

SHRI BM KANKANAWADI AYURVED MAHAVIDYALAYA

Post Graduate Studies & Reseach Centre

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

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

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



First AYUSH Institution having NAAC & NABH Accreditation



Date: 27.02.2023

2323

Ref. No: BMK 2022-23 2233

To,

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

Sub: Release of Financial Grant for attended to National conference

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

Sir,

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

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

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

Yours truly, v

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

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

(Formerly known as KLE University)

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

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

ORDER

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

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

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

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





of Dr.V.A othiwale Registrai

To,

WERING PROFESSIONALS

The above staff member.

CC to:

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

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DATE 21/12/22	er fræmsk spor
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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. DASAVARAS R. TUDAM
2. Qualification	mp.e.h.D
3. Designation	Philesson
4. Department	Kayach leton
5. Institution	Kayachietra KAHEris amk am Solopo
6. Date of joining the Institution	26/7/2011
7. Objectives of the Conference / Seminar / Symposium	International Confurence
 Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 	Please enclose a separate sheet.
9. Assignment in the aforesaid Conference / Seminar / Symposium	 a) Chairing a scientific session. b) Contributing a scientific paper (poster or oral) c) Delivering a guest lecture d) Others, if any, specify.
10. Particulars of the financial support extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	XOUPNE
a) Title of the Conference / Seminar / Symposium	NORLO AJURSED LANFIRDEN
b) Date of conduct	8/11/1022 - 11/12/2022
c) Venue	PANJIM . GOM
d) Financial support extended by the University	
d) Financial support extended by the University	FNTERNATIONM
d) Financial support extended by the Universitye) Copy of the sanction letter to be enclosed	FNTERNATIONM
 d) Financial support extended by the University e) Copy of the sanction letter to be enclosed f) Level of Conference State / Zonal / National Note : The faculty member is eligible for financial support to attend one State / Zonal and one National 	FNTERNATIONM
 d) Financial support extended by the University e) Copy of the sanction letter to be enclosed f) Level of Conference State / Zonal / National Note : The faculty member is eligible for financial support to attend one State / Zonal and one National Conference in a calendar year. 11. Particulars of the organizers of the aforesaid 	FNTERNATIONM
 d) Financial support extended by the University e) Copy of the sanction letter to be enclosed f) Level of Conference State / Zonal / National Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference</u> in a calendar year. 11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium 	FNTERNATIONM
 d) Financial support extended by the University e) Copy of the sanction letter to be enclosed f) Level of Conference State / Zonal / National Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference</u> in a calendar year. 11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium a) Name of the Organizer 	FOTERNATIONM Would Aguarede Foundat
 d) Financial support extended by the University e) Copy of the sanction letter to be enclosed f) Level of Conference State / Zonal / National Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference</u> in a calendar year. 11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium a) Name of the Organizer b) Title of the program 	FOTERNATIONM Would Aguarede Foundat
 d) Financial support extended by the University e) Copy of the sanction letter to be enclosed f) Level of Conference State / Zonal / National Note : The faculty member is eligible for financial support to attend one State / Zonal and one National Conference in a calendar year. 11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium a) Name of the Organizer b) Title of the program c) Place 	FOTERNATIONM Would Aguarede Foundat

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

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

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

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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)

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



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

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



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

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•	Panyim GOA
	GAR.
o and Fro expenses	350×15 = 5250
egistration / Delegation Fee	2360=00,
ccommodation charges	2200×3= 6600+95T.
otal Expenses	14210 fapponinate.
ments to be submitted:	, ,,,
copy of the letter of invitation from the organizers.	Yes
Copy of the full text of documents / abstract / paper repared by the applicant for presentation.	18,
DECLARAT	ION
reby declare that :	
I have furnished the information in this application which	is true to the best of my knowledge and belief.
I am not getting any financial assistance / support from agency for attending the aforesaid Conference,	the sponsorers of the Conference or any other funding
University from the date of attending the aforesaid Confe	rence,
I shall conduct a cominar for the bonofit of the faculty	
knowledge and experience gained from attending the accury	members of the Department / Institution to share the resaid Conference.
knowledge and experience gained from attending the access shall reimburse the amount to the University in excess of	resaid Conference.
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knowledge and experience gained from attending the afore is the amount to the University in excess of $2411/22$ Significant strar, we resit with the application of the attack support to attend the Conference for kind consideration is the formula of the support of the attack of the Conference for kind consideration of the support of the support of the conference for kind consideration of the support of the support of the conference for kind consideration of the support of the support of the conference for kind consideration of the support of the support of the conference for kind consideration of the support of the support of the support of the conference for kind consideration of the support of the support of the support of the support of the conference for kind consideration of the support of the superior of the support of the support of the support of the support of the superior of the support of the support of the superior of the support of the	Date: Dove Teacher in the prescribed format for grant of tion.
knowledge and experience gained from attending the afore $1 shall reimburse the amount to the University in excess of 2411/22 Significant 122 Signif$	presaid Conference. of the eligibility nature of the faculty member Date: Date: Date: Yours faithfully, Yours faithfully,
	Legistration / Delegation Fee Lccommodation charges otal Expenses ments to be submitted: Copy of the letter of invitation from the organizers. Copy of the full text of documents / abstract / paper repared by the applicant for presentation. D E C L A R A T reby declare that : I have furnished the information in this application which I am not getting any financial assistance / support from agency for attending the aforesaid Conference, I shall produce necessary bills / receipts along-with Atten University from the date of attending the aforesaid Conference

KAHER / BMK / DG / 2022/42

Dt. 24-11-2022



KLE UNIVERSITY

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

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

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



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



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

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

estar. M.S.
14) (Ph.D. scholar)
14) (Ph.D. scholar) cate Professor
ANIDANA
shai BMKAMC Belayani
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K publication / Seminar
close a separate sheet.
g a scientific session. nuting a scientific paper (poster or oral) ing a guest lecture , if any, specify. EB90K
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12. Expenses involved towards after	- 2	
	nding the Conference:	
a) Place		Panaji.
b) Mode of journey		Personal vehicle.
c) Fare		250kms
To and Fro expenses		26714=3360/-
Registration / Delegation F	ee	25001-
Accommodation charges		12,0001-
Total Expenses		19,860 -
13. Documents to be submitted:		
a) Copy of the letter of invitation	on from the organizers.	$n \theta \dots n$
b) Copy of the full text of docu prepared by the applicant for the second s		Attached.
2010	DECLARAT	ION
I hereby declare that :		
 I have furnished the information 	tion in this application which i	s true to the best of my knowledge and belief.
	al assistance / support fr. n.	the sponsorers of the Conference or any other fundi
 I shall produce necessary bil University from the date of a 	lls / receipts along-with Atten ttending the aforesaid Confer	dance / Participation Certificate within fifteen days to the ence,
 I shall conduct a seminar for knowledge and experience g 	or the benefit of the faculty gained from attending the afore the attention of the afore the strength of the	members of the Department / Institution to share the resaid Conference.
 I shall reimburse the amount 	to the University in excess o	f the eligibility.
Date 24 9 22	Sigr	nature of the faculty member
Ref. No		Date:
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ro The Registrar, KLE University, Belgaum.		
The Registrar, KLE University,		
The Registrar, KLE University, Belgaum. Dear Sir,	the application of the abo	ove Teacher in the prescribed format for grant of
The Registrar, KLE University, Belgaum. Dear Sir, We are enclosing herewith		ove Teacher in the prescribed format for grant o
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The Registrar, KLE University, Belgaum. Dear Sir, We are enclosing herewith inancial support to attend the Confe		on.
The Registrar, KLE University, Belgaum. Dear Sir, We are enclosing herewith inancial support to attend the Confe Thanking you,		on. Yours faithfully, PRINCIPAL
The Registrar, KLE University, Belgaum. Dear Sir, We are enclosing herewith inancial support to attend the Confe	erence for kind conside ati	on.

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

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



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

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



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

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

A. To be filled by the faculty member:	
1. Name	DR. ANIA KORALLI
2. Qualification	BAMS, M.D. (AYU) [Ph.D]
3. Designation	ASSISTANT PROFESSOR
4. Department	PARECHARARMA
5. Institution	KKE Shei BMU Aqueveda.
6. Date of joining the Institution	2810 2014
7. Objectives of the Conference / Seminar / Symposium	WORLD AYUKVEDA CONGRESS
8. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
9. Assignment in the aforesaid Conference / Seminar / Symposium	 a) Chairing a scientific session. b) Contributing a scientific paper (poster or oral) c) Delivering a guest lecture.
	c) Delivering a guest lecture d) Others, if any, specify. SCIETLE IC CONFITE MEMBER & THEME COORDINATOR
	MEMBER & THEME COORDINATION
10. Particulars of the financial support extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	
a) Title of the Conference / Seminar / Symposium	0001
b) Date of conduct	18-1-
c) Venue	
d) Financial support extended by the University	
e) Copy of the sanction letter to be enclosed	
f) Level of Conference State / Zonal / National	
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National</u> <u>Conference</u> in a calendar year.	
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	WORLD AYURVEDA FOUNDATION
b) Title of the program	WORLD HYURVERA FOUNDATION WORLD AYUN VERA CONGRESS WAC-1022, GOA
c) Place	WAC-1022, GOA
d) Duration	8th DEC - 11th DEC 2022
e) Date	4DAYS
f) Amount claimed	



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

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12. Expenses involved towards attending the Conference:	
a) Place	GOA -
b) Mode of journey	VECKLIDE BOA DOD
c) Fare	
To and Fro expenses	R. 8000
Registration / Delegation Fee	Rs-2360
Accommodation charges	6 PAYK (12000)
Total Expenses	Le. 22360
3. Documents to be submitted:	Kf 22360
a) Copy of the letter of invitation from the organizers.	
 b) Copy of the full text of documents / abstract / pape prepared by the applicant for presentation. 	COPY of Envitation attace Registration pitals.
DECLARA	TION
I hereby declare that :	
• I have furnished the information in this application whic	ch is true to the best of my knowledge and belief
	m the sponsorers of the Conference or any other funding
 I shall produce necessary bills / receipts along-with Att University from the date of attending the aforesaid Cor 	endance / Participation Certificate within fifteen days to the ference,
 I shall conduct a seminar for the benefit of the facu knowledge and experience gained from attending the a 	ty members of the Department / Institution to share the
	foreasid Conference
	aforesaid Conference.
I shall reimburse the amount to the University in excess	aforesaid Conference. s of the eligibility.
• I shall reimburse the amount to the University in excess Date : 24 11/2022	aforesaid Conference.
• I shall reimburse the amount to the University in excess Date : 24 11/2022	aforesaid Conference. s of the eligibility.
• I shall reimburse the amount to the University in excess Date : 24 (11) 20 22 S Ref. No	aforesaid Conference. s of the eligibility. ignature of the faculty member
• I shall reimburse the amount to the University in excess pate : 24 / /// S Ref. No o he Registrar, LE University,	aforesaid Conference. s of the eligibility. ignature of the faculty member
• I shall reimburse the amount to the University in excess pate : 24 1112022 stef. No o he Registrar, LE University, elgaum.	aforesaid Conference. s of the eligibility. ignature of the faculty member
• I shall reimburse the amount to the University in excess Date : 24 1112020 Stef. No To the Registrar, LE University, lelgaum. Dear Sir,	aforesaid Conference. s of the eligibility. ignature of the faculty member Date:
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• I shall reimburse the amount to the University in excess Date : 24 []][DDDD Seef. No	aforesaid Conference. s of the eligibility. ignature of the faculty member Date: above Teacher in the prescribed format for grant or
• I shall reimburse the amount to the University in excess Date :	aforesaid Conference. s of the eligibility. Date: Date: above Teacher in the prescribed format for grant or ration.
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• I shall reimburse the amount to the University in excess Date : 24 () () () () () () () () () () () () ()	aforesaid Conference. s of the eligibility. Date: Date: Date: Above Teacher in the prescribed format for grant of ation. Yours faithfully, Principal Principal Principal Principal Principal Principal Principal Principal Principal Principal Principal Principal Principal Principal Principal Principal Principal Principal Principal Principal Principal Principal Principal Principal Principal Principal Principal Principal Principal Principal Principal
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KLE UNIVERSITY

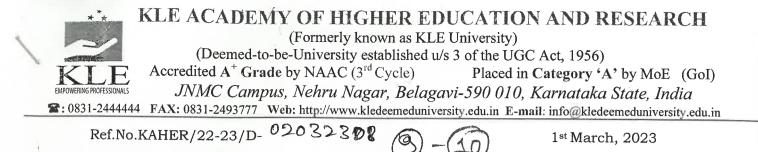
(Formerly known as KLE Academy of Higher Education & Research) [Established under Section 3 of the UGC Act, 1956 vide Government of India Notification No.F.9-19/2000-U.3(A)]

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

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

KLI	(Formerly known as KLE Academy [Established under Section 3 of the UGC Act, 1956 vide G	overnment of India Notification No.F.9-19/2000-U.3(A)]
BIPOLERING PROFESSO	- 2 -	-
	s involved towards attending the Conference:	
a) Plac		Papitm-Goa
	le of journey	Tratto
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	and Fro expenses	Pri E CT
	jistration / Delegation Fee	his d top
	commodation charges	P1 - 4, 1001
	al Expenses	R. 68001 AC100 - KC: 700
	ents to be submitted:	BLESSED APRIL BITE
	by of the letter of invitation from the organizers.	
b) Co	by of the full text of documents / abstract / paper pared by the applicant for presentation.	Affached
• • : a(gency for attending the aforesaid Conference, shall produce necessary bills / receipts along-with Atten piversity from the date of attending the aforesaid Confe	n the sponsorers of the Conference or any other funding ndance / Participation Certificate within fifteen days to the erence,
• • ; a(• ; U • •	have furnished the information in this application which am not getting any financial assistance / support from gency for attending the aforesaid Conference, shall produce necessary bills / receipts along-with Atte niversity from the date of attending the aforesaid Confe shall conduct a seminar for the benefit of the facult nowledge and experience gained from attending the af	is true to the best of my knowledge and belief. In the sponsorers of the Conference or any other funding Indance / Participation Certificate within fifteen days to the erence, y members of the Department / Institution to share the oresaid Conference.
• • ; a(• ; U • •	have furnished the information in this application which am not getting any financial assistance / support from gency for attending the aforesaid Conference, shall produce necessary bills / receipts along-with Atte niversity from the date of attending the aforesaid Conference shall conduct a seminar for the benefit of the facult nowledge and experience gained from attending the aforesaid shall reimburse the amount to the University in excess	is true to the best of my knowledge and belief. In the sponsorers of the Conference or any other funding Indance / Participation Certificate within fifteen days to the erence, y members of the Department / Institution to share the oresaid Conference. of the eligibility.
• • ; a(• ; U • •	have furnished the information in this application which am not getting any financial assistance / support from gency for attending the aforesaid Conference, shall produce necessary bills / receipts along-with Atte niversity from the date of attending the aforesaid Conference shall conduct a seminar for the benefit of the facult nowledge and experience gained from attending the aforesaid shall reimburse the amount to the University in excess	is true to the best of my knowledge and belief. In the sponsorers of the Conference or any other funding Indance / Participation Certificate within fifteen days to the erence, y members of the Department / Institution to share the oresaid Conference. of the eligibility. gnature of the faculty member
● [] ag ● [] ● [●] k ● [Date : _ <u>)2</u>	have furnished the information in this application which am not getting any financial assistance / support from gency for attending the aforesaid Conference, shall produce necessary bills / receipts along-with Atten niversity from the date of attending the aforesaid Conference shall conduct a seminar for the benefit of the facult nowledge and experience gained from attending the aforesaid shall reimburse the amount to the University in excess 12 12 12 Si	is true to the best of my knowledge and belief. In the sponsorers of the Conference or any other funding Indance / Participation Certificate within fifteen days to the erence, y members of the Department / Institution to share the oresaid Conference. of the eligibility.
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• I I • I • I • I • I • I • I • I	have furnished the information in this application which am not getting any financial assistance / support from gency for attending the aforesaid Conference, shall produce necessary bills / receipts along-with Atten niversity from the date of attending the aforesaid Conference shall conduct a seminar for the benefit of the facult nowledge and experience gained from attending the aforesaid shall reimburse the amount to the University in excess 12/22Si	is true to the best of my knowledge and belief. In the sponsorers of the Conference or any other funding Indance / Participation Certificate within fifteen days to the erence, y members of the Department / Institution to share the oresaid Conference. of the eligibility. gnature of the faculty memberPGW Date:



ORDER

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

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

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

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

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

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Deemed-to-be University

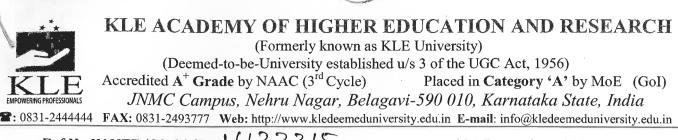
Prof Dr.V.A.Kothiwale Registrar

The above staff member.

CC to:

To,

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



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

10th December, 2022

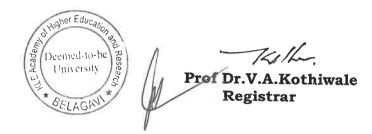
ORDER

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

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

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

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



To, The above staff member.

CC to:

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

Aspanon M. 12.22



Post Graduate Studies & Reseach Centre

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

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

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

First AYUSH Institution having NAAC & NABH Accreditation



KLE AYURV

BMK/2002.23).1668 Ref.No:

Date:.05.12.2022

To,

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

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

Sir,

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

SI. No	Name of Teacher	Designation	Department	Conference details	Date of Conferen ce
1	Dr. Ramesh Killedar	Reader	Prasooti Tantra & Sree Roga	9 th World Ayurveda Congress & Arogya Expo	8 th – 11 th
2	Dr Shweta Yaragatti	Asst. Prof	Dravyaguna		8 ⁴⁴ – 11 ⁴⁴ Dec 2022

This is for your information and do the needful.

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

KLE

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

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

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

KLE

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

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

Shahapur, BELAGAVI-03.

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

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

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

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

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	enses involved towards attending the Conference:	
a)	Place	Panaji
b)	Mode of journey	
c)	Fare	
	To and Fro expenses	lorka + lotka
	Registration / Delegation Fee	250 km x14 2 35001-
	Accommodation charges	2360/-
and the state of t	Total Expenses	70001-
	iments to be submitted:	12.860 Ps)_
	Copy of the letter of invitation from the organizers.	
b) C	Copy of the full text of documents / abstract / paper	Attached
p	repared by the applicant for presentation.	a Mached
	DECLARAT	ION
l he	reby declare that	
٩	I have furnished the information in this application which is	Strup to the best of
		the sponsorers of the Conference or any other fund
1	adopput fan atte	
•	agency for attending the aforesaid Conference,	the Conference or any other fund
0 	I shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Confere	ance / Participation Certificate within fifteen days to t
0 0	shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Conference shall conduct a seminar for the bapefit of the formation	ance / Participation Certificate within fifteen days to tence,
• • • •	I shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Confere shall conduct a seminar for the benefit of the faculty is knowledge and experience gained from attending the afore	ance / Participation Certificate within fifteen days to t ence, members of the Department / Institution to share t
• • • •	shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Conference shall conduct a seminar for the bapefit of the formation	ance / Participation Certificate within fifteen days to t ence, members of the Department / Institution to share t
• • • k	I shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Confere shall conduct a seminar for the benefit of the faculty is knowledge and experience gained from attending the afore shall reimburse the amount to the University in excess of	ance / Participation Certificate within fifteen days to tence, members of the Department / Institution to share tesaid Conference. the eligibility.
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Post Graduate Studies & Reseach Centre

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

KLE

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

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

First AYUSH Institution having NAAC & NABH Accreditation

Ref.No: BMK/2022-23)2235

To,

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

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

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

Sir,

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

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

This is for your information and permit the same.

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

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

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

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

ORDER

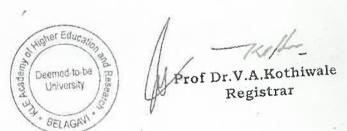
Approval of Grant of financial support for attending the National Workshop at Mangalore from 5th and 6th December 2023. Sub.

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

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

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

rules.



04-

151 Feb.2023

To. The above staff member.

CC 10:

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

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

Norrusharoni Suma) (Dr. Usharoni 1275 (An Contraction of the



SHRI BM KANKANAWADI AYURVED MAHAVIDYALAYA

Post Graduate Studies & Reseach Centre

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

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

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



First AYUSH Institution having NAAC & NABH Accreditation

Ref. No: BMK/2022-23/223

Date: 27.02.2023

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

Sub: Release of Financial Grant for attended to National conference

Sir,

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

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

This is for your information and release the same.

Thanking you,

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

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

Shahapur, BELAGAVI

Encl: As above



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

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND CONFERENCES

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

termine a sur	o be filled by the faculty member:	
1. N	lame	DE. Sandeep. S. Sagare
2. G	Qualification	MD (Swarthwritta)
3. D	esignation	Reader
4. D	epartment	Swasthruidta & Yoja
5. In	stitution	KLE Shee' BIMIS Ayunned Maherily o
6. D	ate of joining the Institution	04/10/2012 Belige
7. O	bjectives of the Conference / Seminar / Symposium	gth world Hyarveda Conquess
8. B C	enefits to be derived from participation in the aforesaid onference / Seminar / Symposium	Please enclose a separate sheet.
9. As S	ssignment in the aforesaid Conference / Seminar / ymposium	 a) Delivering Key-note address / orations / plenary lectures b) Contributing a scientific paper c) Chairing a scientific session
		 d) International collaboration exchange program (only on invitation) e) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation) f) Others, if any, specify.
d	Particulars of the financial support extended by the Iniversity to attend the International Conference(s) uring the block period of three years (1 st January to 31 st December)	(Nel)
а) Title of the Conference / Seminar / Symposium	alloworld Anunred a Coning 1 1 America
a b		glhworld Ayurveda Enjress Drogy a
b		8th December 2022 202
b) Date of conduct) Venue	gli world Ayarveda Enjress Drogy & 8th December 2022 Panijim, Goa
b c	 Date of conduct Venue Financial support extended by the University 	8th December 2022 202
b c d e 11. F	 Date of conduct Venue Financial support extended by the University 	8th December 2022 202
b c d e 11. F	 Date of conduct Venue Financial support extended by the University Copy of the sanction letter to be enclosed Particulars of the organizers of the aforesaid onference / Seminar / Symposium 	8th December 2022 202
b c d e 11. F	 Date of conduct Venue Financial support extended by the University Copy of the sanction letter to be enclosed Particulars of the organizers of the aforesaid onference / Seminar / Symposium Name of the Organizer 	8th December 2022 202
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(Formerly known as KLE Academy of Higher Education & Research) [Established under Section 3 of the UGC Act, 1956 vide Government of India Notification No.F.9-19/2000-U.3(A)]

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



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

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND CONFERENCE

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

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

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

	International	Domestic
a) Place		Parini, Croa
b) Mode of journey		Car
c) Fare		-
d) To and Fro		(70) (Fm) 12-0+130=26
e) Accommodation charges (2days)	-	R/200/-
f) Registration / Delegation Fee	*	Rs 2360/-
g) Air-port Tax		
3. Documents to be submitted:		
a) Copy of the letter of invitation from the organizers.		
 b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. 	attached,	
1.Signature of the faculty member	_ Nost for.	Usharani Sanu)
DECLARAT hereby declare that : • I have furnished the information in this application which • I am not getting any financial assistance / support from other funding agency for attending the aforesaid Confer action by the University in case it is found at a application is wrong / false, in support of my application	is true to the best of my kn n the sponsorers / organiz ence. I am aware that I a later stage that the in tion for financial grant.	zers of the Conference or any im liable for any disciplinary formation furnished in this
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(Formerly known as KLE Academy of Higher Education & Research) (Established under Section 3 of the UGC Act, 1956 vide Government of India Notification No.F.9-19/2000-U.3(A)]

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

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

	International	Domestic
a) Place		Porito Goa
b) Mode of journey		Ry Can
c) Fare		Dy life
d) To and Fro		To-130km Fe-1
e) Accommodation charges		3000/-
f) Registration / Delegation Fee		3,304/-
g) Air-port Tax	- 19	
3. Documents to be submitted:	x	\checkmark
a) Copy of the letter of invitation from the organizers.b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	Attached	
4.Signature of the faculty member	Sind	14,
 I have furnished the information in this application which I am not getting any financial assistance / support from other funding agency for attending the aforesaid Confernaction by the University in case it is found at a application is wrong / false, in support of my application I shall produce necessary bills / receipts along-with Attending 	n the sponsorers / organiz ence. I am aware that I an later stage that the inf tion for financial grant. Indance / Participation Certif	ers of the Conference or any m liable for any disciplinary formation furnished in this
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From:

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

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

Τo,

The Registerar KLE Academy Of Higher Education and Reasearch, Belagavi

Through Proper Channels

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

Respected Sir,

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

Kindly do the needful. Thanking you

Your Sincerely

Dr. Vishwangth S Wasedar

Date:28/02/2023

Place : Belagavi

Financial Aids:

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

PAL

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

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCP (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- 05-122215

03rd December, 2022

ORDER

Sub :

Ref

: Permission to participate in the International Conference.

: 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 a 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 umpetent authority of the University.

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



Thethe

Prof. Dr. V.A. Kothiwale Registrar

The above staff member.

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

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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- 27022313

22nd February, 2023

ORDER

Sub : Permission to participate in the National Conference.

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

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

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



Prof. Dr. V.A. Kothiwale Registrar

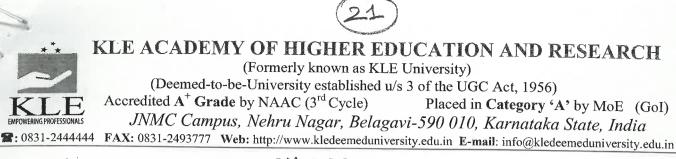
To, The above staff member.

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

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

KLF ENVIERAG REVENSIONALS [Deemed-to-be-University es	n as KLE University) stablished u/s 3 of the UGC	ND RESEARCH
	-2-	4.000
13. Travelling (by shortest route) and other expenses involved		
		Particulars
a) Place	New del	
b) Mode of journey	Elevent	1
c) Fare		an a
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e) Accommodation charges	16,000 F	-
f) Registration / Delegation Fee	2000	24
g) Air-port Tax	A3000/-	
14. Documents to be submitted:		K
water internet management and a second and the second se		1
 a) Copy of the letter of invitation from the organizer b) Copy of the full text of documents / abstract / page 100 million 	S.	
prepared by the applicant for presentation.	oer 👌	n fritten en e
DECLAR I hereby declare that : I have furnished the information in this application wh I am not getting any financial assistance / support other funding agency for attending the aforesaid Con action by the University in case it is found a	ich is true to the best of my k from the sponsorers / organi ference. I am aware that I a	zers of the Conference or any
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DECLAR I hereby declare that : I have furnished the information in this application wh I am not getting any financial assistance / support other funding agency for attending the aforesaid Con- action by the University in case it is found a application is wrong / false, in support of my appl I shall produce necessary bills / receipts along-with A University from the date of attending the aforesaid Coc I shall conduct a seminar for the benefit of the fac knowledge and experience gained from attending the Date : tef. No o he Registrar, KAHER, Belagavi. ear Sir, We are enclosing herewith the application of the ab hancial support to attend the International Conference out	tich is true to the best of my k from the sponsorers / organi ference. I am aware that I a t a later stage that the in lication for financial grant. ttendance / Participation Certi inference. ulty members of the Departr aforesaid Conference. Signature of the faculty me ove Teacher in the prescri side India for kind conside	zers of the Conference or any im liable for any disciplinary formation furnished in this ficate within fifteen days to the ment / Institution to share the mber Date: bed format for grant of ration.
DECLAR I hereby déclare that : I have furnished the information in this application wh I am not getting any financial assistance / support other funding agency for attending the aforesaid Con- action by the University in case it is found a application is wrong / false, in support of my appl- I shall produce necessary bills / receipts along-with A University from the date of attending the aforesaid Coc- on the shall conduct a seminar for the benefit of the fac- knowledge and experience gained from attending the def. No	tich is true to the best of my k from the sponsorers / organi ference. I am aware that I a t a later stage that the in lication for financial grant. ttendance / Participation Certi inference. ulty members of the Departr aforesaid Conference. Signature of the faculty me ove Teacher in the prescri side India for kind conside	zers of the Conference or any im liable for any disciplinary formation furnished in this ficate within fifteen days to the ment / Institution to share the mber Date: bed format for grant of ration.

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

3rd February, 2023

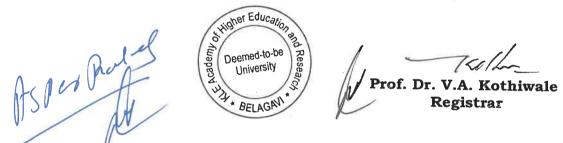
ORDER

Sub : Permission to participate in the Conference.

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

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

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



To,

The above staff member.

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

KLE ACADEMY OF HIGHER EDUCATION AND

F

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

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

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

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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Deemed-to-be-University	NAME AND A DESCRIPTION OF A DESCRIPTIONO	a /	
Boomed-to-be-University	Pestablished u/e 2	of the LIGO A	
			105

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





KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

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

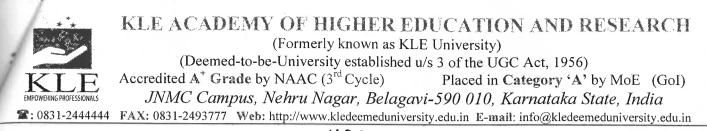
	A. To be filled by the faculty member:	
5	1. Name	Dr Anand Heggannavar
	2. Qualification	MPT (PhD)
	3. Designation	Associate Professor
	4. Department	Orthopaedic Manual Therapy
	5. Institution	KAHER Institute of Physiothetrapy, Belagav
	6. Email ID	anandheggannavar@klekipt.edu.in
	7. Date of joining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

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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]

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



-Kith

rof. Dr. V.A. Kothiwale / Registrar

To,

The above staff member.

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

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

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

28th November, 2022

ORDER

Sub

Permission to participate in the National Conference.

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

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

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



Prof. Dr. V.A. Kothiwale Registrar

To, The above staff member.

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

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

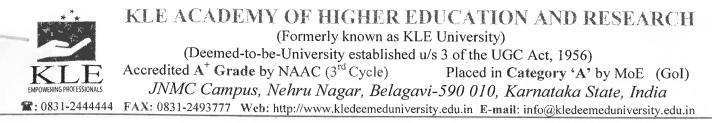
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KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH (Formerly known as KLE University)

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

		Particulars
a) Place	
b)	Mode of journey	Car
c)	Fare	
d)	To and Fro	
e)		
f)	Registration / Delegation Fee	
g)	Air-port Tax	
14. Do	cuments to be submitted:	
a)	Copy of the letter of invitation from the organizers.	1 · · · · · · · · · · · · · · · · · · ·
	Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	
	DECLARAT	ION
	hereby declare that :	
ł	• I have furnished the information in this application which i	a lange to the first of the second second
	 I am not getting any financial assistance / support from other funding agency for attending the aforesaid Confere action by the University in case it is found at a 	the sponsorers / organizers of the Conference of nce. I am aware that I am liable for any discipli
0	• I am not getting any financial assistance / support from	the sponsorers / organizers of the Conference of nce. I am aware that I am liable for any discipli later stage that the information furnished in on for financial grant. lance / Participation Certificate within fifteen days to ence.
ے Date :	 I am not getting any financial assistance / support from other funding agency for attending the aforesaid Confere action by the University in case it is found at a application is wrong / false, in support of my applicati I shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Confere I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the afore 	the sponsorers / organizers of the Conference of nce. I am aware that I am liable for any discipli later stage that the information furnished in on for financial grant. lance / Participation Certificate within fifteen days to ence.
Ref. No.	 I am not getting any financial assistance / support from other funding agency for attending the aforesaid Confere action by the University in case it is found at a application is wrong / false, in support of my applicati I shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Confere I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the afore 	the sponsorers / organizers of the Conference of nce. I am aware that I am liable for any discipli later stage that the information furnished in on for financial grant. lance / Participation Certificate within fifteen days to ence. members of the Department / Institution to share esaid Conference.
Ref. No. To	 I am not getting any financial assistance / support from other funding agency for attending the aforesaid Confere action by the University in case it is found at a application is wrong / false, in support of my applicati I shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Confere I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforesaid Sign 	the sponsorers / organizers of the Conference of nce. I am aware that I am liable for any discipli later stage that the information furnished in on for financial grant. lance / Participation Certificate within fifteen days to ence. members of the Department / Institution to share esaid Conference.
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Ref. No. To The Reg Dear Sir V financial	 I am not getting any financial assistance / support from other funding agency for attending the aforesaid Confere action by the University in case it is found at a application is wrong / false, in support of my applicati I shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Confere I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforesaid Sign U&U3 	the sponsorers / organizers of the Conference of nce. I am aware that I am liable for any discipli later stage that the information furnished in on for financial grant. lance / Participation Certificate within fifteen days to ence. members of the Department / Institution to share esaid Conference. ature of the faculty member $\frac{193777}{26-11-2}$ Date: $26-11-2$
Ref. No. To The Reg Dear Sir V financial T	 I am not getting any financial assistance / support from other funding agency for attending the aforesaid Confere action by the University in case it is found at a application is wrong / false, in support of my applicati I shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Confere I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforesaid Sign USC3 	the sponsorers / organizers of the Conference of nce. I am aware that I am liable for any discipli later stage that the information furnished in on for financial grant. lance / Participation Certificate within fifteen days to ence. members of the Department / Institution to share esaid Conference. ature of the faculty member
Ref. No. To The Reg Dear Sir V financial T	 I am not getting any financial assistance / support from other funding agency for attending the aforesaid Confere action by the University in case it is found at a application is wrong / false, in support of my applicati I shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Confere I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforesaid. Sign USC3 	the sponsorers / organizers of the Conference of nce. I am aware that I am liable for any discipli later stage that the information furnished in on for financial grant. lance / Participation Certificate within fifteen days to ence. members of the Department / Institution to share esaid Conference. ature of the faculty member



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

28th November, 2022

ORDER

Sub : Permission to participate in the National Conference.

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

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

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



Prof. Dr. V.A. Kothiwale Registrar

^{To,} The above staff member.

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

 2. Custification M. B. B. S., M.D. (Anatomy) 3. Designation 4. Department 5. Email ID 6. Institution 7. Date of joining the institution (the faculty should complete minimum one year of service to avail this facility) 9. Benefits to be derived from participation in the aforesald Conference / Seminar / Symposium 9. Benefits to be derived from participation in the aforesald Conference / Seminar / Symposium 9. Benefits to be derived from participation in the aforesald Conference / Seminar / Symposium 9. Benefits to be derived from participation in the aforesald Conference / Seminar / Symposium 10. Assignment in the aforesald Conference / Seminar / Symposium 9. Delivering Key-note address / orations plenary lectures b) Conference / Seminar / Symposium 6. dth NATCON of ASI & Global Compression or to deliver talks / lecture or invitation) e) Others, If any, specify. 11. Particulars of the Conference / Seminar / Symposium b) Date of conduct c) Level of Conference c) Level of Conference e) Venue f) Copy of the sanction letter along-with Brochure to be enclosed e) Venue f) Copy of the sanction letter along-with Brochure to be enclosed by the University a) Name of the Organizer b) Title of the Organizer c) The faculty member is eligible for francel support previously e) Construct of the Organizer b) Title of the Organizer c) Place a) Readermy of Higher 20073 b) Title of the Organizer c) Place <lic) li="" place<=""> c) Place<!--</th--><th></th><th></th></lic)>		
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g) Air-port Tax	
14. Documents to be submitted:	
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 b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. 	Yes - attached Yes - attached.
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KLE UNIVERSITY

Medical Collo

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(Formerly known as KLE Academy of Higher Education & Research) [Established under Section 3 of the UGC Act, 1956 vide Government of India Notification No. 7, 9 19/2000-D.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:	TH A WIL KUMBR SHARUGEP
1. Name	D Q Q Q
2. Qualification	mod of this chief
3. Designation	mof I Unit chief
4. Department	ORLY HAS (EM)
5. Institution	Jame
6. Date of joining the Institution	19-11-1995
7. Objectives of the Conference / Seminar / Symposium	Recent frends in 2m
8. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet. Lorigan h Lus
9. Assignment in the aforesaid Conference / Seminar /	a) Chairing a scientific session.
Symposium 🔨	b) Contributing a scientific paper (poster or oral)
	c) Delivering a guest lecture d) Others, if any, specify. Ponel menter on BETA
	d) Others, if any, specify. Ponticalis of SETA
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	74th AOI watual Calou
b) Date of conduct	2 to 5th Feb 2023
c) Venue	Japon Birla Androta
d) Financial support extended by the University	Yell
e) Copy of the sanction letter to be enclosed	Endorone ()
f) Level of Conference State / Zonal / National	
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National</u> <u>Conference</u> in a calendar year.	
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	Adi Japan Branch
b) Title of the program	74th AOI Wahren Cabin
c) Place	Jarpen
d) Duration	a to soft Jeb 4 day
e) Date KLE Acedemy of the Selection	d to
f) Amount claimed & Research, 5.01.4.0147	
17 FEB 2023	Aspennoor
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KLE U	NIVERSITY
	ademy of Higher Education & Research)
UNIVERSITY [Established under Section 3 of the UGC Act, 19	56 vide Government of India Notification No.F.9-19/2000-U.3(A)]
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2. Expenses involved towards attending the Conference	- 2 -
a) Place	Taker
b) Mode of journey	uf Belt to Mulai & prulai to Be
c) Fare	- Hyper Musci to Jaipen, Daipier to mill a
To and Fro expenses	751+4500+4500-+1020
Registration / Delegation Fee	11800
Accommodation charges	-
Total Expenses	235711-) 19
3. Documents to be submitted:	- Autor
a) Copy of the letter of invitation from the organiz	zers. A. CPUM
 b) Copy of the full text of documents / abstract / prepared by the applicant for presentation. 	paper
	RATION
I hereby declare that :	ARATION
	n which is true to the best of my knowledge and belief. ort from the sponsorers of the Conference or any other funding
agency for attending the aforesaid Conference,	
 I shall produce necessary bills / receipts along-will University from the date of attending the aforesaid 	th Attendance / Participation Certificate within fifteen days to the down of Conference.
 I shall conduct a seminar for the benefit of the knowledge and experience gained from attending 	faculty members of the Department / Institution to share the
• I shall reimburse the amount to the University in e	
15228	(Pp
ate :	Signature of the faculty member
ef. No	Date: 17-2-2023
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he Registrar, LE University,	
elgaum.	â
ear Sir,	
We are enclosing herewith the application of	the above Teacher in the prescribed format for grant of
nancial support to attend the Conference for kind con-	sideration.
Thanking you,	· ·
	Yours faithfully,
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ghature of the MoD	Jawaharial New Medical College
0164	L CON BELAGAVI

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

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

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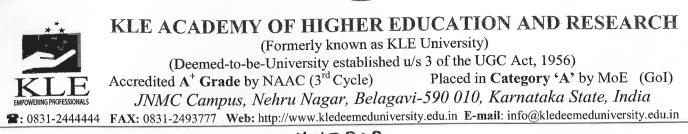
A. To be filled by the faculty member:	an a
1. Name	DR MEGHANA PATIL
2. Qualification	MBBS, MS, FCIRS
3. Designation	ASSISTANT PROFESSOR
4. Department	OPHTHAN MARKENSOR
5. Institution	OPHTHAL MOLORY
6. Email ID	KLE JUMMEDICAL LOLLED
7. Date of joining the Institution	drmeghana 14 @gmail.com
8. Objectives of the Conference / Seminar / Symposium	05/03/2021
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 fecture c) Others, if any, specify.
 Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1" January to 31st December) 	
a) Title of the Conference / Seminar / Symposium	
b) Date of conduct	
c) Level of Conference (State / Zonal / National)	
d) Venue	and a second
e) Financial support extended by the University	an an Barlan an a
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ote : The faculty member is eligible for financial apport to attend one State / Zonal and one National onference in a calendar year.	anna b san a' san a na anna ann an an an an an an an an
Particulars of the organizers of the aforesaid Conference Seminar / Symposium	41St ANNUAL CONFERENCE
a) Name of the Organizer	KAPMATT
b) Title of the program	KARNATAKA OPHTHALMIC GOOLE
c) Place	KOSCON 2022
d) Duration	HUBBALLEE
e) Date	
f) Amount claimed	9th to 11th DECEMBER 2022

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	o-be-University established u/s 3 of the UGC Act, 1956
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13. Expenses involved towards altend	Ing the Conference:
a) Place	HUBBALLS
b) Mode of journey	and a second
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To and Fro expenses	
Registration / Delegation Fee	PCOOL
Accommodation charges	660001-
Total Expenses	
14. Documents to be submitted:	M65001- 200
a) Copy of the letter of invitation	from the organization
0) COPY of the full text of document	Annular Finite Annual Annua
prepared by the applicant for p	resentation.
agency for attending the aforesai • I shall produce necessary bills / m University from the date of attend	in this application which is true to the best of my knowledge and belief, isistance / support from the sponsorers of the Conference or any other id Conference, eccipts along-with Attendance / Participation Certificate within fifteen da
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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 Udapudi**, 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.

