 :

11/12/2023

Signature of the faculty member

[Signature]

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,

[Signature]

Signature of the HoD

Seal

Yours faithfully,

[Signature]

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⁺ Grade by NAAC (3rd Cycle)

Placed in Category 'A' by MoE (GoI)

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

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

Ref.No.KAHER/23-24/D-18082362

17th August 2023

ORDER

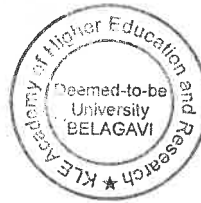
Sub: Approval of Grant of financial support for attending the National Conference at Ahmedabad from 27th to 29th October, 2023.

Ref: Your office letter Ref. No. vkids / 2023-24/547 dated 7th August 2023.

With reference to the above, the following faculty member is hereby permitted to **present scientific paper at 44th National ISPPD Conference** to be held at **Ahmedabad** from **27th to 29th October 2023**.

SL. No.	Name	Designation	Department
1	Dr. Vidyavathi Patil	Reader	Paediatric and Preventive Dentistry

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, KLE V.K.Institute of Dental Science, Belagavi.
3. The Finance Officer, KAHER, Belagavi

Ref. no. 1056



KLE UNIVERSITY

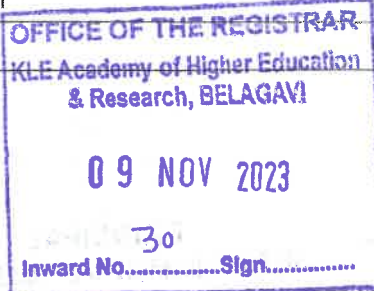
(Formerly known as KLE Academy of Higher Education & Research)

[Established under Section 3 of the UGC Act, 1956 vide Government of India Notification No.F.9-19/2000-U.3(A)]

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

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

A. To be filled by the faculty member:	
1. Name	Dr. Vidyavathi. H. Patel
2. Qualification	MDS
3. Designation	Reader
4. Department	Pediatric and Preventive Dentistry
5. Institution	KLE VK IDS
6. Date of joining the Institution	07/10/2013
7. Objectives of the Conference / Seminar / Symposium	To learn advances with speciality
8. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
9. Assignment in the aforesaid Conference / Seminar / Symposium	<input checked="" type="checkbox"/> a) Chairing a scientific session. <input checked="" type="checkbox"/> b) Contributing a scientific paper (poster or oral) <input type="checkbox"/> c) Delivering a guest lecture <input type="checkbox"/> d) Others, if any, specify.
10. Particulars of the financial support extended by the University for the 1 st time to attend the similar Conference (s) during the current financial year (1 st April to 31 st March)	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	
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	Kannavati School of Dentistry through ISPPD
b) Title of the program	44 th ISPPD National Conference
c) Place	Ahmedabad
d) Duration	3 days
e) Date	27 th - 29 th October 2023





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)]

12. Expenses involved towards attending the Conference:	
a) Place	Ahmedabad
b) Mode of journey	Flight
c) Fare	
To and Fro expenses	Rs. 10,770
Registration / Delegation Fee	Rs. 9,500
Total Expenses	Rs. 20,270/-
13. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	Enclosed

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors 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: 8/11/2023

Signature of the faculty member

Ref. No. 1056

Date: _____

To

The Registrar,
KLE University,
Belgaum.

Dear Sir,

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

Thanking you,

Signature of the HoD

Seal

Yours faithfully,

Principal
PRINCIPAL

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

Ref. No- 1055



KLE UNIVERSITY

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

[Established under Section 3 of the UGC Act, 1956 vide Government of India Notification No.F.9-19/2000-U.3(A)]

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

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

A. To be filled by the faculty member:	
1. Name	DR. NIRAJ. GOKHALE
2. Qualification	MDS (Ph.D)
3. Designation	PROFESSOR
4. Department	PEDIATRIC & PREVENTIVE DENTISTRY
5. Institution	KLE VKIDS
6. Date of joining the Institution	11.11.2014
7. Objectives of the Conference / Seminar / Symposium	TO UPDATE KNOWLEDGE
8. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
9. Assignment in the aforesaid Conference / Seminar / Symposium	a) Chairing a scientific session. ✓ b) Contributing a scientific paper (poster or oral) ✓ c) Delivering a guest lecture d) Others, if any, specify.
10. Particulars of the financial support extended by the University for the 1 st time to attend the similar Conference (s) during the current financial year (1 st April to 31 st March)	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	
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	44 th ISPPD NATIONAL CONFERENCE
b) Title of the program	44 th ISPPD NATIONAL CONFERENCE
c) Place	AHMEDABAD
d) Duration	3 DAYS
e) Date	27 th - 29 th Oct 2023

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

09 NOV 2023

26

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

12. Expenses involved towards attending the Conference:	
a) Place	AHMEDABAD
b) Mode of journey	FLIGHT
c) Fare	10,455/-
To and Fro expenses	
Registration / Delegation Fee	9,500/-
Total Expenses	19,955/-
13. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors of the Conference or any other funding agency for attending the aforesaid Conference.
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference.
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.
- I shall reimburse the amount to the University in excess of the eligibility.

Date: 7-11-2023

Signature of the faculty member

Arched

Ref. No. 1055

Date: _____

To

The Registrar,
KLE University,
Belgaum.

Dear Sir,

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

Thanking you,

Yours faithfully,

[Signature]

Principal

PRINCIPAL

Signature of the HoD

Seal

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



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

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

A. To be filled by the faculty member:

1. Name Dr. Sidramesh Muttagi
2. Qualification MDS, FHNO, PhD
3. Designation Professor
4. Department Oral & Maxillofacial Surgery
5. Institution KLE VKIDS Belagavi
6. Email ID siddumuttagi76@gmail.com
7. Date of joining the Institution 25 June 2010

8. Objectives of the Conference / Seminar / Symposium

9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium Please enclose a separate sheet.

10. Assignment in the aforesaid Conference / Seminar / Symposium
a) Contributing a scientific paper (poster or oral)
b) Delivering a guest lecture ✓ ①
c) Others, if any, specify. (Panelist) ②

11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1st January to 31st December

None

a) Title of the Conference / Seminar / Symposium

10th Annual Conference of AOMSI (Karnataka state)

b) Date of conduct

14th - 16th September 2023

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

State

d) Venue

SDM Dharwad

e) Financial support extended by the University

None

f) Copy of the sanction letter to be enclosed

To be procured

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

TC publication.

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

a) Name of the Organizer

Shri Dharmastala Manjunathewara Univ.

b) Title of the program

Imbibe, Inculcate, Inspire

c) Place

Dharwad

d) Duration

3 days

e) Date

14th - 16th September 2023

f) Amount claimed

5500 Rs.

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

11 OCT 2023

Inward No. 20 Sign.



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

- 2 -

13. Expenses involved towards attending the Conference:	
a) Place	Dhanwad
b) Mode of journey	By car
c) Fare	1100 /- (Fuel)
To and Fro expenses	
Registration / Delegation Fee	5500 /-
Accommodation charges	None
Total Expenses	
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	Attached.
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors of the Conference or any other funding agency for attending the aforesaid Conference,
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference,
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.
- I shall reimburse the amount to the University in excess of the eligibility.

Date: 5-10-2023

Signature of the faculty member

Date: 5-10-2023

Ref. No. _____

To

The Registrar,
KAHER,
Belgaum.

Dear Sir,

We are enclosing herewith the application of the above Teacher in the prescribed format for grant of financial support for presentation scientific paper (poster or oral) / delivering a guest lecture to attend the Conference for kind consideration.

Thanking you,

Signature of the HoD

Seal



Yours faithfully,

Principal

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

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

Accredited A⁺ Grade by NAAC (3rd Cycle)

Placed in Category 'A' by MoE (GoI)

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

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

Ref. No. KAHER/23-24/D-29/112301

25th November 2023

ORDER

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

Ref: Your office letter Ref. No. VKIDS/2023-24/, dated 30th, October 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the "34th National IAOMR" Conference organised by Bapuji Dental College, Davangere from 1st to 3rd December 2023 and also Chairing the session.

SL. No.	Name	Designation	College
1	Dr. Vaishali Keluskar	Professor & Head, Department of Oral Medicine & Radiology	KLE VK Institute of Dental Sciences, 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, KLE VK Institute of Dental Sciences, Belagavi
3. The Finance Officer, KAHER, Belagavi



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

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

A. To be filled by the faculty member:

1. Name	Dr. Vaishali K. Kalushal
2. Qualification	MDS
3. Designation	Professor & Head
4. Department	Oral Medicine & Radiology
5. Email ID	drshalukide@rediffmail.com
6. Institution	KLE V.K. I.D.S.
7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility)	15 th Sept 2022
8. Objectives of the Conference / Seminar / Symposium	To update knowledge & participate in sessions
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
10. Assignment in the aforesaid Conference / Seminar / Symposium	<ul style="list-style-type: none">a) Delivering Key-note address / orations / plenary lecturesb) Contributing a scientific paperc) International collaboration exchange program (only on invitation)d) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation)e) Others, if any, specify. <u>Chairing session</u>
11. Particulars of the Conference being attended	
a) Title of the Conference / Seminar / Symposium	34 th National Conference of IAOMR
b) Date of conduct	1 st to 3 rd Dec
c) Level of Conference	State / National
d) Quantum of financial grant eligible (or actuals expenses, whichever is less)	State Level : Rs. 8,000/- National Level : Rs. 16,000/-
e) Venue	Bapuji Dental College, Davangere
f) Copy of the sanction letter along-with Brochure to be enclosed	Enclosed

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

12. Particulars of the financial support previously extended by the University

a) Name of the Organizer	Indian Academy of Oral Medicine & Radiology
b) Title of the program	National PG Convention of IAOMR
c) Place	Taipei
d) Duration	3 days
e) Date of Conference	26 th to 28 th Aug 2022
f) Financial grant availed	Rs. 16,000/-

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

	Particulars	
a) Place	Belgaum	Davanagere
b) Mode of journey	By Car	
c) Fare		3500/-
d) To and Fro		7000/-
e) Accommodation charges		5000/-
f) Registration / Delegation Fee		10,000/-
g) Air-port Tax		

14. Documents to be submitted:

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

Attending EC - Invitation letter
Chairing session - Invitation letter

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors / organizers of the Conference or any other funding agency for attending the aforesaid Conference. I am aware that I am liable for any disciplinary action by the University in case it is found at a later stage that the information furnished in this application is wrong / false, in support of my application for financial grant.
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference.
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.

Date : _____

Signature of the faculty member Melusha

Ref. No. 1011

Date: 30-10-2023

To

The Registrar, KAHER, Belagavi.

Dear Sir,

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

Thanking you,

Yours faithfully,

Signature of the HoD

Seal

Shal

Principal
PRINCIPAL

Professor and Head
Department of Oral Medicine and Radiology
KLE VK Institute of Dental Sciences, Belagavi

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



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

Accredited A⁺ Grade by NAAC (3rd Cycle)

Placed in **Category 'A'** by MoE (GoI)

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

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

Ref.No.KAHER/23-24/D- 09112309

6th November,2023

ORDER

Sub : Approval of grant of financial Support

Ref : Your letter Ref No. JNMC /2023-24/ 1021 dated 30th October, 2023.

With reference to the above the following faculty member is hereby permitted to attend '**34th National IAOMR' NCHPE** and also Contributing a scientific paper at **Bapuji Auditorium, Davangere** from **1st to 3rd November, 2023.**

SL. No.	Name of the Faculty	Designation	Department
1.	Dr. Vasanti Jirge	Reader	Oral Medicine and Radiology

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, KLE VK Institute of Dental Sciences, Belagavi
- 3.The Finance Officer, KAHER, Belagavi.

Ref. No. 1021



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / NATIONAL CONFERENCES

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

A. To be filled by the faculty member:

1. Name **Dr. Vasanti Jirge**
 2. Qualification **MDS, PGDHPF**
 3. Designation **Reader**
 4. Department **Oral Medicine & Radiology**
 5. Email ID **drvasantijirge@kledental-bgm.edu.in**
 6. Institution **KLE VKIDS**
 7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility) **04/07/2007**

8. Objectives of the Conference / Seminar / Symposium

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

Please enclose a separate sheet.

10. Assignment in the aforesaid Conference / Seminar / Symposium

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

To Publication
 M

Pre Conference workshop resource person

11 Particulars of the Conference being attended

a) Title of the Conference / Seminar / Symposium **34th National IAOIR Conference**
 b) Date of conduct **Dec 1-3, 2023**
 c) Level of Conference **State / National**
 d) Quantum of financial grant eligible (or actuals expenses, whichever is less)
 State Level : Rs. 8,000/-
 National Level : Rs. 16,000/-
 e) Venue **Bapuji Dental College, Davangere**
 f) Copy of the sanction letter along-with Brochure to be enclosed

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

12. Particulars of the financial support previously extended by the University

a) Name of the Organizer **60th KIIT, Bhubaneswar**
 b) Title of the program **33rd National IAOIR Conference**
 c) Place **Bhubaneswar, Odisha**
 d) Duration **3 days**
 e) Date of Conference **Dec 8, 9, 10 - 2022**
 f) Financial grant availed **Rs 16,000/-**

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

02 NOV 2023

Inward No. 11 Sign

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

	Particulars
a) Place	
b) Mode of journey	
c) Fare	
d) To and Fro	
e) Accommodation charges	
f) Registration / Delegation Fee	
g) Air-port Tax	Rs 10,500/-

14. Documents to be submitted:

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

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors / organizers of the Conference or any other funding agency for attending the aforesaid Conference. I am aware that I am liable for any disciplinary action by the University in case it is found at a later stage that the information furnished in this application is wrong / false, in support of my application for financial grant.
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference.
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.

Date: 30/10/23

Signature of the faculty member



Ref. No. 1024

To

Date: 30/10/23

The Registrar, KAHER, Belagavi.

Dear Sir,

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

Thanking you,

Yours faithfully,

Signature of the HoD



Seal



Principal
PRINCIPAL



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

Ref. No. KAHER/23-24/D-27112304

25th November 2023

ORDER

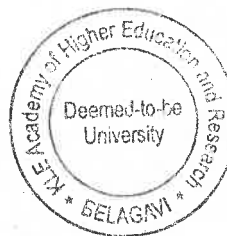
Sub: Approval of Grant of financial support for attending the Conference.


Ref: Your office letter Ref. No. VKIDS/1012/2023-24/, dated 30th, October 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the "34th National IAOMR" Conference organised by Bapuji Dental College, Davangere from 1st to 3rd December 2023 and also contributing a scientific paper.

SL. No.	Name	Designation	College
1	Dr. Zameera Naik	Professor, Department of Oral Medicine & Radiology	KLE VK Institute of Dental Sciences, 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, KLE VK Institute of Dental Sciences, Belagavi
3. The Finance Officer, KAHER, Belagavi



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

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

A. To be filled by the faculty member:

1. Name	Dr. ZAMEERA NAIK
2. Qualification	BDS MDS, PGDHPE
3. Designation	Professor
4. Department	Oral Medicine & Radiology
5. Email ID	drznai@gmail.com
6. Institution	KLE VKIDS
7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility)	4 th Dec 2002
8. Objectives of the Conference / Seminar / Symposium	To explore new treatment modalities & embrace them.
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet. To update on current aspects of diagnosis & treatment.
10. Assignment in the aforesaid Conference / Seminar / Symposium	<p>As per app</p> <p>Resource person for Pre Conference Wksp</p> <p>a) Delivering Key-note address / orations / plenary lectures</p> <p>b) <input checked="" type="checkbox"/> Contributing a scientific paper</p> <p>c) International collaboration exchange program (only on invitation)</p> <p>d) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation)</p> <p>e) Others, if any, specify. Chairing scientific session</p>

11 Particulars of the Conference being attended

a) Title of the Conference / Seminar / Symposium	34 th IA OMR Conference
b) Date of conduct	1 st to 3 rd Dec 2023
c) Level of Conference	State / National National
d) Quantum of financial grant eligible (or actuals expenses, whichever is less)	State Level : Rs. 8,000/- National Level : Rs. 16,000/-
e) Venue	Darangere, Bapuji Dental College
f) Copy of the sanction letter along-with Brochure to be enclosed	Enclosed

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

12. Particulars of the financial support previously extended by the University

a) Name of the Organizer	Indian Academy of Oral Medicine & Radiology
b) Title of the program	PG Convention
c) Place	Bangalore
d) Duration	2 days
e) Date of Conference	23 rd & 24 th Aug 2019
f) Financial grant availed	Rs. 4000/-

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

	Particulars
a) Place	Belgaum to Davangere
b) Mode of journey	By Car
c) Fare	One Way - 3500/-
d) To and Fro	7000/-
e) Accommodation charges	5000/-
f) Registration / Delegation Fee	10,000/-
g) Air-port Tax	-

14. Documents to be submitted:

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

Chairing Scientific session of Abstract of Paper presentation of Pre Conference Invitational Letter

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors / organizers of the Conference or any other funding agency for attending the aforesaid Conference. I am aware that I am liable for any disciplinary action by the University in case it is found at a later stage that the information furnished in this application is wrong / false, in support of my application for financial grant.
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference.
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.