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

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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)

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medical College, B
udapudi@gmail.com
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b) Mode of journey		Flight
c) Fare		Goa to Amritsa & Amritsa
To and Fro expen	ses	219551-RS
Registration / Dele	egation Fee	B 85001-
Accommodation c	harges	
Total Expenses	Asing	304551- Rs.
14. Documents to be sub	omitted:	O CHO THE
a) Copy of the letter	of invitation from the organizers.	
	xt of documents / abstract / paper pplicant for presentation.	
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Cate	B PPLICATION FOR FINANCIAL SUPPORT T	O ATTEND CONFERENCES OUTSIDE INDIA
	(To be submitted to the University thr	rough the concerned HoD & Principal)
.M.	1. Name	Dr. Mahesh Kamate
	2. Qualification	
	3. Designation	DM (Paediatric Neurology)
	4. Department	Professor & HoD of Paediatric Neurology
	5. Institution	Paediatric Neurology
	6. Date of joining the Institution	J.N.Medicai College, Belagavi
		09-07-2007
	7. Objectives of the Conference / Seminar / Symposium	To provide rich tapestry of Childhoco Neurological Disorders from a Globa Perspective.
-	8. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
Bet	Inward No	 a) Delivering Key-note address / orations / plenary lectures b) <u>Contributing a scientific paper</u> 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.
	 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 (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
	b) Date of conduct	3rd to S th October 2014 Antalya
	b) Date of conductc) Venue	3rd to 5 th October 2014
	 b) Date of conduct c) Venue d) Financial support extended by the University e) Actual amount credited / reimbursed and Date of 	3rd to S th October 2014 Antalya Rs.50,000/-
	 b) Date of conduct c) Venue d) Financial support extended by the University e) Actual amount credited / reimbursed and Date of payment 	3rd to S th October 2014 Antalya Rs.50,000/-
	 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 / 	3rd to Sth October 2014 Antalya Rs.50,000/- Rs.50,000/- International Child-neurology Congress-2022
	 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 	3rd to 3th October 2014 Antalya Rs.50,000/- Rs.50,000/- International Child-neurology Congress-2022 International Child-neurology Association
	 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 	3rd to 3th October 2014 Antalya Rs.50,000/- Rs.50,000/- International Child-neurology Congress-2022 International Child-neurology Association ICNC-2022
	 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 	3rd to 5th October 2014 Antalya Rs.50,000/- Rs.50,000/- International Child-neurology Congress-2022 International Child-neurology Association

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

- 2 -

6	-inancial grant sought:		
F	North / South America		
	Europe, Africa and Australia	Rs. 75,000/-	
	China and Japan	1(5. 75,000/-	
	Asia countries		
	Other Asia countries Other Asia countries except Sri Lanka, Pakistan, Bangladesh, Nepal, Afghanistan, Bhutan, Myanmar, Maldives)		
13. Tr	avelling (by shortest route) and other expenses involved	0	
		International	Domestic
a)	Place	Delhi to Istanbul	
b)	Mode of journey	Flight	Belgaum to Delhi
c)	Fare	1	Flight
d)	To and Fro	20000 rupees	8500 rupees
e)	Accommodation charges	25000 rupees	
f)	Registration / Delegation Fee	490 Euros (38430 INR)	
g)	Air-port Tax		
4. Doo	cuments 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.	Attacher	
5.Sign	ature of the faculty member	Makenel	
۱h	DECLARAT	ION	
	 I have furnished the information in this application which i I am not getting one financial 	s true to the best of my knowle	
	 I am not getting any financial assistance / support from other funding agency for attending the aforesaid Confere action by the University in case it is found at a application is wrong / false, in support of my application 	the sponsorers / organizers nce. I am aware that I am lia	of the Conference or an
•	 I shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Confer- 	laws ID III III I	e within fifteen days to the
	I shall conduct a seminar for the benefit of the forult		/ Institution to share the
•	knowledge and experience gained from attending the afor	esalu Conference.	

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

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

13th February.2023

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.



Registrar

To, The above staff member.

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

LE 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

Ds. Plamod. J. Hurkadale M. Phann. Phil esto ma Cognosy elderahoo. con 501

SPec 201

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)

ISE-SFEC 2023, Ing

24,25726 February

; Rs. 8,000/-**

IBSD-DBT- Justitute, Manipus

old - As Annexine

ve) Others, if any, specify.

National Level: Rs.16,000/-

State / National

State Level

11 Particulars of the Conference being attended

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

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

12. Particulars of the financial support previously extended by the University a) Name of the Organizer OFFICE OF THE REGISTRAL Title of the program b) KLE Academy of Higher Education & Research, BELAGAVI c) Place d) Duration EB 2023 Tan Date of Conference e) 13 8 f) Financial Mailed Inward No...Sign. -----

LE 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 Mode of journey b) 25,000 - 0 Fare c) 2,000 = d) To and Fro б e) Accommodation charges Registration / Delegation Fee fg) 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 sponsorers / organizers of the Conference or any other funding agency for attending the aforesaid Conference. I am aware that I am liable for any disciplinary action by the University in case it is found at a later stage that the information furnished in this application is wrong / false, in support of my application for financial grant. • I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference. • I shall conduct a seminar for the benefit of the faculty members of the Departmenty Institution to share the knowledge and experience gained from attending the aforesaid Conference. Date 7-02-2013 Signature of the faculty memb Ref. No. KLE/COP/2015/2022/23 Date: 😁 То 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,



C

15-5.

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) JNMC Campus, Nehru Nagar, Belagavi-590 010, Karnataka State, India Placed in Category 'A' by MoE (GoI) The second secon

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

24th February, 2023

ORDER

Sub Ref

Permission to participate in the International Conference. 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

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



rof. Dr. V.A. Kothiwale Registrar

To, The above staff member.

- 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	
5. Institution	Homoeopathic Pharmacy
6. Email ID	KLEU'S Homoeoparthic Medical college presentishaman
7. Date of joining the Institution	preetli hampamawar @ gmail. com
8. Objectives of the Conference / Seminar / Symposium	17th Jan, 2018 To promote high quality responsel
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	To promote high quality research & a cademic discourse of Ayush Medical System Please enclose a separate sheet.
10. Assignment in the aforesaid Conference / Seminar / Symposium	 a) Contributing a scientific paper (poster or oral) b) Delivering a guest lecture c) Others, if any, specify.
 Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1st January to 31st December) 	
a) Title of the Conference / Seminar / Symposium	
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	
ote:The faculty member is eligible for financial upport to attend <u>one State / Zonal</u> and <u>one National</u> <u>onference</u> in a calendar year.	
2. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
/	Press Network of India (PNI), Santgin Ashram 4 leading Organizations of Augh
b) Title of the program	Hishram 4 leading Organizations of Arugh
c) Place	International Auush Summit, 2023
d) Duration	Vivekanandapuram, Kanyakuman
	3 days
e) Date	27-29 January, 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]
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3. Exp	enses involved towards attending the Conference:	
	Place	Vivekanandapuram, Kanyakum
b)	Mode of journey	Train 4 Bus.
c)	Fare	
	To and Fro expenses	3478/- + 1950/-
	Registration / Delegation Fee	3478/- + 1950/- 3,075 -
	Accommodation charges	2,239/-
	Total Expenses	10,742/-
14. Doc	cuments 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
	DECLARA	TION
I ł	hereby declare that :	
	• I have furnished the information in this application which	is true to the best of my knowledge and belief.
	• I am not getting any financial assistance / support from	
	agency for attending the aforesaid Conference,	
	 I shall produce necessary bills / receipts along-with Atter 	dance / Participation Certificate within fifteen days to the
	University from the date of attending the aforesaid Confe	
	 University from the date of attending the aforesaid Confe I shall conduct a seminar for the benefit of the faculty 	rence, / members of the Department / Institution to share the
	University from the date of attending the aforesaid Confe	erence, / members of the Department / Institution to share the presaid Conference.
Date :2	 University from the date of attending the aforesaid Confe I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforesaid is a shall reimburse the amount to the University in excess 	erence, / members of the Department / Institution to share the presaid Conference.
	University from the date of attending the aforesaid Confe • I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the afor • I shall reimburse the amount to the University in excess 2010212023 Sig	erence, / members of the Department / Institution to share the presaid Conference. of the eligibility.
Ref. No	 University from the date of attending the aforesaid Confe I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforesaid is a shall reimburse the amount to the University in excess 	erence, / members of the Department / Institution to share the presaid Conference. of the eligibility. gnature of the faculty member
Ref. No To	University from the date of attending the aforesaid Confe • I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the afor • I shall reimburse the amount to the University in excess 2010212023 Sig	erence, / members of the Department / Institution to share the presaid Conference. of the eligibility. gnature of the faculty member
Ref. No To The Re KAHEF	University from the date of attending the aforesaid Confe • I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the afor • I shall reimburse the amount to the University in excess 20/02/2023 Sig 0 egistrar, R,	erence, / members of the Department / Institution to share the presaid Conference. of the eligibility. gnature of the faculty member
Ref. No To The Re KAHEF Belgau	University from the date of attending the aforesaid Confe • I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the afor • I shall reimburse the amount to the University in excess 20/02/2023 Sig 0 egistrar, R, m.	erence, / members of the Department / Institution to share the presaid Conference. of the eligibility. gnature of the faculty member
Ref. No To The Re KAHEF Belgau Dear S	University from the date of attending the aforesaid Confe • I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the afor • I shall reimburse the amount to the University in excess 2010212023 Sig 0 egistrar, R, m. ir,	erence, / members of the Department / Institution to share the presaid Conference. of the eligibility. gnature of the faculty member Date:
Ref. No To The Re KAHEF Belgau Dear S	University from the date of attending the aforesaid Confe • I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the afor • I shall reimburse the amount to the University in excess 20/02/2023 Sig 0 egistrar, R, m. ir, We are enclosing herewith the application of the all	erence, / members of the Department / Institution to share the oresaid Conference. of the eligibility. gnature of the faculty member Date: Dove Teacher in the prescribed format for grant of
Ref. No To The Re KAHEF Belgau Dear S financia	University from the date of attending the aforesaid Confe • I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the afor • I shall reimburse the amount to the University in excess 20/02/2023 Sig 0 egistrar, R, m. ir, We are enclosing herewith the application of the attached al support for presentation scientific paper (poster	erence, / members of the Department / Institution to share the oresaid Conference. of the eligibility. gnature of the faculty member Date: Dove Teacher in the prescribed format for grant of
Ref. No To The Re KAHEF Belgau Dear S financia	University from the date of attending the aforesaid Confe • I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the afor • I shall reimburse the amount to the University in excess 20/02/2023 Sig 0 egistrar, R, m. ir, We are enclosing herewith the application of the all all support for presentation scientific paper (poster ence for kind consideration.	erence, / members of the Department / Institution to share the presaid Conference. of the eligibility. gnature of the faculty member Date: Date: Dove Teacher in the prescribed format for grant of or oral) / delivering a guest lecture to attend the
Ref. No To The Re KAHEF Belgau Dear S financia	University from the date of attending the aforesaid Confe • I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the afor • I shall reimburse the amount to the University in excess 20/02/2023 Sig 0 egistrar, R, m. ir, We are enclosing herewith the application of the all all support for presentation scientific paper (poster ence for kind consideration.	erence, / members of the Department / Institution to share the presaid Conference. of the eligibility. gnature of the faculty member Date: Date: Dove Teacher in the prescribed format for grant of or oral) / delivering a guest lecture to attend the
Ref. No To The Re KAHEF Belgau Dear S financia	University from the date of attending the aforesaid Confe • I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the afor • I shall reimburse the amount to the University in excess 20/02/2023 Sig 0 egistrar, R, m. ir, We are enclosing herewith the application of the all all support for presentation scientific paper (poster ence for kind consideration.	erence, / members of the Department / Institution to share the presaid Conference. of the eligibility. gnature of the faculty member Date: Date: Dove Teacher in the prescribed format for grant of or oral) / delivering a guest lecture to attend the
Ref. No To The Re KAHEF Belgau Dear S financia	University from the date of attending the aforesaid Confe • I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the afor • I shall reimburse the amount to the University in excess 20/02/2023 Sig 0 egistrar, R, m. ir, We are enclosing herewith the application of the all all support for presentation scientific paper (poster ence for kind consideration.	erence, / members of the Department / Institution to share the presaid Conference. of the eligibility. gnature of the faculty member Date: Date: Dove Teacher in the prescribed format for grant of or oral) / delivering a guest lecture to attend the
Ref. No To The Re KAHEF Belgau Dear S financia Confere	University from the date of attending the aforesaid Confe • I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforesaid • I shall reimburse the amount to the University in excess 2010212023 Sig 5	erence, / members of the Department / Institution to share the presaid Conference. of the eligibility. gnature of the faculty member Date: Date: Dove Teacher in the prescribed format for grant of or oral) / delivering a guest lecture to attend the
Ref. No To The Re KAHEF Belgau Dear S financia Confere	University from the date of attending the aforesaid Confe • I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the afor • I shall reimburse the amount to the University in excess 20/02/2023 Sig 0 egistrar, R, m. ir, We are enclosing herewith the application of the all all support for presentation scientific paper (poster ence for kind consideration.	prence, / members of the Department / Institution to share the presaid Conference. of the eligibility. gnature of the faculty member Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date
Ref. No To The Re KAHEF Belgau Dear S financia Confere Signatu	University from the date of attending the aforesaid Confe • I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforesaid • I shall reimburse the amount to the University in excess 2010212023 Sig 5	prence, y members of the Department / Institution to share the presaid Conference. of the eligibility. gnature of the faculty member Date: Date: Date: Date: Date: Principabal

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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
 *: 0831-244444
 *: 0831-2443777 Web: http://www.kledeemeduniversity.edu.in E-mail: info@kledeemeduniversity.edu.in

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

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.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.



Thellow

Prof. Dr. V.A. Kothiwale Registrar

To,

The above staff member.

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

informed on 25/2/2023

	A Ref. No. 199
	25-11-22 *
	MEDICAL COLLEG
and the second sec	EDUCATION AND RESEARCH as KLE University)
	lished u/s 3 of the UGC Act, 1956]
	ATTEND STATE / NATIONAL CONFERENCES rough the concerned HoD & Principal)
to be filled by the faculty member:	
Name	Dr. Suna Dryanesh
2. Qualification	MBBS, MD Annton
3. Designation	Associate Professor
4. Department	Anatomy
5. Email ID	Ansura 410 Qanail 100m
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	Please enclose a separate sheet.
Conference / Seminar / Symposium	r lease enclose a separate sileet.
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, Global Congress of
b) Date of conduct	8th to / 1th Dec. 2022 Anaton
c) Level of Conferenced) Quantum of financial grant eligible (or actuals	State / National
expenses, whichever is less)	State Level : Rs. 8,000/- National Level : Rs.16,000/-
e) Venue	National Level: Rs. 16,000/- YIMC yadag ASAW But
 f) Copy of the sanction letter along-with Brochure to be enclosed 	Rule
Note: The faculty member is eligible for financial support to attend one Sta	ate / Zonal and one National Conference in a calendar year
2. Particulars of the financial support <u>previously</u> extended by the University	
a) Name of the Organizer	OFFICE OF THE REGISTRAR
b) Title of the program	KLE Academy of Higher Education & Research, BELAGAVI
c) Place	
d) Duration	2 8 NOV 2022
e) Date of Conference	19 1
f) Financial grant availed	Inward NoSign.
15/12/28	7

P., (

Deemed-to-be-University esta	EDUCATION AND RESEARCH as KLE University) ablished u/s 3 of the UGC Act, 1956]
	- 2-
13. Travelling (by shortest route) and other expenses involved	- 4 -
	Particulars
a) Place	X and the construction of the base of the second se Second second secon second second sec
b) Mode of journey	Gadag
c) Fare	
d) To and Fro	
e) Accommodation charges	
f) Registration / Delegation Fee	
g) Air-port Tax	
4. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	
 b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. 	•
action by the University in case it is from	shoes I am aware that I am hable for any disciplinary
 action by the University in case it is found at a application is wrong / false, in support of my application is wrong / false, in support of my application is wrong / false, in support of my application. I shall produce necessary bills / receipts along-with Atten University from the date of attending the aforesaid Confe I shall conduct a seminar for the bonefit of the factor. 	n the sponsorers / organizers of the Conference or any ence. I am aware that I am liable for any disciplinary later stage that the information furnished in this tion for financial grant. Indance / Participation Certificate within fifteen days to the rence.
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action by the University in case it is found at a application is wrong / faise, in support of my application I shall produce necessary bills / receipts along-with Atten University from the date of attending the aforesaid Confe I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforesaid e: <u>15/11</u> /22 No. <u>1814</u> Registrar, KAHER, Belagavi. r Sir, We are enclosing herewith the application of the above ncial support to attend the International Conference outside	n the sponsorers / organizers of the Conference or any ence. I am aware that I am liable for any disciplinary later stage that the information furnished in this tion for financial grant. adance / Participation Certificate within fifteen days to the rence. members of the Department / Institution to share the resaid Conference. nature of the faculty member Date: 22/11/22 Teacher in the prescribed format for grant of a India for kind consideration. Yours faithfully,

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

2:0831-244444 FAX: 0831-2493777 Web: http://www.kledeemeduniversity.edu.in E-mail: info@kledeemeduniversity.edu.in

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

33

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.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.



rof. Dr. V.A. Kothiwale

yof. Dr. V.A. Kothiwal Registrar

To, The above staff member.

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

EMPOWER	ING PROFESSIONALS	Deemed-to-be-University est	R EDUCATION AND RESEARCH n as KLE University) tablished u/s 3 of the UGC Act, 1956]
	(To b	e submitted to the University	TO ATTEND STATE / NATIONAL CONFERENCES through the concerned HoD & Principal)
Α.	To be filled by the facu	Ity member:	Principal)
1.	Name	Harry	φ_{i}
2. (Qualification		Rajashekor. S. chavan
3.[Designation		M. Pharm
4. C	Department		Anistant profunor
5. E	mail ID		Phantia colvay
6. Ir	nstitution		Rajashekor charan 180 Grent-cory
7. D	ate of joining the Institution	on (the fearly is a second	K.L.E COP Belagavi
	pieto minimum one year	of service to avail this facility	01108/2016
	opofite to be deviced	ce / Seminar / Symposium	Imovation & Advances in phermate
	oonmar / Sy	participation in the aforesaid	Please enclose a separate sheet.
Sy	ssignment in the aforesa mposium	id Conference / Seminar /	 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)
Pa	rtiquiene		e) Others, if any, specify
· · · ·	rticulars of the Confere	nce being attended	
a)	er of the contrelence	/ Seminar / Symposium	Conference
b)	Date of conduct		10m \$ 11th 2023
c)	Level of Conference		Chate 1 th as
d)	Quantum of financial gra	ant eligible (or actuals	Children
	periodo, whichevel is	less)	State Level : Rs. 8,000/- National Level : Rs.16,000/-
e)	Venue		Sol Adilloum Unana and Carling
f)	Copy of the sanction letter be enclosed	er along-with Brochure to	Adichumchanogri university Braininger Nagamangala Toluki, mandy Ditaret.
е:т	he faculty member is eligible fo	financial support to attend one Sky	e / Zonal and one National Conference in a calendar year
Par exte	ticulars of the finance nded by the University	cial support previously	
	Name of the Organizer		NIL
	Title of the program		
	Place	OFFICE OF THE REDIST	
	Juration	KLE Academy of Higher Editor & Research, BélaGAVI	a ~
	ate of Conference	ton	hancento
		1 5 FEB 2023	
F	inancial grant availed	5 FEB 2023	

	(Formerly known as Deemed-to-be-University establish	ned u/s 3 of the UGC Act	, 1956]
12 7.00	- 2 - velling (by shortest route) and other expenses involved	anggan an an a	
15. Trav	vening (by shortest roate) and other expenses in error	Part	culars
	Place	SRS. Adichynuhanagir	. q. Nover mendapoit
, ,	Mode of journey	Town	pirat
b)			other Empleition
c)	Fare To and Fro	Billogun to B.G. Nog B.G. to Belogen	or 0 112
d)	Accommodation charges	B. q to Belogen 0 11801-	1
e)		217501-	
t)	Registration / Delegation Fee	9113 01	and we do a second a
g)	Air-port Tax	5	AsperRule
14. Do	ocuments to be submitted:		Acouració
a) b)	a cut cut to the summarie (abotract (papar	Gnerosed	μ ² ·
	DECLARA	TION	
1	hereby declare that		
	 I have furnished the information in this application which 	is true to the best of my kn	wledge and belief.
	 I am not getting any financial assistance / support from other funding agency for attending the aforesaid Confer action by the University in case it is found at a application is wrong / false, in support of my applica I shall produce necessary bills / receipts along-with Atter 	n the sponsorers / organize ence. I am aware that I ar later stage that the inf tion for financial grant. ndance / Participation Certif	ers of the Conference or an n liable for any disciplinar prmation furnished in the
	 I shall produce housed y and y for the stores and Confe University from the date of attending the aforesaid Confe I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforesaid 	erence. y members of the Departn	
			0 hant
Date	15/02/2023 Sig	gnature of the faculty me	mber 8-19-1.
Date	10. KLEICOP/1842/2022/23		Date: 13 02 2023
	NO. IT CIT I MULLICULTUR		and an and a second sec
Ref. N			
Ref. N To	Registrar, KAHER, Belagavi.		
Ref. N To The F	Registrar, KAHER, Belagavi.		
Ref. N To The F Dear	Registrar, KAHER, Belagavi. Sir, We are enclosing berewith the application of the abo	ove Teacher in the prescr	ibed format for grant of
Ref. N To The F Dear	Registrar, KAHER, Belagavi.	ade India for kind conside	
Ref. N To The F Dear	Registrar, KAHER, Belagavi. Sir, We are enclosing herewith the application of the abc cial support to attend the International Conference outs	ade India for kind conside	ibed format for grant of eration. rs faithfully,

au.,

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 The second secon

Ref. No. KAHER-/2022-23/D- 23012313

18th January, 2023

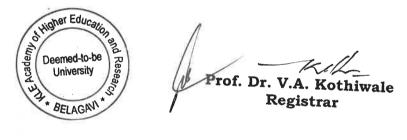
Sub Permission to participate in the National Conference. 5

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

ORDER

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.



To,

The above staff member.

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

KLE ACADEMY OF HIGHER EDUCATION AND RE

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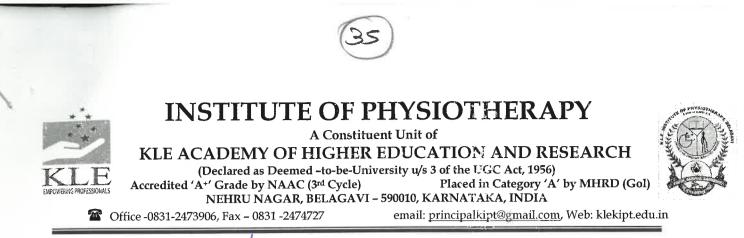
(Formerly known as KLE University) [Deemed-to-be-University established u/s 3 of the UGC Act, 1956]

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:	
	DR. NETRAVATHE A.KAVE
. Name	
2. Qualification	M.D. Phaemacology
3. Designation	Associate Profession
l. Department	Phainacology
5. Institution	J. N. Medical College
5. Email ID	donetia.angadiegmail.com
7. Date of joining the Institution	02 06 2014
3. Objectives of the Conference / Seminar / Symposium	Future challenges of Pharmecolopy in He.
 Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 	Please enclose a separate sneet.
10. Assignment in the aforesaid Conference / Seminar / Symposium	 a) Contributing a scientific paper (poster or oral) b) Delivering a guest lecture c) Others, if any, specify.
 Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1st January to 31st December) 	NIL
a) Title of the Conference / Seminar / Symposium	
b) Date of conduct	
b) Date of conduct	
c) Level of Conference (State / Zonal / National)	ATTICE OF THE REGISTRAR
	OFFICE OF THE REGISTRAR
c) Level of Conference (State / Zonal / National)	OFFICE OF THE REGISTRAR KLE Academy of Highor Education & Research, BELAGAVI
c) Level of Conference (State / Zonal / National)d) Venue	KLE Academy of Higher Education
 c) Level of Conference (State / Zonal / National) d) Venue e) Financial support extended by the University 	KLE Academy of Higher Education & Research, BELAGAVI T T JAN 2023 13 Inward No
 c) Level of Conference (State / Zonal / National) d) Venue e) Financial support extended by the University f) Copy of the sanction letter to be enclosed Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National</u> 	KLE Academy of Higher Education & Research, BELAGAVI
 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 	KLE Academy of Higher Education & Research, BELAGAVI T T JAN 2023 13 Inward No
 c) Level of Conference (State / Zonal / National) d) Venue e) Financial support extended by the University f) Copy of the sanction letter to be enclosed Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference in a calendar year.</u> 12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium 	KLE Academy of Higher Education & Research, BELAGAVI IL JAN 2023 13 Inward No
 c) Level of Conference (State / Zonal / National) d) Venue e) Financial support extended by the University f) Copy of the sanction letter to be enclosed Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference in a calendar year.</u> 12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium a) Name of the Organizer 	KLE Academy of Higher Education & Research, BELAGAVI TE JAN 2023 13 Inward No
 c) Level of Conference (State / Zonal / National) d) Venue e) Financial support extended by the University f) Copy of the sanction letter to be enclosed Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference in a calendar year.</u> 12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium a) Name of the Organizer b) Title of the program 	KLE Academy of Higher Education & Research, BELAGAVI TE JAN 2023 13 Inward No
 c) Level of Conference (State / Zonal / National) d) Venue e) Financial support extended by the University f) Copy of the sanction letter to be enclosed Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference in a calendar year.</u> 12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium a) Name of the Organizer b) Title of the program c) Place 	Iss college phanne cy, typen Indian Pharma cological Society come Mysore, handlare (2PSCON-20

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

(Formerly known as [Deemed-to-be-University establis	KLE University)
- 2 -	
12 European line la	
13. Expenses involved towards attending the Conference:	
a) Place	Myson, karnatako
b) Mode of journey	Bus
c) Fare	
To and Fro expenses	3000
Registration / Delegation Fee	6000
Accommodation charges	6000
Total Expenses	15,000
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.	Enclosed
DECLARAT	TION
I hereby declare that :	
 I have furnished the information in this application which 	is true to the best of my knowledge and belief
 I am not getting any financial assistance / support from agency for attending the aforesaid Conference, 	the sponsorers of the Conference or any other fundir
 I shall produce necessary bills / receipts along-with Atten University from the date of attending the aforesaid Confer 	dance / Participation Certificate within fifteen days to th
 I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the afo 	members of the Doportmont / Institution to show u
Date : 13 1 2023 Sign	f the eligibility. nature of the faculty member Wetweralling
Ref. No. 2264	Date: 14-1-2023
То	Date:
The Registrar,	
KAHER, Belgaum.	
Dear Sir,	
We are enclosing herewith the application of the abo	
inancial support for presentation scientific paper (poster or Conference for kind consideration.	orany r delivering a guest lecture to attend the
Thanking you,	
KAMA	Yours faithfully,
1) N 131123	BORNERAL
Signature of the HoD	Jawaharia Nonto Hedical College RELAGAVI
ept. of Pharmacology ER's J. N. Medical College	Ball Band Date of 197 C
Belagavi	



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

Date: 23/02/2023

1 3

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

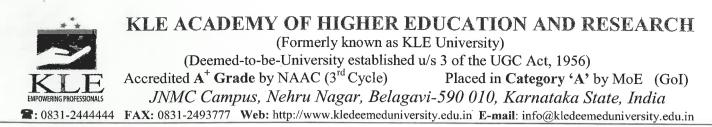
Kindly acknowledge receipt of the same.

Thanking you,

Yours truly,

PRINCIPAL,





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

31st December, 2022



ORDER

Sub : Permission to participate in the National Conference.

Ref : Request letter of the applicant forwarded through the concerned Principal, KAHER Institute of Physiotherapy, Belagavi

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

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

Higher Educatio Deemed-to-be University BELAGAN

Tach

Prof. Dr. V.A. Kothiwale Registrar

To, The above staff member.

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

1 anies	Little I
(Formerly known as KLE Academy CEstablished under Section 3 of the UGC Act, 1956 vide Gr	of Higher Education & Research) overnment of India Notification No.F.9-19/2000-U.3(A)]
APPLICATION FOR FINANCIAL SUPPORT TO ATTEN (To be submitted to the University throu	ND STATE / ZONAL / NATIONAL CONFERENCES
A. To be filled by the faculty member:	
Name	Dr. Raju Gadad MITSC PhD. MITSC, Ph. D.
2. Qualification :	MLISC Ph. D.
	A A Polostan
4. Department	fils rary.
5. Institution	Library. KAHER, Institute of Physiotherapy Belagavi
6. Date of joining the Institution	02-01-2011
7. Objectives of the Conference / Seminar / Symposium	Health informatics for health Summe librar
 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 guast 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 librarian
b) Date of conduct 9t	10th & 11th Feb. 2023
c) Venue	Kodažu Jostitute of medical Sciences - madik
d) Financial support extended by the University	•
e) Copy of the sanction letter to be enclosed	Yes
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	Kodague institute of medical Sciences practikeri
b) Title of the program	Health informatics for health summe librarian
c) Place	Madikeri
d) Duration	3 days
e) Date	10th & 11th Feb. 2023

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and well . .



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VIE	UNIVERSITY	÷
NLE	UNIVERDIT I	

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

[Established under Section 3 of the UGC Act, 1955 vide Government of India Notification No.F.9-19/2000-U.3(A)]

7 S. 1 N.		
2. Ex	penses involved towards attending the Conference:	
2)	Place	Belagavi - Mysupel - madikesi
b)	Mode of journey	Bus
C)	Fare	50001- Approximate
	To and Fro expenses	2000+
	Registration / Delegation Fee	750
	Total Expenses	70001- Approximate
3. Do	ocuments to be submitted:	
a)	Copy of the letter of invitation from the organizers.	yes
b)	Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	yes.

DECLARATION

I hereby declare that :

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

Jate: 28-12-2022

Signature of the faculty member

Date:

tef. No.

0

The Registrar, ILE University, Jelgaum.

)ear Sir,

H

We are enclosing herewith the application of the above Teacher in the prescribed format for grant of

nancial support to attend the Conference for kind consideration.

Thanking you,		BRESEARCHINS	Yours faithfuily,	
		A LEAD	5110	
gnature of the HoD	SMER	Biseal Biseal	Principal	
	1 B			
	Ň	A KIE VCVO		



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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)]

60

APPLICATION FOR FINANCIAL SUPPORT TO ATT (To be submitted to the University thr	END STATE / ZONAL / NATIONAL CONFERENCE ough 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 & PEEVENTIDE DE
5. Institution	FUE VE IDE RELACAN
6. Date of joining the Institution	862006
7. Objectives of the Conference / Seminar / Symposium	To increase knowledge
 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	19Th ISPRO National Paconna
b) Date of conduct	19th 15PRO National Paconna 23rd Reb - 25th Reb 202 Saveethe Derile College
c) Venue	Savethe Dertel College
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
lote: The faculty member is eligible for financial upport to attend <u>one State / Zonal</u> and <u>one National</u> <u>conference</u> in a calendar year.	As and Bulas
1. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	ASOL
a) Name of the Organizer	Saveetra Dentil college, ISPR
b) Title of the program	17th ISPRO Nature Recon
c) Place OFFICE OF THE REGISTRAR	Chennai
d) Duration KLE Academy of Higher Education	3 daws
e) Date	23rd Res to 25th Res
f) Amount claimed B1 MAR 2023	
23	
and a solid provide the second se	\$pmp 2.7.23

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)]

2. Expenses involved towards atter	nding the Conference:	
a) Place		Cliemai
b) Mode of journey		Chennai Train
c) Fare		
To and Fro expenses		50001-
Registration / Delegation F	ee	7000/-
Accommodation charges	andil	12 perets
Total Expenses	Acher	2200013
13. Documents to be submitted:		
Copy of the letter of invitati	ion from the organizers.	Enclosed
b) Copy of the full text of doct prepared by the applicant f	uments / abstract / paper for presentation.	Chausea
	DECLARAT	ION
I hereby declare that :		
	ation in this application which is	s true to the best of my knowledge and belief.
		he sponsorers of the Conference or any other fund
agency for attending the afo	presaid Conference,	the sponsorers of the contenence of any other rand
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agency for attending the afo • I shall produce necessary bi University from the date of a • I shall conduct a seminar for knowledge and experience of • I shall reimburse the amound Date : Ref. No Ref. No To The Registrar, KLE University, Belgaum. Dear Sir, We are enclosing herewith financial support to attend the Con	n the application of the ab	ance / Participation Certificate within fifteen days to ence, members of the Department / Institution to share resaid Conference. If the eligibility. nature of the faculty member Date: Date:
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agency for attending the afo • I shall produce necessary bi University from the date of a • I shall conduct a seminar for knowledge and experience of • I shall reimburse the amound Date : Ref. No Ref. No To The Registrar, KLE University, Belgaum. Dear Sir, We are enclosing herewith financial support to attend the Con	oresaid Conference, ills / receipts along-with Attend attending the aforesaid Confer for the benefit of the faculty gained from attending the afor at to the University in excess o Sign h the application of the ab- about ference for kind considerat	Hance / Participation Certificate within fifteen days to ence, members of the Department / Institution to share esaid Conference. If the eligibility. hature of the faculty member Date: Date: pove Teacher in the prescribed format for gran ion. Yours faithfully,

INSTITUTE OF NURSING SCIENCES

Aconstituent Unit of

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



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

NEHRU NAGAR, BELAGAVI-590010, KARNATAKA, INDIA

r: 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.

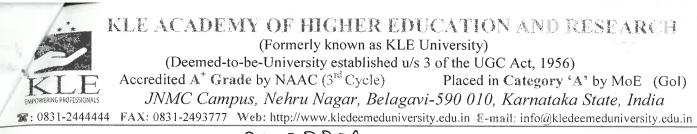
S	Name of the Faculty	Designation	Paper/Poster Presentation
No			
1	Mrs. Vaishali B	Assistant Professor	Paper & Poster Presentation
2	Mrs. Shweta D	Senior Tutor	Paper & Poster Presentation

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



Yours faithfully

Principal KAHER Institute of Nursing Sciences Belagavi



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

15th Feb.2023

ORDER

10 10

- 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.

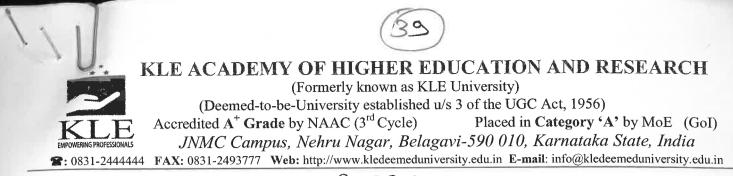


rof Dr.V.A.Kothiwale Registrar

Τо,

The above staff member.

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



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.

- 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]

KLE

A. To be filled by the faculty member:	ND STATE/ZONAL/NATIONAL/INTERNATIONAL CONFERENC versity through the concerned HoD & Principal)
1. Name	
2. Qualification	Dr. Priya P. Shetti
3. Designation	M.Pharm PhD
4. Department	Research - Associate – Grade I
	Dr. Prabhakar Kore Basic Science Base 1 G
5. Institution	Berrit
6. Date of joining the Institution	KLE Academy of Higher Education and Research
	17 th May 2022
7. Objectives of the Conference / Seminar / Symposiu	Scientists, Ayurvedic practitioners, Scientists, and other
 Benefits to be derived from participation in the afore Conference / Seminar / Symposium 	Please enclose a separate sheet. 'Enclosed'
 Assignment in the aforesaid Conference / Semi / Symposium 	 a) Chairing a scientific session. b) Local Organizing Committee member c) Others, if any: Possible Research Collaboration
University to attend the similar Conference (s) du the current calendar year [1 st Jan. to 31 st Dec.]	the
a) Title of the Conference / Seminar / Symposium	International Conference on Innovation & Advances in Pharmaceutical Sciences - Current Sciences
 a) Title of the Conference / Seminar / Symposium b) Date of conduct 	International Conference on Innovation & Advances in Pharmaceutical Sciences - Current Scenario and Future Perspectives
a) Title of the Conference / Seminar / Symposium	International Conference on Innovation & Advances in Pharmaceutical Sciences - Current Scenario and Future Perspectives 10 th and 11 th February 2023 Sri Adichunchanagiri College (CDI
 a) Title of the Conference / Seminar / Symposium b) Date of conduct c) Venue 	International Conference on Innovation & Advances in Pharmaceutical Sciences - Current Scenario and Future Perspectives 10 th and 11 th February 2023 Sri Adichunchanagiri College of Pharmacy, Adichunchanagiri University, B. G. Nagara, Karnataka
 a) Title of the Conference / Seminar / Symposium b) Date of conduct c) Venue d) Financial support extended by the University 	International Conference on Innovation & Advances in Pharmaceutical Sciences - Current Scenario and Future Perspectives 10 th and 11 th February 2023
 a) Title of the Conference / Seminar / Symposium b) Date of conduct c) Venue d) Financial support extended by the University e) Copy of the sanction letter to be enclosed 	International Conference on Innovation & Advances in Pharmaceutical Sciences - Current Scenario and Future Perspectives 10 th and 11 th February 2023 Sri Adichunchanagiri College of Pharmacy, Adichunchanagiri University, B. G. Nagara, Karnataka -
 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 te: The faculty member is eligible for financial support 	International Conference on Innovation & Advances in Pharmaceutical Sciences - Current Scenario and Future Perspectives 10 th and 11 th February 2023 Sri Adichunchanagiri College of Pharmacy, Adichunchanagiri University, B. G. Nagara, Karnataka - International Conference
 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 ce: The faculty member is eligible for financial support end one State / Zonal and one National Conference in Particulars of the organizer of the 	International Conference on Innovation & Advances in Pharmaceutical Sciences - Current Scenario and Future Perspectives 10 th and 11 th February 2023 Sri Adichunchanagiri College of Pharmacy, Adichunchanagiri University, B. G. Nagara, Karnataka - International Conference
 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 	International Conference on Innovation & Advances in Pharmaceutical Sciences - Current Scenario and Future Perspectives 10 th and 11 th February 2023 Sri Adichunchanagiri College of Pharmacy, Adichunchanagiri University, B. G. Nagara, Karnataka - International Conference to Adichunchanagiri University & Accession Adichunchanagiri University & Accession
 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 te: The faculty member is eligible for financial support end one State / Zonal and one National Conference in endar year. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium 	International Conference on Innovation & Advances in Pharmaceutical Sciences - Current Scenario and Future Perspectives 10 th and 11 th February 2023 Sri Adichunchanagiri College of Pharmacy, Adichunchanagiri University, B. G. Nagara, Karnataka - International Conference to Adichunchanagiri University & Association for Pharmaceutical Research International Conference on Innovation & Advances in Pharmaceutical Research
 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 e: The faculty member is eligible for financial support and one State / Zonal and one National Conference in Particulars of the organizers of the aforesaid Conference / Seminar / Symposium a) Name of the Organizer b) Title of the program 	International Conference on Innovation & Advances in Pharmaceutical Sciences - Current Scenario and Future Perspectives10th and 11th February 2023Sri Adichunchanagiri College of Pharmacy, Adichunchanagiri University, B. G. Nagara, KarnatakaInternational Conferenceto aAdichunchanagiri University & Association for Pharmaceutical ResearchInternational Conference on Innovation & Advances in Pharmaceutical ResearchInternational Conference on Innovation & Advances in Pharmaceutical ResearchSri Adichunchanagiri College of SPISri Adichunchanagiri College of Pharmaceutical Sciences - Current Scenario and Future PerspectivesSri Adichunchanagiri College of SPI
 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 fe: The faculty member is eligible for financial support end one State / Zonal and one National Conference in a) Name of the organizers of the aforesaid c) Title of the program c) Place d) Duration 	International Conference on Innovation & Advances in Pharmaceutical Sciences - Current Scenario and Future Perspectives10th and 11th February 2023Sri Adichunchanagiri College of Pharmacy, Adichunchanagiri University, B. G. Nagara, KarnatakaInternational Conferenceto aAdichunchanagiri University & Association for Pharmaceutical ResearchInternational Conference on Innovation & Advances in Pharmaceutical Sciences - Current Scenario and Future PerspectivesSri Adichunchanagiri University & Association for Pharmaceutical ResearchInternational Conference on Innovation & Advances in Pharmaceutical Sciences - Current Scenario and Future PerspectivesSri Adichunchanagiri College of Pharmacy, Adichunchanagiri University, B. G. Nagara, Karnataka
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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/- Heperput
13. Documents to be submitted:	1 Storte
a) Copy of the letter of invitation from the organizers.b) Conference brochure with committee details.	Enclosed along with application
DECLARA	TION
I hereby declare that :	
 agency for attending the aforesaid Conference, I shall produce necessary bills / receipts along-with Att University from the date of attending the aforesaid Con 	m the sponsorers of the Conference or any other funding endance / Participation Certificate within fifteen days to the iference, lity members of the Department / Institution to share the aforesaid Conference.
Ref. No. KAHER /BSRC/22-23/236 To The Registrar KAHER [Deemed to be University] Belagavi -590010	Date: 02.02.2023
Dear Sir,	
We are enclosing herewith the application of the a	above Teacher in the prescribed format for grant of
financial support to attend the Conference for kind consider	ration.
Thanking you,	
Dr. Ramesh S. Paranjape Signature of the Hopushed Professor & VC Director,	Academy of Academy of Higher Education and Paragraph



SHRI BM KANKANAWADI AYURVED MAHAVIDYALAYA

Post Graduate Studies & Reseach Centre

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

KLE ACADEMY OF HIGHER EDUCATION & RESEARCH

(DEEMED-TO-BE- UNIVERSITY)

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



First AYUSH Institution having NAAC & NABH Accreditation

Ref No. BMK 2022-23 2340



Date: 16.03.2023

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 Confere nce
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, DAL Shri B. M. Kankanawadi Avurved Mahavidyal+sa A Constituent Unit of KAHER

Shahapur, BELAGAVI-0

Encl: bills & vouchers with certificate

LE 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 .2444444 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

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

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

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



Prof. Dr. V.A. Kothiwale Registrar

To. The above staff member.