Date: 30/10/2023

Signature of the faculty member

Shik

Ref. No. 1012

Date: 30/10/2023

To

The Registrar, KAHER, Belagavi.

Dear Sir,

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

Thanking you,

Yours faithfully,

Signature of the HoD

Seal

Shal

Principal

Professor and Head
Department of Oral Medicine and Radiology
KLE VK Institute of Dental Sciences, Belagavi

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



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

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

A. To be filled by the faculty member:	
1. Name	Dr. Suresh shenvi
2. Qualification	MDS Cons and Endo
3. Designation	Reader
4. Department	Cons and Endodontics
5. Institution	KLE VKIDS
6. Email ID	Sureshshenvi23@gmail.com
7. Date of joining the Institution	28/9/2012
8. Objectives of the Conference / Seminar / Symposium	To present paper
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
10. Assignment in the aforesaid Conference / Seminar / Symposium	<input checked="" type="checkbox"/> a) Contributing a scientific paper (poster or oral) <input type="checkbox"/> b) Delivering a guest lecture <input type="checkbox"/> c) Others, if any, specify.
11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	Not availed before
a) Title of the Conference / Seminar / Symposium	
b) Date of conduct	
c) Level of Conference (State / Zonal / National)	
d) Venue	To publication
e) Financial support extended by the University	
f) Copy of the sanction letter to be enclosed	
Note : The faculty member is eligible for financial support to attend one State / Zonal and one National Conference in a calendar year.	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	Indian Endodontic Society
b) Title of the program	IES National conference
c) Place	Bhubaneswar, Orissa
d) Duration	3 days
e) Date	29/9/23 - 1/10/2023
f) Amount claimed	22,300/-

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

11 OCT 2023

Inward No. 19 Sign.



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

- 2 -

13. Expenses involved towards attending the Conference:	
a) Place	Bhubaneswar Orissa
b) Mode of journey	Flight
c) Fare	
To and Fro expenses	14,399/-
Registration / Delegation Fee	8500/-
Accommodation charges	10,540/-
Total Expenses	33,439/-
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors of the Conference or any other funding agency for attending the aforesaid Conference,
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference,
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.
- I shall reimburse the amount to the University in excess of the eligibility.

Date: 3/10/23

Signature of the faculty member

Ref. No. _____

Date: _____

To

The Registrar,
KAHER,
Belgaum.

Dear Sir,

We are enclosing herewith the application of the above Teacher in the prescribed format for grant of financial support for presentation scientific paper (poster or oral) / delivering a guest lecture to attend the Conference for kind consideration.

Thanking you,

Yours faithfully,

Signature of the HoD

Professor and Head

Dept. of Conservative Dentistry
KLE V. K. Institute of Dental Sciences,
Belgaum

Seal

Principal
PRINCIPAL

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



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

Accredited A⁺ Grade by NAAC (3rd Cycle)

Placed in Category 'A' by MoE (GoI)

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

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

Ref.No.KAHER/23-24/D- 28062309

26th June, 2023

ORDER

Sub: Approval of Grant of financial support for attending the International Conference at Berlin from 28th to 30th September, 2023.

Ref: Your office letter Ref. No. vkids / 2023-24/298 dated 12th June 2023.

With reference to the above, the following faculty member is hereby permitted to **deliver plenary lectures** at international Conference [BERLIN-2023] to be held at **Berlin** from **28th to 30th September 2023**.

SL. No.	Name	Designation	Department
1	Dr. Santosh Y Nelogi	Reader	Prosthodontics

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




Prof Dr.V.A.Kothiwale
Registrar

To,
The above staff member.

CC to:

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

Ref. no. 298



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 CONFERENCES OUTSIDE INDIA

(To be submitted to the University through the concerned HoD & Principal)

A. To be filled by the faculty member:

1. Name	Dr. Santosh. Y. Velogi
2. Qualification	M.D.S
3. Designation	Reader
4. Department	prosthodontics
5. Institution	KLE.V.U Institute of Dental Science
6. Date of joining the Institution	21/6/2007
7. Objectives of the Conference / Seminar / Symposium	Shaping the future of Implant Dentistry
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	<p>a) Delivering Key-note address / orations / plenary lectures</p> <p>b) Contributing a scientific paper</p> <p>c) International collaboration exchange program (only on invitation)</p> <p>d) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation)</p> <p>e) Others, if any, specify.</p>
10. Particulars of the financial support previously extended by the University to attend the International Conference(s) during the block period of three years (1 st January to 31 st December)	<p>oral presentation - verified certificate</p> <p>9/11/13</p> <p>As per Budget</p> <p>To FO</p>
a) Title of the Conference / Seminar / Symposium	
b) Date of conduct	
c) Venue	
d) Financial support extended by the University	
e) Actual amount credited / reimbursed and Date of payment	
f) Copy of the sanction letter to be enclosed	
11. Particulars of the Conference / Seminar / Symposium being attended	
a) Name of the Organizer	
b) Title of the program	
c) Place	
d) Duration	
e) Date of Conference	

OFFICE OF THE REGISTRAR
KLE Academy of Higher Education
& Research, BELAGAVI

14 JUN 2023

42

Inward No. Sign.

12. Financial grant sought:

North / South America	Rs. 1,25,000/-
Europe, Africa and Australia	Rs. 75,000/-
China and Japan	Rs. 60,000/-
Asia countries	Rs. 30,000/-
Other Asia countries except Sri Lanka, Pakistan, Bangladesh, Nepal, Afghanistan, Bhutan, Myanmar, Maldives)	Rs. 20,000/-

13. Travelling (by shortest route) and other expenses involved

	International	Domestic
a) Place	Berlin	Mumbai
b) Mode of journey	Flight	Road
c) Fare	70,000	3000
d) To and Fro	20,000	2000
e) Accommodation charges	30,000	-
f) Registration / Delegation Fee	15,000	-
g) Air-port Tax	15,000	-

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.

15. Signature of the faculty member

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors / organizers of the Conference or any other funding agency for attending the aforesaid Conference. I am aware that I am liable for any disciplinary action by the University in case it is found at a later stage that the information furnished in this application is wrong / false, in support of my application for financial grant.
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference.
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.

Date: 9/6/23

Signature of the faculty member

NOTE: The faculty member who has completed minimum three years of services in the institution is eligible to avail this facility.

Ref No. *BMB/2023-24/1784*

Date: 18.12.2023

T9

To,

The Registrar,
KLE Academy of Higher Education & Research,
Belgaum

Sub: "Release of Financial Grant for attended Global Ayurveda Festival reg...
Sir,

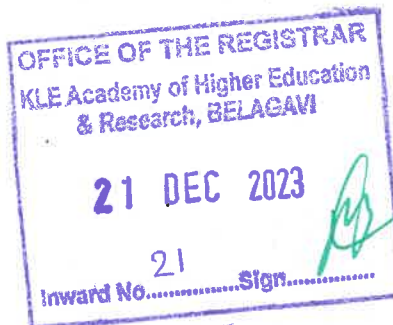
With reference to the above subject, we are herewith submitting the attendance Certificate, Photographs and Original bills/ Vouchers of the faculty members who have attended the Global Ayurveda Festival Kerala and National Arogya Fair, at Greenfield International Stadium, from 1st to 5th December 2023 as per your approval letter (enclosed) for release of Financial Grant. The details of the faculty are as follows.

Sl. No	Name of Teacher	Designation	Department	Workshop /Conference details	Date of Conference
1	Dr. Vinod Gurav	Professor	Shareer Kriya	Global Ayurveda Festival Kerala and National Arogya Fair, at Greenfield International Stadium,	1 st to 5 th Dec 2023
2	Dr Amal Chandran	Asst. Prof	Swasthavr itta	Thiruvananthapuram, Kerala, India	

This is for your information and permit the same.

Thanking you,

To Publication



Yours truly,

[Signature] 18/12/2023

PRINCIPAL

Shri B. M. Kankanawadi
Ayurved Mahavidyalaya
A Constituent Unit of KAHER
Shahapur, BELAGAVI-03.



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

(Deemed-to-be-University established u/s 3 of the UGC Act, 1956)

Accredited A⁺ Grade by NAAC (3rd Cycle)

Placed in Category 'A' by MoE (GoI)

JNMC Campus, Nehru Nagar, Belagavi-590 010, Karnataka State, India

☎: 0831-2444444 FAX: 0831-2493777 Web: <http://www.kledeemeduniversity.edu.in> E-mail: info@kledeemeduniversity.edu.in

Ref. No. KAHER/23-24/D-27112301

25th November 2023

ORDER

Sub: Approval of Grant of financial support for attending the Conference.

Ref: Your office letter Ref. No. BMK/2023-24/1588, dated 17th November, 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the "5th Global Ayurveda Festival" Conference to be held at Thiruvananthapuram, Kerala from 1st to 5th December 2023 and also contributing a scientific paper & session.

SL. No.	Name	Designation	College
1	Dr. Vinod Gurav	Professor, Department of Kriyasharir	Shri B M Kankanwadi Ayurveda Mahavidyalaya, 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, Shri B M Kankanwadi Ayurveda Mahavidyalaya, 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 CONFERENCES

(To be submitted to the University through the concerned HoD & Principal)

A. To be filled by the faculty member:	
1. Name	Dr Vinod S. Gurav
2. Qualification	B.Dms MD Ph.D
3. Designation	professor
4. Department	Kriya Sharir
5. Institution	Shri B.M.K. Ayurveda College
6. Date of joining the Institution	16/06/2014
7. Objectives of the Conference / Seminar / Symposium	One health for Global-Ayurveda
8. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
9. Assignment in the aforesaid Conference / Seminar / Symposium	a) Delivering Key-note address / orations / plenary lectures b) Contributing a scientific paper ✓ c) Chairing a scientific session ✓ d) International collaboration exchange program (only on invitation) e) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation) f) Others, if any, specify.
10. Particulars of the financial support extended by the University to attend the International Conference(s) during the block period of three years (1 st January to 31 st December)	
a) Title of the Conference / Seminar / Symposium	
b) Date of conduct	
c) Venue	
d) Financial support extended by the University	
e) Copy of the sanction letter to be enclosed	
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	GAP Kerala
b) Title of the program	5th Global Ayurveda Festival
c) Place	Trivuranthapuram Kerala
d) Duration	6 days
e) Date of Conference	1/12/2023 to 6/12/2023
f) Financial grant sought	21120/-



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)]

12. Travelling (by shortest route) and other expenses involved	International	Domestic
a) Place		Trivendrum Kerala
b) Mode of journey		Bus & Train, Cab.
c) Fare		900 + 800; 2600 + 1000
d) To and Fro		4400/-
e) Accommodation charges		6000/-
f) Registration / Delegation Fee		4720/-
g) Air-port Tax	DA	6000/-
13. Documents to be submitted:		
a) Copy of the letter of invitation from the organizers.		
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.		
14. Signature of the faculty member		

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors / organizers of the Conference or any other funding agency for attending the aforesaid Conference. I am aware that I am liable for any disciplinary action by the University in case it is found at a later stage that the information furnished in this application is wrong / false, in support of my application for financial grant.
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference.
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.

Date : 17/11/2023

Ref. No. _____

To

The Registrar, KLE University, Belagavi.

Dear Sir,

Signature of the faculty member

Date : 17/11/2023

We are enclosing herewith the application of the above Teacher in the prescribed format for grant of financial support to attend the International Conference outside India for kind consideration.

Thanking you,

Yours faithfully,

Signature of the HoD

Seal

Principal

Shri B. M. Kankanawadi



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

(Deemed-to-be-University established u/s 3 of the UGC Act, 1956)

Accredited A⁺ Grade by NAAC (3rd Cycle)

Placed in Category 'A' by MoE (GoI)

JNMC Campus, Nehru Nagar, Belagavi-590 010, Karnataka State, India

☎: 0831-2444444 FAX: 0831-2493777 Web: <http://www.kledeemeduniversity.edu.in> E-mail: info@kledeemeduniversity.edu.in

Ref. No. KAHER/23-24/D-27112302

25th November 2023

ORDER

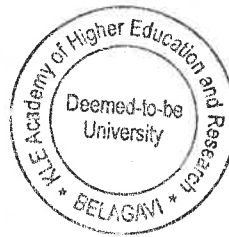
Sub: Approval of Grant of financial support for attending the Conference.


Ref: Your office letter Ref. No. BMK/2023-24/, dated 17th November, 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the "5th Global Ayurveda Festival" Conference to be held at Thiruvananthapuram, Kerala from 1st to 5th December 2023 and also contributing a scientific paper.

SL. No.	Name	Designation	College
1	Dr. Amal Chandran	Assistant Professor, Department of Swasthavrita	Shri B M Kankanwadi Ayurveda Mahavidyalaya, 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, Shri B M Kankanwadi Ayurveda Mahavidyalaya, 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 CONFERENCES

(To be submitted to the University through the concerned HoD & Principal)

A. To be filled by the faculty member:	
1. Name	Dr. Amal S. Chandran
2. Qualification	B.A.M.S, MD (Ayu) (Ph.D.)
3. Designation	Assistant Professor
4. Department	Swastharntha.
5. Institution	KAHER's Shri Bmk Ayurveda Melurudy, Belgon
6. Date of joining the Institution	15/11/18
7. Objectives of the Conference / Seminar / Symposium	To address the emerging challenges in health care & a resurgent Ayurveda
8. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
9. Assignment in the aforesaid Conference / Seminar / Symposium	a) Delivering Key-note address / orations / plenary lectures b) <input checked="" type="checkbox"/> Contributing a scientific paper c) Chairing a scientific session d) International collaboration exchange program (only on invitation) e) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation) f) Others, if any, specify.
10. Particulars of the financial support extended by the University to attend the International Conference(s) during the block period of three years (1 st January to 31 st 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	
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	CISSA, AMAI, Ministry of Ayuh, Govt of Kerala
b) Title of the program	5 th Global Ayurveda Festival, Kerala.
c) Place	Thiruvananthapuram, Kerala.
d) Duration	December 1 st - 5 th , 2023 (5 days)
e) Date of Conference	1 st - 5 th December, 2023
f) Financial grant sought	Rs 10,540/-



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)]

12. Travelling (by shortest route) and other expenses involved																	
	<table border="1"> <thead> <tr> <th>International</th> <th>Domestic</th> </tr> </thead> <tbody> <tr> <td>a) Place</td> <td>Thiruvananthapuram.</td> </tr> <tr> <td>b) Mode of journey</td> <td>Bus & train</td> </tr> <tr> <td>c) Fare</td> <td>~ Rs 3500/-</td> </tr> <tr> <td>d) To and Fro</td> <td>~ Rs 7000/-</td> </tr> <tr> <td>e) Accommodation charges</td> <td>Nil</td> </tr> <tr> <td>f) Registration / Delegation Fee</td> <td>Rs 3540/-</td> </tr> <tr> <td>g) Air-port Tax</td> <td></td> </tr> </tbody> </table>	International	Domestic	a) Place	Thiruvananthapuram.	b) Mode of journey	Bus & train	c) Fare	~ Rs 3500/-	d) To and Fro	~ Rs 7000/-	e) Accommodation charges	Nil	f) Registration / Delegation Fee	Rs 3540/-	g) Air-port Tax	
International	Domestic																
a) Place	Thiruvananthapuram.																
b) Mode of journey	Bus & train																
c) Fare	~ Rs 3500/-																
d) To and Fro	~ Rs 7000/-																
e) Accommodation charges	Nil																
f) Registration / Delegation Fee	Rs 3540/-																
g) Air-port Tax																	
13. Documents to be submitted:																	
a) Copy of the letter of invitation from the organizers. b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.																	
14. Signature of the faculty member																	

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors / organizers of the Conference or any other funding agency for attending the aforesaid Conference. I am aware that I am liable for any disciplinary action by the University in case it is found at a later stage that the information furnished in this application is wrong / false, in support of my application for financial grant.
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference.
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.