- 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.



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2/23

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:	an intervent to be
Name	DR. DNYANESH.D.K MD Cped S.L.L.B.
Qualification	MD (per). L.L.B.
Designation	Pagfesses
Department	Pediatriu
Institution	7.N.M. C Belegerei 22.11.2006
. Date of joining the Institution	22.11.2006
. Objectives of the Conference / Seminar / Symposium	Conference
B. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
Assignment in the aforesaid Conference / Seminar / Symposium	 a) Chairing a scientific session. b) Contributing a scientific paper (poster or oral) c) Delivering a guest lecture d) Others, if any, specify.
10. Particulars of the financial support extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	30 M IPA CONGRESS 4 60th PEOVER- 20, 19th - 23 Jeb 2025. Gandhingne, Gujneet Endia
a) Title of the Conference / Seminar / Symposium	30 MIPA CONVERSS 400 - PEDICIN
b) Date of conduct	19th - 23 Jeb would.
c) Venue	Gandhingnes, grynia siner
d) Financial support extended by the University	
e) Copy of the sanction letter to be enclosed	have been and the second secon
f) Level of Conference State / Zonal / National	National & Intie 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	International pedinter asso cinter cong
a) Name of the Organizer	and Indian Academy of scores
b) Title of the program	30th JPA congress of 60th pedican - 20m
c) Place	Gandhinagne, Gujneer
d) Duration	5 days
e) Date OFFICE OF THE REGISTRAR	19th to 23 feb 2023
f) Amount claimed KLE Academy of Higher Education & Research, BELAGAVI	
	more
16 FEB 2023	Parific Kito



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

a) Place b) Mode of journey b) Mode of journey c) Fare To and Fro expenses Total Expenses Total Expenses 32.0001 Accommodation charges Total Expenses 33.000 Accommodation charges 33.000 Accommodation Accommodation charges 33.000 Accommodation Accommodation charges 33.000 Accommodation Acco	12. Exp	enses involved towards attending the Conference:	
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Thanking you,	١	We are enclosing herewith the application of the ab-	ove Teacher in the prescribed format for grant of
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signature of the HoD	9	*	PRINCIPAL College
	ionato	re of the HoD	

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)KLEE(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*: 0831-244444FAX: 0831-2443777Web: http://www.kledeemeduniversity.edu.inE-mail: info@kledeemeduniversity.edu.in

Ref. No. KAHER-/2022-23/D- 17022302

17th February 2023

ORDER

Sub

: Permission to participate in the National Conference.

Ref

f : 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.

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

LE 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) JNMC Campus, Nehru Nagar, Belagavi-590 010, Karnataka State, India Placed in Category 'A' by MoE (GoI) 2: 0831-24-444 FAX: 0831-2493777 Web: http://www.kledeemeduniversity.edu.in E-mail: info@kledeemeduniversity.edu.in

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

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.

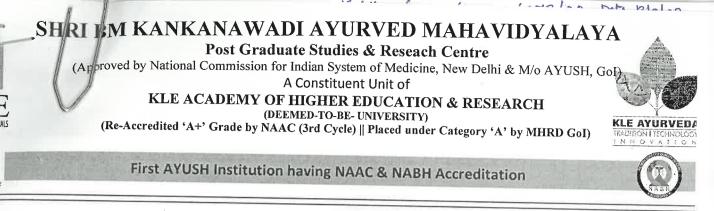
Higher Educatio rof. Dr. V.A. Kothiwale and Deemed-to-be E Acad Registrar University BELAGAN

To, The above staff member.

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

KLF (Formerly known	EDUCATION AND RESEARCH as KLE University) ablished u/s 3 of the UGC Act, 1956]
APPLICATION FOR FINANCIAL SUPPORT	TO ATTEND CONFERENCES OUTSIDE INDIA
(To be submitted to the University t	hrough the concerned HoD & Principal)
A. To be filled by the faculty member:	
1. Name NAMIT KUDATA	HRKAR
2. Qualification M Pharm	-
3. Designation Awistant Prof	esor
4. Department	
5. Institution KLE College of Ph	annacy, Belagani.
6. Date of joining the Institution	2018
7. Objectives of the Conference / Seminar / Symposium	
 Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 	Please enclose a separate sheet.
 Assignment in the aforesaid Conference / Seminar / Symposium 	 a) Delivering Key-note address / orations plenary lectures
	 b) Contributing a scientific paper
*	 c) International collaboration exchange program (only on invitation)
	 d) Panel discussion or to deliver talks / lecture or invited to discuss arts / skills (only or invitation)
	e) Others, if any, specify
 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 (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	
 Actual amount credited / reimbursed and Date of payment 	
f) Copy of the sanction letter to be enclosed	
1. Particulars of the Conference / Seminar / Symposium <u>being attended</u>	
a) Name of the Organizer	UCSI University, Faculty of
b) Title of the program	
c) Place	International Research Conference on Phormaceutical & Altred Sciences
d) Duration	Mara Lumpur, Malaysia.
e) Date of Conference	10, 11, 12 th March 2023 10-12 th March 2023

[Deemed-to-be-University esta	EDUCATION AND RESEARCH as KLE University) ablished u/s 3 of the UGC Act, 1956
12. Financial grant sought:	
North / South America	
Europe, Africa and Australia	Rs.1,25,000/-
China and Japan	Rs. 75,000/-
Asia countries	Rs. 60,000/-
Other Asia countries Other Asia countries except Sri Lanka, Pakistan, Bangladesh, Nepal, Afghanistan, Bhutan, Myanmar, Maldives)	Rs. 30,000/- Rs. 20,000/-
3. Travelling (by shortest route) and other expenses involved	
a) Place	International Domestic
b) Mode of journey	Flight
c) Fare	164101-
d) To and Fro	
e) Accommodation charges	6715t- ASPEN
f) Registration / Delegation Fee	164101- 67151- 89071- Rulef
g) Air-port Tax	Rules
Documents to be submitted:	t.
 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. 	Ne
lignature of the faculty member	
	Am
I hereby declare that DECLARATI	O N
 I have furnished the information in this application which is the second seco	te sponsorers / organizers of the Conference or any ce. I am aware that I am liable for any disciplinary ter stage that the information furnished in this in for financial grant.
knowledge and experience gained from attending the aforest	embers of the Department / Institution to share the aid Conference.
31101/23	~
Signatu	ure of the faculty member
The faculty member who has completed minimum thr	ee years of services in the institution is



Ref No. BMK/2022-23/2315

Date: 13.03.2023

To,

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

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

43 - 44

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 23^{rd} to 25^{th} Feb as per your approval letter for release of Financial Grant. The details of the faculty are as follows.

	[13] Statement and Statements and the second statement of the second statem				
Sl. No	Name of Toophan	Designation	Departme nt	Workshop /Conference details	Date of Confere
T	Dr. R S Hiremath	Prof & HOD	RS & BK	International Conference on Ayurvedic	nce
2	Dr Poornima B. Tukanatti	Asst Pro.	RS & BK	Pharmaceutical Sciences- Dept. RS & BK National Institute of Ayurveda (Jaipur)	23 rd to 25 th Feb-2023

OFFICE OF THE REGISTRAR KLE Academy of Maker Education

MAR 2023

LLEAN

This is for your information and permit the same.

Thanking you,

Encl: bills & vouchers with certificate

ours truly PRINCIPAL

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

Inward Ma

A Constituent Unit of KAHER Shchapur, BELAGAVI-03

HIGHER EDUCATION AND RESEARCH

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

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

22nd February, 2023

ORDER

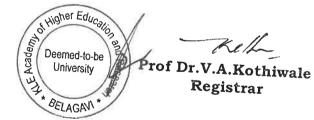
Approval of Grant of financial support for attending the International Sub: Conference at Jaipur from 23rd to 25th February 2023. Ref:

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:

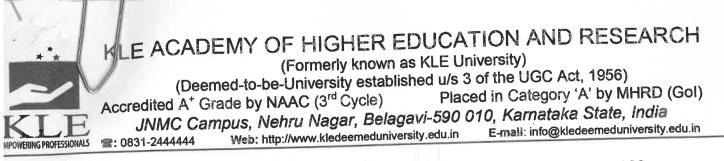
SL.	Name	T	
No		Designation	Department
ł	Dr. R.S.Hiremath	Professor and	RS and BK
2	Dr. Poornima B Tukanatti	HoD	
V		Assistant Professor	RS and BK

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



To. The above staff member.

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



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.



Keller

Prof. Dr. V.A. Kothiwale Registrar

Τо,

The above staff member.

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

KLE EMPOWERING PROFESSION ALS

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 M. Phann, Ph.D
2. Qualification	M. Phann, Ph.D. O
3. Designation	Protessor and HOD
4. Department	Pharmaceutical chemistry
5. Institution	KLE College of Pharmacy, Belogarh
6. Date of joining the Institution	07/06/2005
7. Objectives of the Conference / Seminar / Symposium	Enclosed
 Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 	Please enclose a separate sheet.
9. Assignment in the aforesaid Conferencé / 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 / iectures 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 BITS - Pilani - Hydrobad Compas
c) Venue	BITS - Pilani - Hydrobad Campus
d) Financial support extended by the University	KAHER
 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 being attended	
a) Name of the Organizer	Schrodinger & BITS Pilon GOa
b) Title of the program	1000-2022 "Compet
c) Place	Schrodinger & BITE Pilonin GOA ICDD-2022 GOA. KK Birla Goa compares, GOA
d) Duration Two day	, Loth & grith November-2022
e) Date of Conference CEPICE OF THE REGISTR XLE Academy of Higher Educa & Research, EELAGAVI	ation
2-1 SEP 2022 1 3 1	Dettempour

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]

	Iling (by shortest route) and other expenses involved	Parti	culars
a) I	Place	Panaji (40a) Road ((ar)	
b) i	Mode of journey	Road (Car)	
c) I	Fare		2500/-
d) -	To and Fro	0	5000/-
e) /	Accommodation charges Registration / Delegation Fee Air-port Tax	Jel	4000
f) I	Registration / Delegation Fee	au	3500/
g) /	Air-port Tax		
Doci	uments to be submitted:	Tota	K-12500 -
a) (Copy of the letter of invitation from the organizers.	0.10	
	Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	Enclos	ed
	DECLARA	TION	
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EMPOWERING PROFESSIONALS	emed-to-be-University establ	lished u/s 3 of the UGC Act, 1956]
(lobes	ubmitted to the University thr	ATTEND STATE / NATIONAL CONFERENCES ough the concerned HoD & Principal)
A. To be filled by the faculty	the second	
	Dr. Meenaxi. N	
	1' Pharm. Ph. D.	PGOHPE.
3. Designation	professor	
4. Department	harmaceutical	n, meenaxi maste kiepharm. edu
	naimm@gmail.cor	n, meenaxi-mastee kiepharm.edu
7. Date of joining the Institution	The racuity should	harmacy, Belagawi.
complete minimum one year of	and the second sec	21 st August 2002
8. Objectives of the Conference		conference.
9. Benefits to be derived from p Conference / Seminar / Sym	posium	Please enclose a separate sheet. Current trensi in pharmindusty.
10. Assignment in the aforesaid Symposium		a) Delivering Key-note address / orations /
C	oral presentation)	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 Confere	nce being attended	ind = alerentimel conterence on curre
a) Title of the Conference	/ Seminar / Symposium	"2nd International conference on curre advances in pharmaceutical industry of
b) Date of conduct	And Property Read	
c) Level of Conference		State / National National
 Quantum of financial gra expenses, whichever is 	ant eligible (or actuals less)	State Level : Rs. 8,000/- National Level : Rs.16,000/-
e) Venue		Hyderbad, JNTU.
f) Copy of the sanction lett be enclosed	er along-with Brochure to	(querback) & to to
Note : The faculty member is eligible fi	or financial support to attend one Sta	ate / Zonal and one National Conference in a calendar year
12. Particulars of the finan extended by the Universit	cial support previously	
a) Name of the Organizer		NUL
b) Title of the program	4	NIL
c) Place	1000 1000 1000 1000 1000 1000 1000 100	
d) Duration		OFFICE OF THE REGISTRAR
e) Date of Conference		KLE Academy of Higher Education

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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]

APOWERING PROFESSIONA	nangka mu ka jua Bauntur sa kisana ka na kisana mana mana mina i	
	- 2 -	
13. Trave	elling (by shortest route) and other expenses involved	Particulars
#1111000.000		
a)	Place	fly desbad.
b)	Mode of journey	Fight & bus.
c)	Fare	Fight Fare \$ 2600 + 1185 2600 + 1185 = 3785=00
d)	To and Fro	2600 +1185 = 3705-00
e)	Accommodation charges	1785 for two nighti.
f)	Registration / Delegation Fee	2500 120285
g)	Air-port Tax	tal. 3785+2500 \$6285
14. Doo	cuments to be submitted:	
a)	Copy of the letter of invitation from the organizers.	
b)	Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	TION AS Der Rules
	DECLARA	TION
1	hereby declare that	
i.	. I have furnished the information in this application which	is true to the best of my knowledge and belief.
a and a second sec	action by the University in case it is found at a application is wrong / false, in support of my applica	later stage that the information furnished in this ation for financial grant.
	University from the date of attending the atoresald Conin	ndance / Participation Certificate within fifteen days to the erence.
	knowledge and experience gained from attending the ai	y members of the Department / Institution to share the oresaid Conference.
Date	21103/2023 Si	gnature of the faculty member
Ref. N	10. KLEICOPI 1353/2022/23	Date: 2013/2023
To The P	egistrar, KAHER, Belagavi.	
Dear	Sir, We are enclosing herewith the application of the ab	ove Teacher in the prescribed format for grant of
financ	cial support to attend the International Conference out	side India for kind consideration.
	Thanking	Yours faithfully,
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Signa	ature of the HoD	rincipal
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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) Placed in Category 'A' by MHRD (Gol) Accredited 'A+' Grade by NAAC (3rd Cycle) NEHRU NAGAR, BELAGAVI - 590010, KARNATAKA, INDIA

email: principalkipt@gmail.com, Web: klekipt.edu.in Office -0831-2473906, Fax - 0831 -2474727

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

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	Department	Name of the Staff	Designation	Conference
No	-		Dueferger	National Level
1	OMT	Dr. Santosh Metgud	Professor	National 20101

Kindly acknowledge receipt of the same.

Thanking you,

Yours truly,

SIV

PRINCIPAL, KLE INSTITUTE OF PHYSIOTHERAPY, BELAGAVI.

Encld: Application & copy of Certificates.



	OFFICE OF THE REDISTRAR
	The PARTICIPACION OF Machine Sciences
	& Remanut, EFLACAVI
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Date: 09/03/2023

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KLE UNIVERSITY

(Formerly known as KLE Academy of Higher Education & Research) ablighed 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:	DR. CANTOSH METGUD
Name	Ph D
Qualification	PROFESSOR HEAD
Designation	ORTHOPAEDIC MANUAL THERAPY
Department	KLE TWRTITUTE OF PHYSIOTHERAP
Institution	Jan 16th 2003
Date of joining the Institution	CONFERENCE
Objectives of the Conference / Seminar / Symposium	
Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Multi baceted Approales 10
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.
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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)	1st Time is the france al year PRAMME PUYZION 2023
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(Formerly known as KLE Academy of Higher Education & Research) (rablished under Section 3 of the UGC Act, 1955 vide Government of India Notification No.F.9+19/2000 U.3(A)]

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Registration / Delegation Fee 35.00 Total Expenses 11.500 3. Documents to be submitted: 11.500 a) Copy of the letter of invitation from the organizers. 11.500 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 have furnished the information in this application which is true to the best of my knowledge and belief. • I am not getting any financial assistance / support from the sponsorers of the Conference or any othe agency for attending the aforesaid Conference. • I shall produce necessary bills / receipts along with Attendance / Participation Confincate whithin fifteen de University from the date of attending the aforesaid Conference. • I shall reimburse the amount to the University in excess of the eligibility. • I also mount a seminar for the benefit of the faculty member. • I shall reimburse the amount to the University in excess of the faculty member. • I also registrar, KLE University, Belgaum. Date : Date: • Registrar, KLE University, Belgaum. Date : Date: • Stendition to attend the Conference for kind consideration. Thanking you, Verue follateith		
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KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH (Formerly known as KLE University) Cleemed-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: 0831-2444444

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 **25**th **and 26**th **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.

Deemed-to-bu University SI AGE

Prøf. Dr. V.A. Kothiwale Registrar

To, The above staff member.

- 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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(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)

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A. To be filled by the faculty member:	
1. Name	Dr. Sonj: VKumar
2. Qualification	MPT PA D
3. Designation	Principal
4. Department	Neuro-Physiotherapy
5. Institution	KLE. Institute of Physiothorpy
6. Date of joining the Institution	05-06-2000
7. Objectives of the Conference / Seminar / Symposium	
 Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 	Please enclose a separate sheet.
9. Assignment in the aforesaid Conterence / 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 family inc.
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	PHYZION-2022
b) Date of conduct	25th 290th Fac DIDZ
c) Venue	100:
d) Financial support extended by the University	
e) Copy of the sanction letter to be enclosed	
1. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	Prove APTALLIE
b) Title of the program	Mulle I ald
c) Place	1 Davis approved to Phys
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d) Duration	9 0

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a) Plaçe	LONI
b) Mode of journey	CAK
c) Fare	15708 1-
To and Fro expenses	15 2081-
Registration / Delegation Fee	
Total Expenses	14-16-51- 2/ M/
Documents to be submitted:	
 a) Copy of the letter of invitation from the by Copy of the full text of documents / prepared by the applicant for present 	abstract / paper
 I am not getting any financial assistar agency for attending the aforesaid Cor I shall produce necessary bills / receip University from the date of attending the 	ts along with Attendance / Participation Certificate within fifteen days to the aforesaid Conference, hefit of the faculty members of the Department / Institution to share the n attending the aforesaid Conference.
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 KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH (Formerly known as KLE University)

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

 Chemed-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: 0831-244444

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

25th January,2023



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.

Higher Education Deemed-to-be University BELAGAN

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:	vougi die concerned Hob & Principal)
1. Name	Mar C + 11 Pot
2. Qualification	Mrs. Geetanjali. Salimoth
3. Designation	Mithasm J Asst. Drote KOS
4. Department	the same many property and the same and the same and the same same and the same same same same same same same sam
5. Email ID	Phasmady Practice
6. Institution	geetanial inath agmail com
Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility)	07-06-201/1 Phontmany, Belagavi
8. Objectives of the Conference / Seminar / Symposium	a second se
 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
taget to	b) Contributing a scientific paper
10 strate	 c) International collaboration exchange program (only on invitation)
Toget. Certificate	 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	1st International Congress of infections diseases
b) Date of conduct	20-22 Jan 2023 and clinical Phasmaly
c) Level of Conference	State / National
 Quantum of financial grant eligible (or actuals expenses, whichever is less) 	State Level : Rs. 8,000/-
e) Venue	National Level : Rs.16,000/-
f) Copy of the sanction letter along-with Brochure to be enclosed	Believese Church Medical College Hospital
ote : The faculty member is eligible for financial support to attend one Stat	te / Zonal and one Netter i a
2. Particulars of the financial support <u>previously</u> extended by the University	2018 and one National Conference in a calendar year
a) Name of the Organizer	1 alot and his
b) Title of the program	Alot availed this academic year
c) Place	
d) Duration	OFFICE OF THE REGISTRAR
e) Date of Conference	KLE Academy of Higher Education & Research, BELNOAVI
f) Financial grant availed	ang Production of a second with the second stress stre
15pm	18 JAN 2023
	10
	Invested No. Signament

(Formerly know [Deemed-to-be-University e	wn as KLE Úniversity)	
	-2-	
13. Travelling (by shortest route) and other expenses involved	ของ กับแกรที่ไม่มี ชาวิทยางอาจาร์จะจำเภาจะกัดหมายแต่ของหนังและคางการการการการการการการการการการการการการก	unnan mainanna ann an taonach a suar a' ann ann ann ann an ann ann ann ann a
annannan darannya maraka karana dalamada nyakara sayanya tanggaya tanggaya sa sa saya sa sayang sa sa saya sa s	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Particulars
a) Place	Thornvalla, Kere	
b) Mode of journey	But DiD	ma Gina Bill
c) Fare	Due Foxe	Will be end
d) To and Fro	Atopen 21	DOD- alter the
e) Accommodation charges	Approx 2,000	upple upple
f) Registration / Delegation Fee	3.0001-	the second s
g) Air-port Tax		orde - addressing of the second state of the second state of the second state of the second state of the second
14. Documents to be submitted:		· · · · · · · · · · · · · · · · · · ·
 a) Copy of the letter of invitation from the organiz b) Copy of the full text of documents / abstract / p prepared by the applicant for presentation. 		nan an
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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
 * 0831-244444
 * Ax: 0831-2493777 Web: http://www.kledeemeduniversity.edu.in E-mail: info@kledeemeduniversity.edu.in

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

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

. To be filled by the faculty member:	
. Name	Mrs. Sneha B. Patil
. Qualification	M-Pharmary
B. Designation	Assistant Professor
. Department	Pharmacognosy
5. Email ID	Snehabpatiliegmail.com
S. Institution	KLE college of Pharmany. Bg
7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility)	19/08/2019
3. Objectives of the Conference / Seminar / Symposium	New vistas of Natural & Herbal produ
 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 suciety of pharmanognosy fintunational contest
b) Date of conduct	of finding of find the
c) Level of Conference	State / National
 Quantum of financial grant eligible (or actuals expenses, whichever is less) 	State Level : Rs. 8,000/- National Level : Rs.16,000/-
e) Venue	Sharad chandra pawar college of phone Dumbarundi Pune maharasthara
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 <u>previously</u> extended by the University	• / M2
a) Name of the Organizer	J.S.S
b) Title of the program	9th Internation continence of SFE
c) Place	J.S.S. college Mysure
d) Duration	02 days
	RAR 221 +0 24th April 2022
f) Financial grant availed LE Accession of Higher Educ	cation Yes
30 MAR 2023	Aspenio

(Formerly known Deemed-to-be-University estable		ct, 1956]
	2-	n an Allandar a la Handardala
13. Travelling (by shortest route) and other expenses involved		
	Pa	rticulars
a) Place	otur. Pune	
b) Mode of journey		
c) Fare		www.yourney
d) To and Fro		4.9514 Martin
e) Accommodation charges		21001-
f) Registration / Delegation Fee		1800/-
g) Air-port Tax		
4. Documents to be submitted:		
a) Copy of the letter of invitation from the organizers.		
 b) Copy of the full text of documents / abstract / pape prepared by the applicant for presentation. 	er	
I hereby declare that : • I have furnished the information in this application whi	•	0
 I hereby declare that I have furnished the information in this application whi I am not getting any financial assistance / support for other funding agency for attending the aforesaid Com- action by the University in case it is found at application is wrong / false, in support of my appli I shall produce necessary bills / receipts along-with At University from the date of attending the aforesaid Co I shall conduct a seminar for the benefit of the face knowledge and experience gained from attending the 	ch is true to the best of my known the sponsorers / organiz ference. I am aware that I a a later stage that the in cation for financial grant. tendance / Participation Cert inference.	zers of the Conference or an am liable for any disciplinar formation furnished in thi ificate within fifteen days to th ment / Institution to share th
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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)]

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



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KLE UNIVERSITY

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

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

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

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

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

KLE EMPOWERING PROFESSIONALS

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Annexure-VI

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(To be submitted to the University thr	ough the concerned HoD & Principal)
A. To be filled by the faculty member:	
1. Name	R-B-UPPIN
2. Qualification	M-5. CO21KO)
3. Designation	Professor
4. Department	Professor Orthoppedies
5. Institution	J-N. Medical College
6. Email ID	Uppinrejoudra@reditfuailars
7. Date of joining the Institution	1-8-1955
8. Objectives of the Event	National Conference Moras
9. Benefits to be derived from participation in the aforesaid Event	Please enclose a separate sheet. Teaching
De par Ry	c) For Oration d) Guest Speaker
Assignment in the aloresaid Event	e) Resource Person Note: No financial grant is considered mere for attending or chairing the session.
	e) Resource Person Note: No financial grant is considered mere
	e) Resource Person Note: No financial grant is considered mere
11. Particulars of the Event:	e) Resource Person Note: No financial grant is considered mere for attending or chairing the session.
11. Particulars of the Event:a) Name of the Organizers	e) Resource Person Note: No financial grant is considered mere for attending or chairing the session. kr - Dinesh kaleDoppisson BalaganFin Annual Xabrial Canference
 11. Particulars of the Event: a) Name of the Organizers b) Title of the Event 	e) Resource Person Note: No financial grant is considered mere for attending or chairing the session. kr - Dinesh kaleDoppisson BalaganFin Annual Xabrial Canference
 11. Particulars of the Event: a) Name of the Organizers b) Title of the Event c) Place 	e) Resource Person Note: No financial grant is considered mere for attending or chairing the session. kr - Dinesh kaleDopAsson KaleAcopAsson Salagauthe Annual Xiabinal CanterenceResocrating Palma Sectoring Some
 11. Particulars of the Event: a) Name of the Organizers b) Title of the Event c) Place d) Duration 	e) Resource Person Note: No financial grant is considered mere for attending or chairing the session. kr - Dinesh kaleDoppisson BelagawFin Annual Xabinal CanterenceBelgan, Palma Bestowny SomeBelgan, Palma Bestowny Some
 11. Particulars of the Event: a) Name of the Organizers b) Title of the Event c) Place d) Duration e) Date 	e) Resource Person Note: No financial grant is considered mere for attending or chairing the session. Mr - Divest Kale AopAsson & Kale AopAsson & Adagaw The Annual Xiabinal Canterence Resocration & Police a Bestoning some Balagaw 3 Days
 11. Particulars of the Event: a) Name of the Organizers b) Title of the Event c) Place d) Duration e) Date f) Amount claimed g) Level of the Event 	e) Resource Person Note: No financial grant is considered mere for attending or chairing the session. kr - Divest kale AopAsson Balagau Eth Annual Xiabraal Canterence Belgan, Produce Bestochuly some Belgan, Produce Bestochuly Some Bestochul Bestochul Bestochul Bestochul Bestochul Bestochul Bestochul Bestochul Bestochul Bestochul Bestochul Bestochul Bestochul Bestochul Bestochul Bestochul Bestochul Bestochul Bestochul Bestochul Bestochul Bestochul Bes
 11. Particulars of the Event: a) Name of the Organizers b) Title of the Event c) Place d) Duration e) Date f) Amount claimed g) Level of the Event 12. Amount eligible OFFICE OF THE Product of Might Filtration 	e) Resource Person Note: No financial grant is considered mere for attending or chairing the session. kr - Divest kaleAopAsson BalagawGrannual xiabraal carterenceBelgan, Proba Bestondy SoyeBelgan, Proba Bestondy SoyeBelgan, Proba Bestondy SoyeBelgan, Proba Bestondy SoyeBelgan, Proba Beston SoyeBeston SoyeBaston SoyeBeston So
 11. Particulars of the Event: a) Name of the Organizers b) Title of the Event c) Place d) Duration e) Date f) Amount claimed g) Level of the Event 	e) Resource Person Note: No financial grant is considered mere for attending or chairing the session. kr - Divest kaleDopAsson BalayawFri Annual Xiabanal CanterenceBesociation of Palma Bestoning SomeBelgan, Palma Bestoning SomeBestoning Some Some Some Some Some Some Some Some

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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]

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

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

 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: 0831-244444

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

16th March, 2023



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.



rof. 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.

Ref. Nº 1728	
KLE ACADEMY OF HIGHER EI	DUCATION AND RESEARCH
(Formerly known as Deemed-to-be-University establis	KLE University) shed u/s 3 of the UGC Act, 1956]
APPLICATION FOR FINANCIAL SUPPORT TO A (To be submitted to the University throu	TTEND STATE / NATIONAL CONFERENCES
A. To be filled by the faculty member:	
Name	Dr. Shaile Kothiwale
2 Qualification	talos Pind
8. Designation	processos
I. Department	Periodontics
5. Email ID	Sharle Koth wale 2000 Gyahoe. co.in
). Institution	KLE.VIE IDS
7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility)	14 10 11993
3. Objectives of the Conference / Seminar / Symposium	
 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	E Sources, Markan
a) Title of the Conference / Seminar / Symposium	
b) Date of conduct	25 126 10 Tharen 2023 MAR 2023
c) Level of Conference	State / National 28
d) Quantum of financial grant eligible (or actuals expenses, whichever is less)	State Level : Rs. 8,000/- Inward Ho. 20 State Level : Rs. 16,000/-
e) Venue	Flanek that Contro My
 f) Copy of the sanction letter along-with Brochure to be enclosed 	V
Note : The faculty member is eligible for financial support to attend one S	tate / Zonal and one National Conference in a calendar year
12 Particulars of the financial support previously	
a) Name of the Organizer	Indean Dental Arsiachun Oral hiats Conclare Delhi 25 J26to (Twoday) 25 J26to
b) Title of the program.	Oral heats Conclare
c) Place	Delhi
d) Duration	25 26to (Twoday)
e) Date of Conference	25 Detr
f) Financial grant availed	Have there here an and

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

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

3rd February, 2023

ORDER

Sub Permission to participate in the Annual Conference.

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

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

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



Prof. Dr. V.A. Kothiwale Registrar

To, The above staff member.

CC to:

G PROFESSIONALS

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

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E A cademy of Higher Education & Research) 1956 vide Government of India Notification No.F.9-19/2000-U.3(A)]

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FOR FINANCIAL SUPPORT TO ATTEND STATE / ZONAL / NATIONAL CONFERENCES

ed to the University through the concerned HoD & Principal) he

inculty member	
To be filled by the faculty member:	JEBA CHITRA
T. Name	MPT
2. Qualification	PROFESSOR
3. Designation	NEUROPHYSIOTHERAPY
4. Department	KLE INSTITUTE OF PHYSIOTHERAPY
5. Institution	RUE INSTITUTE OF PHISTO
6. Date of joining the Institution	11th AUGUST 2004
7. Objectives of the Conference / Seminar / Symposium	
d. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
9 Assignment in the aforesaid Conference / Seminar / Symposium	 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)	
a) Title of the Conference / Seminar / Symposium	April 29, 308 May 1 2022
b) Date of conduct	April 29, 308 May 2022
c) Venue	Chennai
d) Financial support extended by the University	Yes
e) Copy of the sanction letter to be enclosed	Approved Online
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	Dr. P.P. Mohanty, Dr. NitestiBharsal
b) Title of the program	THANNUAL CONFERENCE OF SOCIETY OF
c) Place	JITANNUAL CONFERENCE OF SOCIETY OF Bhubaneswar INDIAN PHYSIOTHORAPIS
d) Duration	3 DAYS
e) Date	23rd March - 25th March 2023

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KLE UNIVERSITY

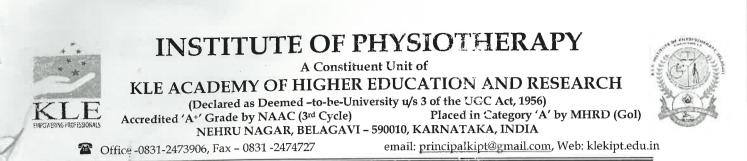
Formerly known as KLE Academy of Higher Education & Research)

fanses involved to	owards attending the Conference	
Place		Bhubaneswar
b) Mode of journey		Brs, flight
c) Fare		
To and Fro exp	enses	15,0001-
Registration / D	elegation Fee	5,470/-
Total Expenses		20 4701- 10
. Documents to be s	ubmitted:	20, 4701- ASpert
a) Copy of the lette	er of invitation from the organize	15
	text of documents / abstract / pa applicant for presentation.	aper Enclosed
	DECLAI	RATION
I hereby declare th	at:	
		which is true to the best of my knowledge and belief.
I am not getting	any financial assistance / support	from the sponsorers of the Conference or any other fundir
agency for attan	ding the avoresaid Conference.	non the openedicity of the openedicities of any opidi fulful
shall produce n	ding the aforesaid Conference, ecessary pills / receipts along-with,	Attendance / Participation Cartificate within fifteen days to it
 I shall produce n University from the 	ecessary cills / receipts along-with he date of attending the aforesaid C	Attendance / Participation Certificate within fifteen days to it Conference,
 I shall produce n University from the shall conduct a knowledge and e 	ecessary oills / receipts along-with , ne date of attending the aforesaid C a seminal for the benefit of the fa experience gained from attending th	Attendance / Participation Certificate within fifteen days to it Conference, iculty members of the Department / Institution to share the e aforesaid Conference.
 I shall produce n University from the shall conduct a knowledge and e 	ecessary oills / receipts along-with he date of attending the aforesaid C a seminal for the benefit of the fa	Attendance / Participation Certificate within fifteen days to it Conference, iculty members of the Department / Institution to share the e aforesaid Conference.
 I shall produce n University from ti I shall conduct a knowledge and a I shall reimburse 	ecessary oills / receipts along-with , ne date of attending the aforesaid C a seminal for the benefit of the fa experience gained from attending th	Attendance / Participation Certificate within fifteen days to the Conference, iculty members of the Department / Institution to share the aforesaid Conference. ress of the eligibility.
agency for attant • I shall produce n University from th • I shall conduct a knowledge and e • I shall reimburse • I shall reimburse	ecessary oills / receipts along-with , ne date of attending the aforesaid C a seminal for the benefit of the fa experience gained from attending th	Attendance / Participation Certificate within fifteen days to it Conference, incuity members of the Department / Ir stitution to share the e aforesaid Conference. mess of the eligibility. Signature of the faculty member
 I shall produce n University from ti I shall conduct a knowledge and a I shall reimburse 	ecessary oills / receipts along-with , ne date of attending the aforesaid C a seminal for the benefit of the fa experience gained from attending th	Attendance / Participation Certificate within fifteen days to the Conference, iculty members of the Department / Institution to share the aforesaid Conference. ress of the eligibility.
e : <u>d5 1123</u> No.	ecessary oills / receipts along-with , ne date of attending the aforesaid C a seminal for the benefit of the fa experience gained from attending th	Attendance / Participation Certificate within fifteen days to it Conference, incuity members of the Department / Ir stitution to share the e aforesaid Conference. mess of the eligibility. Signature of the faculty member
e : <u>dt 123</u> No	ecessary oills / receipts along-with , ne date of attending the aforesaid C a seminal for the benefit of the fa experience gained from attending th	Attendance / Participation Certificate within fifteen days to it Conference, incuity members of the Department / Ir stitution to share the e aforesaid Conference. mess of the eligibility. Signature of the faculty member
e : <u>dt 123</u> No	ecessary oills / receipts along-with , ne date of attending the aforesaid C a seminal for the benefit of the fa experience gained from attending th	Attendance / Participation Certificate within fifteen days to it Conference, incuity members of the Department / Ir stitution to share the e aforesaid Conference. mess of the eligibility. Signature of the faculty member
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Ref. No/KAHER/ KIPT/22-23/1306

Date: 25/03/2023

To, The Registrar, KAHER , Belagavi.

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

Sir,

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

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

Kindly acknowledge receipt of the same.

Thanking you,

Yours truly,

PRINCIPAL, KLE INSTITUTE OF PHYSIOTHERAPY, BELAGAVI.

Encld: Applications.



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KLE UN	VERSITY
	ny of Higher Education & Research) se covernment of India Notification No. F.9-19/2000-U.3(A)]
APPLICATION FOR FINANCIAL SUPPORT TO AT (To be submitted to the University th	TEND STATE / ZONAL / NATIONAL CONFERENCES
To be filled by the faculty member:	
Name.	DR.PEFYOOSHA GURUDUT
2. Qualification	Associate Profession
3. Designation	MPT (PL, DC)
1. Department	Osthopedic Physiothere
5. Institution	Kit Institute of Physiotherapy
. Date of joining the institution	10-08-2007
Objectives of the Conference / Seminar / Symposium	Physio conclane - PGI chardersh
Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet
Assignment in the aforesaid Conference / Seminar / Symposium	 a) Chairing a scientific session, b) Contributing a scientific paper (poster or oral) c) Delivering a guest lecture d) Others, if any, specify.
Particulars of the financial support extended by the University for the 1 st time to attend the similar Conference (s) during the current financial year (1 st April to 31 st March)	None
a) Title of the Conference / Seminar / Symposium	Physicoconclane
b) Date of conduct	
c) Venue	DE D Chandian April 2023
d) Financial support extended by the University	191 Chandigosh
e) Copy of the sanction letter to be enclosed	
Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	PGI, Chandicart
b) Title of the program	Physio conclaime
c) Place	Chard cost
d) Duration	1st 4 sid ADDI 2023

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

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Expenses involved towards atte	ending the Conferences	
a) Place	Belagan -> Goa	+> Chandigarh
b) Mode of journey		A Product of the second second
c) Fare		1 Flight & Jaki [Goa Do Bgr
To and Fro expenses	1	Flight - 212, 7911- Taxi- 9 cm/
Registration / Delegation F	ee	
Total Expenses	NZ /	
. Documents to be submitted:		R3-18,471
 a) Copy of the letter of invitation b) Copy of the full text of doct prepared by the applicant for the second second	Iments / obstract / server	ATTACHED
V LOUGH DIOCHEO DOCODO AN ANT	5/ receipts along with Attaon	
University from the date of att • I shall conduct a seminar fo knowledge and experience ge • I shall reimburse the amount to ie : <u>23/3</u> 2023	I be benefit of the faculty alred from attending the alon to the University in excess of	members of the Department / Institution to share the said Conference.
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 I shall conduct a seminar for knowledge and experience gates in a seminar for the amount of the seminar for the semin	I be benefit of the faculty alred from attending the alon to the University in excess of	members of the Department / Institution to share the esaid Conference. the eligibility: afure of the faculty member
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 I shall conduct a seminar for knowledge and experience gate in the amount of the seminar for the seminar of the semin	e application of the above ince for kind consideration	members of the Department / Institution to share the peak Conference. The eligibility: ature of the faculty member Date: re Teacher in the prescribed format for grant of tr

Date: 12/04/2023

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

To, The Registrar, KAHER Belagavi - 590010

[Through proper channel]

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

Respected Sir,

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

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

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Kindly consider and do the needful.

Thanking you,

Yours' Sincerely

Awell

(Dr. Aarti Welling)

1 Startes

Following are the payment & bank details: Account holder name: Aarti Anand Welling Account number: 05022010009070 Account type: Savings IFSC: CNRB0010504 Branch address: JNMC campus, Nehru Nagar, Belagavi From: Dr. Pamela D'Silva Assistant Professor, KAHER Institute of Physiotherapy Belagavi

To, The Registrar, KAHER Belagavi - 590010

[Through proper channel]

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

Respected Sir,

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

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

Kindly consider and do the needful.

Thanking you,

Yours' Sincerely

(Dr. Pamela D'Silva)

Following are the payment & bank details: Account holder name: Dr. Pamela D'Silva Account number: 05042180025955 Account type: Savings IFSC: CNRB0010504 Branch address: JNMC campus, Nehru Nagar, Belagavi

Date: 12/04/2023

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

To, The Registrar, KAHER Belagavi - 590010

[Through proper channel]

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

Respected Sir,

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

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

Kindly consider and do the needful.

Thanking you,

Yours' Sincerely

(Dr. Nikita Pawar)

Following are the payment & bank details: Account holder name: Dr. Nikita Pawar Account number: 110031240767 Account type: Savings IFSC: CNRB0010504 Branch address: JNMC campus, Nehru Nagar, Belagavi

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

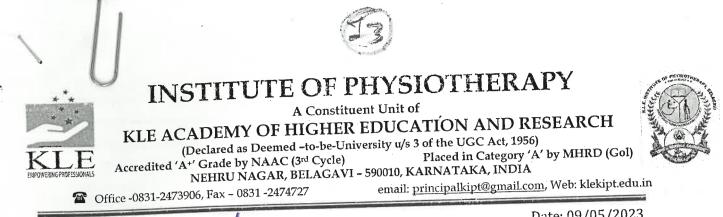
FOR FINANCIAL SUPPORT TO ATTEND STATE / ZONAL / NATIONAL CONFERENCES

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To be filled by the faculty member:	
To be in	Dr. Vinuta. peshpande. BPF, MPT (PhD).
North	
anation	Assistant Professor.
Department	Paediarne Physiotherapy.
i, Institution	Pordiarne Physiotherapy. KLE Institute of Physiotherapy Vinutadeshpande@klekipt.edu.in
Email ID	vinutadeshpande@ klekipt.edurin
. Date of joining the Institution	20th Anguer 2015 Enclosed.
. Objectives of the Conference / Seminar / Symposium	Enclosed.
. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
0. Assignment in the aforesaid Conference / Seminar / Symposium	a) Contributing a scientific paper (poster or oral)b) Delivering a guest lecture
- J posta	c) Others, if any, specify.
 Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1st January to 31st December) 	
a) Title of the Conference / Seminar / Symposium	Society of Indian Physiotherapit Co. 23th - 25th March 2023.
b) Date of conduct	23th - 25th March 2023.
c) Level of Conference (State / Zonal / National)	National.
d) Venue	Bhuvaneshneak
e) Financial support extended by the University	16.0001
f) Copy of the sanction letter to be enclosed	Will be Submitted Post Attending
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National</u> Conference in a calendar year.	J
2. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	Society of Indian Physiotherapis
b) Title of the program	SIPCON- 2023.
c) Place	Bhuvaneshwar.
d) Duration	D aays
d) Duratione) Date	3 days. 23 ¹⁹ -25 th March 2023.

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

-	- 2 -	
13. Exp	enses involved towards attending the Conference:	
a)	Place	Bhuvaneshway.
b)	Mode of journey	Flight.
c)	Fare	16000/
	To and Fro expenses	16000/
	Registration / Delegation Fee	NIL.
	Accommodation charges	9000
	Total Expenses	25000/
14. Doo	cuments to be submitted:	
a) b)	Copy of the letter of invitation from the organizers. Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	Enclosed.
	DECLARAT	TION
11	 hereby declare that : I have furnished the information in this application which I am not getting any financial assistance / support from agency for attending the aforesaid Conference, I shall produce necessary bills / receipts along-with Atter 	the sponsorers of the Conference or any other funding adance / Participation Certificate within fifteen days to the
	 University from the date of attending the aforesaid Confe I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforest of the second second	members of the Department / Institution to share the bresaid Conference.
Date :	8 ¹⁷ March 2023. Sig	nature of the faculty member
Ref. No	D	Date:
To The Re KAHER Belgau	<u></u> ,	
Dear Si	ir,	
	We are enclosing herewith the application of the ab	ove Teacher in the prescribed format for grant of
financia	al support for presentation scientific paper (poster o	or oral) / delivering a guest lecture to attend the
Confere	ence for kind consideration.	
Signatu	Thanking you, Jure of the HoD	Yours faithfully, <u> Silver</u> Principal

W WAAN



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

Date: 09/05/2023

Same

To, The Registrar, KAHER, Belagavi.

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

Sir,

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

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

Kindly acknowledge receipt of the same.

Thanking you,

Yours truly,

PRINCIPAL, KLE INSTITUTE OF PHYSIOTHERAPY BELAGAVI.

Encld: Applications.



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

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

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

A. To be filled by the faculty member:	
1. Name	DR. VARUN NAIK
2. Qualification	MPS
3. Designation	ASSOCIATE PROFESSOR
4. Department	CUTS PHYSIOTHERAPY
5. Institution	ICAHER INSTITUTE OF PHYSIOT
6. Date of joining the Institution	12.06.2013
7. Objectives of the Conference / Seminar / Symposium	RESOURCE PERSON
8. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
 Assignment in the aforesaid Conference / Seminar I 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)	
a) Title of the Conference / Seminar / Symposium	INTERNATIONAL CONFERENCE CHET
b) Date of conduct	12.05.2023
c) Venue	CHENNAI
d) Financial support extended by the University	NIL
e) Copy of the sanction letter to be enclosed	
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	CHETTINAD SCHOOL OF PHYSIOTHERE
b) Title of the program	CHET PHYSIDCON
c) Place	CHENNAI
d) Duration	2.30 pm - 3.15 pm
e) Date	12.05.2023

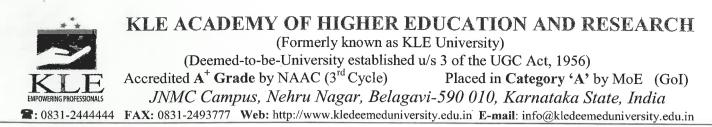
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12. Expenses involved towards attending the Conference:	
a) Place	CHENNA
b) Mode of journey	FLIGHT
c) Fare	
To and Fro expenses	12,484
Registration / Delegation Fee	
Total Expenses	12.4.84
13, Documents to be submitted:	
 a) Copy of the letter of invitation from the organizers b) Copy of the full text of documents / abstract / pap prepared by the applicant for presentation. 	
	itch is true to the best of my knowledge and belief. rom the sponsorers of the Conference or any other funding
 I shall produce necessary bills / receipts along with Al University from the date of attending the aforesaid Co I shall conduct a seminar for the benefit of the fac knowledge and experience gained from attending the I shall reimburse the amount to the University in excession 	rom the sponsorers of the Conference or any other funding Itendance / Participation Gertificate within fifteen days to the onference, ulty members of the Department / Institution to share the Bioresald Conference
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Ref. No. KAHER-/2022-23/D- 07012302

31st December, 2022



ORDER

Sub : Permission to participate in the National Conference.

Ref : Request letter of the applicant forwarded through the concerned Principal, KAHER Institute of Physiotherapy, Belagavi

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

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

Higher Educatio Deemed-to-be University BELAGAN

Tach

Prof. Dr. V.A. Kothiwale Registrar

To, The above staff member.

CC to:

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

1 anise	Little Contraction
(Formerly known as KLE Academy CEstablished under Section 3 of the UGC Act, 1956 vide Ge	of Higher Education & Research) overnment of India Notification No.F.9-19/2000-U.3(A)]
APPLICATION FOR FINANCIAL SUPPORT TO ATTEN (To be submitted to the University throu	ND STATE / ZONAL / NATIONAL CONFERENCES
A. To be filled by the faculty member:	
Name	Dr. Raju Gadad MITSC PhD. MITSC, Ph. D.
2. Qualification :	MLISC Ph. D.
	A A Polosican
4. Department	Library. KAHER, Institute of Physiothesapy Belagavi
5. Institution	KAHER, Institute of Physiothesapy Belabari
6. Date of joining the Institution	02-01-2017
7. Objectives of the Conference / Seminar / Symposium	Health informatics for health Sureme librar
 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 guast 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 librarian
b) Date of conduct 9 th	10th & 11th Feb. 2023
c) Venue	Kodažu Jostitute of medical Sciences - madik
d) Financial support extended by the University	
e) Copy of the sanction letter to be enclosed	Yes
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	Kodagu jostitute of medical Sciences pactikeri
b) Title of the program	Health informatics for health summe librarian
c) Place	Madikeri
d) Duration	3 days
e) Date	10th & 11th Feb. 2023

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NLE	UNIVERDIT I	

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

[Established under Section 3 of the UGC Act, 1955 vide Government of India Notification No.F.9-19/2000-U.3(A)]

7 S. 1 N.		
2. Ex	penses involved towards attending the Conference:	
2)	Place	Belagavi - Mysupel - Madikesi
b)	Mode of journey	Bus
C)	Fare	50001- Approximate
	To and Fro expenses	2.000+
	Registration / Delegation Fee	750
	Total Expenses	70001- Approximate
3. Do	ocuments to be submitted:	
a)	Copy of the letter of invitation from the organizers.	yes
b)	Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	yes.

DECLARATION

I hereby declare that :

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

Jate: 28-12-2022

Signature of the faculty member

Date:

tef. No.

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The Registrar, ILE University, Jelgaum.

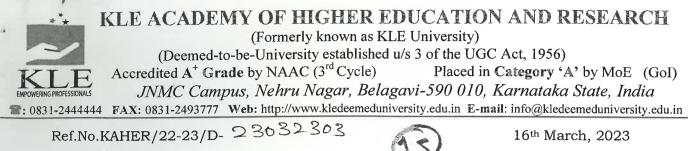
)ear Sir,

H

We are enclosing herewith the application of the above Teacher in the prescribed format for grant of

nancial support to attend the Conference for kind consideration.

Thanking you,		BRESEARCHINS	Yours faithfuily,	
		11 Inco	5110	
gnature of the HoD	SMER	Biseal PH	Principal	
	1 B			
	Ň	A KIE ACAOS		



ORDER

- Sub: Approval of Grant of financial support for attending the National Conference at Bhuvneshwar, Odissa from 23rd to 25th March 2023.
- Ref: Your office letter Ref. No. KIPT / 2022-23/1263 dated 13th March February 2023.

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

SL.	Name	Designation	Department	
No				1 sque
1	Dr.Shukra Chivate	Assistant Professor	ACT	4
2 /	Dr.Vinuta	Assistant professor	Paediatric	
1	Deshpande			N

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



Prof Dr.V.A.Kothiwale Registrar

To, The above staff member.

CC to:

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



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

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

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

A. To be filled by the faculty member: 1. Name sheetra chinali 2. Qualification MPT quistant Profesor 3. Designation 4. Department Rediatic Physiotheespe 5. Institution KLE Instituti 61 Physiothiape 6. Email ID shutivache vali @ Elekipt. edu. 7. Date of joining the Institution 8. Objectives of the Conference / Seminar / Symposium Enclored 9. Benefits to be derived from participation in the aforesaid Please enclose a separate sheet. Conference / Seminar / Symposium 10. Assignment in the aforesaid Conference / Seminar / a) Contributing a scientific paper (poster or oral) Symposium b) Delivering a guest lecture c) Others, if any, specify. 11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1st January to 31st December) a) Title of the Conference / Seminar / Symposium Souly of Inchian Thysiothisp. sand - 25th march 202 b) Date of conduct c) Level of Conference (State / Zonal / National) National d) Venue Bhunonephoore e) Financial support extended by the University 16,000 f) Copy of the sanction letter to be enclosed where be submitted that longune Note : The faculty member is eligible for financial support to attend one State / Zonal and one National Conference in a calendar year. 12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium souly of malian Thypotherapst a) Name of the Organizer b) Title of the program SLPCON- 2023 c) Place Bhunarehwar d) Duration 3 days 23rd - 25 March e) Date f) Amount claimed 25000 -

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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]

- 2 -

13. Exp	enses involved towards attending the Conference:	
a)	Place	Bhungarehusar
b)	Mode of journey	Flight
c)	Fare	-] ove , 31
	To and Fro expenses	16,000[-
	Registration / Delegation Fee	4.5900 -
	Accommodation charges	-10002-
	Total Expenses	80,900/-
14. Do	cuments to be submitted:	
a) b)	Copy of the letter of invitation from the organizers. Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	Enclored.
	DECLARA	LON
Date :	 agency for attending the aforesaid Conference, I shall produce necessary bills / receipts along-with Atten University from the date of attending the aforesaid Confe I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforesaid I shall reimburse the amount to the University in excess 	erence, / members of the Department / Institution to share th presaid Conference.
Ref. N	0.	Date:
То	egistrar, R,	
Dear S	Sir,	
	We are enclosing herewith the application of the a	bove Teacher in the prescribed format for grant
financ	ial support for presentation scientific paper (poster	or oral) / delivering a guest lecture to attend the
Confe	rence for kind consideration.	
0	Thanking you,	Yours faithfully,

ALANGER ALANGER

**	KLE ACADEMY OF HIGHER EDUCAT	TON AND RESEARCH
and the second	(Formerly known as KLE Univers	
and the second	(Deemed-to-be-University established u/s 3 of the	
KIF	Accredited \mathbf{A}^+ Grade by NAAC (3 rd Cycle) Place	ed in Category 'A' by MoE (GoI)
EMPOWERING PROFESSIONALS	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- 27022315	22 nd February, 2023

15

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

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

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



Accredited **'A⁺' Grade** by NAAC (3rd Cycle) Placed in **Category 'A'** by MoE [MHRD] (Gol) NEHRU NAGAR, BELAGAVI-590010, KARNATAKA, INDIA

8: 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.

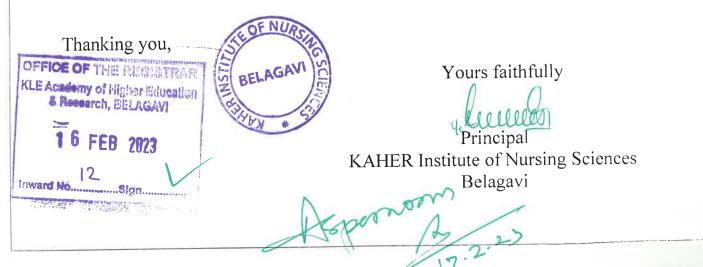
Respected Sir,

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.



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

A. To be filled by the faculty member:	
1. Name	MRS. ASHA V. BHAT
2. Qualification	M. Sc. (N)
3. Designation	M.S.C. (N) AssociATE Professor
4. Department	OBU (4)
5. Institution	KAHER INS
6. Email ID	ashabhat 1978@gmail.com
7. Date of joining the Institution	10/07/2013
8. Objectives of the Conference / Seminar / Symposium	10/07/2013 To promote Natural brething
 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 /	a) Contributing a scientific paper (poster or oral)
Symposium	b) Delivering a guest lecture
	c) Others, if any, specify - Moderalae for
 Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1st January to 31st December) 	NIL
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.	
2. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	NA
a) Name of the Organizer	<u> </u>
b) Title of the program	^
	· · · · · · · · · · · · · · · · · · ·
b) Title of the program	-
b) Title of the program c) Place	~

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

KLE.

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

13. Expenses involved towards attending the Conference: ILUCKNOW (UP) a) Place LUCKNOW (UP) b) Mode of journey AIR c) Fare AIR To and Fro expenses 13, 000/- Registration / Delegation Fee 3000/- Accommodation charges 60001 - Total Expenses 32,000/- 14. Documents to be submitted: Image: Comparison of the full text of documents / abstract / paper prepared by the applicant for presentation. Dec L A R A T I O N I hereby declare that : I have funished the information in this application which is true to the best of my knowledge and belief. I have funished the information in this application which is true to the best of my knowledge and belief. I have funished the information in this application which is true to the best of my knowledge and belief. I have funished the information in this application which is true to the best of my knowledge and belief. I have funished the information in the application which is true to the best of my knowledge and belief. I have funished the information in the application which is true to the best of my knowledge and belief. I have funished the information in the application which is true to the best of my knowledge and belief. I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to st knowledge a	
b) Mode of journey AIR c) Fare AIR To and Fro expenses 13, 000/- Registration / Delegation Fee 3000/- Accommodation charges 60001- Total Expenses 22,000/- 14. Documents to be submitted:	
b) Mode of journey A1R c) Fare 13, 0001- To and Fro expenses 13, 0001- Registration / Delegation Fee 30001- Accommodation charges 60001- Total Expenses 22, 0001- 14. Documents to be submitted:	
c) Fare 13,000/ Registration / Delegation Fee 3000/ Accommodation charges 60001 Total Expenses 22,000/ 14. Documents to be submitted:	
Registration / Delegation Fee 3000/ Accommodation charges 60001 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 have furnished the information in this application which is true to the best of my knowledge and belief. - • I have furnished the information in this application which is true to the best of my knowledge and belief. - • I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen day University from the date of attending the aforesaid Conference. - • I shall conduce a seminar for the benefit of the faculty members of the Department / Institution to st knowledge and experience gained from attending the aforesaid Conference. - • I shall reimburse the amount to the University in excess of the eligibility. - Date:	
Registration / Delegation Fee 3000/ Accommodation charges 60001 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 sponsorers of the Conference or any other agency for attending the aforesaid Conference, • I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen day. 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 st knowledge and experience gained from attending the aforesaid Conference. • I shall reimburse the amount to the University in excess of the eligibility. Date :	
Accommodation charges 60001 - Total Expenses \$22,0001- 14. Documents to be submitted: a) a) Copy of the letter of invitation from the organizers. b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. DECLARATION I hereby declare that : • I have furnished the information in this application which is true to the best of my knowledge and belief. • I have furnished the information in this application which is true to the best of my knowledge and belief. • I have furnished the information in this application which is true to the best of my knowledge and belief. • I have furnished the information in this application which is true to the best of my knowledge and belief. • I have furnished the information in this application which is true to the best of my knowledge and belief. • I have furnished the information in this application which is true to the best of my knowledge and belief. • I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen day 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 st knowledge and experience gained from attending the aforesaid Conference. • I shall reimburse the amount to the University in excess of the eligibility. Date:	
Total Expenses \$22,0001- 14. Documents to be submitted:	
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 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 have furnished the information in this application which is true to the best of my knowledge and belief. • I am not getting any financial assistance / support from the sponsorers of the Conference or any other agency for attending the aforesaid Conference. • I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen day 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 st knowledge and experience gained from attending the aforesaid Conference. • I shall reimburse the amount to the University in excess of the eligibility. Date :	
 b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. DECLARATION I hereby declare that :: I have furnished the information in this application which is true to the best of my knowledge and belief. I am not getting any financial assistance / support from the sponsorers of the Conference or any other agency for attending the aforesaid Conference, I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen day 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 st knowledge and experience gained from attending the aforesaid Conference. I shall reimburse the amount to the University in excess of the eligibility. Date : 16-02.2 0.92 Signature of the faculty member Date:	
DECLARATION I hereby declare that : • I have furnished the information in this application which is true to the best of my knowledge and belief. • I am not getting any financial assistance / support from the sponsorers of the Conference or any other agency for attending the aforesaid Conference, • I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen day 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 st knowledge and experience gained from attending the aforesaid Conference. • I shall reimburse the amount to the University in excess of the eligibility. Date :	
 I hereby declare that : I have furnished the information in this application which is true to the best of my knowledge and belief. I am not getting any financial assistance / support from the sponsorers of the Conference or any other agency for attending the aforesaid Conference, I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen day 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 st knowledge and experience gained from attending the aforesaid Conference. I shall reimburse the amount to the University in excess of the eligibility. Date: <u>16.02.202</u> Signature of the faculty member Date:	
 I have furnished the information in this application which is true to the best of my knowledge and belief. I am not getting any financial assistance / support from the sponsorers of the Conference or any other agency for attending the aforesaid Conference, I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen day 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 st knowledge and experience gained from attending the aforesaid Conference. I shall reimburse the amount to the University in excess of the eligibility. Date: <u>16-02-2022</u> Signature of the faculty member Date:	
 I am not getting any financial assistance / support from the sponsorers of the Conference or any other agency for attending the aforesaid Conference, I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen day 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 st knowledge and experience gained from attending the aforesaid Conference. I shall reimburse the amount to the University in excess of the eligibility. Date : <u>16-02.2022</u> Signature of the faculty member To The Registrar, KAHER, Belgaum.	
agency for attending the aforesaid Conference, I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen day 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 st knowledge and experience gained from attending the aforesaid Conference. I shall reimburse the amount to the University in excess of the eligibility. Date : Date : Date : Date: Date: Date: Date: Date:	
 I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen day 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 st knowledge and experience gained from attending the aforesaid Conference. I shall reimburse the amount to the University in excess of the eligibility. Date: <u>16-02.2022</u> Signature of the faculty member Date:	fundir
I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to sh knowledge and experience gained from attending the aforesaid Conference. I shall reimburse the amount to the University in excess of the eligibility. Date :	ys to th
knowledge and experience gained from attending the aforesaid Conference. I shall reimburse the amount to the University in excess of the eligibility. Date : <u>16-02.2023</u> Signature of the faculty member	
Date : 16-02.2022 Signature of the faculty member Ref. No Date: To The Registrar, KAHER, Belgaum.	iare th
Ref. No Date: To The Registrar, KAHER, Belgaum.	
To The Registrar, KAHER, Belgaum.	
The Registrar, KAHER, Belgaum.	
KAHER, Belgaum.	
Dear Sir,	
We are enclosing herewith the application of the above Teacher in the prescribed format for g	irant c
inancial support for presentation scientific paper (poster or oral) / delivering a guest lecture to atte	
Conference for kind consideration.	
Thanking you,	
Yours faithfully,	
Signature of the HoD Seal Principal	



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

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

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

l Name	
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
 Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 	Please enclose a separate sheet.
 Assignment in the aforesaid Conference / Seminar / Symposium 	a) Contributing a scientific paper (poster or oral) Poster presentation
 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) 	Bet certific
a) Title of the Conference / Seminar / Symposiumb) Date of conduct	"New Horizons for Drug discovery and Innovation in Health care and Pharmaceutical Research"
	November 29, 2022
c) Level of Conference (State / Zonal / National)	National
d) Venue	C.D. Sagar Auditorium Dayananda Sagar University
	15engaluru
e) Financial support extended by the University	Bengaluru Rs 945/-
e) Financial support extended by the Universityf) Copy of the sanction letter to be enclosed	
 e) Financial support extended by the University f) Copy of the sanction letter to be enclosed te : The faculty member is eligible for financial opport to attend one State / Zonal and one National nference in a calendar year. Particulars of the organizers of the of the state is a state in the state of the state is a state in the state of the state is a state of the state of the state is a state of the state o	
 e) Financial support extended by the University f) Copy of the sanction letter to be enclosed te : The faculty member is eligible for financial opport to attend one State / Zonal and one National nference in a calendar year. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium 	
 e) Financial support extended by the University f) Copy of the sanction letter to be enclosed te : The faculty member is eligible for financial opport to attend one State / Zonal and one National nference in a calendar year. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium a) Name of the Organizer 	Rs 945/-
 e) Financial support extended by the University f) Copy of the sanction letter to be enclosed te : The faculty member is eligible for financial opport to attend one State / Zonal and one National nference in a calendar year. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium a) Name of the Organizer 	Rs 945/-

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/-	

.



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

13. Expenses involved towards attending the Conference: a) Place Bengaluru b) Mode of journey Local transport by auto/ cab c) Fare Rs 1200/- for 3 days To and Fro expenses Rs 6500/-Registration / Delegation Fee NIL Accommodation charges RS 7700/-**Total Expenses** 6,500 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 sponsorers of the Conference or any other funding agency for attending the aforesaid Conference,
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to theUniversity 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

Date:

Yours faithfully,

KLE College of Pharmacy Bengatura-560 010

Ref. No.

То

The Registrar, KAHER, Belgaum.

Dear Sir,

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

Thanking you,

Yerren 7.5 Signature of the HoD

(18)	
(Formerly known as Established under Section 3 of the UGC Act, 1956 vide C	Sovernment of India Notification No.F.9-19/2000-0.5(M)
APPLICATION FOR FINANCIAL SUPPORT TO	
(To be submitted to the KAHER throu	igh the concerned HoD & Principal)
A. To be filled by the faculty member:	
1. Name	Mos. Kaveja. M.
2. Qualification	M. pharm. (pharmacology)
3. Designation	Appiptant Professor
4. Department	Pharmacology
5. Institution	KLE College of Pharmacy, Bh
6. Date of joining the Institution	04-07-2016
7. Objectives of the Conference / Seminar / Symposium	To understand Computer Aided
 Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 	Please enclose a separate sheet.
9. Assignment in the aforesaid Conference / Seminar /	a) Delivering Key-note address / orations / plenary lectures
Symposium	b) Contributing a scientific paper
52/ ¹	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)
 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	8th FDP on Computer Aided Joing Lerign (ADD-2023)
b) Date of conduct	14th - 20th morch, 2023
c) Venue	Online mode
d) Financial support extended by the University	Seeking for Financial suppor
e) Copy of the sanction letter to be enclosed	
11. Particulars of the organizers of the aforesaic Conference / Seminar / Symposium	
a) Name of the Organizer	Do. Nichil Aggarwal HOD 4 Convener
b) Title of the program	8th FDP on computer Aided gours
c) Place	Online mode
d) Duration	7 days (14th-20th March
e) Date of Conference	14th - 20th march, 2023
f) Financial grant sought	r, 537. SO (Rig Attached)
OFFICE OF THE REGISTRAF	
KLE Academy of Mighor Education & Research, RELAGAVI	
2 9 MAY 2023	Hopernoon
inward No.	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)]

T

	International	Domestic
a) Place		-1
b) Mode of journey		-6
c) Fare	1	- Online - prode
d) To and Fro		- MO-
e) Accommodation charges	60	
f) Registration / Delegation Fee	V /	1,537
g) Air-port Tax		
. Documents to be submitted:		7 Porticipotu
a) Copy of the letter of invitation from the organizers.	Certificate	porticipul
 b) Copy of the full text of documents / abstract / pape prepared by the applicant for presentation. 		wheel FDP
4.Signature of the faculty member	Koveja. M	
DECLARA	TION	
I hereby declare that :	·	
	ab is true to the best of my kn	owledge and belief.
 I have furnished the information in this application which 		
 I have furnished the information in this application when I am not getting any financial assistance / support frother funding agency for attending the aforesaid Comaction by the KAHER in case it is found at a later is wrong / false, in support of my application for financial assistance / support for financial assistance / support for a support of my application for financial assistance / support financial assistance	stage that the information nancial grant.	furnished in this applicat
 I shall produce necessary bills / receipts along-with At 	tendance / Participation Certi erence.	
the factor of the factor of the factor of the factor	ulty members of the Depart	ment / Institution to share
knowledge and experience gained from allending the	aloredate of the state	
knowledge and experience gained from allending the	Signature of the faculty me	ember Kareja, M
knowledge and experience gained from allending the	Signature of the faculty me	
bate : $26 - 05 - 2023$ Ref. No. 9023 CADD - FDP/8/5	Signature of the faculty me	ember Kareja, M
bate : $26 - 05 - 2023$ Ref. No. 9023 CADD - FDP/8/5 To The Registrar, KAHER, Belagavi.	Signature of the faculty me	ember Kareja, M
Experience gained from altending the Date : $26 - 05 - 2023$ Ref. No. 9023 CADD - FDP/8/5 To The Registrar, KAHER, Belagavi.	Signature of the faculty me	ember <u>Koveja</u> , M Date: <u>26-05-</u>
Anowledge and experience gained from attending the Date : <u>26-05-2023</u> Ref. No. <u>2023</u> CADD-FDP/8/5 To The Registrar, KAHER, Belagavi. Dear Sir, We are enclosing herewith the application of the financial support to attend the International Conference o	Signature of the faculty me	ember <u>Lovega</u> , M Date: <u>26-05-</u> escribed format for grar
knowledge and experience gained from attending the Date : $26 - 05 - 2023$ Ref. No. 9023 CADD - FDP/8/5 To The Registrar, KAHER, Belagavi. Dear Sir,	Signature of the faculty me e above Teacher in the pr utside India for kind consid	ember <u>Loven M</u> Date: <u>26-05-</u> escribed format for gran
Anowledge and experience gained from attending the Date : <u>26-05-2023</u> Ref. No. <u>2023</u> CADD-FDP/8/5 To The Registrar, KAHER, Belagavi. Dear Sir, We are enclosing herewith the application of the financial support to attend the International Conference o	Signature of the faculty me e above Teacher in the pr utside India for kind consid	ember <u>Lovega</u> , M Date: <u>26-05-</u> escribed format for grar
Anowledge and experience gained from attending the Date : <u>26-05-2023</u> Ref. No. <u>2023</u> CADD-FDP/8/5 To The Registrar, KAHER, Belagavi. Dear Sir, We are enclosing herewith the application of the financial support to attend the International Conference o	Signature of the faculty me e above Teacher in the pr utside India for kind consid Yo	ember <u>Loven M</u> Date: <u>26-05-</u> escribed format for gran
Anowledge and experience gained from attending the Date : <u>26-05-2023</u> Ref. No. <u>9-023 CADD</u> -FDP/8/5 To The Registrar, KAHER, Belagavi. Dear Sir, We are enclosing herewith the application of the financial support to attend the International Conference of Thanking you,	Signature of the faculty me e above Teacher in the pr utside India for kind consid	ember <u>Kovega</u> , M Date: <u>26-05-</u> escribed format for gran leration. urs faithfully,
Anowledge and experience gained from attending the Date : <u>26-05-2023</u> Ref. No. <u>2023</u> CADD-FDP/8/5 To The Registrar, KAHER, Belagavi. Dear Sir, We are enclosing herewith the application of the financial support to attend the International Conference o	Signature of the faculty me e above Teacher in the pr utside India for kind consid Yo	ember <u>Loven M</u> Date: <u>26-05-</u> escribed format for gran

KLE ACADEMY OF HIGHER EL (Formerly known as [Deemed-to-be-University establishing]	shed u/s 3 of the UGC Act, 1956]
APPLICATION FOR FINANCIAL SUPPORT TO A (To be submitted to the University thro	TTEND STATE / NATIONAL CONFERENCES
A. To be filled by the faculty member:	
1. Name	DR JESSICA MONTEIRO
2. Qualification	MD HOMOEOPATHY
3. Designation	ASSOCIATE PROFESSOR .
4. Department	PRACTICE OF MEDICINE
5. Email ID	dyjessicamonteiro Qqmail. Lom K.C.E. HomoEOPATHIC MEDICAL COLLEGE
3. Institution	K. C.E. HOMOEOPATHIC MEDICAL COLLETE
Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility)	13/3/2021
Objectives of the Conference / Seminar / Symposium	Mastering Cosetaky Skills PSUL ever
 Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 	Please enclose a separate sheet. of peoseuph b
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	1619/22 - 17/9/22
c) Level of Conference	State / National
 Quantum of financial grant eligible (or actuals expenses, whichever is less) 	State Level : Rs. 8,000/- National Level : Rs.16,000/-
e) Venue	FATHER MULLER AUDITORIUM, LOERALAK
 f) Copy of the sanction letter along-with Brochure to be enclosed 	
Note : The faculty member is eligible for financial support to attend one St	tate / Zonal and one National Conference in a calendar year
12. Particulars of the financial support <u>previously</u> extended by the University	
a) Name of the Organizer	
b) Title of the program	
c) Place	-
d) Duration	
e) Date of Conference	_
f) Financial grant availed	-
17 Thomson grant at the	

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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] - 2 13. Travelling (by shortest route) and other expenses involved Particulars MANGADORE Place a) BUS JOURNEY Mode of journey RS 1180 + RS 1285 b) Fare Rs 24651c) d) To and Fro Rs 7 4 34 Accommodation charges e) Rs 16001-Registration / Delegation Fee f) Air-port Tax g) 14. Documents to be submitted: Рарен Presentation a) Copy of the letter of invitation from the organizers. Copy of the full text of documents / abstract / paper b) prepared by the applicant for presentation. DECLARATION I hereby declare that : I have furnished the information in this application which is true to the best of my knowledge and belief. • I am not getting any financial assistance / support from the sponsorers / organizers of the Conference or any other funding agency for attending the aforesaid Conference. I am aware that I am liable for any disciplinary action by the University in case it is found at a later stage that the information furnished in this application is wrong / false, in support of my application for financial grant. • I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference. • I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference. Signature of the faculty member Date: 27 Date: 27/9/22 Ref. No. То 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. Medica/ BELASON 90 005 PRIM dical College & Hospital Signature of the HoD YTY KLE Homoeopathic M BELAGAVI HOD Dept. of Practice of Medicine **KAHER's** E Homoeopathic Medical College & Hospital,

Belagavi

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

 KIE OF Commender

 KIE OF Commend

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



6th March, 2023

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 Mental 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.

Deemed-to-be Prof. Dr. V.A. Kothiwale University Registrar BELAGE

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.Pharmacv 3. Designation Assistant Professor 4. Department Pharmaceutical Chemistry 5. Institution KLE College of Pharmacy Hubli 6. Date of joining the Institution 25th November 2022 7. Objectives of the Conference / Seminar / This Conference will address professional development and Symposium interaction with experienced doctors and Pharm Industrialists. 8. Benefits to be derived from participation in Please enclose a separate sheet. the aforesaid Conference / Seminar / Symposium 9. Assignment in the aforesaid Conference / a) Research Paper Presentation (Poster). Seminar / Symposium 10. Particulars of the financial support extended by the University on the previous occasion a) Title of the Conference / Seminar / International Conference on Current Advances in 2nd Symposium Pharmaceutical Industry and Development b) Date of conduct 16th and 17th 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 Place c) 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 Place Hyderabad Mode of journey Train Fare

Total 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 Jecoph /2022-23/491 Ref. No.4 Date:02-07-202 To The Registrar,

KLE University, Belgaum.

a)

b)

c)

d)

e)

f)

Registration / Delegation Fee

Accommodation/DA

Air-port Tax

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,

Signature of the HoD DrSS Honorolli



Yours faithfully,

Thema **KLES College of Pharmacy**

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2500

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(A constituent unit of KLE Academ of Higher Education & Record Vidyanayar MUSICALLI 580 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)

 KELE
 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

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



6th March,2023

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.

aigher Edu V.A. Kothiwale Deemed-to-b Registrar University AGN

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)]

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	This conference focuses on the recent developments and current Advances in the Pharmaceutical Industry. Pharmaceutical Industry has been building up more advances and many novel approaches in the drug development.
8. Benefits to be derived from participation in	The theme "Advances in Drug Design Development and Novel Nanotechnology – Present and Future prospects". Enclosed a separate sheet.
the aforesaid Conference / Seminar / Symposium	
 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	
1. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	Center for Pharmaceutical Sciences, UPGCST, Jawaharlal Nehru Technological University Hyderabad (JNTU) Telangana, India Association of Pharmaceutical Research (APR) India
b) Title of the program	2 nd International Conference on Current Advances in Pharmaceutical Industry and Development

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K	LE	5

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)]

JNTU Hyderabad, Telangana, India Place c) 2 Days d) Duration 12. Travelling (by shortest route) and other expenses involved Domestic International Hyderabad Place a) Train & Bus Mode of journey b) 2500 c) Fare 2500 d) Registration / Delegation Fee 3000 Accommodation/DA e) Air-port Tax f) 8000 Total 13. Documents to be submitted: Enclosed 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. Brabhy 14.Signature of the faculty member Date: 02-07-2023 Ref. No. Klecoph/202-23/490 То 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, Principal Signature of the HoD Auncina KLES College of Pharmacy A constituent unit of KLE Academ 580 031 of Higher Education & Research) ที่บบบ

Vidvanagar

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

Ref. No. KAHER-/2022-23/D- 191122-05

15th November, 2022

ORDER

Sub : Permission to participate in the International Conference.

Ref : Request letter of the applicant forwarded through the concerned HoD, KLE College of Pharmacy, 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.

er Educa med-to-be University BELAGAV 74 +

Keller

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.



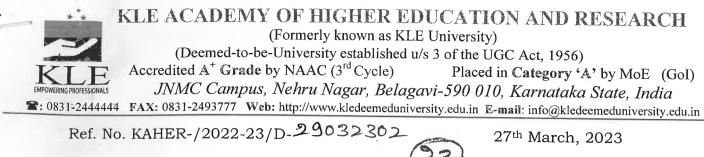
KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

EDI

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

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	
6. Email ID	KLE COLLEGE OF PHARMACY, HUBBALLI FSdasantop@gmail.com.
7. Date of joining the Institution	14/02/2003.
8. Objectives of the Conference / Seminar / Symposium	Biomedical & Clinical Research.
 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
 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	- 2
e) Financial support extended by the University	
f) Copy of the sanction letter to be enclosed	- Didat
Note: The faculty member is eligible for financial Support to attend <u>one State / Zonal</u> and <u>one National</u> <u>Conference</u> in a calendar year.	3007
2. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	SDM UNIVERSITY, DHAWAD & ASSOCIATION OF
b) Title of the program	INTERNATIONAL CONFELENCE ON ADVEALM
c) Place	CLINICAL & BIOMEDICAL RESEARCH.
d) Duration	DHARWAD
e) Date	21St & 22 NOVEMBER, 2022
f) Amount claimed	215 5, 22 NOVEMBER, 2022 RS. 3000/-
	N: 3000 -

KLE ACADEMY OF HIGHER EI (Formerly known as	DUCATION AND RESEARCH
ADDREASE [Deemed-to-be-University establis	hed u/s 3 of the UGC Act. 1956]
- 2 -	
13. Expenses involved towards attending the Conference:	
a) Place	DHARWAD
b) Mode of journey	BUS
c) Fare	603
To and Fro expenses	Pa Fool
Registration / Delegation Fee	RS.5001- RS.25001-
Accommodation charges	111
Total Expenses	NIL
14. Documents to be submitted:	25.30001-
a) Copy of the letter of invitation from the organizers.	
b) Copy of the full text of documents / abstract / paper	COPY OF ABSTRACT
prepared by the applicant for presentation.	ALLEPTANCE LETTERS ENCLOSED.
DECLARAT	
I hereby declare that :	
 I have furnished the information in this application which it is application. 	is true to the best of my knowledge and belief
 I am not getting any financial assistance / support from 	the sponsorers of the Conference or any other funding
 I shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Confer 	ence.
 I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the afor 	members of the Department / Institution to share the
 I shall reimburse the amount to the University in excess or 	f the eligibility.
Data: 3/11/2022	7.44
Sigr	nature of the faculty member
Ref. No	Date:
То	
The Registrar, KAHER,	
Belgaum.	
Dear Sir,	
We are enclosing herewith the application of the abo	Ve Teacher in the pressile of the state
financial support for presentation scientific paper (poster or	oral) / delivering a guest location to an in
Conference for kind consideration.	is all the second second the second sec
Thanking you,	
US COLL	Yours faithfully,
Hieman Kurean	The owned the second se
Signature of the HoD) At O
	Principal
HARM	KLES College of Pharmacy
	of Higher Education & Research) vidyanagar, HUBBALLI - 580 031
	A IM Bindant



ORDEI

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.