Date : _____

Signature of the faculty member

Ref. No. _____

Date: 18/11/23

To

The Registrar, KLE University, Belagavi.

Dear Sir,

We are enclosing herewith the application of the above Teacher in the prescribed format for grant of financial support to attend the International Conference outside India for kind consideration.

Thanking you,

Yours faithfully,

Signature of the HoD

Seal

Principal
Shri B. M. Ranganawadi
Ayurved Mahavidyalaya
A Constituent Unit of KAHER



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

(Deemed-to-be-University established u/s 3 of the UGC Act, 1956)

Accredited A⁺ Grade by NAAC (3rd Cycle)

Placed in Category 'A' by MoE (GoI)

JNMC Campus, Nehru Nagar, Belagavi-590 010, Karnataka State, India

☎: 0831-2444444 FAX: 0831-2493777 Web: <http://www.kledeemeduniversity.edu.in> E-mail: info@kledeemeduniversity.edu.in

Ref.No.KAHER/23-24/D- 09112308

6th November,2023

ORDER

Sub : Approval of grant of financial Support

Ref: Your letter Ref No. JNMC /2023-24/ 1401 dated 26th October, 2023.

With reference to the above the following faculty member is hereby permitted to attend '**1st World Ayurhealth Summit**' and also invited as chair and selected for oral Presentation at the conference on the theme '**Understanding and management of Depression in Ayurveda**' at **Singapore** from **21st to 22nd November,2023**.

SL. No.	Name of the Faculty	Designation	Department
1.	Dr. Suhas Kumar Shetty	Principal and Medical Director	KLEs Shri B M K Ayurveda Mahavidyalaya, 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 Finance Officer, KAHER, Belagavi.



Ref No. Bmk/2023-24/782

Date: 31/8/2023

To,

The Registrar,
KLE Academy of Higher Education & Research,
Belgaum

Sub: "Grant of Financial support for attending National Workshop reg..."

Sir,

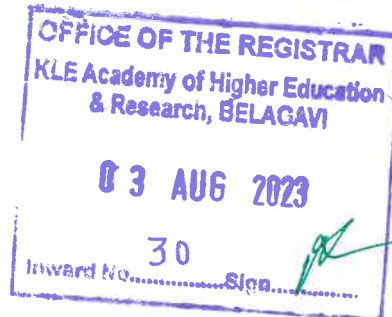
With reference to the above subject, I am herewith forwarding the applications of following faculty members of our college in the prescribed format for grant of financial support to attend the National workshop at Melukote from 04th to 05th August 2023 as per below mentioned details.

Sl. No	Name of Teacher	Designation	Department	Workshop /Conference details	Date of Conference
1	Dr Savita B Padashetti	Professor	Basic Principles	National Conference on Editing of Ayurveda Manuscripts – by Karnataka Samskrita Vishwavidyalaya Bangaluru	04 th - 05 th August 2023
2	Dr Chaitra	Asst. Prof	Basic Principles		

This is for your information and permit the same.

Thanking you,

To Publication



Yours truly,

[Signature]
21/8/2023
PRINCIPAL

Shri B. M. Kankanawadi
Ayurved Mahavidyalaya
A Constituent Unit of KAHER
Shahapur, BELAGAVI-03



KLE UNIVERSITY

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[Established under Section 3 of the UGC Act, 1956 vide Government of India Notification No.F.9-19/2000-U.3(A)]

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / ZONAL / NATIONAL CONFERENCES (To be submitted to the University through the concerned HoD & Principal)

A. To be filled by the faculty member:	
1. Name	Dr. Sarika B. Padasheth
2. Qualification	BAMS MD (Ayur)
3. Designation	Professor
4. Department	Basic Principles
5. Institution	KLE's Shri BMK AM, Belagavi
6. Date of joining the Institution	01/12/2020
7. Objectives of the Conference / Seminar / Symposium	Manuscripts editing
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. Delegate
10. Particulars of the financial support extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	Nil
a) Title of the Conference / Seminar / Symposium	Editing of Ayurveda Manuscripts
b) Date of conduct	04/08/23 to 05/08/23
c) Venue	Sri Bhagavad Ramaswamy National Research Institute, Melukote
d) Financial support extended by the University	
e) Copy of the sanction letter to be enclosed	
f) Level of Conference State / Zonal / National	National
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National</u> Conference in a calendar year.	
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	Karnataka Sanskrit Vishwavidyalaya
b) Title of the program	Editing of Ayurveda Manuscripts
c) Place	Melukote, Mandya Dist
d) Duration	2 days
e) Date	04-05 August 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 -

12. Expenses involved towards attending the Conference:

a) Place	
b) Mode of journey	Melukote, Mandya Dist
c) Fare	By road
To and Fro expenses	2500/-
Registration / Delegation Fee	500/-
Accommodation charges	-
Total Expenses	3000/-

13. Documents to be submitted:

- Copy of the letter of invitation from the organizers.
- Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors of the Conference or any other funding agency for attending the aforesaid Conference,
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference,
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.
- I shall reimburse the amount to the University in excess of the eligibility.

Date : 03/08/23

Signature of the faculty member

Sanku

Ref. No. _____

Date: _____

To

The Registrar,
KLE University,
Belgaum.

Dear Sir,

We are enclosing herewith the application of the above Teacher in the prescribed format for grant of financial support to attend the Conference for kind consideration.

Thanking you,

Signature of the HoD

Seal

Yours faithfully,

Principal

Shri B. M. Kankawadi
Ayurved Mahavidyalaya
A Constituent Unit of KAHER
Shahapur, BELAGAVI-030



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

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(Deemed-to-be-University established u/s 3 of the UGC Act, 1956)

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Placed in Category 'A' by MoE (GoI)

JNMC Campus, Nehru Nagar, Belagavi-590 010, Karnataka State, India

☎: 0831-2444444 FAX: 0831-2493777 Web: <http://www.kledeemeduniversity.edu.in> E-mail: info@kledeemeduniversity.edu.in

Ref. No. KAHER/23-24/D-2712303

25th November 2023

ORDER

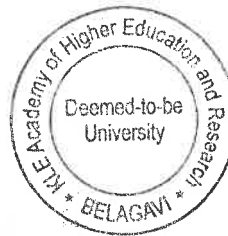
Sub: Approval of Grant of financial support for attending the Conference.


Ref: Your office letter Ref. No. BMK/2023-24/, dated 17th November, 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the "5th Global Ayurveda Festival" Conference organised by GAF Kerala to be held at **Thiruvananthapuram, Kerala** from **1st to 5th December 2023** and also contributing a scientific paper.

SL. No.	Name	Designation	College
1	Dr. Mahesh P. Savalagimath	Professor, Department of Agadatantra	Shri B M Kankanwadi Ayurveda Mahavidyalaya, 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, Shri B M Kankanwadi Ayurveda Mahavidyalaya, Belagavi.
3. The Finance Officer, KAHER, Belagavi



(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)]

KLE UNIVERSITY

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND CONFERENCES

(To be submitted to the University through the concerned HoD & Principal)

A. To be filled by the faculty member:	
1. Name	Dr. Mahesh. P. Savelalagiriath
2. Qualification	BAMS. MD
3. Designation	Professor
4. Department	Agadatantra
5. Institution	Sri. BMK Ayurveda College
6. Date of joining the Institution	
7. Objectives of the Conference / Seminar / Symposium	one health- Global Ayurveda
8. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
9. Assignment in the aforesaid Conference / Seminar / Symposium	a) Delivering Key-note address / orations / plenary lectures b) Contributing a scientific paper ✓ c) Chairing a scientific session d) International collaboration exchange program (only on invitation) e) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation) f) Others, if any, specify.
As per inv	
10. Particulars of the financial support extended by the University to attend the International Conference(s) during the block period of three years (1st January to 31st December)	
a) Title of the Conference / Seminar / Symposium	To publication.
b) Date of conduct	
c) Venue	
d) Financial support extended by the University	
e) Copy of the sanction letter to be enclosed	
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	CAF Kerala
b) Title of the program	5th Global Ayurveda Festival
c) Place	Tiruvananthapuram, Kerala.
d) Duration	05 days
e) Date of Conference	1st to 5th Dec 2023.
f) Financial grant sought	26,120/-



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)]

12. Travelling (by shortest route) and other expenses involved	International	Domestic
a) Place		Tiruvananthapuram, Kerala
b) Mode of journey		Bus + Train + cab.
c) Fare		900+800+2600+1000
d) To and Fro		4400/-
e) Accommodation charges		6000/-
f) Registration / Delegation Fee		4780/-
g) Air-port Tax <input checked="" type="checkbox"/>	DA →	6000/-
13. Documents to be submitted:		
a) Copy of the letter of invitation from the organizers.		
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.		
14. Signature of the faculty member		

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors / organizers of the Conference or any other funding agency for attending the aforesaid Conference. I am aware that I am liable for any disciplinary action by the University in case it is found at a later stage that the information furnished in this application is wrong / false, in support of my application for financial grant.
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference.
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.

Date: 17/11/2023

Ref. No. _____

To

The Registrar, KLE University, Belagavi.

Dear Sir,

We are enclosing herewith the application of the above Teacher in the prescribed format for grant of financial support to attend the International Conference outside India for kind consideration.

Thanking you,

Signature of the faculty member D. Ramesh P. S.

Date: 17/11/2023

Signature of the HoD

Seal

Yours faithfully,

Principal
Shri P. M. Kankaswadi
Mahavidyalaya



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

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(Deemed-to-be-University established u/s 3 of the UGC Act, 1956)

Accredited A⁺ Grade by NAAC (3rd Cycle)

Placed in Category 'A' by MoE (Gol)

JNMC Campus, Nehru Nagar, Belagavi-590 010, Karnataka State, India

☎: 0831-2444444 FAX: 0831-2493777 Web: <http://www.kledeemeduniversity.edu.in> E-mail: info@kledeemeduniversity.edu.in

Ref No: KAHER 10-25102308

ORDER

Sub: Approval of Grant of financial support.

Ref: Your office letter Ref. No. BMK/ 2023-24/1231 dated 5th October, 2023.

With reference to the above, the following faculty members are hereby permitted to participate in the 'STEP-1 Training of Trainers on emergency Care and life Support for Ayurveda Doctors' to be held on 10th to 14th October, 2023 in Jeevaraksha RGUHS Bangalore.

SL. No.	Name	Designation	Department
1	Dr. Anusha Bhat	Assistant Professor	Shalya Tantra, Shri BMK
2.	Dr. Sreechad SR		Ayurveda, BGM
3.	Dr. Reshma Salimani		Prasooti & Streeroga, Shri. BMK Ayurveda

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.

AS per



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

Three Faculty

FO

Ref No. BM/K/2023-24/1370

Date: 19.10.2023

To,

The Registrar,
KLE Academy of Higher Education & Research,
Belgaum

Sub: Release of Financial Grant for attended Training for Ayurveda Doctors reg..

Sir,

With reference to the above subject, we are herewith submitting the attendance Certificate, Photographs and Original bills/ Vouchers of the faculty members who have attended the Training for Ayurveda Doctors at Bangalore from 10th to 14th October 2023 in 1st sessions for release of Financial Grant. The details of the faculty are as follows.

Sl. No	Name of Teacher	Designation	Department	Workshop /Conference details	Date of Conference	Amt (As per bills enclosed)
1	Dr Anusha Bant	Asst. Prof	Shalya Tantra	STEP-1 Training of Trainers on emergency Care and Life Support for Ayurveda Doctors At: Jeevaraksha, RGUHS Bangalore	10 th to 14 th Oct 2023	Rs. 23,627/- for Each Staff
2	Dr. Sreechand S R		Shalya Tantra			
3	Dr Reshma Salimani		Prasooti & Streeroga			

This is for your information and release the financial assistant for the same.

Thanking you,



TC
F.O

Yours truly,

[Signature]
19/10/2023

PRINCIPAL

Shri B. M. Kankanawadi
Ayurved Mahavidyalaya
A Constituent Unit of KAHAR
Shahapur, BELAGAVI-03



KLE UNIVERSITY

(Formerly known as KLE Academy of Higher Education & Research)

[Established under Section 3 of the UGC Act, 1956 vide Government of India Notification No.F.9-19/2000-U.3(A)]

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND CONFERENCES

(To be submitted to the University through the concerned HoD & Principal)

A. To be filled by the faculty member:	Dr Reshma Salimani
1. Name	BAMS Ms (AYU)
2. Qualification	Assistant Professor
3. Designation	Prasooti tantra & Stree roga
4. Department	KLE BMK Ayurveda College
5. Institution	29/12/2021
6. Date of joining the Institution	29/12/2021
7. Objectives of the Conference / Seminar / Symposium	Emergency care & Life support
8. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
9. Assignment in the aforesaid Conference / Seminar / Symposium	a) Delivering Key-note address / orations / plenary lectures b) Contributing a scientific paper c) Chairing a scientific session d) International collaboration exchange program (only on invitation) e) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation) f) Others, if any, specify workshop on Emergency care & Life support
10. Particulars of the financial support extended by the University to attend the International Conference(s) during the block period of three years (1 st January to 31 st December)	NIL
a) Title of the Conference / Seminar / Symposium	
b) Date of conduct	
c) Venue	
d) Financial support extended by the University	
e) Copy of the sanction letter to be enclosed	
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	JEEVARAKSHA
b) Title of the program	Jeevaraksha - Ayurveda Emergency Care & Life support Workshop (AECL)
c) Place	Bengaluru
d) Duration	5 days
e) Date of Conference	10/10/23 to 14/10/2023
f) Financial grant sought	

12. Travelling (by shortest route) and other expenses involved		
	International	Domestic
a) Place		Bengaluru
b) Mode of journey		By road
c) Fare		
d) To and Fro		Rs 2135/-
e) Accommodation charges		Rs 4992/-
f) Registration / Delegation Fee		Rs 16500/-
g) Air-port Tax		
13. Documents to be submitted:	Total	Rs 23,627/-
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.		
14. Signature of the faculty member	<u>Reshma</u>	

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors / organizers of the Conference or any other funding agency for attending the aforesaid Conference. I am aware that I am liable for any disciplinary action by the University in case it is found at a later stage that the information furnished in this application is wrong / false, in support of my application for financial grant.
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference.
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.

Date : _____

Ref. No. _____

To

The Registrar, KLE University, Belagavi.

Dear Sir,

Signature of the faculty member

Date: 17/10/2023

We are enclosing herewith the application of the above Teacher in the prescribed format for grant of financial support to attend the International Conference outside India for kind consideration.