Teella

Prof. Dr. V.A. Kothiwale Registrar

Τо,

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]

A. To be filled by the faculty member:	
1. Name	Do. Nasopratha. Kulkasopi
2. Qualification	MBBS, MD.
3. Designation	Assistant Professor.
4. Department	Department of Componunity Medicio
5. Institution	JGMM Medical College, Hubballi
6. Email ID	mamoratha. d. Kulk (agmail. 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.
10. Assignment in the aforesaid Conference / Seminar / Symposium	a) Contributing a scientific paper (poster or oral) b) Delivering a guest lecture Two Scientrif c) Others, if any, specify. POSter presentable
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	aren eze parte ganta arrende era dar eta era era era era era era era era era er
b) Date of conduct	Sund en contration provinciparte des de la contration
c) Level of Conference (State / Zonal / National)	NA
d) Venue al construction de grandet plantet in terrational (1999) di 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> <u>Conference in a calendar year.</u>	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	a dimension of the second second second second
b) Title of the program	the final sector features a supplication
c) Place	ANA ANA
d) Duration	
e) Date	
f) Amount claimed	J



KLE ACADEMY OF HIGHER EDUCATION AND	RESEADCH
(Formerly known as KLE University)	NUSUARCH
Deemed-to-be-University established u/s 3 of the UCC Ast	e a tratación de la construcción de

13. Expenses involved towards attending	the Conference:
a) Place	Kotkada, West Berlin
b) Mode of journey	Kolkada, Mest Bengal, India. Arrstsavel (flight)
c) Fare	
To and Fro expenses	Approx 20,000 -
Registration / Delegation Fee	Rupers 6490/-
Accommodation charges	12,000 -
Total Expenses	Approx 38,500 -
14. Documents to be submitted:	
a) Copy of the letter of invitation fromb) Copy of the full text of documents prepared by the applicant for pres	s / abstract / paper
 I shall conduct a seminar for the b knowledge and experience gained fr 	Conference, eipts along-with Attendance / Participation Certificate within fifteen days to the g the aforesaid Conference, benefit of the faculty members of the Department / Institution to share the rom attending the aforesaid Conference.
	Jniversity in excess of the eligibility.
• I shall reimburse the amount to the L Date : Ref. No	Jniversity in excess of the eligibility. Signature of the faculty member from Do Nor Date:
Date : Ref. No To The Registrar, KAHER, Belgaum. Dear Sir, We are enclosing herewith the apr	Signature of the faculty member for the second
Date : Ref. No To The Registrar, KAHER, Belgaum. Dear Sir, We are enclosing herewith the app inancial support for presentation scientific	Signature of the faculty member Rinn Do Mar
Date : Ref. No To The Registrar, KAHER, Belgaum. Dear Sir, We are enclosing herewith the app financial support for presentation scientific	Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date:
Date : Ref. No To The Registrar, KAHER, Belgaum. Dear Sir, We are enclosing herewith the app financial support for presentation scientific Conference for kind consideration. Thanking you, M	Signature of the faculty member for the second
Date : Ref. No To The Registrar, KAHER, Belgaum. Dear Sir, We are enclosing herewith the app financial support for presentation scientifie Conference for kind consideration.	Data: Data: Data:





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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]

1. Name MBHS, MD 2. Qualification Associate Profestor 3. Designation Associate Profestor 4. Department PMARMACOLOGY 5. Institution KAMER's TGAM Medical Cellegebre 6. Email ID Subscience 7. Date of joining the Institution Q3=06-2022 8. Objectives of the Conference / Seminar / Symposium Date of pointing the Institution 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 Please enclose a separate sheet. 10. Assignment in the aforesaid Conference / Seminar / Symposium Please enclose a separate sheet. 10. Assignment in the aforesaid Conference / Seminar / Symposium Please enclose a separate sheet. 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) 31 st Decomber a) Title of the Conference / Seminar / Symposium 52 st DFSCON 2023 b) Date of conduct 22-25 Frebreary 2023 c) Level of Conference (State / Zonal / National) MySorry (TSS Medical Cale d) Venue MySorry (TSS Medical Cale e) Financial support exten	A. To be filled by the faculty member:	
2. Guannauous Associate Professor 3. Designation Associate Professor 4. Department PMARMACOLOGY 5. Institution KAMER's TGMM Medical Cellegebre 6. Email ID chetti989@gmail.can 7. Date of joining the Institution 23 = 06 - 2022 8. Objectives of the Conference / Seminar / Symposium Degrade my medical cellegebre 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 Delivering a guest tecture o) 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 ^{et} January to 31 ^{eth} December) a) Title of the Conference / Seminar / Symposium a) Title of the Conference (State / Zonal / National) 52 ^{fud} TPS CON 2023 c) Level of Conference (State / Zonal / National) Mational d) Venue My Surv (JSS Medical Calender Support extended by the University f) Capy of the sanction letter to be enclosed My Surv (JSS Medical Calender Support of the organizers of the aforesaid Conference / Seminar / Symposium a) Name of the Organizer SSS Medical Calender Musical Conference / Seminar / Symposium a) Name of the Organizer SSS Me	1. Name	Dr. SANTOSHKUMAR . ASHOK. SHETTI
4. Department PHAKMACOLOGY 5. Institution KAMBRS JGAM Medical Collegebre 6. Email ID Cheff1989@mail.can 7. Date of joining the Institution 23=06-2022 8. Objectives of the Conference / Seminar / Symposium Department 9. Benefits to be derived from participation in the aforesaid Please enclose a separate sheet. 10. Assignment in the aforesaid Conference / Seminar / Symposium Delivering a guest lecture. 10. Assignment in the aforesaid Conference / Seminar / Symposium Delivering a guest lecture. 10. Assignment in the aforesaid Conference / Seminar / Symposium Delivering a guest lecture. 10. Assignment in the aforesaid Conference / Seminar / Symposium Delivering a guest lecture. 11. Particulars of the financial support already extended by the University to attend the similar Conference (s) Unters. If any, specify. 11. Particulars of the conference / Seminar / Symposium 52 th d DSCON 2023 13. Title of the Conference (State / Zonal / National) Notiforual 14. Venue My Surve (TSS Medical Called) 15. Date of conduct 22-25 February 2023 16. Venue My Surve (TSS Medical Called) 17. Decy of the sanction letter to be enclosed My Surve (TSS Medical Called) Note : The faculty member is ellgible f	2. Qualification	MBBS, MD
5. Institution KAMBAS JGMM Medical Collegebre 6. Email ID Cheffigs 200 mail.can 7. Date of joining the Institution 23 - 06 - 2022 8. Objectives of the Conference / Seminar / Symposium D upgrade in metacet framedia 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 Please enclose a separate sheet. 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) 52 ^{std} If SCON 2023 a) Title of the Conference / Seminar / Symposium 52 ^{std} If SCON 2023 b) Date of conduct 22 - 2.5 February 2023 c) Level of Conference (State / Zonal / National) National d) Venue My Survo (ISS Medical Cale) e) Financial support extended by the University My Survo (ISS Medical Cale) 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 / Seminar / Symposium a) Name of the Organizer SS Medical Cale) Cale & My Surve b) Title of the program SS Medical Cale & My Surve c) Place My Surve	3. Designation	Associate Professor.
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7. Date of joining the Institution 23-06-2022 8. Objectives of the Conference / Seminar / Symposium 10 upgrude in metast provide deviced deviced provide deviced provide deviced deviced provide deviced device	5. Institution	KAMERS JAMM Medical College Hitte
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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 Please enclose a separate sheet. 10. Assignment in the aforesaid Conference / Seminar / Symposium Please enclose a separate sheet. 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) 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) 52 ^{Log} TfSCON 2023 a) Title of the Conference / Seminar / Symposium 52 ^{Log} TfSCON 2023 b) Date of conduct 22 - 25 February 2023 c) Level of Conference (State / Zonal / National) National d) Venue MySorvo (TSS #Ledical Conference) e) Financial support extended by the University f. f) Copy of the sanction letter to be enclosed Mysorvo (TSS #Ledical Conference) in a calendar year. 12. Particulars of the organizer SS Mcalical Cathege, Must Support to attend one State / Zonal and one National Conference / Seminar / Symposium a) Name of the Organizer SS Mcalical Cathege, Must Sow 2023 b) Title of the program S ^M DS Cow 2023 <td>7. Date of joining the Institution</td> <td>23-06-2022</td>	7. Date of joining the Institution	23-06-2022
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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> <u>Conference</u> in a calendar year. 12. Particulars of the organizers of the aforesald <u>Conference / Seminar / Symposium</u> a) Name of the Organizer b) Title of the program c) Place Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hote Hot	by the University to attend the similar Conference (s) during the current calendar year 1 st January to	geometri și princi în centre în constituire na ce assimități a centre a centre Bactilia și an centre presente artice artice și și aspinear constituți articearte și centre și și aspinear constituți articearte și centre
c) Level of Conference (State / Zonal / National) National d) Venue My Sorro (JSS medical of My Sorro	a) Title of the Conference / Seminar / Symposium	52 IPSCON 2023
c) Level of Conference (State / Zonal / National) National d) Venue Mysorro (JSS medical of 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> <u>Conference in a calendar year.</u> 12. Particulars of the organizers of the aforesald <u>Conference / Seminar / Symposium</u> a) Name of the Organizer b) Title of the program c) Place Mysorr d) Duration e) Date Date Date	b) Date of conduct	22-25 February 2023
e) Financial support extended by the University ////////////////////////////////////	c) Level of Conference (State / Zonal / National)	National
f) Copy of the sanction letter to be enclosed Note : The faculty member is elligible 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	d) Venue	Mysuru (JSS medical alleg
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f) Amount claimed 41720/	e) Date	22-25 Feb 2023
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	HIGHER EDUCATION AND RESEARCH
	nerly known as KLE University)
IDeemed-to-be-	University established u/s 3 of the UGC Act, 1956]
13. Expenses involved towards attending t	the Conference:
a) Place	MySVXU
b) Mode of journey	Bus + Prain
c) Fare	
To and Fro expenses	1207+307+303= 1810/-
Registration / Delegation Fee	4720/-
Accommodation charges	Ai caba
Total Expenses	12 5 6.5301
14. Documents to be submitted:	
a) Copy of the letter of invitation from	n the organizers.
b) Copy of the full text of documents prepared by the applicant for pres	
properties by the applicant for pres	DECLARATION
The makes de stans these s	DECLARATION
I hereby declare that :	
agency for attending the aforesaid C	
agency for attending the aforesaid C • I shall produce necessary bills / rece University from the date of attending • I shall conduct a seminar for the b	Conference, eipts along-with Attendance / Participation Certificate within fifteen days to the g the aforesaid Conference, penefit of the faculty members of the Department / Institution to share the
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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]

A. To be filled by the faculty member:	
1. Name	Dr. SANTOSHKUMAR. A. SHETTI
2. Qualification	MBBS, MD
3. Designation	Associate Professor
4. Department	PMARMACOLOGY
5. Institution	KAHBR'S Jaum Medical College, Hub
6. Email ID	Shetti 989 Aguail com.
7. Date of joining the Institution	23-06-2022
8. Objectives of the Conference / Seminar / Symposium	To improvise our pupuledge
 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 na 19 statementaria da la companya da companya
a) Title of the Conference / Seminar / Symposium	IntPCON 2022
b) Date of conduct	9, 10 x 11 December 2012 Notional
c) Level of Conference (State / Zonal / National)	National
d) Venue	GMC, Surat, Guiarat
e) Financial support extended by the University	ing a particular particular and a second
f) Copy of the sanction letter to be enclosed	
Note : The faculty member is eligible for financia support to attend <u>one State / Zonal</u> and <u>one National</u> <u>Conference in a calendar year.</u>	
12. Particulars of the organizers of the aforesald Conference / Seminar / Symposium	
a) Name of the Organizer	Government Medital Stepe St
b) Title of the program	IntPCON 2022
	Surat, Gujerat
c) Place	The I I
d) Duration	Whe day
d) Duration	9. 60, 11 Der 2022

(Forme	HGHER EDUCATION AND RESEARCH orly known as KLE University) niversity established u/s 3 of the UGC Act, 1956]
ACCHE MARKANAL	-2-
13. Expenses involved towards attending the	Conference:
	Surat
a) Place	
b) Mode of journey	and the second
c) Fare	
To and Fro expenses	
Registration / Delegation Fee	2,500/-
Accommodation charges	
Total Expenses	2 30/-
14. Documents to be submitted:	- Carsy
a) Copy of the letter of invitation from the	he organizers
 b) Copy of the full text of documents / a prepared by the applicant for presen 	abstract / paper
a da anti-anti-anti-anti-anti-anti-anti-anti-	DECLARATION
 I am not getting any financial assistan agency for attending the aforesaid Con I shall produce necessary bills / receipt University from the date of attending th 	ts along-with Attendance / Participation Certificate within fifteen days to the aforesaid Conference, nefit of the faculty members of the Department / Institution to share the nattending the aforesaid Conference.
ter en	Signature of the faculty member
Ref. No	Date: 70 J- 10
0	
^r he Registrar, (AHER,	The second se
Belgaum.	
Dear Sir,	
We are enclosing herewith the applic	cation of the above Teacher in the prescribed format for grant of
	paper (poster or oral) / delivering a guest lecture to attend the
conference for kind consideration.	haber (hoster of oral) / delivering a guest recture to attend the
Thanking you,	
mannig you,	Voire fallifilt
Cande	Yours faithfully,
17-06-23	(3(H) BBAT) B
signature of the HoD	PRINCHPAL
epartment of that	KAHER's JGMM Medical College
KAHER's JGMM Medical College Gabbur Cross, Kotgondhunshi,	Gabbur Cross, Kotgondhunshi CHUBBALLI-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 CONCIDENCED OF STREET 2: 0831-2444444 FAX: 0831-2493777 Web: http://www.kledeemeduniversity.edu.in E-mail: info@kledeemeduniversity.edu.in 9th February, 2023

Ref. No. KAHER-/2022-23/D- 22022307

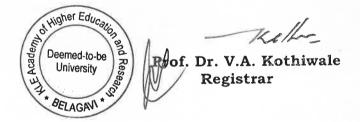
ORDER

Permission to participate in the Annual Conference. Sub

Request letter of the applicant forwarded through the concerned HoD, Principal Ref : KAHER's JGMM Medical College, Hubballi.

With reference to the above, the request of Dr. Ranjana Ranade, Associate Professor, Department of Pathology, KAHER's JGMM Medical College Hubballi., For attending '16th Annual conference and CME and ISRTP-2023' to be held MPUH, Nadiad, Gujarat from 17th to 19th February, 2023 has been approved by the competent authority of the University.

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



To, The above staff member.

CC to:

- 1. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
- 2. The Principal, KAHERs JGMM Medical College, Hubballi.
- 3. The Finance Officer, KAHER, Belagavi.



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 20836-2228244 Ref No: JGMM/PRI/Conf/ 202 /2023-24 Date: 11-05-2023

To, The Registrar, KAHER University JNMC Campus Neharu Nagar BELAGAVI-10

(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 SDM Medical College, Dharwad with the theme on New era diagnostics in preimplantation and prenatal testing .

SI No	Name of the faculty	Department	Designation	Amount
01	Dr Amrut Arvindrao Dambal	Biochomistre		\bigcap
02	Dr Mahalaxmi S Petimani	Biochemistry		5000=00
		Biochemistry	Associate Prof.	5000=00
03	Dr Nimisha V	Biochemistry	Assit. Prof.	5000=00
04	Dr Deepak Tangadi	Biochemistry		5000=00

Kindly sanction the financial support for the same and do the needful.

Thanking you,





A -

Your's faith fully

ASPert

KAHER's JGMM Medical College Gabbur Cross, Kotgondhunshi, MUBBALLI-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 1. D.S. AMRUT. ARVINDRAD. DAMBAL 2. Designation Profession and HOD Biochemisty 3. Name of the Department 4. Name of the Institution JGMMMC Hu Contact details 5. Mobile No. 9701120408 6. Nature of appointment Regular / Consolidated / Re-appointed / Contract Whether Temporary/Permanent/Probation 7. Probation 8. Date of joining the Institution Particulars of leave applied for: 0 a) Type of Leave SPL 18/05/23 10 20/05/2023 b) Period of Leave c) Reasons for availing the leave *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, Dr.A.A. Dambal Designation Prof and Mainature the Shall look after the duties of the applicant faculty. Date : D 🖇 120 202 11. For Office Use at College: Signature of the HoD No. of days Leave balance Type of Leave as on the date of application Leave Leave Leave Applied for recommended balance D8 & a)R Superintendent 12. For KAHE AUBBA S JGMM Medical Colless KAHER's IGMM 580 02⁹ culty member by Hon. ViGabbur Cross. Kotgondhunshi Gabbur Cross, Kotgo politerante (k&l) under MOA of the HLBBALLI-28. HE Academy or Date : Refno! CAHER 10-16052302 Signature of the Registrar Note: The faculty shall submit the leave application in the prescribed format at least to days in a brance (except Leave on medical grounds). Ŧ The faculty shall avail the Earned Leave for a minimum period of 10 days. 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 7. 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. D5:08

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) Dr. Mahaloxm. 5. Petiman Name of the applicant Alsoquate Peoflesor Brochemisty 1. Designation 2. Name of the Department 3. KATEFE'S STIMM Nedical Colles Name of the Institution 4. Mobile No. 9036560538 Contact details 5. Regular / Consolidated / Re-appointed / Contract Nature of appointment 6. Whether Temporary/Permanent/Probation 7 2022 1) Date of joining the Institution 8. Particulars of leave applied for: 9 3 days From 18 5/23 2015 23 a) Type of Leave b) Period of Leave *In case of Duty Leave / Special Casual Leave, Ple conference workshopt conference and please enclose proof. Belagavi c) Reasons for availing the leave please enclose proof. Place : Belagavi Date: 815/2023 Signature of the applican 10. Remarks/ recommendations of the Head of the Department: The leave requested by the applicant is recommended/not recommended. During the leave period, -) shall look after the duties of (Signature Wesen TUB Mr. Nilita Desai , Designation the applicant faculty. Date: 8 5 2023 Signature of the HoD 11. For Office Use at College: No. of days Leave balance Leave Leave Leave Type of Leave as on the date of application recommended Applied for balance 0300 03day 新EDI Seal stall in the incipal erintendent HUBBA KAHER's JGMM Medical Colleg GMM Medical College 330-028. 12. For KAHE Foy Hon. VGabbur Crossy Kotgenaty unsh Gabbur Cross, Motgondhunshieab LHUBBALLI-28. (k&l) under MOA of the KHALBBALLI-28, Higher Educatio Date : Signature of the Registrar Refno: KAMERID - 1605230 Deemed-to-be The faculty shall submit the leave application in the prescribed formation least 10 days in advance (except Leave on medical grounds). The KAHER shall not consider any application involving post-facto and the least 10 days in advance (except Leave on medical grounds). Note: The faculty shall avail the Earned Leave for a minimum period of 10 days \mathcal{B}_{E1AG} (1) * 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 5. 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. 6. The faculty shall be eligible to avail Special Casual Leave / Duty Leave not exceeding 15 days in a year, on production of necessary 7. 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. 8. D5:08/05/2023 TEmos/por (684/104/2023-24.

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1.	Name of the applicant		2000		
2.				NIMISH	
3.					PROFESSOR
4.	Name of the Institution			IOC4EMIS	
5.	Contact details		: <u>tr</u>	HER'S J	GIMM MEDICAL WLLEGE, HU
6,		- :	Mobi	le No. 815	+7497821
	Nature of appointment	:	Regul	ar / Consolida	ated / Re-appointed / Contract
7.	Whether Temporary/Perma		Pre	bation	
8.	Date of joining the Instituti	on .	28	109/20	
9.	Particulars of leave applie a) Type of Leave	d for:		10-1 Jaco	20
	b) Period of Leave		3 d	avs From 1	elashow role also
	c) Reasons for availing the l		6		8/05/23 to 20/05/23 + Pre benjerence Jorkshop KL
	*In case of Duty Leave / Sp	becial Casual Leave.	Cen	ALLE -	+ Prebenference Workshop
	please enclose proof.			HMB1-	
Place	e : Belagavi				Nº No
Date	: 08 05 2023				North
10. R	temarks/ recommendations of t	he Hand of the m			Signature of the applicant
	The leave requested by	v the applicant t			
Ms	Nikita Desai De	esignation T.	commende	ed/not recom	mended. During the leave period,
the ap	plicant faculty.	_10(0Y	(Sign	nature Mre	shall look after the duties of
	08-05-23				+ Round
11. Fo	or Office Use at College:			=	Signature of the HoD
	Type of Leave	Leave balance	+		No. of days
		as on the date of applicat	ion	Leave Applied for	Leave Leave recommended halance
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	Gabbur Grossabk		ulty member	Hon VGa	HER's JGMM Medical Colleg
(k&l) un Date :	der MOA of the KLER HER BAI	L1-28.	m	Higher Ev	HUBBALLI-28.
	DA	N .		- Second	Theller
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1. 2.					ce (except Leave on medical grounds).
3.	The KAHER shall not consider any The faculty shall avail the Earned L The faculty who intend to avail the	application involving post-fact	to sanction /	approval.	ice (except Leave on medical grounds).
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5.	(in case of illness in Belagavi) and f The concerned Heads of the Depar eligible to be considered by the KAN	tments and the Principals of	ualification the constitu	of MBBS (in case	orward only those applications which are
6. 7.	The faculty shall not proceed by the KAF	iEK as per the existing Leave I	Policy / Rule	Regulations	of ward only those applications which are
	supporting document and had	I Special Casual Leave / Duty	/ Leave not	exceeding 15 d	
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				une of leave by th	ne competent authority of the KAHER.
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100.100	no/pro/est/	104/20232	4,	Dt	-08/05/2023

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(Other than Casual	PLICATION FOR LEAVE Leave / Restricted Leave/Earned Leave) mitted 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, HUBBALLE
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	: 02 days From 19-05-23 to 20-05-23 : Conference & Proster Presentation
*In case of Duty Leave / Special Casual Le	ave, Conference & Koster Grese Tation
please enclose proof.	
Place : Belagavi	
Date : 08-05-2-22	Signature of the applicant
10. Remarks/ recommendations of the Head of the D	
Mr Nikita Desai, Designation <u>Tr</u> the applicant faculty. Date : <u>08-05-2023</u>	nt is recommended/not recommended. During the leave period, ter (Signature <u>Wered</u>) shall look after the duties of
11. For Office Use at College:	Signature of the HoD
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as on the date as on the date OG 05 2073 Date Verified by (Sign.) 12. For KAHER'S JGMM Medical Celler KAHER'S JGMM Medical Celler Gabbur Cross, a Kothondinums (k&l) under MOA of the Intel BEALLI-21. Date : Note: Note: Note: The faculty shall submit the leave application in the 2. The KAHER shall not consider any application in the 2. The KAHER shall not consider any application in the	Leave Applied for recommended Leave recommended Leave balance Leave balance Leave balance Leave balance Leave balance Leave balance Leave balance Leave balance Leave balance Leave balance COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED COLGED C
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A the faculty shall submit the leave for a minim A the faculty shall avail the Earned Leave for a minim A the faculty shall avail the Earned Leave for a minim A the faculty shall avail the Earned Leave for a minim A the faculty shall avail the Earned Leave for a minim A the faculty shall avail the Earned Leave for a minim A the faculty shall avail the Earned Leave for a minim A the faculty shall avail the Earned Leave for a minim A the faculty shall avail the Earned Leave for a minim A the faculty shall avail the Earned Leave for a minim A the faculty shall avail the Earned Leave for a minim A the faculty who intend to avail leave on medical (in case of illness in Belagavi) and from a Doctor will C the concerned Heads of the Departments and the eligible to be considered by the KAHER as per the en-	Leave e of application Leave Applied for Leave recommended Leave balance 02 02 13 13 03 02 02 13 13 04 02 02 13 13 05 13 02 13 13 05 13 02 13 13 05 13 02 13 13 14 15 02 13 13 15 02 13 13 13 15 02 13 13 13 15 02 13 13 13 16 02 13 13 13 16 02 14 13 13 14 16 02 14 13 14 13 14 17 16 16 16 16 16 16 18 16 16 16 16 16 16 16 18 16 16 16 16 16
A the faculty shall not proceed on leave without prior a sol the date of the faculty shall not proceed on leave without prior a 7. The faculty shall be eligible to be considered by the KAHER as per the sol	Leave a balance a of application Applied for Recommended Leave recommended Leave Leave Leave balance Leave balance Leave balance Leave balance Leave balance Leave balance Leave balance Leave balance Leave balance Leave balance Leave balance Leave balance Leave balance Leave balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance balance
A son the date as on the date	Leave e of application Leave Applied for Leave recommended Leave balance 02 02 13 13 03 02 02 13 13 04 02 02 13 13 05 13 02 13 13 04 02 02 13 13 05 13 02 13 13 05 13 02 13 13 14 15 02 13 13 15 02 13 13 13 14 15 02 13 13 15 02 13 13 13 14 15 02 13 13 15 16 10 13 14 16 16 16 16 16 17 18 16 16 16 18 16 16 16 16 18 16 16 16 16 18 16

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

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

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

3. Expenses involved towards attending the Conference:	0
a) Place	Dhawad
b) Mode of journey	Personel (ar)
c) Fare	
To and Fro expenses	2500
Registration / Delegation Fee	4600
Accommodation charges	3000 12
Total Expenses	12,000 thur
4. Documents to be submitted:	Astron
a) Copy of the letter of invitation from the organizers.	yes 1
b) Copy of the full text of documents / abstract / paper	V8.
prepared by the applicant for presentation.	tis
DECLARAT	ION
I hereby declare that :	
I have furnished the information in this application which	s true to the best of my knowledge and belief.
• I am not getting any financial assistance / support from	the sponsorers of the Conference or any other fundir
agency for attending the aforesaid Conference, • I shall produce necessary bills / receipts along-with Atten	dance / Participation Certificate within fifteen days to th
University from the date of attending the aforesaid Confe	rence,
 I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the afor 	members of the Department / Institution to share the presaid Conference.
 I shall reimburse the amount to the University in excess of 	
o plata a	AV.
Date : 24323 Sig	nature of the faculty member
Ref. No	Date:
Го Гhe Registrar,	
KAHER,	
Belgaum.	
Dear Sir,	
We are enclosing herewith the application of the at	
financial support for presentation scientific paper (poster	or oral) / delivering a guest lecture to attend th
Conference for kind consideration.	
Thanking you,	
	Yours faithfully,
	MUL
Sea (Sea	PRINCIPAL
Signature of the HoD OFESOR & HEAD	Jawahartal Nehru Medical Cellege



KLE UNIVERSITY

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

A. To be filled by the faculty member:	
1. Name '	Dr. Trati M. Nagemote
2. Qualification	MD. PL.D
3. Designation	Dr. Jyoti. M. Nagemoti. MD. Ph.D. Professor & Microbiology 4 COE, KAHER,
4. Department	MICROBIOLOGY.
5. Institution	J.N. medical college.
6. Date of joining the Institution	15-11-4992
7. Objectives of the Conference / Seminar / Symposium	Fustinging the caused applied microspidlery
8. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Furthering the cause of applied microspidlogy Please enclose a separate sheet. For fatherit car
 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 Such the paper of the p
10. Particulars of the financial support extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	
a) Title of the Conference / Seminar / Symposium	
b) Date of conduct	1 10 22
c) Venue	ip contract
d) Financial support extended by the University	
e) Copy of the sanction letter to be enclosed	1000
f) Level of Conference State / Zonal / National	1 to at
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.	Nohigh
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	Indian Association a medical mirrobiolonsts
b) Title of the program	Indian Association of Medical Microbiologists 45th Annual conference of IAMM (I AMM)
c) Place Al	IMS, Bhuvaneshio al
d) Duration	24th-27th Nov. 2022 (04 Days)
e) Date	<u>ay - ay - Nov: 2022 (upags</u>)
f) Amount claimed	



KLE UNIVERSITY

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

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

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)

INMC Campus, Nehru Nagar, Belagavi-590 010, Karnataka State, India : 0831-244444 FAX: 0831-2493777 Web: http://www.kledeemeduniversity.edu.in E-mail: info@kledeemeduniversity.edu.in

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



rof. Dr. V.A. Kothiwale Registrar

To, The above staff member.

CC to:

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

2. The Finance Officer, KAHER, Belagavi

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

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

 Chemed-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: 0831-244444

Ref.No.KAHER/23-24/D- 1206 2315

A) - S

8th June, 2023

ORDER

- Sub: Approval of Grant of financial support for attending the National Conference at Jaipur from 17th and 18th June 2023.
- Ref: Your office letter Ref. No. KIPT / 2023-24/1618 dated 30th May 2023.

With reference to the above, the following faculty members are hereby permitted to deliver guest lecture at National Conference [JURJ PHYSIOS COLLOQUIUM] to be held at Jaipur from 17th and 18th December 2023.

SL. No.	Name	Designation	Department
1	Dr. Basavaraj Motimath	Professor	Sports Physiotherapy
2	Dr.Dhaval Chivate	Assistant Professor	Sports Physiotherapy

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



Prof Dr.V.A.Kothiwale

of Dr.V.A.Kothiwale / Registrar

To, The above staff members.

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

A. To be filled by the faculty member:	
1. Name	TR PHANI BASAVARAT MOTIMA
2. Qualification	MPT in Physiotherapy
3. Designation	Phofesson .
4. Department	Muschaskoleta & Sponts
5. Institution	KLEN Institute of Physioth
6. Email ID	bsmotimathe yahoo. to. m
7. Date of joining the Institution	07 07 2006
8. Objectives of the Conference / Seminar / Symposium	
 Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 	Please enclose a separate sheet.
10, Assignment in the aforesaid Conference / Seminar /	a) Contributing a scientific paper (poster or oral)
Symposium	b) Delivering a guest lecture
	c) Others, if any, specity.
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 MYSIOS COLLOQUIN
b) Date of conduct	17th f 18th
c) Level of Conference (State / Zonal / National)	National.
c) Level of Conference (State / Zonal / National)d) Venue	JAIPUR.
d) Venue	
d) Venuee) Financial support extended by the University	JAIPUR.
 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> 	JAIPUR.
 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> <u>Conference in a calendar year.</u> 12. Particulars of the organizers of the aforesaid 	JAIPUR.
 d) Venue e) Financial support extended by the University f) Copy of the sanction letter to be enclosed Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference in a calendar year.</u> 12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium 	JAIPUR.
 d) Venue e) Financial support extended by the University f) Copy of the sanction letter to be enclosed Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference in a calendar year.</u> 12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium a) Name of the Organizer 	JAIPUR Haganoth University d
 d) Venue e) Financial support extended by the University f) Copy of the sanction letter to be enclosed Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference in a calendar year.</u> 12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium a) Name of the Organizer b) Title of the program 	JAIPUR Haganoth University d
 d) Venue e) Financial support extended by the University f) Copy of the sanction letter to be enclosed Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference in a calendar year.</u> 12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium a) Name of the Organizer b) Title of the program c) Place 	JAIPUR Jaganoth University d Jurj Prijs 105 Collogpieum Jaipun

	as KLE University) ablished u/s 3 of the UGC Act, 1956]
	- 2 -
13. Expenses involved towards attending the Conference	
a) Place	JAIPUR,
b) Mode of journey	JAIPUR, Flight
c) Fare	- 11,800/-
To and Fro expenses	11 800/
Registration / Delegation Fee	19801
Accommodation charges	6
Total Expenses	
14. Documents to be submitted:	
 a) Copy of the letter of invitation from the organizer b) Copy of the full text of documents / abstract / paperepared by the applicant for presentation. 	
DECLAF	RATION
I hereby declare that :	
	Allendance / Participation Certificate within fifteen days to
 I shall conduct a seminar for the benefit of the faknowledge and experience gained from attending the I shall reimburse the amount to the University in exc. 	culty members of the Department / Institution to share e aforesaid Conference. ess of the elioibility.
 I shall conduct a seminar for the benefit of the fa knowledge and experience gained from attending the 	culty members of the Department / Institution to share e aforesaid Conference. ess of the eligibility. Signature of the faculty member
 I shall conduct a seminar for the benefit of the fa knowledge and experience gained from attending the I shall reimburse the amount to the University in exc Date : 06 07 2023 	culty members of the Department / Institution to share e aforesaid Conference. ess of the eligibility.
 I shall conduct a seminar for the benefit of the far knowledge and experience gained from attending the I shall reimburse the amount to the University in excoder and the University in excoder is the experience of the Registrar, KAHER, Belgaum. 	Signature of the faculty member
 I shall conduct a seminar for the benefit of the far knowledge and experience gained from attending the I shall reimburse the amount to the University in excode the experience of the University in excode the experience of the Registrar, KAHER, Belgaum. Dear Sir, Experience of the e	Signature of the faculty member Date:
 I shall conduct a seminar for the benefit of the far knowledge and experience gained from attending the I shall reimburse the amount to the University in excodence : <u>06 07 2003</u> Ref. No	e above Teacher in the prescribed format for grant er or oral) / delivering a guest lecture to attend t
 I shall conduct a seminar for the benefit of the fa knowledge and experience gained from attending the I shall reimburse the amount to the University in excodence in the University in the University in excodence in the University in the University in excodence in the University in the University in excodence in the University in the Unive	e above Teacher in the prescribed format for grant

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A. To be filled by the faculty member:	
1. Name	DR ARATI V. MAHISHALE
2. Qualification	MPT. P.h.D
3. Désignation	Pooperson & Head
4. Department	Dept of oser Physioth
5. Institution	KAHER Inst & Physiothese
6. Email ID	mohysicarati @ gmail.con
7. Date of joining the Institution	21 st Jan 2006.
8. Objectives of the Conference / Seminar / Symposium	Pecent toends in Pehability
 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) 	None.
a) Title of the Conference / Seminar / Symposium	
b) Date of conduct	
b) Date of conductc) Level of Conference (State / Zonal / National)	
c) Level of Conference (State / Zonal / National)	
c) Level of Conference (State / Zonal / National)d) Venue	
 c) Level of Conference (State / Zonal / National) d) Venue e) Financial support extended by the University 	
 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> 	
 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 	Jaganneth Univ., Jaipur
 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 	Jaganneth Univ., Jaipur eRecent Advancement in
 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 	Jaganneth Univ., Jaipur Pecent Advancement in Jaipur
 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 	epecent Advancement in
 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 	epecent Advancement in

2 Evnon	ses involved towards attending the Conference:	
		Jaipur
	lace lode of journey	Flight / By alr
		I sugree / by
c) Fa		19,800 -
	o and Fro expenses	
	Registration / Delegation Fee	8000
	ccommodation charges	2000-
	otal Expenses	20,0001-
	ments to be submitted:	
	Copy of the letter of invitation from the organizers.	Enclosed tickets &
b) C	Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	Annation letter
-	DECLARAT	ION
	the man factor and a factor	
	ereby declare that :	
•	I have furnished the information in this application which	is true to the best of my knowledge and belief.
***	I am not getting any financial assistance / support from agency for attending the aforesaid Conference,	the sponsorers of the Conference or any other funding
	I shall produce necessary bills / receipts along-with Atter	idance / Participation Certificate within fifteen days to th
	University from the date of attending the aforesaid Confe	rence,
•	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 atc	members of the Department / Institution to share the resaid Conference.
•	knowledge and experience gained from attending the arc I shall reimburse the amount to the University in excess	members of the Department / Institution to share theresaid Conference.
•	knowledge and experience gained from attending the arc I shall reimburse the amount to the University in excess	members of the Department / Institution to share theresaid Conference.
Date : O	knowledge and experience gained from attending the arc I shall reimburse the amount to the University in excess 8062023 Sig	members of the Department / Institution to share the presaid Conference. of the eligibility. Inature of the faculty member
Date : O	knowledge and experience gained from attending the arc I shall reimburse the amount to the University in excess	members of the Department / Institution to share if presaid Conference.
Date : O Ref. No.	knowledge and experience gained from attending the arc I shall reimburse the amount to the University in excess 8062023 Sig	members of the Department / Institution to share the presaid Conference. of the eligibility. Inature of the faculty member
Date : 0 Ref. No. To The Reg	knowledge and experience gained from attending the arc I shall reimburse the amount to the University in excess 08062023 Sig	members of the Department / Institution to share the presaid Conference. of the eligibility. Inature of the faculty member
Date : Ref. No. To The Reg KAHER,	knowledge and experience gained from attending the arc I shall reimburse the amount to the University in excess 08062023 Sig	members of the Department / Institution to share the presaid Conference. of the eligibility. Inature of the faculty member
Date : Ref. No. To The Reg KAHER, Belgaum	knowledge and experience gained from attending the arc I shall reimburse the amount to the University in excess 08062023 Sig	members of the Department / Institution to share the presaid Conference. of the eligibility. Inature of the faculty member
Date : Ref. No. To The Reg KAHER, Belgaum Dear Sir,	knowledge and experience gained from attending the atomic is hall reimburse the amount to the University in excess of 8 06 2023 Signature Signatur	presaid Conference. of the eligibility. gnature of the faculty member Date:
Date : Ref. No. To The Reg KAHER, Belgaum Dear Sir, V	knowledge and experience gained from attending the atom I shall reimburse the amount to the University in excess of 18/06/2023 Sig histrar, Ne are enclosing herewith the application of the all	presaid Conference. of the eligibility. Inature of the faculty member Date: Dove Teacher in the prescribed format for grant
Date : O Ref. No. To The Reg KAHER, Belgaum Dear Sir, V financial	knowledge and experience gained from attending the atom I shall reimburse the amount to the University in excess of 18/06/2023 Sig istrar, Ne are enclosing herewith the application of the all support for presentation scientific paper (poster	presaid Conference. of the eligibility. gnature of the faculty member Date: Dove Teacher in the prescribed format for grant or oral) / delivering a guest lecture to attend t
Date : Ref. No. To The Reg KAHER, Belgaum Dear Sir, V financial Conferen	knowledge and experience gained from attending the atom I shall reimburse the amount to the University in excess of 18/06/2023 Sig istrar, Ne are enclosing herewith the application of the all support for presentation scientific paper (poster	presaid Conference. of the eligibility. gnature of the faculty member Date: Dove Teacher in the prescribed format for grant or oral) / delivering a guest lecture to attend t
Date : Ref. No. To The Reg KAHER, Belgaum Dear Sir, V financial Conferen	knowledge and experience gained from attending the attending the attending the attending the attending the attending the attending to the University in excess of 18 106 1202 3 Significant Significan	presaid Conference. of the eligibility. gnature of the faculty member Date: Dove Teacher in the prescribed format for grant or oral) / delivering a guest lecture to attend t
Date : Ref. No. To The Reg KAHER, Belgaum Dear Sir, V financial Conferen	knowledge and experience gained from attending the attending the attending the attending the attending the attending the attending to the University in excess of 18 106 1202 3 Significant Significan	presaid Conference. of the eligibility. gnature of the faculty member Date: Dove Teacher in the prescribed format for grant or oral) / delivering a guest lecture to attend t
Date : Ref. No. To The Reg KAHER, Belgaum Dear Sir, V financial Conferen	knowledge and experience gained from attending the attending the attending the attending the attending the attending the attending to the University in excess of 18 106 1202 3 Significant Significan	or members of the Department / Institution to share the presaid Conference. The eligibility. Inature of the faculty member Date: Date: Dove Teacher in the prescribed format for grant or oral) / delivering a guest lecture to attend the
Date : O Ref. No. To The Reg KAHER, Belgaum Dear Sir, V financial Conferen	knowledge and experience gained from attending the atom I shall reimburse the amount to the University in excess of 18/06/2023 Sig istrar, Ne are enclosing herewith the application of the all support for presentation scientific paper (poster	presaid Conference. of the eligibility. gnature of the faculty member Date: Dove Teacher in the prescribed format for grant or oral) / delivering a guest lecture to attend the

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)

KILE
EMPOWERING PROFESSIONALSAccredited A⁺ Grade by NAAC (3rd Cycle)Placed in Category 'A' by MoE (GoI)JNMC Campus, Nehru Nagar, Belagavi-590 010, Karnataka State, IndiaT: 0831-244444FAX: 0831-2443777Web: http://www.kledeemeduniversity.edu.in E-mail: info@kledeemeduniversity.edu.in

Ref.No.KAHER/23-24/D- 2306 2303

22nd June, 2023

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.