Thanking you,

Yours faithfully,

WC
19/10/23
Signature of the HoD

Seal

Principal

PRINCIPAL

Shri B. M. Kankanawadi
Ayurved Mahavidyalaya



KLE UNIVERSITY

(Formerly known as KLE Academy of Higher Education & Research)

[Established under Section 3 of the UGC Act, 1956 vide Government of India Notification No.F.9-19/2000-U.3(A)]

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND CONFERENCES

(To be submitted to the University through the concerned HoD & Principal)

A. To be filled by the faculty member:	
1. Name	Dr. Ram SREECHAND S.R.
2. Qualification	BAMS, MS (Ayur)
3. Designation	Assistant Professor
4. Department	Shulaya Tantra
5. Institution	KARUR Shri BMK Ayurveda Mahavidyalaya, Belagavi
6. Date of joining the Institution	10/01/2022
7. Objectives of the Conference / Seminar / Symposium	To learn Emergency Care and Life Support
8. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
9. Assignment in the aforesaid Conference / Seminar / Symposium	a) Delivering Key-note address / orations / plenary lectures b) Contributing a scientific paper c) Chairing a scientific session d) International collaboration exchange program (only on invitation) e) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation) f) Others, if any, specify. <u>Workshop Emergency Care and Management</u>
10. Particulars of the financial support extended by the University to attend the International Conference(s) during the block period of three years (1 st January to 31 st December)	NIL
a) Title of the Conference / Seminar / Symposium	
b) Date of conduct	
c) Venue	
d) Financial support extended by the University	
e) Copy of the sanction letter to be enclosed	
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	JEEVARAKSHA
b) Title of the program	Jeeva Raksha - Ayurved Emergency Care Life Support - workshop (ARCLS)
c) Place	Bangalore
d) Duration	5 days
e) Date of Conference	10/10/23 to 14/10/2023
f) Financial grant sought	

12. Travelling (by shortest route) and other expenses involved

	International	Domestic
a) Place		
b) Mode of journey		Bangalore
c) Fare		By Road
d) To and Fro		
e) Accommodation charges		Rs. 2135/-
f) Registration / Delegation Fee		Rs. 4992/-
g) Air-port Tax		Rs. 16500/-
	Total	Rs. 23627/-

13. Documents to be submitted:

- Copy of the letter of invitation from the organizers.
- Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.

14. Signature of the faculty member

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors / organizers of the Conference or any other funding agency for attending the aforesaid Conference. I am aware that I am liable for any disciplinary action by the University in case it is found at a later stage that the information furnished in this application is wrong / false, in support of my application for financial grant.
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference.
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.

Date : _____

Ref. No. _____

To

The Registrar, KLE University, Belagavi.

Dear Sir,


Signature of the faculty member _____

Date: 17/10/23


We are enclosing herewith the application of the above Teacher in the prescribed format for grant of financial support to attend the International Conference outside India for kind consideration.

Thanking you,

Yours faithfully,


Signature of the HoD 17/10/23

Seal


Principal
PRINCIPAL
Shri B. M. Kankanewadi
Ayurved Med.



KLE UNIVERSITY

(Formerly known as KLE Academy of Higher Education & Research)


[Established under Section 3 of the UGC Act, 1956 vide Government of India Notification No.F-9-19/2000-U.3(A)]

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND CONFERENCES

(To be submitted to the University through the concerned HoD & Principal)

A. To be filled by the faculty member:

1. Name	Dr. Anusha G Bant
2. Qualification	BAMS, MS (Ayu)
3. Designation	Assistant Professor
4. Department	Shalyatantra
5. Institution	KARUNASHRI B M K Ayurveda Mahavidyalaya, Belagavi
6. Date of joining the Institution	10/01/2022
7. Objectives of the Conference / Seminar / Symposium	To learn emergency care & life support
8. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
9. Assignment in the aforesaid Conference / Seminar / Symposium	a) Delivering Key-note address / orations / plenary lectures b) Contributing a scientific paper c) Chairing a scientific session d) International collaboration exchange program (only on invitation) e) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation) f) Others, if any, specify. Workshop on Emergency Care & life support
10. Particulars of the financial support extended by the University to attend the International Conference(s) during the block period of three years (1 st January to 31 st December)	NIL
a) Title of the Conference / Seminar / Symposium	
b) Date of conduct	
c) Venue	
d) Financial support extended by the University	
e) Copy of the sanction letter to be enclosed	
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	JEEVARAKSHA
b) Title of the program	Jeeva Raksha-Ayurveda Emergency Care & life support Workshop (AECUS)
c) Place	Bengaluru
d) Duration	5 days
e) Date of Conference	10/10/2022 to 14/10/2023
f) Financial grant sought	

12. Travelling (by shortest route) and other expenses involved		
	International	Domestic
a) Place		Bengaluru
b) Mode of journey		By road (Car)
c) Fare		
d) To and Fro		Rs. 2135/-
e) Accommodation charges		Rs. 4992/-
f) Registration / Delegation Fee		Rs. 16500/-
g) Air-port Tax		Rs. 23,627/-
	TOTAL:-	
13. Documents to be submitted:		
a) Copy of the letter of invitation from the organizers.		
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.		
14. Signature of the faculty member		
		

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors / organizers of the Conference or any other funding agency for attending the aforesaid Conference. I am aware that I am liable for any disciplinary action by the University in case it is found at a later stage that the information furnished in this application is wrong / false, in support of my application for financial grant.
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference.
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.

Date : _____

Ref. No. _____

To

The Registrar, KLE University, Belagavi.

Dear Sir,


We are enclosing herewith the application of the above Teacher in the prescribed format for grant of financial support to attend the International Conference outside India for kind consideration.

Thanking you,


Signature of the faculty member 

Date: 17/10/2023

Yours faithfully,


Signature of the HoD 17/10/23

Seal


Principal
Shri B. M. Kankawadi
Ayurved Mahavidyalaya
A Constituent Unit of KAHAR



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

(Deemed-to-be-University established u/s 3 of the UGC Act, 1956)

Accredited A⁺ Grade by NAAC (3rd Cycle)

Placed in Category 'A' by MoE (GoI)

JNMC Campus, Nehru Nagar, Belagavi-590 010, Karnataka State, India

☎: 0831-2444444 FAX: 0831-2493777 Web: <http://www.kledeemeduniversity.edu.in> E-mail: info@kledeemeduniversity.edu.in

Ref.No.KAHER/23-24/D- 18092329

15th September 2023

ORDER

Sub: Approval of Grant of financial support for attending the International Conference.

Ref: Your office letter Ref. No. bmk/ 2023-24/1057 dated 01st September,2023.

With reference to the above, the following faculty member is hereby permitted to participate in the *International Conference on 'Integrated Women's Health Care'* to be held at Kolhapur 27th to 29th October 2023 and also contributing a scientific paper entitled '*Management of infertility associated with PCOD through Integrated Approach*'.

SL. No.	Name	Designation	Department
1	Dr. Girija Sanikop	Professor, Shri B.M.Kankanwadi Mahavidyalaya, Belagavi.	Prasooti and Streeroga

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, Shri. B. M. Kankanwadi Mahavidyalaya, 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 CONFERENCES

(To be submitted to the University through the concerned HoD & Principal)

A. To be filled by the faculty member:	
1. Name	Dr. Yijia Sanikop
2. Qualification	MS- AYURVEDA
3. Designation	PROFESSOR
4. Department	PRASOOTI & STREE ROGA
5. Institution	KAHER'S BMK AYURVEDA
6. Date of joining the Institution	19-5-2007
7. Objectives of the Conference / Seminar / Symposium	WOMEN'S HEALTH CARE
8. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
9. Assignment in the aforesaid Conference / Seminar / Symposium	a) Delivering Key-note address / orations / plenary lectures b) Contributing a scientific paper ✓ c) Chairing a scientific session d) International collaboration exchange program (only on invitation) e) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation) f) Others, if any, specify.
10. Particulars of the financial support extended by the University to attend the International Conference(s) during the block period of three years (1 st January to 31 st December)	
a) Title of the Conference / Seminar / Symposium	INTERNATIONAL CONFERENCE ON INTEGRATED WOMEN'S
b) Date of conduct	27 th - 29 th OCT HEALTH CARE
c) Venue	V.S. KHANDEKAR BHAVAN,
d) Financial support extended by the University	KOLHARUR
e) Copy of the sanction letter to be enclosed	
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	KAGOF (MH-GOA)
b) Title of the program	INTERNATIONAL CONFERENCE ON INT. WOMEN'S HEALTH CARE
c) Place	KOLHARUR - 3 days
d) Duration	27 th - 29 th OCTOBER - 2023
e) Date of Conference	
f) Financial grant sought	

12. Travelling (by shortest route) and other expenses involved																		
		<table border="1"> <thead> <tr> <th>International</th> <th>Domestic</th> </tr> </thead> <tbody> <tr> <td>a) Place <u>KOLHAPUR.</u></td> <td><u>✓</u></td> </tr> <tr> <td>b) Mode of journey <u>CAR.</u></td> <td></td> </tr> <tr> <td>c) Fare <u>Rs 15 PER KM = 3450/-</u></td> <td></td> </tr> <tr> <td>d) To and Fro <u>230 KM. (ONE WAY - 115 KM.)</u></td> <td></td> </tr> <tr> <td>e) Accommodation charges <u>4000 (2 nights)</u></td> <td></td> </tr> <tr> <td>f) Registration / Delegation Fee <u>4500/-</u></td> <td><u>✓</u></td> </tr> <tr> <td>g) Air-port Tax <u>-</u></td> <td></td> </tr> </tbody> </table>	International	Domestic	a) Place <u>KOLHAPUR.</u>	<u>✓</u>	b) Mode of journey <u>CAR.</u>		c) Fare <u>Rs 15 PER KM = 3450/-</u>		d) To and Fro <u>230 KM. (ONE WAY - 115 KM.)</u>		e) Accommodation charges <u>4000 (2 nights)</u>		f) Registration / Delegation Fee <u>4500/-</u>	<u>✓</u>	g) Air-port Tax <u>-</u>	
International	Domestic																	
a) Place <u>KOLHAPUR.</u>	<u>✓</u>																	
b) Mode of journey <u>CAR.</u>																		
c) Fare <u>Rs 15 PER KM = 3450/-</u>																		
d) To and Fro <u>230 KM. (ONE WAY - 115 KM.)</u>																		
e) Accommodation charges <u>4000 (2 nights)</u>																		
f) Registration / Delegation Fee <u>4500/-</u>	<u>✓</u>																	
g) Air-port Tax <u>-</u>																		
13. Documents to be submitted:																		
a) Copy of the letter of invitation from the organizers.		<u>Attached.</u>																
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.																		
14. Signature of the faculty member		<u>Al</u>																

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors / organizers of the Conference or any other funding agency for attending the aforesaid Conference. I am aware that I am liable for any disciplinary action by the University in case it is found at a later stage that the information furnished in this application is wrong / false, in support of my application for financial grant.
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference.
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.

Date : 7/8/2023.

Signature of the faculty member Al

Ref. No. _____

Date : 7/8/23.

To

The Registrar, KLE University, Belagavi.

Dear Sir,

We are enclosing herewith the application of the above Teacher in the prescribed format for grant of financial support to attend the International Conference outside India for kind consideration.

Thanking you,

Yours faithfully,

Seal

Signature of the HoD

Al
Principal
Shri B. M. Kankarwadi
Ayurved Mahavidyalaya
Ancient Unit of KAHER



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

(Deemed-to-be-University established u/s 3 of the UGC Act, 1956)

Accredited A⁺ Grade by NAAC (3rd Cycle)

Placed in Category 'A' by MoE (Gol)

JNMC Campus, Nehru Nagar, Belagavi-590 010, Karnataka State, India

☎: 0831-2444444 FAX: 0831-2493777 Web: <http://www.kledeemeduniversity.edu.in> E-mail: info@kledeemeduniversity.edu.in

Ref.No.KAHER/23-24/D- 18 09 23 28

15th September 2023

ORDER

Sub: Approval of Grant of financial support for attending the International Conference.

Ref: Your office letter Ref. No. bmk/ 2023-24/1042 dated 30th August,2023.

With reference to the above, the following faculty member is hereby permitted to participate in the *International Conference on 'Integrated Women's Health Care'* to be held at Kolhapur 27th to 29th October 2023 and also contributing a scientific paper entitled '*Integrated Approach towards Infertility in an Elderly female: A Success story*'.

SL. No.	Name	Designation	Department
1	Dr. Swardha Uppin	Assistant Professor, Shri B.M.Kankanwadi Mahavidyalaya, Belagavi.	Rasayan Evem Vajikarana

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, Shri. B. M. Kankanwadi Mahavidyalaya, Belagavi.
3. The Finance Officer, KAHER, Belagavi

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND CONFERENCES

(To be submitted to the University through the concerned HoD & Principal)

A. To be filled by the faculty member:	
1. Name	Dr. Swarda Uppin
2. Qualification	MD - AYU
3. Designation	Assistant Professor
4. Department	Rasayana evam Vajikarana
5. Institution	Shri BTK Ayurveda Mah.
6. Date of joining the Institution	04-02-2020
7. Objectives of the Conference / Seminar / Symposium	Integrated Women's Health Care
8. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
9. Assignment in the aforesaid Conference / Seminar / Symposium	a) Delivering Key-note address / orations / plenary lectures b) Contributing a scientific paper ✓ c) Chairing a scientific session d) International collaboration exchange program (only on invitation) e) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation) f) Others, if any, specify.
10. Particulars of the financial support extended by the University to attend the International Conference(s) during the block period of three years (1 st January to 31 st December)	
a) Title of the Conference / Seminar / Symposium	International Conference on Integrated Women's Health Care
b) Date of conduct	27 th - 29 th Oct, 2023.
c) Venue	Shriji University, Kolhapur
d) Financial support extended by the University	
e) Copy of the sanction letter to be enclosed	
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	KAGOF (MH-GOA)
b) Title of the program	International Conference on Integrated Women's Health Care
c) Place	Kolhapur
d) Duration	3 days (27 th - 29 th Oct, 23)
e) Date of Conference	27 th - 29 th Oct, 2023.
f) Financial grant sought	



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)]

12. Travelling (by shortest route) and other expenses involved		
	International	Domestic
a) Place	-	Kolhapur
b) Mode of journey	-	Car
c) Fare	-	Rs. 151 km @ 3450/-
d) To and Fro	-	230 km (115 km / one)
e) Accommodation charges	-	Home town.
f) Registration / Delegation Fee	-	3000/-
g) Air-port Tax	-	-
13. Documents to be submitted:		
a) Copy of the letter of invitation from the organizers.	Enclosed	
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.		
14. Signature of the faculty member		

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors / organizers of the Conference or any other funding agency for attending the aforesaid Conference. I am aware that I am liable for any disciplinary action by the University in case it is found at a later stage that the information furnished in this application is wrong / false, in support of my application for financial grant.
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference.
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.

Date: 29/08/23

Signature of the faculty member

Date: 29/08/23

Ref. No. _____

To

The Registrar, KLE University, Belagavi.

Dear Sir,

We are enclosing herewith the application of the above Teacher in the prescribed format for grant of financial support to attend the International Conference outside India for kind consideration.

Thanking you,

Yours faithfully,

Signature of the HoD
Head of the Department
Department of Kavachikitsa

Seal

Principal
Shri B. M. Kankanawadi
Ayurved Mahavidyalaya
Student Unit of KAHER



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

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Accredited A⁺ Grade by NAAC (3rd Cycle)

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JNMC Campus, Nehru Nagar, Belagavi-590 010, Karnataka State, India

☎: 0831-2444444 FAX: 0831-2493777 Web: <http://www.kledeemeduniversity.edu.in> E-mail: info@kledeemeduniversity.edu.in

Ref.No.KAHER/23-24/D- 02112301

30th October, 2023

ORDER

Sub: Approval of Grant of financial support.

Ref: Your office letter Ref. No. JGMMMC/ 2023-24/630 dated 20th September, 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the '**International Conference on 'Better Birthing Experience organised by Fernandez Hospital Educational and Research Foundation Hyderabad**' to be held on 4th and 5th November, 2023.

SL. No.	Name	Designation	Department
1	Prof. Dr. Sangeeta N Kharde	Assistant Professor	OBG, KLE Institute of Nursing Sciences, 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, KLE Institute of Nursing Sciences, Belagavi.
3. The Finance Officer, KAHER, Belagavi

INSTITUTE OF NURSING SCIENCES



A constituent Unit of

KLE Academy of Higher Education and Research
(Deemed-to-be-University)



Accredited 'A+' Grade by NAAC (3rd Cycle) Placed in Category 'A' by MoE [MHRD] (GoI)

NEHRU NAGAR, BELAGAVI-590010, KARNATAKA, INDIA

☎: 091-0831-2472303

FAX: 091- 0831-2475103

Web: <http://kleunursingbgm.edu.in>

E-mail: principalklenursingbgv@gmail.com

Recognized by: Indian Nursing Council (New Delhi)-Karnataka Nursing Council (Bengaluru, Karnataka)

Ref.No: KAHER/INS/2023-24/D-699

Date: 10-11-2023

To,
The Registrar
KLE Academy of Higher Education & Research
Belagavi.

Sub: Reg. Application for the grant of National Conference attended
& Submission of bills.

Respected Sir,

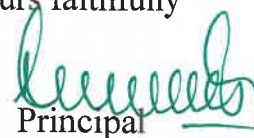
With reference to the subject cited above, we are enclosing herewith the bills of the below teacher in the prescribed format for grant of financial support / Incentive for attended National Conference on **"Better Birthing Experience"** organized by Fernandez Hospital Educational & Research Foundation Hyderabad, 4th & 5th November 2023.

S No	Name of the Faculty	Designation	Paper/Poster Presentation
1	Prof. (Dr.) Sangeeta N Kharde	Assistant Professor	Poster

To Publication
This is for your kind information & needful in the matter.

Thanking you

Yours faithfully


Principal

KAHER Institute of Nursing Sciences
Belagavi

OFFICE OF THE REGISTRAR
KLE Academy of Higher Education
& Research, BELAGAVI

10 NOV 2023

39

Inward No.....Sign.....



INSTITUTE OF NURSING SCIENCES



A constituent Unit of
KLE Academy of Higher Education and Research
(Deemed-to-be-University)



Accredited 'A+' Grade by NAAC (3rd Cycle) Placed in Category 'A' by MoE [MHRD] (GoI)
NEHRU NAGAR, BELAGAVI-590010, KARNATAKA, INDIA

☎: 091-0831-2472303

FAX: 091- 0831-2475103

Web: <http://kleunursingbgm.edu.in>

E-mail: principalklenursingbgv@gmail.com

Recognized by: Indian Nursing Council (New Delhi)-Karnataka Nursing Council (Bengaluru, Karnataka)

Ref.No: KAHER/INS/2023-24/D- 356

Date: 14-08-2023

To,
The Registrar
KLE Academy of Higher Education & Research
Belagavi.

Sub: Reg. Financial Support towards National conference.

Respected Sir,

With reference to the subject cited above, we are enclosing herewith the application of the below teacher in the prescribed format for grant of financial support / Incentive for presentation scientific paper (Poster or Oral).

International Conference on “ **Reforming Nursing Science with Advanced Practice & Research – A Paradigm**” organized by JSS College of Nursing, Mysuru from 18th to 19th August 2023.

S No	Name of the Faculty	Designation	Paper/Poster Presentation
1	Mrs. Vaishali Bagewadi	Assistant Professor	Paper&Poster

This is for your kind information & needful in the matter.

Thanking you,



Yours faithfully

[Signature]

Principal

KAHER Institute of Nursing Sciences
Belagavi

↓
To be seen
for to attend
National Conference
19/8/23





KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

[Deemed-to-be-University established u/s 3 of the UGC Act, 1956]

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / ZONAL / NATIONAL CONFERENCES

(To be submitted to the University through the concerned HoD & Principal)

A. To be filled by the faculty member:	
1. Name	MRS. VAISHALI S. BAGEWADI
2. Qualification	M-SC (N)
3. Designation	Asst. Professor
4. Department	Child Health Nursing
5. Institution	KAHER, INS, Belagavi.
6. Email ID	vsbagenadi@gmail.com
7. Date of joining the Institution	11/04/2014
8. Objectives of the Conference / Seminar / Symposium	
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
10. Assignment in the aforesaid Conference / Seminar / Symposium	a) Contributing a scientific paper (poster or oral) b) Delivering a guest lecture c) Others, if any, specify.
11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	
a) Title of the Conference / Seminar / Symposium	
b) Date of conduct	
c) Level of Conference (State / Zonal / National)	
d) Venue	
e) Financial support extended by the University	
f) Copy of the sanction letter to be enclosed	
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National</u> Conference in a calendar year.	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	JSS college of Nursing, Mysuru.
b) Title of the program	Int. conference on Reframing Nursing science with advanced practice & research.
c) Place	Mysuru.
d) Duration	02 days.
e) Date	18 th & 19 th August 2023.
f) Amount claimed	Rs. 17,000/-


13. Expenses involved towards attending the Conference:	
a) Place	Mysuru.
b) Mode of journey	car.
c) Fare	
To and Fro expenses	10,000/-
Registration / Delegation Fee	2,000/-
Accommodation charges	5,000/-
Total Expenses	17,000/-
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors of the Conference or any other funding agency for attending the aforesaid Conference,
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference,
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.
- I shall reimburse the amount to the University in excess of the eligibility.

Date: 14/8/2023

Signature of the faculty member 

Ref. No. KAHER/INS/23-24/10-356

Date: 14/8/2023

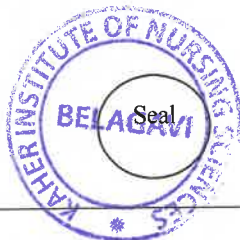
To
The Registrar,
KAHER,
Belgaum.


Dear Sir,

We are enclosing herewith the application of the above Teacher in the prescribed format for grant of financial support for presentation scientific paper (poster or oral) / delivering a guest lecture to attend the Conference for kind consideration.

Thanking you,


Signature of the HoD



Yours faithfully,

Principal



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

(Deemed-to-be-University established u/s 3 of the UGC Act, 1956)

Accredited A⁺ Grade by NAAC (3rd Cycle)

Placed in Category 'A' by MoE (GoI)

JNMC Campus, Nehru Nagar, Belagavi-590 010, Karnataka State, India

☎: 0831-2444444 FAX: 0831-2493777 Web: <http://www.kledeemeduniversity.edu.in> E-mail: info@kledeemeduniversity.edu.in

Ref. No. KAHER/23-24/D-

2/11/2023

ORDER

Sub: Approval for Grant of financial support for attending the Conference.

Ref: Your office letter Ref. No JGMMC/PRI/FIN/527/2023-24, dated 3/10/2023

With reference to the above, the following faculty member is hereby permitted to participate in the "KAMLSCON 2023" 31st Annual Conference to be held at Mangalore on 3rd & 4th November 2023 for contributing a scientific paper.

SL. No.	Name	Designation	Department
1	Dr. Mallikarjun Ballur	Professor & HOD	Forensic 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.


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, KAHER's JGMM Medical College, Gabbur, Hubballi.
3. The Finance Officer, KAHER, Belagavi.



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

[Deemed-to-be-University established u/s 3 of the UGC Act, 1956]

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / ZONAL / NATIONAL CONFERENCES

(To be submitted to the University through the concerned HoD & Principal)

A. To be filled by the faculty member:	
1. Name	Dr. Mallikarjun. Ballur
2. Qualification	MD Forensic Medicine
3. Designation	professor and HoD
4. Department	Forensic Medicine
5. Institution	KLE JGMA Medical College Hubli
6. Email ID	drmallikarjunballur@gmail.com
7. Date of joining the Institution	25/04/2023
8. Objectives of the Conference / Seminar / Symposium	I am presenting oral paper under faculty category, I am attending conference to update knowledge
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
10. Assignment in the aforesaid Conference / Seminar / Symposium	<input checked="" type="checkbox"/> a) Contributing a scientific paper (poster or oral) <input type="checkbox"/> b) Delivering a guest lecture <input type="checkbox"/> c) Others, if any, specify.
11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	Nil.
a) Title of the Conference / Seminar / Symposium	
b) Date of conduct	
c) Level of Conference (State / Zonal / National)	
d) Venue	
e) Financial support extended by the University	
f) Copy of the sanction letter to be enclosed	
Note : The faculty member is eligible for financial support to attend <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	K.S. Hegde Medical College, Mangalore
b) Title of the program	31 st Annual conference of Karnataka Medicolegal Society
c) Place	Mangalore
d) Duration	2 days
e) Date	3/11/23 to 4/11/23
f) Amount claimed	RS. 10,750/-

13. Expenses involved towards attending the Conference:	
a) Place	Mangalore
b) Mode of journey	Bus
c) Fare	
To and Fro expenses	Rs. 2000/-
Registration / Delegation Fee	Rs. 4250/-
Accommodation charges	Rs. 4500/-
Total Expenses	Rs. 10,750/-
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	yes attached
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	yes attached

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors of the Conference or any other funding agency for attending the aforesaid Conference,
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference,
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.
- I shall reimburse the amount to the University in excess of the eligibility.

Date : 29/09/23

Signature of the faculty member

[Signature]

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,

[Signature]

Signature of the HoD



Yours faithfully,

[Signature]

Principal

PRINCIPAL

KAHER's J.G.M.M. Medical College
Gabbur Cross, Kotgondhunshi



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

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(Deemed-to-be-University established u/s 3 of the UGC Act, 1956)

Accredited A⁺ Grade by NAAC (3rd Cycle)

Placed in Category 'A' by MoE (GoI)

JNMC Campus, Nehru Nagar, Belagavi-590 010, Karnataka State, India

☎: 0831-2444444 FAX: 0831-2493777 Web: <http://www.kledeemeduniversity.edu.in> E-mail: info@kledeemeduniversity.edu.in

Ref. No. KAHER/23-24/D-13122304

31/11/2023

ORDER

Sub: Approval for Grant of financial support for attending the Conference.

Ref: Your office letter Ref. No JGMMC/PRI/FIN/618/2023-24, dated 8/11/2023

With reference to the above, the following members are hereby permitted to participate in the "PHYSICON - 2023" 34th Annual National Conference to be held at BLDE, Vijayapur from 2nd to 4th November 2023 for contributing a scientific paper.

SL. No.	Name	Designation	College
1	Dr.Sanjivani S. Jadhav	Assistant Professor, Department of Physiology	KAHER's JGMM Medical College, Gabbur, Hubballi
2	Dr. Renuka Gadwal	Assistant Professor, Department of 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.




Dr. M. S. Ganachari
Registrar

To

The above staff member.

CC to:

1. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
2. KAHER's JGMM Medical College, Gabbur, Hubballi Belagavi.
3. The Finance Officer, KAHER, Belagavi.



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

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APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / ZONAL / NATIONAL CONFERENCES (To be submitted to the University through the concerned HoD & Principal)

A. To be filled by the faculty member:	
1. Name	DR. SANJIVANI S. JADHAV
2. Qualification	MBBS, MD (PHYSIOLOGY)
3. Designation	ASSISTANT PROFESSOR.
4. Department	PHYSIOLOGY.
5. Institution	KLE'S JGMM MEDICAL COLLEGE,
6. Email ID	Sanju03@gmail.com. KATHER HUBBALLI
7. Date of joining the Institution	08/12/2021
8. Objectives of the Conference / Seminar / Symposium	Presenting paper.
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet. New Research opportunities. Paper Abstract Attached.
10. Assignment in the aforesaid Conference / Seminar / Symposium	a) Contributing a scientific paper (poster or oral) ✓ b) Delivering a guest lecture c) Others, if any, specify.
11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	None.
a) Title of the Conference / Seminar / Symposium	
b) Date of conduct	
c) Level of Conference (State / Zonal / National)	
d) Venue	
e) Financial support extended by the University	
f) Copy of the sanction letter to be enclosed	
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference</u> in a calendar year.	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	PHYSICON-2023, BLDE
b) Title of the program	Physiology: From Experimental to Translational
c) Place	Vijayapur (Bijapur), Karnataka
d) Duration	2 Days.
e) Date	02 nd and 03 rd November.
f) Amount claimed	



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH
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- 2 -

13. Expenses Involved towards attending the Conference:	
a) Place	Vijayapura (Bijapur), Karnataka.
b) Mode of journey	By Car
c) Fare	
To and Fro expenses	404 Kms. X 12 Rs. = 4848 Rs./-
Registration / Delegation Fee	Rs. 6,300/-
Accommodation charges	Rs. 2,940/-
Total Expenses	Rs. 14,088/-
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors of the Conference or any other funding agency for attending the aforesaid Conference.
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference.
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.
- I shall reimburse the amount to the University in excess of the eligibility.

Date: 06/11/23.

Signature of the faculty member

[Signature]
06/11/23

Ref. No. _____

Date: _____

To

The Registrar,
KAHER,
Belgaum.

Dear Sir,

We are enclosing herewith the application of the above Teacher in the prescribed format for grant of financial support for presentation scientific paper (poster or oral) / delivering a guest lecture to attend the Conference for kind consideration.

Thanking you,

Yours faithfully,

Signature of the HoD



[Signature]



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

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☎: 0831-2444444 FAX: 0831-2493777 Web: <http://www.kledeemeduniversity.edu.in> E-mail: info@kledeemeduniversity.edu.in

Ref. No. KAHER/23-24/D-27112307

13th September 2023

ORDER

Sub: Approval of Grant of financial support for attending the Conference.

Ref: Your office letter Ref. No. JGMMC/ 2023-24/ dated 20th September, 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the *Conference on '23rd KCACON organised* by department of Anatomy Kasturba Medical College, Manipal on 15th & 16th September, 2023 and also *contributing a scientific paper.*

SL. No.	Name	Designation	College
1	Dr. Maheshwari Myageri	Associate Professor, Department of Anatomy.	KAHER's JGMM Medical College, Gabbur, Hubballi.

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, KAHER's JGMM Medical College, Gabbur, Hubballi.
3. The Finance Officer, KAHER, Belagavi



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

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APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / NATIONAL CONFERENCES (To be submitted to the University through the concerned HoD & Principal)

A. To be filled by the faculty member:

1. Name
2. Qualification
3. Designation
4. Department
5. Email ID
6. Institution
7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility)
8. Objectives of the Conference / Seminar / Symposium

Dr Maheshwari Myageri

MD Anatomy

Associate Professor

Anatomy

mayuri.myageri

KATER's JGMM Medical College

02/01/2023

Oral Presentation & Chairing the Session

9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium

Please enclose a separate sheet.

10. Assignment in the aforesaid Conference / Seminar / Symposium

a) Delivering Key-note address / orations / plenary lectures

b) Contributing a scientific paper

c) International collaboration exchange program (only on invitation)

d) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation)

e) Others, if any, specify. Chairing the Session

11. Particulars of the Conference being attended

- a) Title of the Conference / Seminar / Symposium

23rd KCAkon 2023

- b) Date of conduct

15th & 16th of Sept 2023

- c) Level of Conference

State / National

- d) Quantum of financial grant eligible (or actuals expenses, whichever is less)

State Level : Rs. 8,000/-

National Level : Rs.16,000/-

- e) Venue

KMC, Manipal

- f) Copy of the sanction letter along-with Brochure to be enclosed

Note : The faculty member is eligible for financial support to attend one State / Zonal and one National Conference in a calendar year

12. Particulars of the financial support previously extended by the University

Nil

- a) Name of the Organizer

- b) Title of the program

- c) Place

- d) Duration

- e) Date of Conference

- f) Financial grant availed



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

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- 2 -

13. Travelling (by shortest route) and other expenses involved

	Particulars
a) Place	Manipal, Karnataka
b) Mode of journey	Car
c) Fare	610 kms. (Hubli to Manipal & Back to Hubli)
d) To and Fro	
e) Accommodation charges	3584.00 ✓
f) Registration / Delegation Fee	4720.00 ✓
g) Air-port Tax	✓

14. Documents to be submitted:

- a) Copy of the letter of invitation from the organizers. ✓
- b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. ✓

DECLARATION

I hereby declare that:

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors / organizers of the Conference or any other funding agency for attending the aforesaid Conference. I am aware that I am liable for any disciplinary action by the University in case it is found at a later stage that the information furnished in this application is wrong / false, in support of my application for financial grant.
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference.
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.