- 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

F

A. To be filled by the faculty member:	
1. Name	MAHALING HULAYBALI
2. Qualification	M.SC NUSSing
3. Designation	Professor
4. Department	Pediatric Nursing
5. Institution	Institute of NUSSY SCIEDE
6. Email ID	mahalingmh & gmmil. Lon
7. Date of joining the Institution	02/06/2010
8. Objectives of the Conference / Seminar / Symposium	understand the importance of CRP
 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) 	XIL
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> <u>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 wholig
b) Title of the program	Evidence Based Practice in Neorad
c) Place	Vijonpens
d) Duration	one day
e) Date	23/06/2623
f) Amount claimed	

13. Expenses involved towards attending the Conference:	
a) Place	Vijaypne
b) Mode of journey	By Road (By (ag)
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 / pape prepared by the applicant for presentation. 	r
DECLARA	TION
I hereby declare that :	
• I have furnished the information in this application whic	h is true to the best of my knowledge and belief.
 I am not getting any financial assistance / support from agency for attending the aforesaid Conference, 	m the sponsorers of the Conference or any other fu
 I shall produce necessary bills / receipts along-with Atte University from the date of attending the aforesaid Con 	endance / Participation Certificate within fifteen days ference,
 I shall conduct a seminar for the benefit of the facul knowledge and experience gained from attending the a 	ty members of the Department / Institution to shar foresaid Conference.
 I shall reimburse the amount to the University in excess 	of the eligibility.
Date : 10 06 2023 S	ignature of the faculty member
Ref. No. HAHER/INS/22-23/0-187	Date: 13 06 20
То	
The Registrar,	
KAHER, Belgaum.	
Dear Sir,	
We are enclosing herewith the application of the a	
financial support for presentation scientific paper (poster Conference for kind consideration.	or or any r delivering a guest lecture to attend
- Jan Welch	
Thanking you,	Yours faithfully,
D HI BORING	rours faithfully,
BELAGA Se	a') leulle
Signature of the HoD	Principal

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

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KLE

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

1. Name	Ma the Course of a second second
AND AN AND AND AND AND AND AND AND AND A	MR. UMESH · NANDAGAON
2. Qualification	M.SC (NURSTNG)
3. Designation	ASSESTANT PROFESSOR
4. Department	CHELD HEALTH NURSENG
5. Institution	KANER INSTITUTE OF NURION SCRENCES, BELMANC
6. Email ID	umesh 2230 48 @gmail.com
7. Date of joining the Institution	18.12.2014
8. Objectives of the Conference / Seminar / Symposium	OF BUDENCED BASED PRACTED
 Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 	Please enclose a separate sheet.
10. Assignment in the aforesaid Conference / Seminar /	(a) Contributing a scientific paper (poster or oral)
Symposium	b) Delivering a guest 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)	c) Others, if any, specify. AS productly
a) Title of the Conference / Seminar / Symposium	EVIDENCE BASED PRACTICE IN PEDLATRIC & NEONATH CARE
b) Date of conduct	23.06.2023
c) Level of Conference (State / Zonal / National)	NATIONAL
d) Venue	B.L.D.E.A'S SHKE BIM. PATEL INSTETUTE OF NS4 SCLENCE VESAY
e) Financial support extended by the University	
f) Copy of the sanction letter to be enclosed	5)
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.	
2. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	BL.D.E.A'S ENSTETUTE OF NURITNY SCIENCE VEJAYAPU
b) Title of the program	NATIONAL CONFERENCE
c) Place	VIJAYAPUR KARNATAKA.
d) Duration	1 DAY
e) Date	23.06.2023
f) Amount claimed	

KLE	MY OF HIGHER ED (Formerly known as F	KLE University)	
nowening moress lowals.	emed-to-be-University establish - 2 -	ed u/s 3 of the UGC Act,	1956]
13. Expenses involved towards	attending the Conference:		
a) Place		VIJAYAPUR	KARNATAKA
b) Mode of journey	a r ^{un} să l	TRAVEL BY	OWN CAR
c) Fare	as said		
To and Fro expenses	a'r 21 - 1	R1. 3000	- 00
Registration / Delegat	ion Fee		- 00
Accommodation char	ges	B. 1500	
Total Expenses		Rs. 510	0 - 00
14. Documents to be submit	ted:		
a) Copy of the letter of ir	vitation from the organizers.		
	documents / abstract / paper	ATTACHME	
prepared by the applie	cant for presentation.		ENCLOSED.
 I am not getting any find agency for attending the agency	formation in this application which i nancial assistance / support from ne aforesaid Conference,	the sponsorers of the Cont	ference or any other fundi
 I have furnished the in I am not getting any find agency for attending the I shall produce necess University from the date I shall conduct a sem knowledge and experied 	nancial assistance / support from he aforesaid Conference, ary bills / receipts along-with Attend e of attending the aforesaid Confer inar for the benefit of the faculty ence gained from attending the afore	the sponsorers of the Cont dance / Participation Certific ence, members of the Departme resaid Conference.	ference or any other fundin cate within fifteen days to the
 I have furnished the in I am not getting any find agency for attending the I shall produce necess University from the date I shall conduct a sem knowledge and experied 	nancial assistance / support from the aforesaid Conference, ary bills / receipts along-with Atten e of attending the aforesaid Confer inar for the benefit of the faculty	the sponsorers of the Cont dance / Participation Certific ence, members of the Departme resaid Conference.	ference or any other fundin cate within fifteen days to the
 I have furnished the in I am not getting any find agency for attending the I shall produce necesses University from the date I shall conduct a semic knowledge and experied I shall reimburse the additional semications of the shall reimburse the additional semications of the semications of th	nancial assistance / support from he aforesaid Conference, ary bills / receipts along-with Atten- e of attending the aforesaid Confer- inar for the benefit of the faculty ence gained from attending the afor- mount to the University in excess o	the sponsorers of the Conf dance / Participation Certific ence, members of the Departme resaid Conference. f the eligibility.	ference or any other fundinate within fifteen days to the ent / Institution to share the ent
 I have furnished the in I am not getting any fi agency for attending th I shall produce necess University from the dat I shall conduct a sem knowledge and experied I shall reimburse the at Date : <u>28.06.2023</u>	nancial assistance / support from he aforesaid Conference, ary bills / receipts along-with Atten- e of attending the aforesaid Confer- inar for the benefit of the faculty ence gained from attending the afor- mount to the University in excess o	the sponsorers of the Conf dance / Participation Certific ence, members of the Departme resaid Conference. f the eligibility. nature of the faculty mem	ference or any other fundi cate within fifteen days to the ent / Institution to share the other
 I have furnished the in I am not getting any fi agency for attending th I shall produce necess University from the dat I shall conduct a sem knowledge and experied I shall reimburse the at Date : <u>28.06.2023</u> Ref. No	nancial assistance / support from he aforesaid Conference, ary bills / receipts along-with Atten- e of attending the aforesaid Confer- inar for the benefit of the faculty ence gained from attending the afor- mount to the University in excess o	the sponsorers of the Conf dance / Participation Certific ence, members of the Departme resaid Conference. f the eligibility. nature of the faculty mem	ference or any other fundi cate within fifteen days to the ent / Institution to share the
 I have furnished the in I am not getting any fi agency for attending th I shall produce necess University from the dat I shall conduct a sem knowledge and experied I shall reimburse the at Date : <u>28.06.2023</u>	nancial assistance / support from he aforesaid Conference, ary bills / receipts along-with Atten- e of attending the aforesaid Confer- inar for the benefit of the faculty ence gained from attending the afor- mount to the University in excess o	the sponsorers of the Conf dance / Participation Certific ence, members of the Departme resaid Conference. f the eligibility. nature of the faculty mem	ference or any other fundi cate within fifteen days to the ent / Institution to share the other
 I have furnished the in I am not getting any fi agency for attending th I shall produce necess University from the dat I shall conduct a sem knowledge and experied I shall reimburse the at Date : <u>28.06.2023</u> Ref. No. To The Registrar, KAHER,	nancial assistance / support from he aforesaid Conference, ary bills / receipts along-with Atten- e of attending the aforesaid Confer- inar for the benefit of the faculty ence gained from attending the afor- mount to the University in excess o	the sponsorers of the Conf dance / Participation Certific ence, members of the Departme resaid Conference. f the eligibility. nature of the faculty mem	ference or any other fundi cate within fifteen days to the ent / Institution to share the other
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 I have furnished the in I am not getting any fi agency for attending th I shall produce necess University from the dat I shall conduct a sem knowledge and experied I shall reimburse the at Date: <u>28.06.2023</u> Ref. No. To The Registrar, KAHER, Belgaum. Dear Sir, We are enclosing here financial support for presental Conference for kind consideral	nancial assistance / support from he aforesaid Conference, ary bills / receipts along-with Attende of attending the aforesaid Confer- inar for the benefit of the faculty ence gained from attending the afor mount to the University in excess o Sign Eventh the application of the about atton scientific paper (poster o tion.	the sponsorers of the Conf dance / Participation Certific ence, members of the Departme resaid Conference. If the eligibility. nature of the faculty mem ove Teacher in the pres r oral) / delivering a gu	ference or any other fundi cate within fifteen days to the ent / Institution to share the ober



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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]

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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.
3. Email ID	Svirupadappadgmoul. Com
7. Date of joining the Institution	01-01-2017
8. Objectives of the Conference / Seminar / Symposium	UNDERSTANDING, THE IMPORTANCE OF EVIDANCED BASED PRACTIC
9. Benefits to be derived from participation in the aforesaid	Please enclose a separate sheet.
Conference / Seminar / Symposium	
10. Assignment in the aforesaid Conference / Seminar / Symposium	 a) contributing a scientific paper (poster or oral) b) Deliveration of the science of
	b) Delivering a guest lecture c) Others, if any, specify.
11. Particulars of the financial support already extended	c) Others, if any, specify.
by the Ur versity 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	PEDIATEIC CNEONATEL CARE
b) Date of conduct	23-06-2023
c) Level of Conference (State / Zonal / National)	NATIONAL
d) Venue	BLDEAS SHAL BM. PATIL.
e) Financial support extended by the University	INSTITUTE OF NURSTNE, SCT. NE
f) Copy of the sanction letter to be enclosed	
lote : The faculty member is eligible for financial upport to attend <u>one State / Zonal</u> and <u>one National</u> <u>Conference</u> in a calendar year.	-
2. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	BLDEAS INSTITUTEOF. NURSING SCRENCES VITAPUR.
b) Title of the program	NATIONAL: CONFERENCE
c) Place	VIJAYA PURA. KARNATAKA.
d) Duration	1 DAV
e) Date	2-3-06-2023
f) Amount claimed	



13. Expenses involved towards attending the	Conference:
a) Place	NIJAYPURA KAPNATAKA
b) Mode of journey	TRAVEL BY OWN CAR
c) Fare	C III
To and Fro expenses	PS 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 t b) Copy of the full text of documents / prepared by the applicant for preser 	abstract / paper
	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 assistar agency for attending the aforesaid Con 	nce / support from the sponsorers of the Conference or any other fundi
	ts along-with Attendance / Participation Certificate within fifteen days to the
 I shall conduct a seminar for the being knowledge and experience gained from 	nefit of the faculty members of the Department / Institution to share the
 I shall reimburse the amount to the Un 	
Date 28 06 2023.	Signature of the faculty member Rol
Ref. No.	Date:
То	
The Registrar, KAHER, Belgaum.	ð:
Dear Sir,	
	tentin statut a menerativa
	ication of the above Teacher in the prescribed format for grant or paper (poster or oral) / delivering a guest lecture to attend the
Conference for kind consideration.	paper (poster of oral) / delivering a guest lecture to attend tr
Thanking you,	<i>t</i>
	Yours faithfully,
	, ours rarantary,
PostH	
Signature of the HoD	Seal luuluts

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

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KLE

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A. To	be filled by the faculty member:	
1. Na	me	Max Posingala Gulanaguas
2. Qi	alification	Mrs. Poriyanka Gudannawar M. Sc. Nursing
3. De	signation	Series tutos
4. De	partment	Child health nursine
5. Ins	titution	KAHER INS, Belagavi
6. En	nail ID	priya 060892 @gmail.com
7. Da	te of joining the Institution	17-05-2019
8. Ob	jectives of the Conference / Seminar / Symposium	Understanding the impostance of evidence based care
	nefits to be derived from participation in the aforesaid nference / Seminar / Symposium	Please enclose a separate sheet.
	ssignment in the aforesaid Conference / Seminar / mposium	 a) Contributing a scientific paper (poster or oral) b) Delivering a guest lecture c) Others, if any, specify.
by (s	articulars of the financial support already extended y the University to attend the similar Conference) during the current calendar year 1 st January to st December)	Ason hules
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)	
d)	Venue	National BLDEA'S Shri. B.M. Patil Institute a nussing sciences, Vijayapus
e)	Financial support extended by the University	maxing were , Vyayespur
f)	Copy of the sanction letter to be enclosed	
suppo	: The faculty member is eligible for financial ort to attend <u>one State / Zonal</u> and <u>one National rence</u> in a calendar year.	
	articulars of the organizers of the aforesaid onference / Seminar / Symposium	
a)	Name of the Organizer	BLDEA'S Shou. B.M. Patit Institute
α)		A MARTIN SCREEK, VIIAMADUS
b)	Title of the program	National Conforma
	Title of the program Place	National Conference
b)		National Conforence Víjayapur, Karrataka
b) c)	Place	National Conference Vijayapur, Karnataka 1 day 23-06-2023

(Formerly known as [Deemed-to-be-University establis] - 2 -	
13. Expenses involved towards attending the Conference:	
a) Place	Viiovour Karnataka
b) Mode of journey	Vijapur, Karnataka Travel by and car
c) Fare	there is an it is
To and Fro expenses	Rs. 3000
Registration / Delegation Fee	Rc. 600
Accommodation charges	Re. 1500
Total Expenses	Rs. 5100
14. Documents to be submitted:	KS, 5100
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.	Attachment enclosed.
 I hereby declare that : I have furnished the information in this application which I am not getting any financial assistance / support from agency for attending the aforesaid Conference, I shall produce necessary bills / receipts along-with Atten University from the date of attending the aforesaid Confe 	the sponsorers of the Conference or any other fundi dance / Participation Certificate within fifteen days to the
 I have furnished the information in this application which I am not getting any financial assistance / support from agency for attending the aforesaid Conference, I shall produce necessary bills / receipts along-with Atten 	the sponsorers of the Conference or any other fundi idance / Participation Certificate within fifteen days to t rence, members of the Department / Institution to share th resaid Conference.
 I have furnished the information in this application which I am not getting any financial assistance / support from agency for attending the aforesaid Conference, I shall produce necessary bills / receipts along-with Atten University from the date of attending the aforesaid Confe I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforesaid I shall reimburse the amount to the University in excess of the faculty in the faculty in the faculty is a seminar for the benefit of the faculty for the faculty is a seminar for the University in excess of the faculty is a seminar for the University in excess of the faculty is a seminar for the University in excess of the faculty is a seminar for the University in excess of the faculty is a seminar for the University in excess of the faculty is a seminar for the University in excess of the faculty is a seminar for the University in excess of the faculty is a seminar for the University in excess of the faculty is a seminar for the University in excess of the faculty is a seminar for the University in excess of the faculty is a seminar for the University in excess of the faculty is a seminar for the University in excess of the faculty is a seminar for the University in excess of the faculty is a seminar for the University in excess of the faculty is a seminar for the University in excess of the faculty is a seminar for the University in excess of the faculty is a seminar for the University in excess of the faculty is a seminar for the University in excess of the faculty is a seminar for the faculty is a seminar for the University in excess of the faculty is a seminar for the faculty is a semi	the sponsorers of the Conference or any other fundi idance / Participation Certificate within fifteen days to t rence, members of the Department / Institution to share th resaid Conference.
 I have furnished the information in this application which I am not getting any financial assistance / support from agency for attending the aforesaid Conference, I shall produce necessary bills / receipts along-with Atten University from the date of attending the aforesaid Confe I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforesaid I shall reimburse the amount to the University in excess of the faculty in the faculty in the faculty is a seminar for the benefit of the faculty for the faculty is a seminar for the University in excess of the faculty is a seminar for the University in excess of the faculty is a seminar for the University in excess of the faculty is a seminar for the University in excess of the faculty is a seminar for the University in excess of the faculty is a seminar for the University in excess of the faculty is a seminar for the University in excess of the faculty is a seminar for the University in excess of the faculty is a seminar for the University in excess of the faculty is a seminar for the University in excess of the faculty is a seminar for the University in excess of the faculty is a seminar for the University in excess of the faculty is a seminar for the University in excess of the faculty is a seminar for the University in excess of the faculty is a seminar for the University in excess of the faculty is a seminar for the University in excess of the faculty is a seminar for the University in excess of the faculty is a seminar for the University in excess of the faculty is a seminar for the faculty is a seminar for the University in excess of the faculty is a seminar for the faculty is a semi	the sponsorers of the Conference or any other fundi- idance / Participation Certificate within fifteen days to the rence, members of the Department / Institution to share the resaid Conference.
 I have furnished the information in this application which I am not getting any financial assistance / support from agency for attending the aforesaid Conference, I shall produce necessary bills / receipts along-with Atten University from the date of attending the aforesaid Confe I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforesaid I shall reimburse the amount to the University in excess of Date: 04 07 2023 	the sponsorers of the Conference or any other fundi- idance / Participation Certificate within fifteen days to the rence, members of the Department / Institution to share the resaid Conference. of the eligibility.
 I have furnished the information in this application which I am not getting any financial assistance / support from agency for attending the aforesaid Conference, I shall produce necessary bills / receipts along-with Atten University from the date of attending the aforesaid Confe I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforesaid I shall reimburse the amount to the University in excess of Date: 04 07 2023 	the sponsorers of the Conference or any other fundi- idance / Participation Certificate within fifteen days to the rence, members of the Department / Institution to share the resaid Conference. of the eligibility.
 I have furnished the information in this application which I am not getting any financial assistance / support from agency for attending the aforesaid Conference, I shall produce necessary bills / receipts along-with Atten University from the date of attending the aforesaid Confe I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforesaid I shall reimburse the amount to the University in excess of Date : <u>04</u>072023 Ref. No. 	the sponsorers of the Conference or any other fundi- idance / Participation Certificate within fifteen days to t rence, members of the Department / Institution to share t resaid Conference. of the eligibility.
 I have furnished the information in this application which I am not getting any financial assistance / support from agency for attending the aforesaid Conference, I shall produce necessary bills / receipts along-with Atten University from the date of attending the aforesaid Confe I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforesaid I shall reimburse the amount to the University in excess of Date: 04 07 2023 203 204 204 205 205	the sponsorers of the Conference or any other fundi- idance / Participation Certificate within fifteen days to the rence, members of the Department / Institution to share the resaid Conference. of the eligibility. nature of the faculty member
 I have furnished the information in this application which I am not getting any financial assistance / support from agency for attending the aforesaid Conference, I shall produce necessary bills / receipts along-with Atten University from the date of attending the aforesaid Conference, I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforesaid Conference, I shall reimburse the amount to the University in excess of Date: 04 OF Sig Ref. No	the sponsorers of the Conference or any other fundi- idance / Participation Certificate within fifteen days to t rence, members of the Department / Institution to share to resaid Conference. of the eligibility. nature of the faculty member

KLE ACADEMY OF HIGHER ED	
(Formerly known as [Deemed-to-be-University establish	
APPLICATION FOR FINANCIAL SUPPORT TO ATTEN (To be submitted to the University throu	
A. To be filled by the faculty member:	
1. Name	Mrs SUDHA C-JANGANURE
2. Qualification	MSC NURSING
3. Designation	SENIOR TUTOR
4. Department	CHILD HEALTH NURSING
5. Institution	KAHER INSTITUTE OF NURSING
6. Email ID	11 04 2022
7. Date of joining the Institution	Sudhaj anganuse@gmail.com
8. Objectives of the Conference / Seminar / Symposium	Sudhajanganuse@gmail.com UNDERSTANDING IMPORTANCE DF 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 1st January to 31st December) 	Aspertules f.
a) Title of the Conference / Seminar / Symposium	EVIDENCED BASED PRACTICE IN PAEDIATRIC AND NEONATAL CAR
b) Date of conduct	23/06/2023
c) Level of Conference (State / Zonal / National)	NATIONAL
d) Venue	BLDEA SRI BM PATIL INSTITUTE
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> <u>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 KARDATAKA
d) Duration	TOAY
e) Date	23/6/2023 .
f) Amount claimed	

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KLE

13. Ex	penses involved towards attending the Conference:	
a)	Place	VIJAYPURA KARNATAKA
b)	Mode of journey	TRAVEL BY OWN CAR.
c)	Fare	TRAVEL BY OWN CAR.
	To and Fro expenses	RS 3000.00
	Registration / Delegation Fee	0.0
	Accommodation charges	RS. 600,00
	Total Expenses	RS 1500.00
14 Do	cuments to be submitted:	RS 5100.00
		0
a) b)	Copy of the letter of invitation from the organizers. Copy of the full text of documents / abstract / paper	ATTACHMENT.
~/	prepared by the applicant for presentation.	ENCLOSED.
	DECLARAT	ION
ł	hereby declare that :	
	 I have furnished the information in this application which 	s true to the best of my knowledge and to be t
	 I am not getting any financial assistance / support from 	the sponsorers of the Conference or any other fund
	agency for alteriding the aloresald Conference,	
	 I shall produce necessary bills / receipts along-with Atten University from the date of attending the aforesaid Confer 	ence,
	 I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the afe 	members of the Department / Institution to share
	 knowledge and experience gained from attending the afo I shall reimburse the amount to the University in excess or 	resaid Conterence.
		f the eligibility
		f the eligibility.
Date :	28.00 2012	f the eligibility. nature of the faculty member
	28.00 2012	CT-
Ref. No	28.06.2023 Sign	nature of the faculty member
Ref. No To The Re	<u>28.06.2023</u> Sign b	nature of the faculty member
Ref. No To The Re KAHER	<u>28.06.2023</u> Sign 	nature of the faculty member
Ref. No To The Re KAHER Belgaur	<u>28.06.2023</u> Sign 	nature of the faculty member
Ref. No To The Re KAHER Belgaur Dear Si	<u>28.06.2023</u> Sign .gistrar, m. r,	nature of the faculty member Date:
Ref. No To The Re (AHER Belgaur Dear Si	<u>28.06.2023</u> Sign gistrar, m. r, We are enclosing herewith the application of the abo	Date:
Ref. No To The Re KAHER Belgaur Dear Si inancia	<u>28.06.2023</u> Sign gistrar, m. r, We are enclosing herewith the application of the about I support for presentation scientific paper (poster or	Date:
Ref. No To The Re KAHER Belgaur Dear Si Dear Si inancia Confere	<u>28.06.2023</u> Sign gistrar, R, m. r, We are enclosing herewith the application of the about I support for presentation scientific paper (poster or ence for kind consideration.	Date:
Ref. No To The Re KAHER Belgaur Dear Si ïnancia Confere	<u>28.06.2023</u> Sign gistrar, m. r, We are enclosing herewith the application of the about I support for presentation scientific paper (poster or	Date:
Ref. No To The Re KAHER Belgaur Dear Si ïnancia Confere	<u>28.06.2023</u> Sign gistrar, R, m. r, We are enclosing herewith the application of the about I support for presentation scientific paper (poster or ence for kind consideration.	Date:
Ref. No To The Re KAHER Belgaur Dear Si financia Confere	28.06.2023 Sign gistrar, m. r, We are enclosing herewith the application of the about a support for presentation scientific paper (poster or ence for kind consideration. Thanking you,	Date: Date: ove Teacher in the prescribed format for grant oral) / delivering a guest lecture to attend t
Ref. No To The Re KAHER Belgaur Dear Si inancia Confere	<u>28.06.2023</u> Sign gistrar, m. r, We are enclosing herewith the application of the about I support for presentation scientific paper (poster or ence for kind consideration.	Date: Date: ove Teacher in the prescribed format for grant oral) / delivering a guest lecture to attend t

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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]

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, Hubii
6. Email ID	rekhaarup 13 agmaile
7. Date of joining the Institution	11/04/2022
8. Objectives of the Conference / Seminar / Symposium	New era of Diagnostics is
 Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 	Please enclose a separate sheet. Preimplar
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) 	en an fan an an ar an an ar an ar
a) Title of the Conference / Seminar / Symposium	New era of diagnostics in pre
b) Date of conduct	19/05/23 + 20/05/23 -
c) Level of Conference (State / Zonal / National)	sterte
d) Venue	SDM, Dharward
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> <u>Conference</u> in a calendar year.	
12. Particulars of the organizers of the aforesald Conference / Seminar / Symposium	average by surprising rates whether again
a) Name of the Organizer	Dr. Shreering P. Kulk
b) Title of the program	New era of diagnostics in
c) Place	Pharward,
d) Duration	2 dauge
e) Date	19/05/23 5 20/05/23
	and the second sec

versity) the UGC Act, 1956
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ticipation Certificate within fifteen days to the of the Department / Institution to share the erence. ity. he faculty member
Date
Date:
er in the prescribed format for grant of
elivering a guest lecture to attend the
Yours faithfully.
Yours faithfully,
Eltererally
Yours faithfully, PRIMCHEAL (AHER's JGMM Medical College Gabbur Cross, Kotgondhunshi Gabbur Cross, Kotgondhunshi

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 2: 0831-244444 FAX: 0831-2493777 Web: http://www.kledeemeduniversity.edu.in E-mail: info@kledeemeduniversity.edu.in

Ref.No.KAHER/23-24/D- 18092330

C PROFESSIONALS

15th September 2023

ORDER

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

Higher Education Deemed-to-be Prof Dr.M.S.Ganachari University Registrar BELAGAN

To. The above staff member.

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



KLE ACADEMY OF HIGHER EDUCATION AND RESE

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

of Community Medicin

Medical College

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(Dec)

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A. To be filled by the faculty member:	
1. Name	Dr. SHIVASWAMY M.S.
2. Qualification	
3. Designation	MD Community Medicine Professor
4. Department	Community Medicine
5. Institution	
6. Email ID	JNMC, Belagan
7. Date of joining the Institution	drshivaswamyms & yahoo.co. 07-08-2007
8. Objectives of the Conference / Seminar / Symposium	Update in Preventive Med Public He
 Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 	Please enclose a separate sheet. Update in Knowledge/ Paper prece
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 Scie Paper packa section
 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) 	7
a) Title of the Conference / Seminar / Symposium	Nil publication
b) Date of conduct	Nil publicant
c) Level of Conference (State / Zonal / National)	
d) Venue	OFFICE OF THE REGISTRAR
e) Financial support extended by the University	KLE Academy of Higher Education & Research, BELAGAVI
f) Copy of the sanction letter to be enclosed	e Research, SCLAGAVI
lote:The faculty member is eligible for financial upport to attend <u>one State / Zonal</u> and <u>one National</u> conference in a calendar year.	0 6 SEP 2023
2. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	Inward Nonamus Sign.
a) Name of the Organizer	Dept of Community Medicine
b) Title of the program	JAPSM State Conference - 2003
c) Place	BLDE Deemed University, Vicayon
d) Duration	Two days
e) Date	15th & 16th Gent 2022
f) Amount claimed	12 7 10 1 - 41 LOUS



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

3. Expenses involved towards attending th	e Conference:
a) Place	Vijayapul
b) Mode of journey	Car
c) Fare	
To and Fro expenses	RS-6,000 (200+200 km
Registration / Delegation Fee	Rs-3750
Accommodation charges	Re - 3.000
Total Expenses	Re-12,750.
4. Documents to be submitted:	
a) Copy of the letter of invitation fromb) Copy of the full text of documents prepared by the applicant for pres	/ abstract / paper Genclosed
	DECLARATION
I hereby declare that :	
 I have furnished the information in th	nis application which is true to the best of my knowledge and belief.
 I am not getting any financial assis agency for attending the aforesaid C 	tance / support from the sponsorers of the Conference or any other fundin Conference,
University from the date of attending	
 I shall conduct a seminar for the l knowledge and experience gained f 	penefit of the faculty members of the Department / Institution to share the rom attending the aforesaid Conference.
 I shall reimburse the amount to the 	University in excess of the eligibility.
01 00 0005	Shivasioan
Date: 04-09-2023	Signature of the faculty member
Ref. No77	Date: 691202
То	
The Registrar,	
KAHER, Belgaum.	
Dear Sir,	
	oplication of the above Teacher in the prescribed format for grant
	fic paper (poster or oral) / delivering a guest lecture to attend the
Conference for kind consideration.	
Thanking you,	
Hanking you,	Yours faithfully,
	+ marsh MULS
Dart	
Signature of the HoD	JawaharlaPNatipulMedical Colleg

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

Ref.No.KAHER/23-24/D-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	Professor, J N Medical College,	Anatomy
	Pattanshetti	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.

- 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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AENT

Rel. No.

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OF

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 Medica
6. Email ID	Sheet al pattanghetti @ gmail.com
7. Date of joining the Institution	02-05-2008 (as AG eun tutor), Cas Assi
8. Objectives of the Conference / Seminar / Symposium	Acadumie Growth & oval paper prese
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet. (kanal Preconfisence CME & Confisence. though
10. Assignment in the aforesaid Conference / Seminar /	a) Contributing a scientific paper (pester or oral)
Symposium	b) Delivering a guest lecture
	c) Others, if any, specify.
 Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1st January to 31st December) 	No.
a) Title of the Conference / Seminar / Symposium	the wat has been to serve in the water to serve the pre-
b) Date of conduct	1
c) Level of Conference (State / Zonal / National)	C. Marco
d) Venue	
e) Financial support extended by the University	
f) Copy of the sanction letter to be enclosed	G
Note: The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference in a calendar year.</u>	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	23rd KCACOD organised by Dept. of Ar Kastusba Medical college Maripal
c) Place OFFICE OF THE REGISTRAR KLE Academy of Higher Education	KMC Manipal
d) Duration & Research, BELAGAVI	3 days.
e) Date	14th - 16th Sept 2023.
f) Amount claimed	as per University revised financial and
2.9	tor conference Norms.
Inward NoSign.	

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13. Expenses involve	d towards attending the Conference:	
a) Place		Manipal.
b) Mode of jour	ney	Car.
c) Fare		Yes.
To and Fro	expenses	Yes
Registration	/ Delegation Fee	conferna & pre confesence CME.
Accommoda	tion charges	Yes.
Total Exper	ISES	1
14. Documents to b	e submitted:	
b) Copy of the	letter of invitation from the organizers. full text of documents / abstract / paper the applicant for presentation.	Ycs .
	DECLARA	ΓΙΟΝ
I hereby declar	e that :	
I have furnis	hed the information in this application which	is true to the best of my knowledge and belief.
	tting any financial assistance / support from attending the aforesaid Conference,	the sponsorers of the Conference or any other funding
University fr	om the date of attending the aforesaid Confe	
 I shall cond knowledge 	luct a seminar for the benefit of the faculty and experience gained from attending the afor	r members of the Department / Institution to share the presaid Conference.
 I shall reimb 	ourse the amount to the University in excess	
Date : 4 9 2003	Sig	nature of the faculty member
Ref. No. 1175		Date: 619 2023
То		. 6
The Registrar, KAHER.		
Belgaum.		
Dear Sir,		
We are encl	osing herewith the application of the at	pove 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	J,	
Signature of the Hol	· M	Yours faithfully, PRINCIPAL Jawaharla Norku Medical Colle BELAGAVI
olies et è lixit di fi J. N. Mecleal Gellege	, Delegavi.	

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) (Deemed-to-be-University established u/s 3 of the UGC Act, 1956) Accredited A⁺ Grade by NAAC (3rd Cycle) Placed in Category 'A' by MoE (Gol) JNMC Campus, Nehru Nagar, Belagavi-590 010, Karnataka State, India FAX: 0831-244444 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.	Name	Designation	Department
No.			Osmmunity
V	Dr. Deepti Mohan	Associate Professor, J N Medical	
	Kadeangadi	College, Belagavi.	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.

- 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

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

ept of Community Medi

ge. Bel

Date:

A. To be filled by the faculty member:	
1. Name	Dr. Deepti Mohan Kadeargadi
2. Qualification	MD, PGDHPE, ACME
3. Designation	Acquiate Profescor
4. Department	Community Medicine
5. Institution	JNMC, Belagan
6. Email ID	deeptimkin Qyahov. co.in
7. Date of joining the Institution	12-07 - 2007
8. Objectives of the Conference / Seminar / Symposium	Update in Preventive Med / Public Heatth
 Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 	d 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 c) Chars, if any, specify
 Particulars of the financial support already extende by the University to attend the similar Conferenc (s) during the current calendar year 1st January t 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	FJ JT
f) Copy of the sanction letter to be enclosed	
lote: The faculty member is eligible for financia upport to attend <u>one State / Zonal</u> and <u>one Nationa</u> conference in a calendar year.	1 To lication.
2. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	13 publican
a) Name of the Organizer	Dept of Community Medicine
b) Title of the program	TADOMPLEOP
c) Place CFFICE OF THE REGISTRAR KLE Academy of Higher Education	DIAT ON ALLS I don'T
d) Duration & Research, BELAGAVI	Two days
e) Date	10th e Jeth Cont and
f) Amount claimed	RI-1975025

IDeemed-to-be-	nerly known as KLE University) University established u/s 3 of the UGC Act, 1956]
	- 2 -
13. Expenses involved towards attending t	the Conference:
a) Place	· Vijayapus
b) Mode of journey	Cas
c) Fare	
To and Fro expenses	Rs-6,000 (200+200 km
Registration / Delegation Fee	Rs-3,750
Accommodation charges	B1 3,000
Total Expenses	Ro-12.750
14. Documents to be submitted:	
a) Copy of the letter of invitation fromb) Copy of the full text of documentprepared by the applicant for pre	s / abstract / paper / / Criccosed
	DECLARATION
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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/ 378

Date: 27/09/2023

WYDIC.A

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,

permittee Participity as moderation Ranticipity as moderation Need Neuros B2 - 100/25

KLE Academy of Higher Education & Research, BELAGAVI 0 4 OCT 2023

.....Sign.....

Inward No.

OFFICE OF THE REGISTRAR

Topiblication

Yours Sincerely,

Dr. Sharanagouda Patil **Professor & HOD** Dept. of Cardiac Anaesthesiology J.N. Medical College, Belagavi.

M.D. KMC Reg. No. 37911 Professor & HOD Dept. of Cardiac Anaesthesiology J. N. Medical College, Nehru Nagar, BELAGAVI - 590 010.



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	jeet.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 aforesaidConference / Seminar / Symposium	Please enclose a separate sheet.
10. Assignment in the aforesaid Conference / Seminar /Symposium	Moderator 7.1
 11. Particulars of the financial support already extendedby the University to attend the similar Conference (s) during the current calendar year 1st January to31st 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
ote : The faculty member is eligible for financial upport to attend <u>one State / Zonal</u> and <u>one National</u> <u>onference</u> in a calendar year.	
2. 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) I itle of the program	8th International & 17th National Transesophageal Echocardiography (TEE) Workshop & CME
c) Place	Bangalore.
d) Duration	3 days
e) Date	7 th - 19 th August 2023
f) Amount claimed	Rs. 5000/-



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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:	
a) Copy of the letter of invitation from the organizers.	
 b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. 	
DECLARAT	ΓΙΟΝ
I hereby declare that:	
• I have furnished the information in this application v	
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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 PRING PROFESSIONALS 1: 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

Approval of Grant of financial support. Sub:

Your office letter Ref. No. JNMC/ 2023-24/ 160 dated 19th Ref: 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, Vijaypura and also delivering talks on the topic 'non-Surgical options in the VUR and Recurrent UTI'.

SL.	Name	Designation	Department
No.			
V	Dr. Asha Anil	Associate Professor	Community Medicine, J N
	Bellad		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. igher Educatio,

University

To. The above staff member.

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





KLE UNIVERSITY

st Conner Marine Cata (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)]

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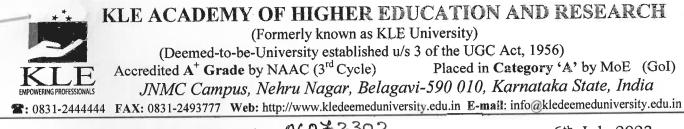
A. To be filled by the faculty member:	
1. Name	DR. ASHA ANIL BELLAD
2. Qualification	MBBS MD
3. Designation	ASSOCIATE PROFESSOR
4. Department	COMMUNITY MEDICINE
5. Institution	JONOMEDICAL COLLEGE
6. Date of joining the Institution	18 8 2001
7. Objectives of the Conference / Seminar / Symposium	ENVIRONMENT & HEALTH
8. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet. Gain in Knowledge 4 Skirb
9. Assignment in the aforesaid Conference / Seminar /	a) Chairing a scientific session.
Symposium	b) Contributing a scientific paper (poster or oral)
	c) Delivering a guest lectured) Others, if any, specify.
10. Particulars of the financial support extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	
a) Title of the Conference / Seminar / Symposium	
b) Date of conduct	
b) but of conduct	
c) Venue	NIL
	OFFICE OF THE REGISTRAT
c) Venue	OFFICE OF THE REGISTRAR KLE Academy of Higher Educat & Research, BELAGAVI
c) Venued) Financial support extended by the University	OFFICE OF THE REGISTION
 c) Venue d) Financial support extended by the University e) Copy of the sanction letter to be enclosed 	OFFICE OF THE REGISTION
 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. 	OFFICE OF THE REGISTION KLE Academy of Higher Educat & Research, BELAGAVI 1 5 SEP 2023
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KLE UNIVERSITY

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12. Expenses involved towards attending the Conference:	
a) Place	VT. TAYAPURA
b) Mode of journey	By Own Cas
c) Fare DA	3000x2 = P. 6.000/-
To and Fro expenses	$220 \times 8 = 1760 = R 3.590/$
Registration / Delegation Fee	R S 3 7001-
Accommodation charges	Rs. 2,000
Total Expenses	Rs. 15,220/-
3. Documents to be submitted:	
(a) Copy of the letter of invitation from the organizers.	
 b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. 	-
DECLARAT	ION
I hereby declare that :	
 I have furnished the information in this application which i 	s true to the best of my knowledge and belief
 I am not getting any financial assistance / support from agency for attending the aforesaid Conference, 	
 I shall produce necessary bills / receipts along-with Attended 	dance / Participation Certificate within fifteen days to the
 I shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Confer 	dance / Participation Certificate within fifteen days to the ence,
 I shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Confer I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the afore 	dance / Participation Certificate within fifteen days to the ence, members of the Department / Institution to share the esaid Conference.
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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.