Date: _____

Signature of the faculty member _____

Ref. No. _____

Date: 20/9/23

To

The Registrar, KAHER, Belagavi.

Dear Sir,

We are enclosing herewith the application of the above Teacher in the prescribed format for grant of financial support to attend the International Conference outside India for kind consideration.

Thanking you,

Yours faithfully,

Signature of the HoD

Department of Anatomy
KAHER's JGMM Medical College
Gabbur Cross, Kotgondhunshi,
HUBBALLI-28.

Seal



Principal

KAHER's JGMM Medical College
Gabbur Cross, Kotgondhunshi
HUBBALLI-28.



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

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Placed in Category 'A' by MoE (GoI)

JNMC Campus, Nehru Nagar, Belagavi-590 010, Karnataka State, India

☎: 0831-2444444 FAX: 0831-2493777 Web: <http://www.kledeemeduniversity.edu.in> E-mail: info@kledeemeduniversity.edu.in

Ref. No. KAHER/23-24/D-29112312

30th October 2023

ORDER

Sub: Approval for Grant of financial support for attending the Conference.

Ref: Your office letter Ref. No JGMMC/2023-24/624, dated 11th November, 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the “**PHYSICON - 2023**” Annual National Conference to be held at Shri B. M. Patil Medical College, Hospital & Research Centre, BLDE (DU) Vijayapura on **2nd & 3rd November 2023** for contributing a scientific paper & session.

SL. No.	Name	Designation	College
1	Dr. Savitri Siddanagouda	Professor & HOD Department of Physiology	KAHER's JGMM Medical College, Gabbur, Hubballi.

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, KAHER's JGMM Medical College, Gabbur, Hubballi.
3. The Finance Officer, KAHER, Belagavi

Ref. No. KAHER/23-24/D-29112313

30th October 2023

ORDER

Sub: Approval for Grant of financial support for attending the Conference.

Ref: Your office letter Ref. No JGMMC/2023-24/619, dated 09th November, 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the “IAC -KCCON 2023” Annual Conference at **KIMS, Hubballi** to be held on 3rd & 4th November 2023 for contributing a scientific paper & session.

SL. No.	Name	Designation	College
1	Dr. Madhuri Dindalkoppa	Assistant Professor & Department of Pathology	KAHER's JGMM Medical College, Gabbur, Hubballi.

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, KAHER's JGMM Medical College, Gabbur, Hubballi.
3. The Finance Officer, KAHER, Belagavi



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Placed in Category 'A' by MoE (GoI)

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☎: 0831-2444444 FAX: 0831-2493777 Web: <http://www.kledeemeduniversity.edu.in> E-mail: info@kledeemeduniversity.edu.in

Ref. No. KAHER/23-24/D- 09122304

30th October, 2023

ORDER

Sub: Approval of Grant of financial support.

Ref: Your office letter Ref. No. KLECOPBLR/2023-24/157 dated 19th October, 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the 'TRDDCON-2023' to be held on 2nd and 4th November, 2023 in Manipal College of Pharmaceutical, Manipal.

SL. No.	Name	Designation	Department
1	Mr. Rajashekar S Chavan	Assistant Professor Gr I Department of Pharmacology,	KLE College of Pharmacy, Bengaluru.

The KAHER shall consider the release of financial grant only after submission of the attendance certificate, Photograph and original bills/ vouchers as per university rules.




Dr. M. S. Ganachari
Registrar

To,
The above staff member.

CC to:

1. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
2. The Principal, KLE College of Pharmacy, Bengaluru.
3. The Finance Officer, KAHER, Belagavi



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

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[Deemed-to-be-University established u/s 3 of the UGC Act, 1956]

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / ZONAL / NATIONAL CONFERENCES (To be submitted to the University through the concerned HoD & Principal)

A. To be filled by the faculty member:	
1. Name	Rajashekar S. Chavan
2. Qualification	M. Pharm
3. Designation	Assistant professor
4. Department	Pharmacology
5. Institution	B. L. E College of Pharmacy Bengaluru
6. Email ID	Rajashekar.chavan18@gmail.com
7. Date of joining the Institution	05/06/2023 Bengaluru, 01/08/2016 Belgaum
8. Objectives of the Conference / Seminar / Symposium	Conference.
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
10. Assignment in the aforesaid Conference / Seminar / Symposium	a) Contributing a scientific paper (poster or oral) ✓ b) Delivering a guest lecture c) Others, if any, specify.
11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	Conference
a) Title of the Conference / Seminar / Symposium	Translational Research in Drug Development
b) Date of conduct	2-4 November 2023
c) Level of Conference (State / Zonal / National)	National
d) Venue	Manipal College of Pharmaceutical Science, MAHE
e) Financial support extended by the University	
f) Copy of the sanction letter to be enclosed	Enclosed
Note : The faculty member is eligible for financial support to attend <u>one</u> State / Zonal and <u>one</u> National Conference in a calendar year.	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	Conference
a) Name of the Organizer	MUPS-MAHE
b) Title of the program	Translational Research in Drug Development
c) Place	Manipal
d) Duration	3 days
e) Date	2-4 November
f) Amount claimed	11,332/-



13. Expenses involved towards attending the Conference:	
a) Place	Manipal
b) Mode of journey	Bus
c) Fare	TO Bangalore 403x08 = 3,224 from Manipal 403x08 = 3,224
To and Fro expenses	6448
Registration / Delegation Fee	
Accommodation charges	3,540
Total Expenses	11,332
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	Enclosed
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	

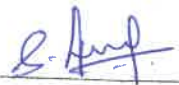
DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors of the Conference or any other funding agency for attending the aforesaid Conference,
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference,
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.
- I shall reimburse the amount to the University in excess of the eligibility.

Date : 12/12/2023

Signature of the faculty member



Ref. No. KAHER/23-24/D-09122804


Date: 11/12/2023

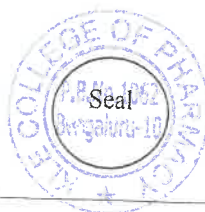
To
The Registrar,
KAHER,
Belgaum.

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



Yours faithfully,

Principal

KLE College of Pharmacy
Bengaluru-560 010



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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Accredited A⁺ Grade by NAAC (3rd Cycle)

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☎: 0831-2444444 FAX: 0831-2493777 Web: <http://www.kledeemeduniversity.edu.in> E-mail: info@kledeemeduniversity.edu.in

Ref. No. KAHER/23-24/D-02022416

5/01/2024

ORDER

Sub: Approval for Grant of financial support for attending the Conference.


Ref: Your office letter dated 4/01/2024.

With reference to the above, the following faculty member is hereby permitted to participate in the "CLINMICROCONKC -2024" Annual Conference to be held at Hubballi on 5th & 6th January 2024 for contributing a Scientific Paper.

SL. No.	Name	Designation	Department
1	Dr. Ahuti Pandya	Senior Resident	Microbiology

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.

Ref. No. KAHER/23-24/D-02022417

5/01/2024

ORDER

Sub: Approval for Grant of financial support for attending the Conference.

Ref: Your office letter dated 4/01/2024.

With reference to the above, the following faculty member is hereby permitted to participate in the "CLINMICROCONKC -2024" Annual Conference to be held at Hubballi on 6th January 2024 for contributing a Scientific Paper and also chairing a scientific session.

SL. No.	Name	Designation	Department
1	Mrs. Shobha Kage	Tutor	Microbiology

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)

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Ref.No.KAHER/23-24/D- 02112310

30th October, 2023

ORDER

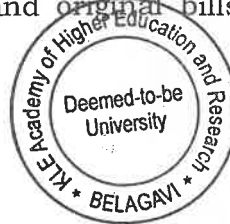
Sub: Approval of Grant of financial support.

Ref: Your office letter Ref. No. JNMC/ 2023-24/338 dated 28th October, 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the '**PHYSICON-2023**' to be held on 2nd and 3rd November, 2023 in **Vijayapura** and also contributing a scientific paper.

SL. No.	Name	Designation	Department
1	Dr. Jayasheela Bagi	Professor	Forensic Medicine, 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



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☎: 0831-2444444 FAX: 0831-2493777 Web: <http://www.kledeemeduniversity.edu.in> E-mail: info@kledeemeduniversity.edu.in

Ref. No. KAHER/23-24/D-12122314

15/09/2023



ORDER

Sub: Approval for Grant of financial support for attending the Conference.

Ref: Your office letter dated 14th September, 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the "3rd State Conference of IAPSM" to be held at **Shri B. M. Patil Medical College, Vijayapura** on 15th & 16th September 2023 for delivering a guest lecture.

SL. No.	Name	Designation	Department
1	Dr. Avinash Kavi	Associate Professor	Community 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.



Dr. M. S. Ganachari
Registrar

To

The above staff member.

An
31/1/2024

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-01622413

2/1/2024

ORDER

Sub: Approval for Grant of financial support for attending the Conference.

Ref: Your office letter dated 26/12/2023.

With reference to the above, the following faculty member is hereby permitted to participate in the "AOICON - 2024" Conference to be held at Bangalore from 4th to 7th January 2024 for contributing a Scientific Paper.

SL. No.	Name	Designation	Department
1	Dr. Priti S.Hajare	Professor	ENT & HNS

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.

Ref. No. KAHER/23-24/D-18012407

5/01/2024

ORDER

6

Sub: Approval for Grant of financial support for attending the Conference.

Ref: Your office letter dated 4/01/2024.

With reference to the above, the following faculty member is hereby permitted to participate in the "CLINMICROCONKC -2024" Annual Conference to be held at Hubballi on 5th & 6th January 2024 for contributing a Scientific Paper.

SL. No.	Name	Designation	Department
1	Dr. Laxmi Deshpande	Assistant Professor	Microbiology

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.

o/c

Ref. No. KAHER/23-24/D-18122314

12/12//2023

ORDER

Sub: Approval for Grant of financial support for attending the Conference.

Ref: Your office letter dated 8th December 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the **"ASICON 2023"** to be held at Vishakhapatnam from 13th to 16th December 2023 for chairing a session

SL. No.	Name	Designation	Department
1	Dr. Basavaraj M Kajagar	Professor	General 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.

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

Ref. No. KAHER/23-24/D-18012403

5/01/2024

8

ORDER

Sub: Approval for Grant of financial support for attending the Conference.


Ref: Your office letter dated 1/01/2024.

With reference to the above, the following faculty member is hereby permitted to participate in the "CLINMICROCONKC -2024" Annual Conference to be held at Hubballi on 5th & 6th January 2024 for contributing a Scientific Paper.

SL. No.	Name	Designation	Department
1	Dr. Manjula Vagarali	Professor & HOD	Microbiology

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.

o/c



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Ref. No. KAHER/23-24/D-18012404

9

12/07/2023

ORDER

Sub: Approval for Grant of financial support for attending the Conference.

Ref: Your office letter dated 12/07/2023.

With reference to the above, the following faculty member is hereby permitted to participate in the "AMBKCCCON" Conference to be held at Dharwad on 19th & 20th May 2023 for contributing a Scientific Paper.

SL. No.	Name	Designation	Department
1	Dr. Anuradha B. Patil	Professor	Biochemistry

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.

o/c



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Ref. No. KAHER/23-24/D-18012406

10

5/01/2024

ORDER

Sub: Approval for Grant of financial support for attending the Conference.


Ref: Your office letter dated 4/01/2024.

With reference to the above, the following faculty member is hereby permitted to participate in the "CLINMICROCONKC -2024" Annual Conference to be held at Hubballi on 6th January 2024 for contributing a Scientific Paper.

SL. No.	Name	Designation	Department
1	Dr. Rubina Mulla	Assistant Professor	Microbiology

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.

o/c

Ref. No. KAHER/23-24/D-18012408

5/01/2024

11

ORDER

Sub: Approval for Grant of financial support for attending the Conference.

Ref: Your office letter dated 4/01/2024.

With reference to the above, the following faculty member is hereby permitted to participate in the "CLINMICROCONKC -2024" Annual Conference to be held at Hubballi on 6th January 2024 for contributing a Scientific Paper.

SL. No.	Name	Designation	Department
1	Dr. Soumya S	Associate Professor	Microbiology

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.

o/c

Ref. No. KAHER/23-24/D-18012409

4/01/2024

12

ORDER

Sub: Approval for Grant of financial support for attending the Conference.

Ref: Your office letter dated 2/01/2024.

With reference to the above, the following faculty member is hereby permitted to participate in the "CLINMICROCONKC -2024" Annual Conference to be held at Hubballi on 5th & 6th January 2024 for contributing a Scientific Paper.

SL. No.	Name	Designation	Department
1	Dr. Madhumati Patil	Associate Professor	Microbiology

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.

olc



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Ref. No. KAHER/23-24/D-18012406

5/01/2024

13

ORDER

Sub: Approval for Grant of financial support for attending the Conference.

Ref: Your office letter dated 4/01/2024.

With reference to the above, the following faculty member is hereby permitted to participate in the "CLINMICROCONKC -2024" Annual Conference to be held at Hubballi on 6th January 2024 for contributing a Scientific Paper.

SL. No.	Name	Designation	Department
1	Dr. Sheetal Harakuni	Professor	Microbiology

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.

ok



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Ref. No. KAHER/23-24/D-170/2432

5/01/2024

ORDER

Sub: Approval for Grant of financial support for attending the Conference.

Ref: Your office letter dated 4/01/2024.

With reference to the above, the following faculty member is hereby permitted to participate in the "CLINMICROCONKC -2024" Annual Conference to be held at Hubballi on 6th January 2024 for contributing a Scientific Paper.

SL. No.	Name	Designation	Department
1	Dr. Sumati Hogade	Professor	Microbiology

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.

Ref. No. KAHER/23-24/D-18012411

4/01/2024



ORDER

Sub: Approval for Grant of financial support for attending the Conference.

Ref: Your office letter dated 3/01/2024.

With reference to the above, the following faculty member is hereby permitted to participate in the "AOICON -2024" 75th Annual Conference to be held at Bangalore from 4th to 7th January 2024 for contributing a Scientific Paper.

SL. No.	Name	Designation	Department
1	Dr. Vinita Metgudmath	Associate Professor	ENT & HNS

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.

o/c

Ref. No. KAHER/23-24/D- 05012413

2/01/2024

16

ORDER

Sub: Approval for Grant of financial support for attending the Conference.

Ref: Your office letter dated 21st December 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the "75th AOI National Conference" to be held at Bangalore from 4th to 7th January 2024 for contributing a scientific paper & delivering a guest lecture.

SL. No.	Name	Designation	Department
1	Dr. Anil S Harugop	Professor	ORL (ENT) & HNS

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.

Ref. No. KAHER/23-24/D-

15/12/2023

17

ORDER

Sub: Approval for Grant of financial support for attending the Conference.

Ref: Your office letter dated 14th December 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the "AMBICON 2023" Annual Conference to be held at Mumbai from 14th to 16th December 2023 for contributing a scientific paper.

SL. No.	Name	Designation	Department
1	Dr. Reshma D. Channashetti	Assistant Professor	Biochemistry

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.

Ref. No. KAHER/23-24/D-12122316

25/11/2023

18

ORDER

Sub: Approval for Grant of financial support for attending the Conference.

Ref: Your office letter dated 27th November, 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the “IAPSMCON - 2023” State Level Conference to be held at **BLDE University, Vijayapura on 15th & 16th September 2023** for delivering a guest lecture.

SL. No.	Name	Designation	Department
1	Dr. Yogesh Kumar S	Professor	Community 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.




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.

ORDER

Sub: Approval for Grant of financial support for attending the Conference.

Ref: Your office letter dated 6th December, 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the **"38th Annual State Radiology State Conference"** to be held at BLDE (Deemed to be University) Shri B. M. Patil Medical College, Vijayapura from **8th to 10th December 2023** for delivering a guest lecture.

SL. No.	Name	Designation	College
1	Dr. Pradeepgoud H. Patil	Professor & HOD Department of Radio-Diagnosis	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.

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

Ref. No. KAHER/23-24/D- 07122302

5/12/2023

(20)

ORDER

Sub: Approval for Grant of financial support for attending the Conference.

Ref: Your office letter dated 5th December, 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the "HEAL- BioTee - 2023" International Conference to be held at Mysuru from 7th to 9th December 2023 for contributing a scientific paper.

SL. No.	Name	Designation	College
1	Mr. Abhijit Bhatkal	Assistant Professor, BSRC	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.



Dr. M. S. Ganachari
Registrar

To

The above staff member.

CC to:

1. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
2. The I/c Director, Dr. Prabhakar Kore, Basic Science Research Centre, KAHER, Belagavi.
3. The Finance Officer, KAHER, Belagavi.

Ref.No.KAHER/23-24/D- 29092329

26th September, 2023

22

ORDER

Sub: Approval of Grant of financial support for attending the Conference.

Ref: Your office letter Ref. No. MPH/ 2023-24/ dated 23rd September, 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the *Conference on 'IV National Conference Of epidemiology of India' at Goa on 30th September to 1st October 2023* and also contributing a scientific paper presentation entitled '*Goa Medical college EFICON 2023*'.

SL. No.	Name	Designation	Department
1	Dr. Mubashir Angolkar	Professor and Head	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.



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- 28112314

28th November 2023

ORDER

Sub: Approval for Grant of financial support for attending the Conference.

Ref: Your office letter dated 27th November 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the **"International Conference - Recent Trends in DNA Forensics"** to be held at National Forensic Sciences University, Dharwad & Karnataka Institute for DNA Research, Dharwad to be held on 29th & 30th November 2023 for abstract for an oral presentation.

SL. No.	Name	Designation	College/Department
1	Dr. Bhushan B. Kulkarni	Scientist Grade II	BSRC, 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 I/c Director, BSRC, KAHER, Belagavi.
3. The Finance Officer, KAHER, Belagavi



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Ref. No. KAHER/23-24/D- 05012411

16/10/2023

23

ORDER

Sub: Approval for Grant of financial support for attending the Conference.

Ref: Your office letter dated 13th October 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the "57th National Orthodontic Conference" to be held at Meerut from 15th to 17th September 2023 for delivering a guest lecture.

SL. No.	Name	Designation	Department
1	Dr. Kelsuskar K M	Professor	Orthodontics

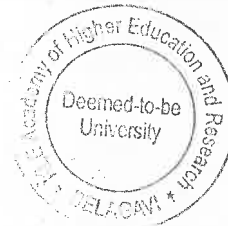
The KAHER shall consider the release of financial grant only after submission of the attendance certificate, Photograph and original bills/ vouchers as per university rules.

To

The above staff member.

CC to:

1. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
2. The Principal, KLE VK Institute of Dental Sciences, Belagavi.
3. The Finance Officer, KAHER, Belagavi.




Dr. M. S. Ganachari
Registrar

Ref. No. KAHER/23-24/D-18/22317

13/12/2023

24

ORDER

Sub: Approval for Grant of financial support for attending the Conference.

Ref: Your office letter dated 12th December, 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the **"51st Indian Prosthodontic Society Conference"** to be held at Goa from 8th to 10th December 2023 for chairing a scientific session.

SL. No.	Name	Designation	Department
1	Dr. Mahantesh Bembalgi	Professor	Prosthodontics

The KAHER shall consider the release of financial grant only after submission of the attendance certificate, Photograph and original bills/ vouchers as per university rules.




Dr. M. S. Ganachari
Registrar

To

The above staff member.

CC to:

1. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
2. The Principal, KLE VK Institute of Dental Sciences, Belagavi.
3. The Finance Officer, KAHER, Belagavi.



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Ref. No. KAHER/23-24/D-01022412

13/12/2023

25

ORDER

Sub: Approval for Grant of financial support for attending the Conference.

Ref: Your office letter dated 12/12/2023.

With reference to the above, the following faculty member is hereby permitted to participate in the "51st Indian Prosthodontic Society Conference" to be held at Goa from 7th to 10th December 2023 for chairing a scientific session.

SL. No.	Name	Designation	Department
1	Dr. Anandkumar Patil	Professor & Head	Prosthodontics

The KAHER shall consider the release of financial grant only after submission of the attendance certificate, Photograph and original bills / vouchers as per university rules.




Dr. M. S. Ganachari
Registrar

To

The above staff member.

CC to:

1. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
2. The Principal, KLE VK IDS, Belagavi.
3. The Finance Officer, KAHER, Belagavi.



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Ref. No. KAHER/23-24/D- 05012409

8/12/2023

ORDER

Sub: Approval for Grant of financial support for attending the Conference.

Ref: Your office letter dated 6th December 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the "38th IACDE National Conference 2023" to be held at Kolkata from 30th November to 3rd December 2023 for chairing a session.

SL. No.	Name	Designation	Department
1	Dr. Sunita Shivanand	Professor	Conservative Dentistry & Endodontics

The KAHER shall consider the release of financial grant only after submission of the attendance certificate, Photograph and original bills/ vouchers as per university rules.



Dr. M. S/Ganachari
Registrar

To

The above staff member.

CC to:

1. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
2. The Principal, KLE VK Institute of Dental Sciences, Belagavi
3. The Finance Officer, KAHER, Belagavi.



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Ref. No. KAHER/23-24/D- 05012414

8/12/2023

27

ORDER

Sub: Approval for Grant of financial support for attending the Conference.

Ref: Your office letter dated 7th December 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the "38th IACDE National Conference-2023" to be held at Kolkata from 30th November to 3rd December 2023 for chairing a session.

SL. No.	Name	Designation	Department
1	Dr. Sonal B. Joshi	Dean & Professor	Conservative Dentistry

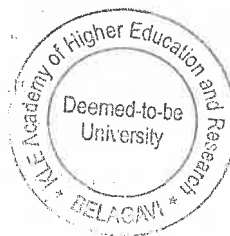
The KAHER shall consider the release of financial grant only after submission of the attendance certificate, Photograph and original bills/ vouchers as per university rules.

To

The above staff member.

CC to:

1. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
2. The Principal, KLE VK Institute of Dental Sciences, Belagavi
3. The Finance Officer, KAHER, Belagavi.



Dr. M. S. Ganachari
Registrar



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Ref.No.KAHER/23-24/D- 23062302

22nd June, 2023

ORDER

Sub: Approval of Grant of financial support for attending the International Conference at Berlin from 28th to 30th September, 2023.

Ref: Your office letter Ref. No. vkids / 2023-24/323 dated 15th June 2023.

With reference to the above, the following faculty member is hereby permitted to contributing **poster presentation** at international Conference [BERLIN-2023] to be held at **Berlin** from **28th to 30th September 2023**.

SL. No.	Name	Designation	Department
1	Dr.Sounyala Rayanavar	Professor	Prosthodontics, Crown & Bridge

The KAHER shall consider the release of financial grant only after submission of the attendance certificate, Photograph and original bills/ vouchers as per university rules.



Prof Dr. V.A. Kothiwale
Registrar

To,
The above staff members.

CC to:

1. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
2. The Principal, KLE V.K.Institute of Dental Science, Belagavi.
3. The Finance Officer, KAHER, Belagavi

Ref. No. KAHER/23-24/D-13122306

22/11/2023



ORDER

Sub: Approval for Grant of financial support for attending the Conference.

Ref: Your office letter dated 11th November, 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the “NCHPE Conference” Conference to be held at Mumbai from 23rd to 25th November 2023 for contributing a scientific paper.

SL. No.	Name	Designation	College
1	Dr. Rinku Porwal	Associate Professor, Department of Forensic Medicine	KLE Homeopathic 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, KLE Homeopathic Medical College, KAHER, Belagavi.
3. The Finance Officer, KAHER, Belagavi.

Ref. No. KAHER/23-24/D-13122305

22/11/2023

ORDER

Sub: Approval for Grant of financial support for attending the Conference.

Ref: Your office letter dated 11th November, 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the “NCHPE Conference” Conference to be held at Mumbai from 23rd to 25th November 2023 for contributing a scientific paper.

SL. No.	Name	Designation	College
1	Dr. Supriya J. Kulkarni	Professor, BHMS (MD)	KLE Homeopathic 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, KLE Homeopathic Medical College, KAHER, Belagavi.
3. The Finance Officer, KAHER, Belagavi.

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Ref.No. KAHER/23-24/D-

21st October 2023

ORDER

Sub: Approval of Grant of financial support.

Ref: Your office letter Ref. No. KLE HMC / 2023-24/ dated 18th October, 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the '**Prerana-2023**'. South Indian Homoeo Fest and 26th Annual National Homoeopathic conference to be held at **Father Muller Homoeopathic College, Mangalore** from **04th to 05th November 2023**.

SL. No.	Name	Designation	College
1.	Dr. Shruti Rajan Kakade	Assistant Professor	KLEs Homoeopathic 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, KLEs Homoeopathic Medical College, Belagavi.
3. The Finance Officer, KAHER, Belagavi

Ref. No. KAHER/23-24/D- 12122310

8/12/2023

ORDER

32

Sub: Approval for Grant of financial support for attending the Conference.

Ref: Your office letter dated 7th December, 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the **"ICON - IPEPC"** International Conference to be held at **Malaysia** from **14th to 16th December 2023** for poster presentation.

SL. No.	Name	Designation	College
1	Dr. Jessica Mouteiro	Associate Professor	KLE Homeopathic 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:

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2. The Principal, KLE Homeopathic Medical College, Belagavi.
3. The Finance Officer, KAHER, Belagavi.



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Ref. No. KAHER/23-24/D-27112305

10th November 2023

ORDER

33

Sub: Approval of Grant of financial support for attending the 2nd International AYUSH Conference at Dubai World trade Centre from 13th to 15th January 2024

Ref: Your office letter Ref. No. KLEHMC / 2023-24/ dated 8th November 2023.

With reference to the above, the following faculty members are hereby permitted to attend the 2nd International AYUSH Conference and also presenting Paper presentation to be held at Dubai World trade Centre from 13th to 15th January 2024

SL. No	Name	Designation	Department
1	Dr. Swaroopa Patil	Professor	Organon of 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.



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, KLE HMC, Belagavi.
3. The Finance Officer, KAHER, Belagavi



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Ref. No. KAHER/23-24/D-12122317

25/11/2023

ORDER

Sub: Approval for Grant of financial support for attending the Conference.

Ref: Your office letter Ref. No. JGMMC/PRI/FIN/509/ 2023-24/ dated 23-9-2023.

With reference to the above, the following faculty member is hereby permitted to participate in the "23rd KCACON -2023" Conference to be held at **Kasturba Medical College, Manipal on 15th & 16th September 2023** for contributing a scientific paper

SL. No.	Name	Designation	Department
1	Dr. Manisha Sachin Chougule	Professor	Anatomy

The KAHER shall consider the release of financial grant only after submission of the attendance certificate, Photograph and original bills/ vouchers as per university rules.

To

The above staff member.

CC to:

1. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
2. The Principal, KAHER's JGMM Medical College, Gabbur, Hubballi.
3. The Finance Officer, KAHER, Belagavi.



Dr. M. S. Ganachari
Registrar

Ref. No. KAHER/23-24/D- 05012410

22/12/2023

35

ORDER

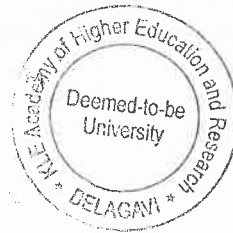
Sub: Approval for Grant of financial support for attending the Conference.

Ref: Your office letter dated 21st December 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the "International Tuberculosis Conclave 2023" to be held at Mysuru on 23rd & 24th November 2023 for contributing a scientific paper.

SL. No.	Name	Designation	Department
1	Dr. Abhinandan Wali	Associate Professor	Community 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.




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, KAHER's JGMM Medical College, Gabbur, Hubballi.
3. The Finance Officer, KAHER, Belagavi.



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Ref.No.KAHER/23-24/D- 02112302

30th October, 2023

ORDER

Sub: Approval of Grant of financial support.

Ref: Your office letter Ref. No. JGMMM/ 2023-24/569 dated 18th October, 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the '**APCON-2023**' to be held on **6th to 10th December, 2023** in **JL, Auditorium, AIIMS, Delhi** and also **presenting paper**.

SL. No.	Name	Designation	Department
1	Dr. Madhuri Dindalkoppa	Assistant Professor	Pathology, J G M M 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.

To,
The above staff member.



Prof Dr.M.S.Ganachari
Registrar

CC to:

1. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
2. The Principal, J G M M Medical College, Belagavi.
3. The Finance Officer, KAHER, Belagavi

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Ref. No. KAHER/23-24/D- 07022416

25-07-2023

ORDER

Sub: Approval of Grant of financial support for attending the KAPCON 2023-49th Annual Conference of KCIAPM.

Ref: Your office letter Ref. No. JGMMMC / 2023-24/338 dated 22nd July 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the 49TH Annual Conference of the Karnataka Chapter, Indian Association of Pathologists and Microbiologists (KCIAPM) to be held at Mangalore from 6th to 8th October, 2023 and also contributing a scientific paper entitled 'KAPCON 2023-Bridge to the future'.

SL. No.	Name	Designation	Department
1	Dr. Ranjana Ranade	Associate Professor, KLE JGMM Medical College Hubballi.	Pathology

The KAHER shall consider the release of financial grant only after submission of the attendance certificate, Photograph and original bills/ vouchers as per university rules.



Prof Dr. M. S. Ganachari
Registrar

To,
The above staff member.

CC to:

1. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
2. The Principal, KLE JGMM Medical College, Hubballi.
3. The Finance Officer, KAHER, Belagavi.



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Ref. No. KAHER/23-24/D- 02112303 12122318

30th October, 2023

ORDER

Sub: Approval for Grant of financial support for attending the Conference.

Ref: Your office letter Ref. No. JGMMMC/ 2023-24/568 dated 18th October, 2023.

With reference to the above, the following faculty members are hereby permitted to participate in the '**IAC-KCCON-2023**' to be held on **3rd and 4th November, 2023** in **Hubballi** for poster presentation.

SL. No.	Name	Designation	College
1	Dr. Madhuri Dindalkoppa	Assistant Professor	J G M M Medical College, Gabbur, Hubballi
2	Dr. Prajna K.S.	department of Pathology	

The KAHER shall consider the release of financial grant only after submission of the attendance certificate, Photograph and original bills/ vouchers as per university rules.

To,

The above staff member.



Dr. M. S. Ganachari
Registrar

CC to:

1. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
2. The Principal, KAHER's JGMM Medical College, Gabbur, Hubballi.
3. The Finance Officer, KAHER, Belagavi



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Ref. No. KAHER/23-24/D- 130224028

08-12-2023

ORDER

Sub: Approval of Grant of financial support for attending the NAPTICON - 2023.

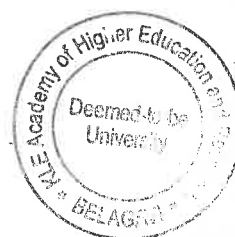
Ref: Your office letter dated 1-12-2023.

79

With reference to the above, the following faculty member is hereby permitted to participate in the **KSMPCON - 2023** State level Conference to be held at **Tumkuru** on 8th & 9th December 2023 and also contributing a scientific paper.

SL. No.	Name	Designation	College
1	Dr Rajesh Vishnu Naik	Assistant Professor	KAHER's JGMM Medical College, Hubballi

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, KAHER's JGMM Medical College, Hubballi
3. The Finance Officer, KAHER, Belagavi.



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Ref. No. KAHER/23-24/D- 13022429

01-12-2023

ORDER

Sub: Approval of Grant of financial support for attending the NAPTICON - 2023.

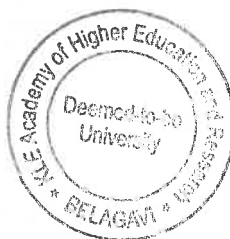
Ref: Your office letter dated 25-11-2023.

(40)

With reference to the above, the following faculty member is hereby permitted to participate in the **NAPTICON – 2023** National Conference to be held at **Lucknow** on 1st to 2nd December 2023 and also contributing a scientific paper.