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

Ref, x10.361



1

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

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

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND CONFERENCES OUTSIDE INDIA

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

A. To be filled by the faculty member:	
1. Name	De. Shaila Kothiwale
2. Qualification	tads. p.nd
3. Designation	Projess of
4. Department	Deriodonties
5. Institution	KLE VK Anotherte Dental Sco
6. Date of joining the Institution	14/10/1993
7. Objectives of the Conference / Seminar / Symposium	
 Benefits to be derived from participation in the aforesail Conference / Seminar / Symposium 	d Please enclose a separate sheet. Enclosed
9. Assignment in the aforesaid Conferencé / 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
10. Particulars of the financial support <u>previous</u> extended by the University to attend the International Conference(s) during the block period	or invited to discuss arts / skills (only or invitation) e) Others, if any, specify.
	or invited to discuss arts / skills (only on invitation) e) Others, if any, specify.
extended by the University to attend the International Conference(s) during the block period of three years (1 st January to 31 st December)	or invited to discuss arts / skills (only or invitation) e) Others, if any, specify.
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	or invited to discuss arts / skills (only or invitation) e) Others, if any, specify.
extended by theUniversity 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 / Symposiumb) Date of conduct	OFFICE OF THE REGISTRAR
 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 	or invited to discuss arts / skills (only or invitation) e) Others, if any, specify.
 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) Actual amount credited / reimbursed and Date of 	OFFICE OF THE REGISTRAR KLE Academy of Higher Education & Research, BELAGAVI
 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) Actual amount credited / reimbursed and Date of payment 	OFFICE OF THE REGISTRAR KLE Academy of Higher Education & Research, BELAGAVI 0-4 JUL 2023
 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) Actual amount credited / reimbursed and Date of payment f) Copy of the sanction letter to be enclosed 11. Particulars of the Conference / Seminar / 	OFFICE OF THE REGISTRAR KLE Academy of Higher Education & Research, BELAGAVI
 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) 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 	OFFICE OF THE REGISTRAR KLE Academy of Higher Education & Research, BELAGAVI 0-4 JUL 2023
 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) 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 	OFFICE OF THE REGISTRAR KLE Academy of Higher Education & Research, BELAGAVI 0-4 JUL 2023
 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) 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 	OFFICE OF THE REGISTRAR KLE Academy of Higher Education & Research, BELAGAVI 0-4 JUL 2023



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

. 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/-	
3. Travelling (by shortest route) and other expenses involved		
	International	Domestic
a) Place	JAPAN.	
b) Mode of journey	FLIGHT	
c) Fare	65,800R,	
d) To and Fro		
e) Accommodation charges	20,000 Rs	
f) Registration / Delegation Fee	29, 500 Rs.	
g) Air-port Tax		
4. Documents to be submitted:	- W	······································
 a) Copy of the letter of invitation from the organizers b) Copy of the full text of documents / abstract / pay prepared by the applicant for presentation. 		
5.Signature of the faculty member		
DECLAR	ATION	
I hereby declare that :		
• I have furnished the information in this application w	hich is true to the best of my know	ledge and belief.
 I am not getting any financial assistance / support other funding agency for attending the aforesaid Co action by the University in case it is found a application is wrong / false, in support of my app 	onference. I am aware that I am i at a later stage that the inform lication for financial grant.	nation furnished in thi
 I shall produce necessary bills / receipts along-with / University from the date of attending the aforesaid C 	Attendance / Participation Certifica conference.	
 I shall conduct a seminar for the benefit of the fa knowledge and experience gained from attending the 	culty members of the Departmer e aforesaid Conference.	it / Institution to share th
Date ::	Signature of the faculty memb	per Johnson

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(Formerly known as KLE University)

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

 KLEE
 Accredited A⁺ Grade by NAAC (3rd Cycle)
 Placed in Category 'A' by MoE (GoI)

 Image: Distribution of the concentration of the concentratio

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 thick



Prof/Dr.V.A.Kothiwale Registrar

To,

The above staff members.

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



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

A. To be filled by the faculty member:	
1. Name	GANESH. B.R
2. Qualification	PhiD in Physiotherapy
3. Designation	Pro fession
4. Department	Cardiopulmonary physiothersp
5. Institution	KLEW Justinte de physiother
6. Email ID	drganeshines officer e gmail-ior
7. Date of joining the Institution	1.6.1999
8. Objectives of the Conference / Seminar / Symposium	Recent Advanceroncy Fin Rehabilita
 Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 	Please enclose a separate sheet.
10. Assignment in the aforesaid Conference / Seminar /	a) Contributing a scientific paper (poster or oral)
Symposium	b) Delivering a guest lecture
	c) Others, if any, specify.
11. Particulars of the financial support already extended by the University to attend the similar Conference	c) Others, if any, specify. ASPER Rules
(s) during the current calendar year 1 st January to 31 st December)	1
(s) during the current calendar year 1 st January to	A
(s) during the current calendar year 1 st January to 31 st December)	1
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 (s) during the current calendar year 1st January to 31st December) a) Title of the Conference / Seminar / Symposium b) Date of conduct 	1
 (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) 	1
 (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 	JURJ RYSIOS COLLOQUIN 17th JIST JUNE. Notional JAIPUR
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 (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 financia support to attend <u>one State / Zonal</u> and <u>one National</u> 	JURJ RYSIOS COLLOQUIU 17th JISTH JUNE Nodional JAIPUR
 (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 financia support to attend <u>one State / Zonal</u> and <u>one National</u> 12. Particulars of the organizers of the aforesaid 	JURJ RYSIOS COLLOQUII 17th JISTH JUNE. Notional JAIPUR.
 (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 financia support to attend <u>one State / Zonal</u> and <u>one National</u> 12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium 	JURJ RYSIOS COLLOQUIU 17th JISTH JUNE Nodional JAIPUR
 (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 financia support to attend <u>one State / Zonal</u> and <u>one National</u> 12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium a) Name of the Organizer 	JURJ Rysios Colloquin 17th John JUNE Nodional JAIPUR Jagannoth University
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 (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 financia support to attend <u>one State / Zonal</u> and <u>one Nationa</u> Conference in a calendar year. 12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium a) Name of the Organizer b) Title of the program c) Place 	JURJ Rysios Colloquin 17th John JUNE Nodional JAIPUR Jagannoth University

	[Deemed-	to-be-University establish	ed u/s 3 of the UGC	; Act, 1956]
	·			
13. Ex p	enses involved towards atter	nding the Conference:		
a)	Place	Б.	Jaipun	A
b)	Mode of journey		Flight	
c)	Fare		4	
	To and Fro expenses		11,700	- 1
	Registration / Delegation Fo	ëe		
	Accommodation charges			
1	Total Expenses			
14. Do	cuments to be submitted:	F 14		
,	Copy of the letter of invitation Copy of the full text of docu	iments / abstract / paper		
	prepared by the applicant for	DECLARA1		
Date :	 I am not getting any financial agency for attending the afort agency for attending the afort. I shall produce necessary bill University from the date of a I shall conduct a seminar financial knowledge and experience g I shall reimburse the amount 27/06/2023 	resaid Conference, Ils / receipts along-with Atten ttending the aforesaid Confe or the benefit of the faculty gained from attending the afor to the University in excess of	dance / Participation rence, members of the De resaid Conference.	Certificate within fifteen days to partment / Institution to share
Ref. No)			Date:
KAHEF Belgau	m.		3	
Dear S				
	We are enclosing herewith al support for presentation ence for kind consideration.		or oral) / delivering	

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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)
 Credited A⁺ Grade by NAAC (3rd Cycle) Placed in Category 'A' by MoE (GoI) JNMC Campus, Nehru Nagar, Belagavi-590 010, Karnataka State, India
 FAX: 0831-244444

Ref.No.KAHER/23-24/D-18042326

15th September 2023

ORDER

- Sub: Approval of Grant of financial support for attending the KAPCON 2023-49th Annual Conference of KCIAPM.
- Ref: Your office letter Ref. No. JGMMMC / 2023-24/396 dated 11th August 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the 49TH Annual Conference of the Karnataka Chapter, Indian Association of Pathologists and Microbiologists (KCIAPM) to be held at father muller Medical College, Mangalore from 6th to 8th October,2023 and also contributing a scientific paper entitled 'KAPCON 2023-Bridge to the future'.

SL. No.	Name	Designation	Department
1	Dr. Priyanka S Murgod	Associate Professor, KLE JGMM Medical College Hubballi.	Pathology

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



Prof Dr.M.S.Ganachari Registrar

The above staff member.

CC to:

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

KLE

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

A. To be filled by the faculty member:	
I. Name	DR. PRIYANKA S. HURGOD
2. Qualification	MD PATHOLOGY
3. Designation	ASSOCIATE PROFESSOR
4. Department	PATHOLOGY.
5. Institution	KLE'S JONM MEDICAL COLLEGE, HUB
6. Email ID	priyanka murgod Ogmail. com.
7. Date of joining the Institution	251412023
8. Objectives of the Conference / Seminar / Symposium	POSTER PRESENTATION & KNOWLED
 Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 	Please enclose a separate sheet. UPG PAD NTUN
10. Assignment in the aforesaid Conference / Seminar / Symposium	a) Contributing a scientific paper (poster or oral)b) Delivering a guest lecturec) Others, if any, specify.
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)	MA'
a) Title of the Conference / Seminar / Symposium	
a) Title of the Conference / Seminar / Symposiumb) Date of conduct	
b) Date of conduct	
b) Date of conductc) Level of Conference (State / Zonal / National)	
 b) Date of conduct c) Level of Conference (State / Zonal / National) d) Venue 	
 b) Date of conduct c) Level of Conference (State / Zonal / National) d) Venue e) Financial support extended by the University 	
 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> 	DEPARTMENT OF PATHOLOGY FATHER MULLER MEDICAL COLLEGE, MAN
 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 	FATHER NULLER MEDICAL COLLEGE, MAN KAPCON 2023 - 49th Annual Conference of 1
 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 	FATHER NULLER MEDICAL COLLEGE, MAN KAPCON 2023 - 49 th Annual Conference of 1 KAPCON 2023 - Bridge to the Future
 b) Date of conduct c) Level of Conference (State / Zonal / National) d) Venue e) Financial support extended by the University f) Copy of the sanction letter to be enclosed Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference in a calendar year.</u> 12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium a) Name of the Organizer 	FATHER NULLER MEDICAL COLLEGE, MAN KAPCON 2023 - 49 th Annual Conference of 1 KAPCON 2023 - Bridge to the Future
 b) Date of conduct c) Level of Conference (State / Zonal / National) d) Venue e) Financial support extended by the University f) Copy of the sanction letter to be enclosed Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference in a calendar year.</u> 12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium a) Name of the Organizer b) Title of the program 	FATHER MULLER MEDICAL COLLEGE, MAN KAPCON 2023 - 49 th Annual Conference of 1 KAPCON 2023 - Bridge to the Future Father Muller Convection Centre, Man 3 days
 b) Date of conduct c) Level of Conference (State / Zonal / National) d) Venue e) Financial support extended by the University f) Copy of the sanction letter to be enclosed Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference in a calendar year.</u> 12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium a) Name of the Organizer b) Title of the program c) Place 	FATHER NULLER MEDICAL COLLEGE, MAN KAPCON 2023 - 49 th Annual Conference of 1 KAPCON 2023 - Bridge to the Future Father Muller Convection Centre, Man

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13. Exp		
	penses involved towards attending the Conference:	
a)	Place	MANGALURU.
b)	Mode of journey	BUS
c)	Fare	
and the	To and Fro expenses	20001-
	Registration / Delegation Fee	62001-
1.0	Accommodation charges	40001-
	Total Expenses	12,2001-
14. Do	cuments to be submitted:	
	Copy of the letter of invitation from the organizers. Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	
	DECLARAT	ION
1	hereby declare that :	
	I have furnished the information in this application which	is true to the best of my knowledge and belief.
	 I am not getting any financial assistance / support from agency for attending the aforesaid Conference, 	the sponsorers of the Conference or any other fund
	 I shall produce necessary bills / receipts along-with Atten University from the date of attending the aforesaid Confe I shall conduct a seminar for the benefit of the faculty 	rence,
	 I shall conduct a semiliar for the benefit of the ladding knowledge and experience gained from attending the afor 	
	 I shall reimburse the amount to the University in excess of 	
Date :	I shall reimburse the amount to the University in excess of the university in exc	
Date : Ref. N	I shall reimburse the amount to the University in excess of the second sec	of the eligibility.
Ref. N		of the eligibility. Inature of the faculty member <u>Arrungod</u>
Ref. N To		of the eligibility. Inature of the faculty member Date:
Ref. N To The R KAHE	I shall reimburse the amount to the University in excess of Sig Sig Sig Sig Sig Registrar, ER,	of the eligibility. Inature of the faculty member Date:
Ref. N To The R KAHE Belga	I shall reimburse the amount to the University in excess of Sig	of the eligibility. Inature of the faculty member
Ref. N To The R KAHE Belga Dear	I shall reimburse the amount to the University in excess of Sig	of the eligibility. Inature of the faculty member Date:
Ref. N To The R KAHE Belga Dear	I shall reimburse the amount to the University in excess of Signal	of the eligibility. Inature of the faculty member
Ref. N To The R KAHE Belga Dear	I shall reimburse the amount to the University in excess of Signal	of the eligibility. Inature of the faculty member
Ref. N To The R KAHE Belga Dear	I shall reimburse the amount to the University in excess of Signal	of the eligibility. Inature of the faculty member
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Ref. N To The R KAHE Belga Dear financ	• I shall reimburse the amount to the University in excess of Sig Sig Io Registrar, Registrar, R, um. Sir, We are enclosing herewith the application of the ab- cial support for presentation scientific paper (poster of erence for kind consideration. Thanking you, V.	Date: Date: Dove Teacher in the prescribed format for gran or oral) / delivering a guest lecture to attend Yours faithfully,
Ref. N To The R KAHE Belga Dear financ	I shall reimburse the amount to the University in excess of Sig	pot the eligibility. Inature 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) Cacredited A⁺ Grade by NAAC (3rd Cycle) Placed in Category 'A' by MoE (GoI) JNMC Campus, Nehru Nagar, Belagavi-590 010, Karnataka State, India 8: 0831-2444444 FAX: 0831-2493777 Web: http://www.kledeemeduniversity.edu.in E-mail: info@kledeemeduniversity.edu.in

Ref.No.KAHER/23-24/D- 18092334

15th September 2023

C

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.	Name	Designation	Department
No.			
Y	Dr. Santosh kumar A	Associate Professor,	Pharmacology
	Shetti	KLE 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.





To,

The above staff member.

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

ALLE HANNAFPEKEPEKEPEKE

A. To be filled by the faculty member:	
1. Name	Dr. Sautoshkumar. A. Shetti
2. Qualification	M.D. Pharmacology
3. Designation	Associate Professor
4. Department	Pharmachegy .
5. Institution	KANER'S JEMM Medical College, Hubb
6. Email ID	shetti 989 @g mail. Com
7. Date of joining the Institution	23-06-2022
8. Objectives of the Conference / Seminar / Symposium	Small unfecules in Chemotherpy, +
9. Benefits to be derived from participation in the aforesaid <u>Conference</u> / 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 apacific
tinin ang sa tanàn ang sa taona 2000 ang sa	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) 	n single and a class of the state of the state of the second second second second second second second second s The single second sec
a) Title of the Conference / Seminar / Symposium	IPSCON 2023
b) Date of conduct	22 to 25 Feb 2023
c) Level of Conference (State / Zonal / National)	South Zonal.
d) Venue	J.S.S. Myson,
e) Financial support extended by the University	Yy.
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</u> <u>Conference in a calendar year.</u>	National.
12. Particulars of the organizers of the aforesald Conference / Seminar / Symposium	Conference.
a) Name of the Organizer	Dept. of Pharmacology, lime, log
b) Title of the program	Int PCON Goa 2023.
c) Place	Groa Medical College, Gog
d) Duration	Two days
e) Date	239 24 Sept. 2023
f) Amount claimed	15,000/-

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IN INCOME

13. Expenses involved toursets att	
13. Expenses involved towards attend	ding the Conference:
a) Place	EMC, Log
b) Mode of journey	By road with Car
c) Fare	(TOBAL WITH CAT
To and Fro expenses	6 00 1 -
Registration / Delegation Fee	6,000/- 3,000/-
Accommodation charges	
Total Expenses	6,000/-
14. Documents to be submitted:	15,000/-
a) Copy of the letter of invitation	from the organization
 b) Copy of the full text of docume prepared by the applicant for p 	onto (about a final a
agency for attending the aforesa • I shall produce necessary bills /	in this application which is true to the best of my knowledge and belief, ssistance / support from the sponsorers of the Conference or any other fund id Conference, receipts along-with Attendance / Participation Certificate within fifteen days to
agency for attending the aforesa • I shall produce necessary bills / r University from the date of attend • I shall conduct a seminar for th knowledge and experience gaine • I shall reimburse the amount to th	The benefit of the faculty members of the Department / Institution to share to a from attending the aforesaid Conference, the benefit of the faculty members of the Department / Institution to share to a from attending the aforesaid Conference.
agency for attending the aforesa • I shall produce necessary bills / r University from the date of attend • I shall conduct a seminar for the knowledge and experience gaine • I shall reimburse the amount to the pate : 19-08-2023	The benefit of the faculty members of the Department / Institution to share to ad from attending the aforesaid Conference, the benefit of the faculty members of the Department / Institution to share to ad from attending the aforesaid Conference.
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agency for attending the aforesa • I shall produce necessary bills / r University from the date of attend • I shall conduct a seminar for the knowledge and experience gaine • I shall reimburse the amount to the pate : <u>19-08-2023</u> ef. No point Registrar, AHER,	In the sponsorers of the Conference or any other fund id Conference, receipts along-with Attendance / Participation Certificate within fifteen days to the ding the aforesaid Conference, ie benefit of the faculty members of the Department / Institution to share the deform attending the aforesaid Conference. he University in excess of the eligibility. Signature of the faculty member Date:
agency for attending the aforesa • I shall produce necessary bills / r University from the date of attend • I shall conduct a seminar for the knowledge and experience gaine • I shall reimburse the amount to the pate : <u>19-08-2023</u> ef. No the Registrar, AHER, elgaum.	Interference, Interfe
agency for attending the aforesa • I shall produce necessary bills / r University from the date of attend • I shall conduct a seminar for the knowledge and experience gaine • I shall reimburse the amount to the pate : <u>19-08-2023</u> ef. No be Registrar, AHER, elgaum. ear Sir,	Signature of the faculty member Signature of the faculty member Date:
agency for attending the aforesa • I shall produce necessary bills / r University from the date of attend • I shall conduct a seminar for th knowledge and experience gaine • I shall reimburse the amount to th ate : <u>19-08-2023</u> ef. No be Registrar, AHER, elgaum. ear Sir, We are enclosing herewith the a	Interview of the sponsorers of the Conference or any other fund id Conference, receipts along-with Attendance / Participation Certificate within fifteen days to the ding the aforesaid Conference, the benefit of the faculty members of the Department / Institution to share the dirom attending the aforesaid Conference. The University in excess of the eligibility. Signature of the faculty member Date:
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agency for attending the aforesa • I shall produce necessary bills / r University from the date of attend • I shall conduct a seminar for the knowledge and experience gaine • I shall reimburse the amount to the bate : <u>19-08-2023</u> tef. No tef. No tef. No tef. No be Registrar, AHER, elgaum. bear Sir, We are enclosing herewith the all ancial support for presentation scientil unference for kind consideration.	Interview of the sponsorers of the Conference or any other fund id Conference, receipts along-with Attendance / Participation Certificate within fifteen days to the ding the aforesaid Conference, the benefit of the faculty members of the Department / Institution to share the dirom attending the aforesaid Conference. The University in excess of the eligibility. Signature of the faculty member Date:
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HUBBALLI-28.



Ref.No.KAHER/23-24/D- 1 3092-301

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
	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.

- 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.

* *

KLE

APPLICATI	ION FOR FINANCIAL SUPPORT TO ATTEND STATE / ZONAL / NATIONAL CONFE	
	(To be submitted to the University through the concerned HoD & Principal)	NENCES

A. To be filled by the faculty member:	
1. Name	Bal (De) Reat & 12h had
2. Qualification	Marca A marca
3. Designation	Dean faculty of marine
4. Department	m li hanny Julius
5. Institution	KAHER INS
6. Email ID	Rulish 7@ gmail. com
7. Date of joining the Institution	1) I ligos
8. Objectives of the Conference / Seminar / Symposium	1111333
 Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 	Please enclose a separate sheet.
10. Assignment in the aforesaid Conference / Seminar / Symposium	a) Contributing a scientific paper (poster or oral)b) Delivering a guest lecturec) Others, if any, specify.
 Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1st January to 31st December) 	
a) Title of the Conference / Seminar / Symposium	
b) Date of conduct	
c) Level of Conference (State / Zonal / National)	
d) Venue -	
e) Financial support extended by the University	
f) Copy of the sanction letter to be enclosed	
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National</u> Conference in a calendar year.	
2. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	
b) Title of the program	
c) Place	1
d) Duration	
e) Date	

đ	Deemed-to-be-University	established	u/s	3 of	the	UGC
1.1						

3. Expenses involved towards attending the Conference:	
	Mangalusu
a) Place	By Lood
b) Mode of journey	by rout.
c) Fare	R. 7 ml - (R. 7.0) (m)
To and Fro expenses	R. 1.000- CN. TOUTAIO.
Registration / Delegation Fee	M. d. 100/-
Accommodation charges	<u>N. 4,001- Ca cluys</u>
Total Expenses	K. 13,700 -
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organize	ers.
 b) Copy of the full text of documents / abstract / p prepared by the applicant for presentation. 	aper
	RATION
 I shall produce necessary short-right aforesaid I shall conduct a seminar for the benefit of the knowledge and experience gained from attending I shall reimburse the amount to the University in e 	faculty members of the Department / Institution to share to the aforesaid Conference.
Ref. No	Date:
To The Registrar, KAHER,	
Belgaum. Dear Sir,	
Dear Sir,	the above Teacher in the prescribed format for grant
Dear Sir,	the above Teacher in the prescribed format for grant poster or oral) / delivering a guest lecture to attend t
Dear Sir,	the above Teacher in the prescribed format for grant poster or oral) / delivering a guest lecture to attend t
Dear Sir, We are enclosing herewith the application of financial support for presentation scientific paper (p	poster or oral) / delivering a guest lecture to attend to
Dear Sir, We are enclosing herewith the application of financial support for presentation scientific paper (p Conference for kind consideration.	Yours faithfully,
Dear Sir, We are enclosing herewith the application of financial support for presentation scientific paper (p Conference for kind consideration.	poster or oral) / delivering a guest lecture to attend to



A. To be filled by the faculty member:	
1. Name	DR. HONNAGOUDA . PATIL.
2. Qualification	M.Sc. (N. Ph. D. (Nunsing)
3. Designation	ASSOCIATE Professor
4. Department	Medical-Surgical Nursing.
5. Institution	Institution of Aursing science.
6. Email ID	roju patil@gmail. Com.
7. Date of joining the Institution	01/01/2010
8. Objectives of the Conference / Seminar / Symposium	Climical nursing research & Health
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
10. Assignment in the aforesaid Conference / Seminar /	a) Contributing a scientific paper (poster or oral)
Symposium	b) Delivering a guest lecture
	c) Others, if any, specify.
 Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1st January to 31st December) 	
a) Title of the Conference / Seminar / Symposium	à~
b) Date of conduct	_
c) Level of Conference (State / Zonal / National)	F
d) Venue	- A &
e) Financial support extended by the University	- A Mar
f) Copy of the sanction letter to be enclosed	-
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National</u> <u>Conference</u> in a calendar year.	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	~
b) Title of the program	a
c) Place	κ.
d) Duration	
•	· · · · · · · · · · · · · · · · · · ·
e) Date	



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13. Exp	penses involved towards attending the Conference:	
a)	Place	Mangalore. Karnabaka.
b)	Mode of journey	By road
c)	Fare	
	To and Fro expenses	R. 7000. (B. 07 K.M.)
	Registration / Delegation Fee	R. 2700.
	Accommodation charges	R. 4000 (TWO days)
	Total Expenses	Rs-13,700.
14. Do	cuments to be submitted:	
a)	Copy of the letter of invitation from the organizers.	Enclosed Alextrad. Upor.
b)	Copy of the full text of documents / abstract / paper	Enclosed Abstract. Uffor. Poper presentation.
_	prepared by the applicant for presentation.	
	DECLARA	TION
I	hereby declare that :	
	• I have furnished the information in this application which	is true to the best of my knowledge and belief.
	 I am not getting any financial assistance / support from agency for attending the aforesaid Conference, 	n the sponsorers of the Conference or any other fundin
	• I shall produce necessary bills / receipts along-with Atte	ndance / Participation Certificate within fifteen days to th
	 University from the date of attending the aforesaid Confe I shall conduct a seminar for the benefit of the facult 	
	knowledge and experience gained from attending the af	oresaid Conference.
	• I shall reimburse the amount to the University in excess	of the eligibility.
Date	04/09/2023. Si	gnature of the faculty member
Ref. No	D	Date: 04 04 202
То		
The Re KAHEF	egistrar,	
Belgau	-	
Dear S	ir,	
	We are enclosing herewith the application of the al	pove Teacher in the prescribed format for grant of
	al support for presentation scientific paper (poster	
	ence for kind consideration.	
Confere	Thereiserver	
Confere		
Confere	Thanking you,	Yours faithfully.
		Yours faithfully,
Confere	Statis	> Providen



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]

1. Name	MALPESTP. BYALAGOLDA
2. Qualification	M.Sc. Nursing
3. Designation	Senior Titor
4. Department	Mederal-Surfied Nursia
5. Institution	KAPPER, IND, Belagavi
6. Email ID	mahenbyalagner @ amail. com
7. Date of joining the Institution	02/02/2017.
8. Objectives of the Conference / Seminar / Symposium	chrocal nover 19 research
 Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 	Please enclose a separate sheet.
	a) Contributing a scientific paper (poster or oral)
Symposium	b) Delivering a guest lecture
	c) Others, if any, specify.
 Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1st January to 31st December) 	,
a) Title of the Conference / Seminar / Symposium	
b) Date of conduct	
c) Level of Conference (State / Zonal / National)	
d) Venue	
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> <u>Conference</u> in a calendar year.	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	1
a) Name of the Organizer	1 ································
b) Title of the program	
c) Place	
c) Place d) Duration	

	KLE ACADEMY OF HIGHER ED (Formerly known as H [Deemed-to-be-University establish	(LE University)
	- 2 -	
13. Ex	penses involved towards attending the Conference:	
a)	Place	Mangalury.
b)	Mode of journey	Bi Radi
c)	Fare	- Arad
	To and Fro expenses	7000 (Ircherke
	Registration / Delegation Fee	2700
	Accommodation charges	Logol Cz las
	Total Expenses	P: 12700 0
14. Do	ocuments to be submitted:	13 13,700 7-20
a)	Copy of the letter of invitation from the organizers.	To land Abstract Golf
b)	Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	Paper Present Doop
Date :	 I shall produce necessary bills / receipts along-with Atten University from the date of attending the aforesaid Conference I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforesaid of I shall reimburse the amount to the University in excess of 04/09/223. 	ence, members of the Department / Institution to share resaid Conference.
Ref. No To		Date:
The Re KAHEF Belgau	R,	
Dear Si	ir,	
financia	We are enclosing herewith the application of the abo al support for presentation scientific paper (poster or ence for kind consideration. Thanking you,	
	Seal	Reagenot



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

A. To be filled by the faculty member:	
1. Name	M3 Jampa Lhamo
2. Qualification	M.Sc Nursing
3. Designation	Senior Tutor
4. Department	Medical Surgical Nursi
5. Institution	KAHER INS, Belagari
6. Email ID	jampa 777@ gmail. com
7. Date of joining the Institution	22/11/2017
8. Objectives of the Conference / Seminar / Symposium	Clinical Nursing Research &
 Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 	Please enclose a separate sheet.
10. Assignment in the aforesaid Conference / Seminar / Symposium	 a) Contributing a scientific paper (poster or oral) b) Delivering a guest lecture c) Others, if any, specify.
 Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1st January to 31st December) 	
a) Title of the Conference / Seminar / Symposium	
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.	
2. 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	3 of the	UGC Act,	1956]
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13 Evr	penses involved towards attending the Conference:	
- 12	Place	Mangahury
b)	Mode of journey	By trad
c)	Fare	by round
	To and Fro expenses	Rs 7000 (p. 1/Km)
	Registration / Delegation Fee	Rs 2700 (KS +/1000)
	Accommodation charges	Ry 4000 (2 days)
	Total Expenses	Ry 1000 a yack
14 De		M 13,400/
14. DO	cuments to be submitted:	Ende Alictrast Case
a)	Copy of the letter of invitation from the organizers.	Enclosed Abstract Copy
b)	Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	for paper presentation
Date : Ref. No To The Re KAHEI	o	the sponsorers of the Conference or any other fundir dance / Participation Certificate within fifteen days to th rence, members of the Department / Institution to share th resaid Conference.
Belgau		
	Sir,	
Dear S		
Dear S	We are enclosing herewith the application of the ab	ove Teacher in the prescribed format for grant
	We are enclosing herewith the application of the ab al support for presentation scientific paper (poster o	
financi	_	
financi	al support for presentation scientific paper (poster o	



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

A. To be filled by the faculty member:	
1. Name	
2. Qualification	Dr. VEENA BEMBALGI
3. Designation	MPT, PhD (PHYSIOTHERAPY)
4. Department	PROFESSOR
5. Institution	PHYSIOTHERAPY
6. Email ID	KLE COLLEGE OF PHYSIOTHERAPY, HI
7. Date of joining the Institution	Veenabembalgi kcpt@gmail.com
8. Objectives of the Conference / Seminar / Symposium	01/02/2023
2. Benefits to be derived from particle (i.e. the second	PHYSIOTHERAPY - POTENTIAL UNLIMITED
 Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 	Please enclose a separate sheet.
0. Assignment in the aforesaid Conference / Seminar / Symposium	a) Contributing a scientific paper (poster or oral)
	b) Delivering a guest lecture
	c) Others, if any, specify.
 Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1st January to 31st December) 	
a) Title of the Conference / Seminar / Symposium	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	
ote : The faculty member is eligible for financial pport to attend <u>one State / Zonal</u> and <u>one National onference in a calendar year.</u>	
Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	Tec Courses of C
b) Title of the program	JSS COLLEGE OF PHYSIOTHERAPY
c) Place	PHYSIOTHERAPY - POTENTIAL UNLIME
d) Duration	MYSORE
e) Date	01 day (9:00am - 6:00pm)
f) Amount claimed	01 09 2023
	R1.20,368/-



[Deemed-to-be-University establishe	ed u/s 3 of the UGC Act, 1956]
- 2 -	
13. Expenses involved towards attending the Conference:	
a) Place	HUBLI TO MYSORE & back
b) Mode of journey	ROAD (Car)
c) Fare Food	R 1578
To and Fro expenses	Rs 13,5391-
Registration / Delegation Fee	Rs.2501-
Accommodation charges	R. 5001 -
Total Expenses	Rs. 20,3681-
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
DECLARAT	· · · · · · · · · · · · · · · · · · ·
 I hereby declare that : I have furnished the information in this application which is I am not getting any financial assistance (support from the su	s true to the best of my knowledge and belief.
 I have furnished the information in this application which is I am not getting any financial assistance / support from tagency for attending the aforesaid Conference, I shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Conference. I shall conduct a seminar for the benefit of the faculty is knowledge and experience gained from attending the aforesaid. 	s true to the best of my knowledge and belief. he sponsorers of the Conference or any other funding ance / Participation Certificate within fifteen days to the ence, members of the Department / Institution to share the esaid Conference.
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 I have furnished the information in this application which is I am not getting any financial assistance / support from tagency for attending the aforesaid Conference, I shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Conference. I shall conduct a seminar for the benefit of the faculty is knowledge and experience gained from attending the aforesaid. 	s true to the best of my knowledge and belief. he sponsorers of the Conference or any other funding lance / Participation Certificate within fifteen days to the ence, members of the Department / Institution to share the esaid Conference. the eligibility. ature of the faculty member Dr. Veena Benbalg
 I have furnished the information in this application which is I am not getting any financial assistance / support from t agency for attending the aforesaid Conference, I shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Conference. I shall conduct a seminar for the benefit of the faculty is knowledge and experience gained from attending the afores of a stall reimburse the amount to the University in excess of Date : 12/09/23 	s true to the best of my knowledge and belief. he sponsorers of the Conference or any other funding ance / Participation Certificate within fifteen days to the ence, members of the Department / Institution to share the esaid Conference.
 I have furnished the information in this application which is I am not getting any financial assistance / support from t agency for attending the aforesaid Conference, I shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Conference. I shall conduct a seminar for the benefit of the faculty r knowledge and experience gained from attending the afore. I shall reimburse the amount to the University in excess of Date : 12/09/23 Sign Ref. No. 273 	s true to the best of my knowledge and belief. he sponsorers of the Conference or any other funding lance / Participation Certificate within fifteen days to the ence, members of the Department / Institution to share the esaid Conference. the eligibility. ature of the faculty member Dr. Veena Benbalg
 I have furnished the information in this application which is I am not getting any financial assistance / support from t agency for attending the aforesaid Conference, I shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Conference, I shall conduct a seminar for the benefit of the faculty of knowledge and experience gained from attending the afores of a stending the afores. I shall reimburse the amount to the University in excess of Date : 12/09/23 Sign Ref. No. 2773 	a true to the best of my knowledge and belief. the sponsorers of the Conference or any other funding ance / Participation Certificate within fifteen days to the ence, members of the Department / Institution to share the esaid Conference. the eligibility. ature of the faculty member Dr. Veena. Benbalo Date: 05 10 1023
 I have furnished the information in this application which is I am not getting any financial assistance / support from t agency for attending the aforesaid Conference, I shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Conference, I shall conduct a seminar for the benefit of the faculty n knowledge and experience gained from attending the afores of a standard to the University in excess of Date : 12/09/23 Sign Ref. No	s true to the best of my knowledge and belief. the sponsorers of the Conference or any other funding lance / Participation Certificate within fifteen days to the ence, members of the Department / Institution to share the esaid Conference. the eligibility. ature of the faculty member Dr. Veena Benbalg Date: 05 16 1000

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)
 Cheredited 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
 * Ax: 0831-2493777 Web: http://www.kledeemeduniversity.edu.in E-mail: info@kledeemeduniversity.edu.in

Ref.No.KAHER/23-24/D-13092-306

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	Professor and	'BRIDGING THE CHASM:
	Bembalgi	department of KCPT of	integrating Physiotherapy into
		KLE College of	Psychiatric Care-Addressing the
		Physiotherapy,	Urgent Need for an Emerging
		Hubballi	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.

- 1. The Principal, KLE College of Physiotherapy, Hubballi.
- 2. The Finance Officer, KAHER, Belagavi

(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) JNMC Campus, Nehru Nagar, Belagavi-590 010, Karnataka State, India Placed in Category 'A' by MoE (Gol) 831-244444 FAX: 0831-2493777 Web: http://www.kledeemeduniversity.edu.in E-mail: info@kledeemeduniversity.edu.in RefNO: KAHER 10-13092307

ORDER

Sub: Approval of Grant of financial support for attending the symposium on 1st September, 2023.

Your office mail dated 25th August 2023. Ref:

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		10
1	Dr.Prashant	Professor		and	'Artificial	Intelligence	in
	Mukkannnava	Principal o	of	KLE	Physiotherapy	,	
	r	College		of			
		Physiotherap	y,				
		Hubballi			the second		

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) (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 244444 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

Approval of Grant of financial support for attending the Sub: symposium on 1st September, 2023.

Your office mail dated 25th August 2023. Ref:

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.	Name	Designation	Title
No	Dr. Cassindra Cardoz	department of KCPT of	[•] Unveiling New frontiers: AI -E NABLOD Evolution in Physiotherapy Care'
		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 rule



Prof Dr.M.S.Ganachari Registrar

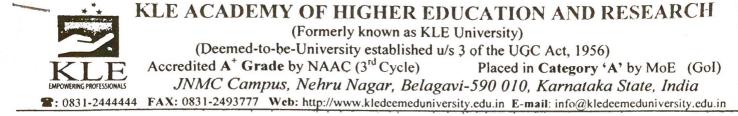
The above staff member.

CC to:

To,

- 1. The Principal, KLE College of Physiotherapy, Hubballi.
- 2. The Finance Officer, KAHER, Belagavi





Ref. No. KAHER-/2022-23/D- 01022312 25th January, 2023

ORDER

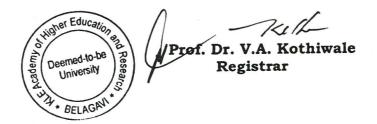
Sub

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.



To. The above staff member.

- 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 (Formerly known as KLE University)

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

 Cheemed-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

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

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.	Name .	Designation	Department
No.			
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.

- 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-

ITY

A. To be filled by the faculty member:	
1. Name `	DR PREETI S MASTE
2. Qualification	MD-MICROBIOLOGY
3. Designation	Assistent Professor
4. Department	Microbiology
5. Institution	J. N. M. C. Belagovi
6. Date of joining the Institution	9th Aug 2021
7. Objectives of the Conference / Seminar / Symposium	Mational Conference
 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 /	a) Chairing a scientific session.
Symposium	 b) Contributing a scientific paper (poster or oral) c) Delivering a guest lecture
	d) Others, if any, specify.
·	
10. Particulars of the financial support extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	NIL Publication.
a) Title of the Conference / Seminar / Symposium	
b) Date of conduct	
c) Venue	
d) Financial support extended by the University	CFFICE OF THE REGISTRA KLE Academy of Higher Education
e) Copy of the sanction letter to be enclosed	& Research, BELAGAVI
f) Level of Conference State / Zonal / National	0 8 NOV 2023
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National</u> <u>Conference</u> in a calendar year.	
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	JAMM
b) Title of the program	MICROCON 2023 LUCKNOW
c) Place	LUCKNOW
d) Duration	3 DAYS
e) Date	24-26" NOV 2023
f) Amount claimed	
· · · · · · · · · · · · · · · · · · ·	



J.N. Medical-College, KAHER, Belagavl.

KLE UNIVERSITY

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- 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	49350/-
13. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	~
 b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. 	
DECLARAT	ION
I hereby declare that :	
 I have furnished the information in this application which 	is true to the best of my knowledge and belief.
 I am not getting any financial assistance / support from agency for attending the aforesaid Conference, 	the sponsorers of the Conference or any other funding
 I shall produce necessary bills / receipts along-with Atten University from the date of attending the aforesaid Confe 	dance / Participation Certificate within fifteen days to the
 I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the afore the second seco	members of the Department / Institution to share the
 I shall reimburse the amount to the University in excess of 	
	nature of the faculty member
	Date: 8-11-2013
Ref. No	Date
To	
The Registrar, KLE University,	
Belgaum.	
Dear Sir,	
We are enclosing herewith the application of the ab	ove Teacher in the prescribed format for grant o
financial support to attend the Conference for kind consideration	tion.
Thanking you,	× 0
Thanking you,	Yours faithfully,
Thanking you,	Yours faithfully,
Sea	Mrs.
NX -	MIS

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH (Formerly known as KLE University) (Deemed-to-be-University established u/s 3 of the UGC Act, 1956) Credited A⁺ Grade by NAAC (3rd Cycle) Placed in Category 'A' by MoE (GoI) JNMC Campus, Nehru Nagar, Belagavi-590 010, Karnataka State, India 12444444 FAX: 0831-2493777 Web: http://www.kledeemeduniversity.edu.in E-mail: info@kledeemeduniversity.edu.in

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

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

То

The above staff member.

- 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)] of

Medical

Date : 20

No.