SL. No.	Name	Designation	College
1	Dr Rajesh Vishnu Naik	Assistant Professor	KAHER's JGMM Medical College, Hubballi

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, KAHER's JGMM Medical College, Hubballi
3. The Finance Officer, KAHER, Belagavi.

Ref. No. KAHER/23-24/D- 12122309

8/12/2023

ORDER

41

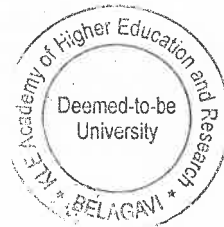
Sub: Approval for Grant of financial support for attending the Conference.

Ref: Your office letter Ref. No. Klecoph// 2023-24/338 dated 1st December, 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the **"DUPHAT 2024"** Conference to be held at **Dubai World Trade Centre** from **9th to 11th January 2024** for oral Presentation.

SL. No.	Name	Designation	College
1	Dr. A H M Viswanatha Swamy	Professor & Principal, Department of Pharmacy Practice	KLE College of Pharmacy, Hubballi.

The KAHER shall consider the release of financial grant only after submission of the attendance certificate, Photograph and original bills/ vouchers as per university rules.




Dr. M. S. Ganachari
Registrar

To
The above staff member.

CC to:

1. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
2. The Principal, KLE College of Pharmacy, Hubballi.
3. The Finance Officer, KAHER, Belagavi.

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Web: <http://www.kledeemeduniversity.edu.in>

E-mail: info@kledeemeduniversity.edu.in

Ref. No. KAHER/23-24/D- 05012412

20/12/2023

ORDER

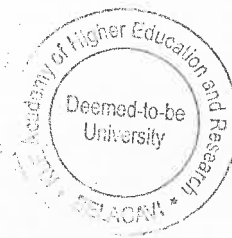
Sub: Approval for Grant of financial support for attending the Conference.

Ref: Your office letter Ref. No KCPT/385/2023-24, dated 19/12/2023

With reference to the above, the following member is hereby permitted to participate in the "9th International Conference of Physical Therapy AIIMS 2023" to be held at Delhi from 22nd to 25th December 2023 for delivering a guest lecture.

SL. No.	Name	Designation	College
1	Dr. Prashant Mukkannavar	Principal & Professor	KLE College of Physiotherapy, Hubballi.

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 Finance Officer, KAHER, Belagavi.



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Ref. No. KAHER/23-24/D-23112308

10th October 2023

ORDER

43 944

Sub: Approval of Grant of financial support for attending the "Convention on Drug Discovery and Development - CDC 2023" at Dayanand Sagar University, College of Pharmaceutical Sciences Services, Bengaluru. On 18th & 19th October 2023

Ref: Your office letter Ref. No. KLECOPBLR / 2023-24/ dated 28th October 2023.

With reference to the above, the following faculty members are hereby permitted to attend the "Convention on Drug Discovery and Development - CDC 2023" and also presenting Paper presentation to be held at Dayanand Sagar University, College of Pharmaceutical Sciences Services, Bengaluru. On 18th & 19th October 2023

SL. No	Name	Designation	Department
1	Dr. Priyanka Kamaria	Assistant Professor Gr II	Pharmaceutical Chemistry
2	Ms. Priyanka Tiwari	Assistant Professor Gr II	Pharmaceutical Chemistry

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 members.

CC to:

1. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
2. The Principal, KLE College of Pharmacy, Bengaluru.
3. The Finance Officer, KAHER, Belagavi

Ref. No. KAHER/23-24/D-0102241

25/09/2023

ORDER

45

Sub: Approval for Grant of financial support for attending the Conference.


Ref: Your office letter dated 16th September 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the National Conference to be held at Hubballi on 30th September 2023 for contributing a scientific paper.

SL. No.	Name	Designation	Department
1	Mr. Amey M Khande	Assistant Professor	Mental Health Nursing

The KAHER shall consider the release of financial grant only after submission of the attendance certificate, Photograph and original bills/ vouchers as per university rules.




Dr. M. S. Ganachari
Registrar

To

The above staff member.

CC to:

1. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
2. The Principal, KLE Institute of Nursing Sciences, Belagavi.
3. The Finance Officer, KAHER, Belagavi.

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Ref. No. KAHER/23-24/D-08022449

06-02-2024

ORDER

Sub: Approval of Grant of financial support for attending the NCILTS - 2024 National Conference.

Ref: Your office letter Ref. No. KIPT / 2023-24/ dated 5/02/2024.

With reference to the above, the following faculty member is hereby permitted to participate in the NCILTS - 2024 National Conference to be held at Rajasthan - Jaipur from 16th to 23rd February 2024 and also contributing a scientific paper.

SL. No.	Name	Designation	College
1	Dr. Raju Gadad	Assistant Librarian	KAHER Institute of Physiotherapy, 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, KAHER Institute of Physiotherapy, Belagavi
3. The Finance Officer, KAHER, Belagavi.



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Accredited A⁺ Grade by NAAC (3rd Cycle)

Placed in **Category 'A'** by MoE (GoI)

JNMC Campus, Nehru Nagar, Belagavi-590 010, Karnataka State, India

☎: 0831-2444444 FAX: 0831-2493777 Web: <http://www.kledeemeduniversity.edu.in> E-mail: info@kledeemeduniversity.edu.in

Ref. No. KAHER/23-24/D-29112316

29th November 2023

ORDER

Sub: Approval for Grant of financial support for attending the Conference.

Ref: Your office letter dated 25th November, 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the “**International Conference on Innovations in Health Professions Education being**” to be held at Puducherry from **6th to 8th December 2023** for delivering a guest Lecture.

SL. No.	Name	Designation	College
1	Dr. Jyoti M. Nagamoti	Professor, Department of Microbiology,	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 ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

(Deemed-to-be-University established u/s 3 of the UGC Act, 1956)

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Ref. No. KAHER/23-24/D-09022402

06-02-2024

ORDER

Sub: Approval of Grant of financial support for attending the NCILTS - 2024 National Conference.

Ref: Your office letter Ref. No. KLE /COP/1159 2023-24/ dated 5/02/2024.

With reference to the above, the following faculty member is hereby permitted to participate in the NCILTS - 2024 National Conference to be held at Rajasthan - Jaipur from 19th to 21st February 2024 and also contributing a scientific paper.

SL. No.	Name	Designation	College
1	Mr. Kiran Malavade	Assistant Librarian	KLE College of Pharmacy, 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, KLE College of Pharmacy, Belagavi.
3. The Finance Officer, KAHER, Belagavi.

To,
Mr. Kiran
Malavade

[Signature]
9/2/24

1301

09/02/24



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

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Ref. No. KAHER/23-24/D- 07032406

26-10-2023

ORDER

Sub: Approval of Grant of financial support for attending the National Conference.


Ref: Your office letter dated 26-10-2023.

With reference to the above, the following faculty member is hereby permitted to participate in the **SELSICON – 2023** National Level Conference to be held at **Pune** from 27th to 29th October 2023 for delivering a guest lecture.

SL. No.	Name	Designation	College
1	Dr Abhijit Gogate	Professor	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.

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Ref. No. KAHER/23-24/D-13122307

25/11/2023

ORDER

Sub: Approval for Grant of financial support for attending the Conference.

Ref: Your office letter dated 23rd November, 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the "70th ISACON 2023" National Conference to be held at Gurugram, Hararyana from 24th to 26th November 2023 for chairing a scientific session.

SL. No.	Name	Designation	College
1	Dr. Vandana A. Gogate	Professor, Department of Anaesthesiology	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.

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.



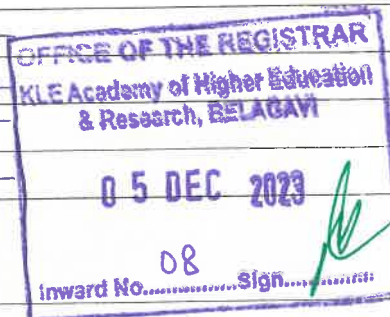

Dr. M. S. Ganachari
Registrar



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH
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APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / ZONAL / NATIONAL CONFERENCES
(To be submitted to the University through the concerned HoD & Principal)

A. To be filled by the faculty member:	
1. Name	Namit Kudatarkar
2. Qualification	M Pharm
3. Designation	Assistant Professor
4. Department	Pharmacology
5. Institution	KLE College of Pharmacy
6. Email ID	namitkudatarkar@klepharm.edu
7. Date of joining the Institution	01/08/2018
8. Objectives of the Conference / Seminar / Symposium	Bridging academia & industry
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
10. Assignment in the aforesaid Conference / Seminar / Symposium	<input checked="" type="checkbox"/> a) Contributing a scientific paper (poster or oral) <input type="checkbox"/> b) Delivering a guest lecture <input type="checkbox"/> c) Others, if any, specify.
11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	TC AS per policy
a) Title of the Conference / Seminar / Symposium	Nil
b) Date of conduct	-
c) Level of Conference (State / Zonal / National)	-
d) Venue	-
e) Financial support extended by the University	-
f) Copy of the sanction letter to be enclosed	-
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference</u> in a calendar year.	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	Sri Ramachandra Medical College & Research Institute
b) Title of the program	Medical Affairs Training Bridging Academia & Industry
c) Place	Chennai
d) Duration	01 day
e) Date	25 th November 2023
f) Amount claimed	7420/-



order



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

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- 2 -

13. Expenses involved towards attending the Conference:	
a) Place	Chennai
b) Mode of journey	Train
c) Fare	
To and Fro expenses	34201-
Registration / Delegation Fee	20001-
Accommodation charges	20001-
Total Expenses	74201-
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	Attached.
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsors of the Conference or any other funding agency for attending the aforesaid Conference,
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference,
- I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.
- I shall reimburse the amount to the University in excess of the eligibility.

Date : 04/11/2023

Signature of the faculty member

Ref. No. KLE/cop/2023-24/864

Date: 04/12/2023

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



Yours faithfully,

Principal
KLE College of Pharmacy
BELAGAVI - 10.

Teachers Provided with Financial Support to Attend Conferences/Workshops and Towards Membership Fee of Professional Bodies During the Year 2023-2024

Ms. Sushmita Hiremath., Asst. Prof. attended Workshop entitled, **HPTLC: An analytical technique in herbal drug industry on 11th April 2023 organized by department of Pharmacognosy KLE College of Pharmacy, Belagavi** as a Delegate. She has received Rs650/- from the Institution/University.



PRINCIPAL

Principal
KLES College of Pharmacy
(A constituent unit of KLE Academy
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Vidyanagar, HUBBALLI - 580 031

Teachers Provided with Financial Support to Attend Conferences/Workshops and Towards Membership Fee of Professional Bodies During the Year 2023-2024

Ms. Pooja Koganole., Asst. Prof. attended Workshop entitled, **HPTLC: An analytical technique in herbal drug industry on 11th April 2023 organized by department of Pharmacognosy KLE College of Pharmacy, Belagavi** as a Delegate. She has received Rs650/- from the Institution/University.



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Teachers Provided with Financial Support to Attend Conferences/Workshops and Towards Membership Fee of Professional Bodies During the Year 2023-2024

Ms. Prabhu Shreya Ajay., Asst. Prof. attended Workshop entitled, **HPTLC: An analytical technique in herbal drug industry on 11th April 2023 organized by department of Pharmacognosy KLE College of Pharmacy, Belagavi** as a Delegate. She has received Rs650/- from the Institution/University.



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Teachers Provided with Financial Support to Attend Conferences/Workshops and Towards Membership Fee of Professional Bodies During the Year 2023-2024

Ms. Pooja Gouda., Asst. Prof. attended Workshop entitled, **HPTLC: An analytical technique in herbal drug industry on 11th April 2023** organized by department of Pharmacognosy KLE College of Pharmacy, Belagavi as a Delegate. She has received Rs650/- from the Institution/University.



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Dr. Ashvil., Asst. Prof. attended Workshop entitled, **Creating new culture of teaching learning on 21st April 2023 organized by Department of Pharmaceutics KLE College of Pharmacy Belagavi** as a Delegate. He has received Rs 825/- from the Institution/University.



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KLE COLLEGE OF PHARMACY

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☎ : 0836-2373174, Fax No.0836-2371048, Web: <http://www.klescoph.org>, Email: principal.klescoph@gmail.com
princpharmhbl@kledeemeduniversity.edu.in

Teachers Provided with Financial Support to Attend Conferences/Workshops and Towards Membership Fee of Professional Bodies During the Year 2023-2024

Ms. Neha Mali., Asst. Prof. attended **UDEHP workshop entitled Training the mentors for effective mentorship on 12th & 13th April 2023** organized by **KLE College of Pharmacy Belagavi** as a Delegate. She has received Rs 800/- from the Institution/University.



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Teachers Provided with Financial Support to Attend Conferences/Workshops and Towards Membership Fee of Professional Bodies During the Year 2023-2024

Dr. Bhavya D B., Asst. Prof. attended **UDEHP workshop entitled Training the mentors for effective mentorship on 12th & 13th April 2023** organized by **KLE College of Pharmacy Belagavi** as a Delegate. She has received Rs 800/- from the Institution/University.



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Ms. Sushmita Hiremath., Asst. Prof. attended **UDEHP workshop on Translation of Research evidence to policy & practice on 25th April 2023** organized by UDEHP JNMC Belagavi as a Delegate. She has received Rs 625/- from the Institution/University.



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Ms. Pooja Gouda., Asst. Prof. attended **UDEHP workshop on Translation of Research evidence to policy & practice on 25th April 2023 organized by UDEHP JNMC Belagavi** as a Delegate. She has received Rs 625/- from the Institution/University.



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princpharmhbl@kledeemeduniversity.edu.in

Teachers Provided with Financial Support to Attend Conferences/Workshops and Towards Membership Fee of Professional Bodies During the Year 2023-2024

Ms. Sushmita Hiremath., Asst. Prof. attended **UDEHP workshop on Intellectual property rights on 3rd may 2023 organized by KLE institute of Physiotherapy Belagavi** as a Delegate. She has received Rs 625/- from the Institution/University.



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Ms. Pooja Koganole., Asst. Prof. attended **UDEHP workshop on Intellectual property rights on 3rd may 2023 organized by KLE institute of Physiotherapy Belagavi** as a Delegate. She has received Rs 625/- from the Institution/University.



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Teachers Provided with Financial Support to Attend Conferences/Workshops and Towards Membership Fee of Professional Bodies During the Year 2023-2024

Ms. Prabhu Shreya Ajay., Asst. Prof. attended Workshop entitled **The future of higher education in innovation pedology by DOPE & Pharmacology and toxicology at KLE College of Pharmacy Belagavi** a Delegate. She has received Rs 470/- from the Institution/University.



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Teachers Provided with Financial Support to Attend Conferences/Workshops and Towards Membership Fee of Professional Bodies During the Year 2023-2024

Ms. Pooja Gouda., Asst. Prof. attended **Workshop entitled Workshop on Community pharmacy and Management skills at KAHER Belagavi** as Delegate. She has received Rs 150/- from the Institution/University.



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Ms. Prabhu Shreya Ajay., Asst. Prof. attended **Workshop entitled Community pharmacy and Management skills at KAHER Belagavi** as Delegate. She has received Rs 150/- from the Institution/University.



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princpharmhbl@kledeemeduniversity.edu.in

Teachers Provided with Financial Support to Attend Conferences/Workshops and Towards Membership Fee of Professional Bodies During the Year 2023-2024

Ms. Pooja Gouda., Asst. Prof. attended **Workshop entitled UDEHP workshop on Workplace wellness for health professional at KAHER** as Delegate. She has received Rs 625/- from the Institution/University.



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Teachers Provided with Financial Support to Attend Conferences/Workshops and Towards Membership Fee of Professional Bodies During the Year 2023-2024

Ms. Kamaladevi T Kshatriya., Asst. Prof. attended **Workshop entitled UDEHP workshop on Workplace wellness for health professional at KAHER** as Delegate. She has received Rs 625/- from the Institution/University.



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Teachers Provided with Financial Support to Attend Conferences/Workshops and Towards Membership Fee of Professional Bodies During the Year 2023-2024

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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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.



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