*

Co

To be filled by the faculty member:	D Plinki S. Herove
Name	DA LOUIFI S ALA
Qualification	MBBS, DLO, DNB, PhD
Designation	Professor ENTERTINS
Department	dee pi t
Institution	JNMC Belgamm
Date of joining the Institution	30 \$105
Objectives of the Conference / Seminar / Symposium	State conference -formedical
Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
Assignment in the aforesaid Conference / Seminar / Symposium	 a) Chairing a scientific session. b) Contributing a scientific paper (poster or oral) c) Delivering a guest lecture d) Others, if any, specify Parcelist for a scientific paper (poster or oral)
0. 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	Tarblication
b) Date of conduct	providence
c) Venue	- TO ATTO A
	FEIRE OF THE REGISTRAN
d) Financial support extended by the University	OFFICE OF THE REGISTRAR KLE Academy of Higher Education
d) Financial support extended by the Universitye) Copy of the sanction letter to be enclosed	OFFICE OF THE REGISTRANK KLE Academy of Higher Education & Research, BELAGAVI
 d) Financial support extended by the University e) Copy of the sanction letter to be enclosed f) Level of Conference State / Zonal / National 	KLE Academy of Higher Education & Research, BELAGAVI
 d) Financial support extended by the University e) Copy of the sanction letter to be enclosed f) Level of Conference State / Zonal / National Note : The faculty member is eligible for financia support to attend one State / Zonal and one National 	KLE Academy of Higher Education & Research, BELAGAVI 2 2 I 2
 d) Financial support extended by the University e) Copy of the sanction letter to be enclosed f) Level of Conference State / Zonal / National Note : The faculty member is eligible for financia support to attend <u>one State / Zonal</u> and <u>one National</u> <u>Conference in a calendar year.</u> 	KLE Academy of Higher Education Research, BELAGAVI 2 2 SEP 2023 Inward NoI
 d) Financial support extended by the University e) Copy of the sanction letter to be enclosed f) Level of Conference State / Zonal / National Note : The faculty member is eligible for financia support to attend <u>one State / Zonal</u> and <u>one National</u> Conference in a calendar year. 11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium a) Name of the Organizer 	KLE Academy of Higher Education & Research, BELAGAVI 2 2 SEP 2023 Inward NoII
 d) Financial support extended by the University e) Copy of the sanction letter to be enclosed f) Level of Conference State / Zonal / National Note : The faculty member is eligible for financia support to attend <u>one State / Zonal</u> and <u>one Nationa Conference in a calendar year.</u> 11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium a) Name of the Organizer 	KLE Academy of Higher Education & Research, BELAGAVI 2 2 SEP 2023 Inward NoII
 d) Financial support extended by the University e) Copy of the sanction letter to be enclosed f) Level of Conference State / Zonal / National Note : The faculty member is eligible for financia support to attend <u>one State / Zonal</u> and <u>one Nationa Conference in a calendar year.</u> 11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium a) Name of the Organizer b) Title of the program 	KLE Academy of Higher Education & Research, BELAGAVI 2 2 SEP 2023 Inward NoII
 d) Financial support extended by the University e) Copy of the sanction letter to be enclosed f) Level of Conference State / Zonal / National Note : The faculty member is eligible for financia support to attend <u>one State / Zonal</u> and <u>one Nationa Conference</u> in a calendar year. 11. Particulars of the organizers of the aforesale Conference / Seminar / Symposium a) Name of the Organizer b) Title of the program c) Place 	KLE Academy of Higher Education & Research, BELAGAVI 2 2 SEP 2023 Inward No
 d) Financial support extended by the University e) Copy of the sanction letter to be enclosed f) Level of Conference State / Zonal / National Note : The faculty member is eligible for financia support to attend <u>one State / Zonal</u> and <u>one Nationa Conference in a calendar year.</u> 11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium a) Name of the Organizer b) Title of the program 	KLE Academy of Higher Education & Research, BELAGAVI 2 2 SEP 2023 Inward NoI. Sign He Inward NoII. Sign Asso of otoloryngolégist of Bongler Karnataka stake - AOI KEON Banglore



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	- T
12. Expenses involved towards attending the Conference:	
a) Place	Banglone
b) Mode of journey	Thaik
c) Fare	
To and Fro expenses	3500/-
Registration / Delegation Fee	7800 -
Accommodation charges	25001-
Total Expenses	13800/-
13. Documents to be submitted:	1
a) Copy of the letter of invitation from the organizers.	
 b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. 	
DECLARAT	FION
I hereby declare that :	
I have furnished the information in this application which	is true to the best of my knowledge and helief
 I am not getting any financial assistance / support from agency for attending the aforesaid Conference, 	
 I shall produce necessary bills / receipts along-with Atter University from the date of attending the aforesaid Confe 	
 I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the afor 	members of the Department / Institution to share the presaid Conference.
• I shall reimburse the amount to the University in excess of	of the eligibility.
Date: 18/9/23 Sig	nature of the faculty member
Ref. No. 1331	Date: 0191303
0	
The Registrar, KLE University, Belgaum.	
Dear Sir,	
bear Sir, We are enclosing herewith the application of the ab	
Dear Sir, We are enclosing herewith the application of the ab	
Dear Sir, We are enclosing herewith the application of the ab	
Dear Sir, We are enclosing herewith the application of the ab inancial support to attend the Conference for kind considerat	tion.

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

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

 Chemed-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: 0831-2444444

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

28th November 2023

O R D E R

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.	Name	Designation	College
No.			3
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.

Aigher Edu Deemed-to-b Universit BELAGN

Dr. M. S. Ganachari

Registrar

То

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

(Formerly known as KLE University)

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

A. To be filled by the faculty member:	
1. Name	Se Amanus na Kars
2. Qualification	Dr. Annapuena. Kari MPH
3. Designation	Lecturer
4. Department	Public Health
5. Institution	JAMC
6. Email ID	drannapuera, karë @ gnail. ce
7. Date of joining the Institution	29-9-Spill D
8. Objectives of the Conference / Seminar / Symposium	Advancing Public Health Stra
 Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 	Please enclose a separate sheet. CME on concers.
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) 	Mil
a) Title of the Conference / Seminar / Symposium	
b) Date of conduct	b
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> <u>Conference</u> in a calendar year.	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	Dept. 9 Commenty medicine &
b) Title of the program	6th Ameita International Public
c) Place	Koche, Kerala conference
d) Duration	& days.
e) Date	1st & and December 2023
f) Amount claimed	200000-

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

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	- 2 -	
13. Ехр	penses involved towards attending the Conference:	
a)	Place	Kochi, Kerala.
b)	Mode of journey	Trais e Taxi.
c)	Fare	, , , , , , , , , , , , , , , , , , ,
	To and Fro expenses	10,000/-
	Registration / Delegation Fee	4.0750/-
	Accommodation charges	6 000/-
	Total Expenses	80 UTDD -
4. Do	cuments to be submitted:	
a)	Copy of the letter of invitation from the organizers.	
b)	Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	
	DECLARA	ΓΙΟΝ
I	hereby declare that	
	I have furnished the information in this application which	is true to the best of my knowledge and belief.
	 I am not getting any financial assistance / support from agency for attending the aforesaid Conference, 	
	I shall produce necessary bills / receipts along-with Atter	ndance / Participation Certificate within fifteen days to th
	University from the date of attending the aforesaid Confe	
	 I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the afor 	/ members of the Department / Institution to share the presaid Conference.
	• I shall reimburse the amount to the University in excess	of the eligibility.
Date :	88-11-2023 · Sig	nature of the faculty member
Ref. No	0	Date:
Го		
	egistrar,	
KAHEF Belgau		
Dear S		
	We are enclosing herewith the application of the al	nove Teacher in the prescribed format for great
inanci	al support for presentation scientific paper (poster	·
	rence for kind consideration.	of orally r derivering a guest rectare to allena th
0011101		
	Thanking you	
	Thanking you,	Yours faithfully.
	Thanking you,	Yours faithfully,
	Thanking you, . Sea ure of the HoD	

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH (Formerly known as KLE University) (Deemed-to-be-University established u/s 3 of the UGC Act, 1956) Accredited A⁺ Grade by NAAC (3rd Cycle) *JNMC Campus, Nehru Nagar, Belagavi-590 010, Karnataka State, India* 8: 0831-244444 FAX: 0831-24493777 Web: http://www.kledeemeduniversity.edu.in E-mail: info@kledeemeduniversity.edu.in

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

12/12/2023

ORDER

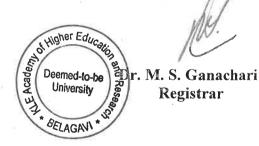
Sub: Approval for Grant of financial support for attending the Conference.

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.



То

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.



(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)

Date

.

A. To be filled by the faculty member:	
1. Name	Dr Shrishail Metaud
2. Qualification	MBBS M.S.
3. Designation	Prof 4 HOD
4. Department	Gen Surgery
5. Institution	J. N Medical College
6. Email ID	drshrishailmetand cogmail.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 /	a) Contributing a scientific paper (poster or oral)
Symposium	b) Delivering a guest lecture 1) Panel discuss
	c) Others, if any, specify. on colonic leak-14, 2) Moderator for TYSH - 15/12/23
 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	v
b) Date of conduct	
c) Level of Conference (State / Zonal / National)	
d) Venue	
e) Financial support extended by the University	OFFICE OF THE REGISTRAR KLE Academy of Higher Education
f) Copy of the sanction letter to be enclosed	& Research, BELAGAVI
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National</u> <u>Conference</u> in a calendar year.	12 DEC 2023
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	Inward NoSign
a) Name of the Organizer	Association of Surgeons of India
b) Title of the program	83rd Annual Conf of ASI
c) Place	Visakhapatnam
d) Duration	12/10/20 1 11/10/20 /20/01
-,	13/12/23 50 10/12/23 400.40
e) Date	13/12/23 to 10/12/23 4 44495

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] KIEE BARDAGANA JASKIMAN

- 2 -	
13. Expenses involved towards attending the Conference:	
a) Place	Visakhaamam
b) Mode of journey	Visakhapatnam
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.b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	1) Recerpt of Reg fees paid 2) Copy of time table programsheet a) 14/12-123
DECLARAT	b) 15/12/23
I hereby declare that :	
 I have furnished the information ii? this application which i I am not getting any financial assistance / support from agency for attending the aforesaid Conference, 	
 I shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Confer 	dance / Participation Certificate within fifteen days to the rence,
 I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the afor 	members of the Department / Institution to share the
I shall reimburse the amount to the University in excess or	
Date : 09/12/23 Sign	nature of the faculty member
Ref. No. 2018	Date: 09/12/23
То	277
The Registrar, KAHER, Belgaum.	
Dear Sir,	
We are enclosing herewith the application of the abo	ove Teacher in the prescribed format for grant of
financial support for presentation scientific paper (poster or	-
Conference for kind consideration.	
Thanking you,	
Signature of the HoD	Yours faithfully, PRINCIPAL Jawahartai Pahry Medical College BELAGAVI
J N. M. C. Belgaum	

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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 2: 0831-2444444 FAX: 0831-2493777 Web: http://www.kledeemeduniversity.edu.in E-mail: info@kledeemeduniversity.edu.in

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

12/12/2023

ORDER

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

Your office letter dated 11th December, 2023. Ref:

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

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

1.1

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То

The above staff member.

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

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

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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)

	the second
A. To be filled by the faculty member:	- 1996 1997 (The January 1997)
1. Name	DR. DNYANESH N. MORKAR
2. Qualification	MBBS MD DNB MNAMS FGSI
3. Designation	PROFESSOR
4. Department	GENERAL MEDICINE
5. Institution	JAIMG BELAGAUT
6. Email ID	dryaneshmorkan @rediffmail.c
7. Date of joining the Institution	11/07/2006
8. Objectives of the Conference / Seminar / Symposium	To update in Cervatic Medicine
 Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 	Please enclose a separate sheet. New thing we come to learn & progress
10. Assignment in the aforesaid Conference / Seminar / Symposium	 a) Contributing a scientific paper (poster or oral) (c 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) 	NIL
a) Title of the Conference / Seminar / Symposium	
b) Date of conduct	OFFICE OF THE REGISTRAR
c) Level of Conference (State / Zonal / National)	KLE Academy of Higher Education & Research, BELAGAVI
d) Venue	1 1 BEC 2023
e) Financial support extended by the University	TT DEC ZOLA
f) Copy of the sanction letter to be enclosed	38
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National</u> <u>Conference</u> in a calendar year.	Bang and a substantial and the definition of the devine manufacture and the devine of definition of the devine devin
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	Yenepoya medical College
b) Title of the program	10 GSILON 2023
c) Place	Mangalore
d) Duration	3 days
e) Date	15 - 17th December 2023
f) Amount claimed	17.

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

KLE

	enses involved towards attending the Conference:	
a)	Place	Mangaluu
b)	Mode of journey	Road (an/Bus)
c)	Fare	
	To and Fro expenses	(ar - 5000
	Registration / Delegation Fee	Registration - 4000
	Accommodation charges	Accomodation - 5000
	Total Expenses	
14. Do	cuments to be submitted:	
a)	Copy of the letter of invitation from the organizers.	
b)	Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	
	DECLARATI	O N
I	hereby declare that :	
	I have furnished the information in this application which is t	rue to the best of my knowledge and belief.
	 I am not getting any financial assistance / support from the agency for attending the aforesaid Conference, 	
	I shall produce necessary bills / receipts along-with Attendar	nce / Participation Certificate within fifteen days to t
	University from the date of attending the aforesaid Conferen	ce,
	 I shall conduct a seminar for the benefit of the faculty m knowledge and experience gained from attending the afores 	aid Conference.
	I shall reimburse the amount to the University in excess of the second sec	
		du
Date	Signa	ture of the faculty member
	Manual (Danker Antonin a (Vienne)	
Ref. No	<u>.</u> 2010	Date: 11/12/2023
	. <u>2010</u>	1.1. 1 0.2
То		111-12-02
To The Re KAHEF	egistrar, R,	1.1. 1
To The Re KAHEF	egistrar, R,	111-12-02
To The Re KAHEF Belgau	egistrar, R, m. ir,	Date: 11/12/2023
To The Re KAHEF Belgau Dear S	egistrar, R, m. ir, We are enclosing herewith the application of the abov	Date: <u>IIII22023</u> e Teacher in the prescribed format for grant
To The Re KAHEF Belgau Dear S	egistrar, R, m. ir, We are enclosing herewith the application of the abov	Date: <u>IIII22023</u> e Teacher in the prescribed format for grant
To The Re KAHEF Belgau Dear S financia	egistrar, R, m. ir,	Date: <u>IIII22023</u> e Teacher in the prescribed format for grant
To The Re KAHEF Belgau Dear S financia	egistrar, R, m. ir, We are enclosing herewith the application of the abov al support for presentation scientific paper (poster or ence for kind consideration.	Date: <u>IIII22023</u> e Teacher in the prescribed format for grant
To The Re KAHEF Belgau Dear S financia	egistrar, R, m. ir, We are enclosing herewith the application of the abov al support for presentation scientific paper (poster or a	Date: <u>IIII22023</u> e Teacher in the prescribed format for grant
To The Re KAHEF Belgau Dear S financia	egistrar, R, m. ir, We are enclosing herewith the application of the abov al support for presentation scientific paper (poster or ence for kind consideration.	Date: <u>IIII1220</u> 3 e Teacher in the prescribed format for grant oral) / delivering a guest lecture to attend th
To The Re KAHEF Belgau Dear S financia	egistrar, R, m. ir, We are enclosing herewith the application of the abov al support for presentation scientific paper (poster or ence for kind consideration.	Date: <u>IIII122003</u> e Teacher in the prescribed format for grant oral) / delivering a guest lecture to attend th
To The Re KAHEF Belgau Dear S financia Confer	egistrar, R, m. ir, We are enclosing herewith the application of the abov al support for presentation scientific paper (poster or ence for kind consideration.	Date: <u>IIII1220</u> 3 e Teacher in the prescribed format for grant oral) / delivering a guest lecture to attend th



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

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

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

1. Name	
	DR. RAJESH S. POWAR
2. Qualification	Ms. Mcb plaotic Surgery.
3. Designation	Professors and Head.
4. Department	Ms. Mcb Plaotic Surgery. Professors and Head. Plaotic Surgery.
5. Institution	J.N. Medical college
8. Email ID	des ajest powar agmail. com
7. Date of joining the Institution	November 1998
3. Objectives of the Conference / Seminar / Symposium	Advanced Training.
 Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 	Please enclose a separate sheet.
0. Assignment in the aforesaid Conference / Seminar / Symposium	a) Contributing a scientific paper (poster or oralb) Delivering a guest lecturec) Others, if any, specify.
 Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1st January to 31st December) 	-
a) Title of the Conference / Seminar / Symposium	1. 15
b) Date of conduct	lichten
c) Level of Conference (State / Zonal / National)	publication
d) Venue	
A) Financial support extended by the training	
e) Financial support extended by the University	*
 f) Copy of the sanction letter to be enclosed 	-
 f) Copy of the sanction letter to be enclosed ote : The faculty member is eligible for financial apport to attend one State / Zonal and one National 	
 f) Copy of the sanction letter to be enclosed ote : The faculty member is eligible for financial 	-
 f) Copy of the sanction letter to be enclosed ote : The faculty member is eligible for financial apport to attend <u>one State / Zonal</u> and <u>one National onference</u> in a calendar year. 2. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium à) Name of the Organizer 	Global Pmile Toundation
 f) Copy of the sanction letter to be enclosed ote : The faculty member is eligible for financial apport to attend <u>one State / Zonal</u> and <u>one National onference</u> in a calendar year. 2. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium à) Name of the Organizer b) Title of the program FICE OF THE REGISTRAN 	Global Smile Foundation Advanced Training for The cloth
 f) Copy of the sanction letter to be enclosed ote : The faculty member is eligible for financial apport to attend <u>one State / Zonal</u> and <u>one National onference</u> in a calendar year. 2. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium à) Name of the Organizer b) Title of the program FICE OF THE REGISTRAR c) Place 	Advanced Theuning for The cloff- provider (ccc winkshop)
 f) Copy of the sanction letter to be enclosed ote : The faculty member is eligible for financial apport to attend <u>one State / Zonal</u> and <u>one National onference</u> in a calendar year. 2. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium à) Name of the Organizer b) Title of the program FICE OF THE REGISTRAN c) Place a) Research, BELAGAVI d) Duration 	Advanced Training for The cloff provider (ccc winkshop) BARGELONA, SpozAl
 f) Copy of the sanction letter to be enclosed ote : The faculty member is eligible for financial apport to attend <u>one State / Zonal</u> and <u>one National onference</u> in a calendar year. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium a) Name of the Organizer b) Title of the program FICE OP THE NEGISTRAR c) Place a) Research, BELAGAVI 	Advanced Training for The cloff provider (ccc withshop) BARGLONA, Spozni gday's
 f) Copy of the sanction letter to be enclosed ote : The faculty member is eligible for financial apport to attend <u>one State / Zonal</u> and <u>one National onference</u> in a calendar year. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium a) Name of the Organizer b) Title of the program FICE OP THE NEGISTRAR c) Place a) Research, BELAGAVI d) Duration e) Date f) The optimizer 	Advanced Training for The cloff provider (ccc winkshop) BARGLONA, Spozni gdays October 10-13, 2023
 f) Copy of the sanction letter to be enclosed ote : The faculty member is eligible for financial apport to attend one State / Zonal and one National onference in a calendar year. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium a) Name of the Organizer b) Title of the program FICE OF THE REGISTRAN c) Place E Academy of Higher Education g. Research, BELAGAVI d) Duration e) Date iii 3 DEC 2023 	Advanced Training for The cloff provider (ccc withshop) BARGLONA, Spozni gday's



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]

	penses involved towards attending the Conference:	
	Place	BARCELONA
b)	Mode of journey	
c)	Fare	FLIGHT
	To and Fro expenses	Palos AGO L-
	Registration / Delegation Fee	Rs 1,06,459/-
	Accommodation charges	Derrigool
	Total Expenses	Rs. 54.583 -
14. Do	cuments to be submitted:	Rs. 1, 61, 042/-
a)	Copy of the letter of invitation from the organizers.	
b)		
	DECLARAT	ION
1	hereby declare that :	
	• I have furnished the information in this application which	is true to the heat of multi-standard and the standard
	 I am not getting any financial assistance / support from 	the sponsorers of the Conference or any other f
5.	sent of all of a long and a long and conference,	
	 I shall produce necessary bills / receipts along-with Atten University from the date of attending the aforesaid Confer 	dance / Participation Certificate within fifteen days rence,
	• I shall conduct a seminar for the benefit of the faculty	members of the Department () with the
	 I shall reimburse the amount to the University in excess of 	resald Conference.
Date	06.12.2023 Sign	nature of the faculty member
	2026	
Ref. No	P	Deter (5/10/00
Ref. No To		Date: 12/12/20
		Date: 212/20
To The Re KAHER	gistrar,	Date: 21200
To The Rey KAHER Belgaur	gistrar, , n.	Date: 212/20
To The Re KAHER	gistrar, , n.	Date: 21200
To The Re KAHER Belgaur Dear Si	gistrar, , n.	
To The Rey KAHER Belgaur Dear Sin	gistrar, n. r, We are enclosing herewith the application of the abc	ve Teacher in the prescribed format for gra
To The Re KAHER Belgaur Dear Sin M	gistrar, , n.	ve Teacher in the prescribed format for gra
To The Re KAHER Belgaur Dear Sin M financial Confere	gistrar, n. r, We are enclosing herewith the application of the abo support for presentation scientific paper (poster or	ve Teacher in the prescribed format for gra
To The Re KAHER Belgaur Dear Sin M financial Confere	gistrar, n. r, We are enclosing herewith the application of the abo support for presentation scientific paper (poster or nce for kind consideration.	ve Teacher in the prescribed format for gra
To The Re KAHER Belgaur Dear Sin M financial Confere	gistrar, , , We are enclosing herewith the application of the abo support for presentation scientific paper (poster or nce for kind consideration. Thanking you,	ve Teacher in the prescribed format for gra
To The Reg KAHER Belgaur Dear Sin financial Confere	gistrar, n. r, We are enclosing herewith the application of the abo support for presentation scientific paper (poster or nce for kind consideration. Thanking you, K. POWAR	ve Teacher in the prescribed format for gra
To The Rei KAHER Belgaur Dear Sin financial Confere	gistrar, n. r, We are enclosing herewith the application of the abo support for presentation scientific paper (poster or nce for kind consideration. Thanking you, S. POWAR e. of the Hop D N B	ve Teacher in the prescribed format for gra oral) / delivering a guest lecture to attend Yours faithfully,
To The Ren KAHER Belgaur Dear Sin financial Confere Signatur Profes	gistrar, n. r, We are enclosing herewith the application of the abo support for presentation scientific paper (poster or nce for kind consideration. Thanking you, K. POWAR	ve Teacher in the prescribed format for gra oral) / delivering a guest lecture to attend Yours faithfully,

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

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

3/11/2023

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.

Deemed-to-be University

Dr. M. S. Ganachari

Registrar

То

The above staff member.

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



KLE UNIVERSITY

(Formerly known as KLE Academy of Higher Education & Research) iEstablished under Section 3 of the UGC Act, 1956 vide Government of India Notification No.F.9-19(2000-01.3(A))

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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)

	The second se	
A. To be filled by the faculty	member:	
1. Name		Dr. Rahul Kenawa de Kar
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	on	25.02.2010
7. Objectives of the Conferen	ice / Seminar / Symposium	Deliver Guest Cecture Attendanop
8. Benefits to be derived from Conference / Seminar / Sy	n participation in the aforesaid ymposium	Please enclose a separate sheet. Knowledge update
9. Assignment in the afore Symposium	esaid Conference / Seminar /	 a) Chairing a scientific session. b) Contributing a scientific paper (poster or oral) c) Delivering a guest lecture d) Others, if any, specify.
I successive to offend	cial support extended by the the similar Conference (s) alendar year 1 st January to	- NIL -
a) Title of the Conferen	nce / Seminar / Symposium	•
b) Date of conduct		· · · · · · · · · · · · · · · · · · ·
c) Venue		1.
d) Financial support ex	ctended by the University	lo fam.
e) Copy of the sanction	n letter to be enclosed	pyblical
	e State / Zonal / National	
Nute . The faculty men	nber is eligible for financial ate / Zonal and <u>one National</u> year.	
	organizers of the aforesaid	
a) Name of the Organ	izer	SELSICON 2023
b) Title of the program		16th National Conference SELSILON 201
c) Place	OFFICE OF THE REGISTRAR	2
d) Duration	KLE Academy of Higher Education	3 days
e) Date	& Research, BELAGAVI	27- 29 th oct 2023
f) Amount claimed	0 3 NOV 2023	17,100 -
	03 sign	
20-00 - 20-00 - 20-00 - 20-00 - 20-00 - 20-00 - 20-00 - 20-00 - 20-00 - 20-00 - 20-00 - 20-00 - 20-00 - 20-00 - 20-00 - 20-00 - 20-00 - 20-00 - 20-00 - 20-00 - 20-00 - 20-00 - 20-00 - 20-00 - 20-00 - 20-00 - 20-00 - 20-00 - 20-00 - 20-00 - 20-00 - 20-00 - 20-00 - 20-00 - 20-00 - 20-00 - 20-00 - 20-00 - 20-00 - 20-00 - 20-00 - 20-00 - 20-000 - 20-000 - 20-000 - 20-000 - 20-000 - 20-000 - 20-000 - 20-000 - 20-000 - 20-000 - 20-000 - 20-000 - 20-000 - 20-000 - 20-000 - 20-000 - 20-000 - 20-000 - 20-000 - 20-000 - 20-000 - 20-000 - 20-000 - 20-000 - 20-000 - 20-000 - 20-000 - 20-000 - 20-000 - 20-000 - 20-000 - 20-000 - 20-000 - 20-000 - 20-000 - 20-00020-00020-000	Source a survey and a survey of the survey o	



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 att	- 2 -
a) Place	0
b) Mode of journey	Fyne
c) Fare	(av
To and Fro expenses	
Registration / Delegation	Not Claimed
	17,1001
Accommodation charges	Not clasmed
Total Expenses	17,1001-
13. Documents to be submitted	
a) Copy of the letter of invitab) Copy of the full text of doc	cuments / abstract / paper 2, scientific ferrion' Chalm
prepared by the applicant	for presentation. 3. Family Certificate.
, €	DECLARATION
I hereby declare that :	
 I have furnished the inform 	ation in this application which is true to the best of my knowledge and belief.
 I am not getting any finance agency for attending the afertion 	al assistance / support from the sponsorers of the Conference or any other fund
I shall produce necessory it	
University from the date of	ills / receipts along-with Attendance / Participation Certificate within fifteen days to attending the aforesaid Conference,
• I shall conduct a seminar	for the benefit of the faculty members of the Department / Institution to chore
 I shall conduct a seminar knowledge and experience 	attending the aforesaid Conference,
 I shall conduct a seminar knowledge and experience I shall reimburse the amour 	for the benefit of the faculty members of the Department / Institution to share gained from attending the aforesaid Conference.
• I shall conduct a seminar knowledge and experience • I shall reimburse the amour Date : 30:10:2023	for the benefit of the faculty members of the Department / Institution to share gained from attending the aforesaid Conference. In to the University in excess of the eligibility.
• I shall conduct a seminar knowledge and experience • I shall reimburse the amour Date :	for the benefit of the faculty members of the Department / Institution to share gained from attending the aforesaid Conference. In to the University in excess of the eligibility.
 I shall conduct a seminar knowledge and experience I shall reimburse the amour Date : <u>30:10.2023</u> Ref. No. <u>1690</u> To he Registrar, 	for the benefit of the faculty members of the Department / Institution to share gained from attending the aforesaid Conference. In to the University in excess of the eligibility.
• I shall conduct a seminar knowledge and experience • I shall reimburse the amour Date : <u>30:10.2023</u> Ref. No. <u>1690</u> To The Registrar, LE University,	for the benefit of the faculty members of the Department / Institution to share gained from attending the aforesaid Conference. In to the University in excess of the eligibility.
• I shall conduct a seminar knowledge and experience • I shall reimburse the amour Date : <u>30:10.2023</u> Ref. No. <u>1690</u> To The Registrar, LE University, lefgaum.	for the benefit of the faculty members of the Department / Institution to share gained from attending the aforesaid Conference. In to the University in excess of the eligibility.
• I shall conduct a seminar knowledge and experience • I shall reimburse the amour Date : <u>30:10.2023</u> Ref. No. <u>1690</u> To the Registrar, CLE University, Belgaum.	for the benefit of the faculty members of the Department / Institution to share gained from attending the aforesaid Conference. In to the University in excess of the eligibility. Signature of the faculty member Date: 2111202
• I shall conduct a seminar knowledge and experience • I shall reimburse the amour Date :	the application of the above Teacher in the prescribed format for grant
• I shall conduct a seminar knowledge and experience • I shall reimburse the amour Date : <u>30:10.2023</u> Ref. No. <u>1690</u> To The Registrar, KLE University, Belgaum. Dear Sir, We are enclosing herewith mancial support to attend the Cont	the application of the above Teacher in the prescribed format for grant
• I shall conduct a seminar knowledge and experience • I shall reimburse the amour Date : <u>30:10.2023</u> Ref. No. <u>1690</u> To The Registrar, KLE University, Belgaum. Dear Sir, We are enclosing herewith	the application of the above Teacher in the prescribed format for grant for kind consideration.
 I shall conduct a seminar knowledge and experience I shall reimburse the amount of the seminar semin	the application of the above Teacher in the prescribed format for grant
 I shall conduct a seminar knowledge and experience I shall reimburse the amount of the seminar semin	the application of the above Teacher in the prescribed format for grant for kind consideration.
 I shall conduct a seminar knowledge and experience I shall reimburse the amount of the seminar semin	the application of the above Teacher in the prescribed format for grant for kind consideration.

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: 0831-2444444

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

27/11/2023

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 "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	J. N. Medical College,
-		Department of Physiology	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.

- 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

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

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. Haypreet hour
2. Qualification	Php. Medent Physiolyz.
3. Designation	Dr. Hanpreet lour Phr.D. Meduit Physiolyp. Alsociate Profession
4. Department	Physiolyr
5. Institution	Jawaharlah Nehm Medil College.
6. Email ID	Jawaharlah Nehm Medil College. harpreet fkour koure grand un.
7. Date of joining the Institution	01-08-2013
8. Objectives of the Conference / Seminar / Symposium	To up Areden nysulf in new wed
 Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 	To up Arechen nysulf in rener and Please enclose a separate sheet. To Propuse for howing Naturi layer al aur
	a) Contributing a scientific paper (poster or oral)
Symposium	b) Delivering a guest lecture
5°	c) Others, if any, specify.
 Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1st January to 31st December) 	Compublication
a) Title of the Conference / Seminar / Symposium	APPICON 2025
b) Date of conduct	30th Alor - 2nd Der 2023 National . AITMS, Kalyni, West Bergal.
c) Level of Conference (State / Zonal / National)	Nation!
d) Venue	AIRMS, Kalyni, West Bergal.
e) Financial support extended by the University	0 0
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	APPICON 2023
b) Title of the program	APPI CON 2023 69th Annie Conference. A IIMS, Kalyin, Great Bergal.
c) Place	A IMS, Kalyin, Great Bergal.
d) Duration OFFICE OF THE REGISTRAR	03 Thread
e) Date KLE Academy of Higher Education & Research, BELAGAVI	30 M NOV - 3rd Der LO25
f) Amount claimed	
2 7 NOV 2023 2 2 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]

KLE

	- 2 -	
13. Ex r	penses involved towards attending the Conference:	
a)	Place	West Bingal.
b)	Mode of journey	By Air & Tani
c)	Fare	250001-
	To and Fro expenses	25,001-
	Registration / Delegation Fee	8000/-
	Accommodation charges	5001-
	Total Expenses	38,001-
14. Do	cuments to be submitted:	
a)	Copy of the letter of invitation from the organizers.	
b)	Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	
	DECLARAT	ION
11	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 t agency for attending the aforesaid Conference, 	
	 I shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Conference 	ance / Participation Certificate within fifteen days to the
	 I shall conduct a seminar for the benefit of the faculty is knowledge and experience gained from attending the afore 	members of the Department / Institution to share the
	 I shall reimburse the amount to the University in excess of 	
	111/2-3	Haysmit
Date : _	Sign	ature of the faculty member
Ref. No	. 1905	Date: 27 11 205
Го		
The Reg KAHER		
Belgaur		
Dear Si	r,	
١	We are enclosing herewith the application of the abo	ve Teacher in the prescribed format for grant (
	I support for presentation scientific paper (poster or	
	nce for kind consideration.	and y a converting a gaddi tootale to allend in
-	Thanking you,	
		Yours faithfully,
0.		
Mr.	1 John HAHEAT	A Wills
Signatur	re 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- 2309232

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
V	Dr. Priya Shetti	Research Associate (Grade 1)	Dr. Prabhakar Kore, Basic
		and in charge Analytical lab,	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.

- 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
1. Name	M.Pharm PhD
2. Quanication	Research -Associate – Grade I
4. Department	Dr. Prabhakar Kore Basic Science Research Center, Belagavi.
5. Institution	KLE Academy of Higher Education and Research
	17 th May2022
	 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
 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
a) Title of the Conference / Seminar / Symposium	"National Conference on Drug Design And Evaluation –Current Scenario " organized by Association with Karnataka State Pharmacy Counc
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 Counc
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/-



KLE UNIVERSITY ACADEMY OF HIL EDUCATION AND RESEARCH [KAHER]

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:	Rs.7,500- AsperDules
a) Copy of the letter of invitation from the organizers.b) Conference brochure with committee details.	Enclosed along with application
DECLAR	ATION
I hereby declare that :	
 I have furnished the information in this application whether the information is the second sec	nich is true to the best of my knowledge and belief
 I have furnished the information in this application where a support of a	nich is true to the best of my knowledge and belief. rom the sponsorers of the Conference or any other fundin
 I am not getting any financial assistance / support f agency for attending the aforesaid Conference, I shall produce necessary bills / receipts along-with A 	rom the sponsorers of the Conference or any other funding
 I am not getting any financial assistance / support f agency for attending the aforesaid Conference, I shall produce necessary bills / receipts along-with A University from the date of attending the aforesaid Construction of the shall conduct a seminar for the benefit of the factors. 	rom the sponsorers of the Conference or any other funding attendance / Participation Certificate within fifteen days to the onference,
 I am not getting any financial assistance / support f	rom the sponsorers of the Conference or any other funding attendance / Participation Certificate within fifteen days to the onference, culty members of the Department / Institution to share the a aforesaid Conference.
 I am not getting any financial assistance / support f agency for attending the aforesaid Conference, I shall produce necessary bills / receipts along-with A University from the date of attending the aforesaid Co. I shall conduct a seminar for the benefit of the factors. 	rom the sponsorers of the Conference or any other funding attendance / Participation Certificate within fifteen days to the onference, culty members of the Department / Institution to share the a aforesaid Conference.
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 I am not getting any financial assistance / support f agency for attending the aforesaid Conference, I shall produce necessary bills / receipts along-with A University from the date of attending the aforesaid Co I shall conduct a seminar for the benefit of the fac knowledge and experience gained from attending the shall reimburse the amount to the University in exce Date : 21.09.2023 For the Registrar (AHER [Deemed to be University] Belagavi -590010 Dear Sir,	Trom the sponsorers of the Conference or any other fundin Attendance / Participation Certificate within fifteen days to the conference, culty members of the Department / Institution to share the a aforesaid Conference. Tess of the eligibility. Signature of the faculty member Date: 21.09.2023
 I am not getting any financial assistance / support f agency for attending the aforesaid Conference, I shall produce necessary bills / receipts along-with A University from the date of attending the aforesaid Color of the shall conduct a seminar for the benefit of the fact knowledge and experience gained from attending the original termburse the amount to the University in excertaint is shall reimburse the amount to the University in excertaint is shall reimburse the amount to the University in excertaint is shall reimburse the amount to the University in excertaint is shall reimburse the amount to the University in excertaint is shall reimburse the amount to the University in excertaint is shall reimburse the university in excertaint is shall reimburse the amount is the University in excertaint is shall reimburse the amount is the University in excertaint. No. To The Registrar (AHER [Deemed to be University] Belagavi -590010 Dear Sir, We are enclosing herewith the application of the the university is the amount is shall be application. 	above Teacher in the prescribed format for grant of
 I am not getting any financial assistance / support f agency for attending the aforesaid Conference, I shall produce necessary bills / receipts along-with A University from the date of attending the aforesaid Color of the shall conduct a seminar for the benefit of the fac knowledge and experience gained from attending the original transmission of the amount to the University in excernation of the Registrar (AHER [Deemed to be University] Belagavi -590010 Dear Sir, We are enclosing herewith the application of the nancial support to attend the Conference for kind consider the consider the conference for kind consider the consider the conference for kind consid	above Teacher in the prescribed format for grant of
 I am not getting any financial assistance / support filagency for attending the aforesaid Conference, I shall produce necessary bills / receipts along-with A University from the date of attending the aforesaid Color (1) shall conduct a seminar for the benefit of the fact knowledge and experience gained from attending the file (1) shall reimburse the amount to the University in excerce (2) attended (2) and (2)	above Teacher in the prescribed format for grant of eration.
 I am not getting any financial assistance / support f agency for attending the aforesaid Conference, I shall produce necessary bills / receipts along-with A University from the date of attending the aforesaid Colorescience of the second colorescience of the university in exceeded of the second colorescience of the second colorescience of the second colorescience of the second colorescience of the university in exceeded colorescience of the second colorescience of the university in exceeded colorescience of the second colorescience of the university in exceeded colorescience of the second colorescience of the university in exceeded colorescience of the second colorescience of the university in exceeded colorescience of the second colorescience of the university in exceeded colorescience of the second colorescience of the university in exceeded colorescience of the university is the university of the term of the university is exceeded colorescience of the university of the un	above Teacher in the prescribed format for grant of
 I am not getting any financial assistance / support finagency for attending the aforesaid Conference, I shall produce necessary bills / receipts along-with A University from the date of attending the aforesaid Content of the service of the ser	above Teacher in the prescribed format for grant of eration.

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

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.

- 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]

KLE

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STA (To be submitted to the University th	TE/ZONAL/NATIONAL/INTERNATIONAL CONFERENCES rough the concerned HoD & Principal)
A. To be filled by the faculty member:	
1. Name	Dr. Madhani N. Pabl
2. Qualification	M. Sc. PhD (Human youchics)
3. Designation	scientist grade -I
4. Department	Dr. P. K. BSRC, KLE Acadomy of higher education of Research, Belagaine.
5. Institution	KAHER, Belagart.
6. Date of joining the Institution	5th sep 2022_
7. Objectives of the Conference / Seminar / Symposium	To providencest recent concepts. in the arcos of geneticos & epigenetics of Cancer
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	International conference on lynetics tepigenetics of Conner 3th 3th October 2023
b) Date of conduct	30th (31 October 2023
c) Venue	School of life briencos, JSS Academy of Higher Education of Sexanch, Mysuni
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</u> <u>Conference</u> in a calendar year.	
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	oganized by JSS Academy of Migher eduction
b) Title of the programc) Place	International conference on excretics A epigonetics of carrier.
	A Start Star
d) Duration	bland and a start of the set
e) Date	··· jaarp.
f) Amount claimed	· · · · · · · · · · · · · · · · · · ·



KLE UNIVERSITY ACADEMY OF HIG EDUCATION AND RESEARCH [KAHER]

12. Expenses involved towards attending the Conference:	
a) Place	Nepera.
b) Mode of journey	Tradin
c) Fare	
To and Fro expenses	Appro.: 2455 × 2/- Auto: 500 Foral: 5410.
Registration / Delegation Fee	1200/-
Accommodation charges	Approvingely: 2200/- p2=4,40
Total Expenses	12,010/
13. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.b) Conference brochure with committee details.	Enclosed along with application
DECLARA	ATION
 I shall produce necessary bills / receipts along-with Att University from the date of attending the aforesaid Con I shall conduct a seminar for the benefit of the facu knowledge and experience gained from attending the a 	endance / Participation Certificate within fifteen days to the iference, Ity members of the Department / Institution to share the aforesaid Conference.
• I shall reimburse the amount to the University in excess Date : 04 Modt 2023	Signature of the faculty member
Ref. No. The Registrar KAHER [Deemed to be University] Belagavi -590010	Date: To OH oct 2
Dear Sir,	
We are enclosing herewith the application of the a	bove Teacher in the prescribed format for grant of
financial support to attend the Conference for kind consider	
Thanking you,	
Signature of the HoD	Yours faithfully, Principal
Dr. Ramesh S. Paranjapo Distinguished Professor & I/C Director	Distinguished Professor & VC Director

n. Kamesn S. Paranjapo Distinguished Professor & I/C Director, Dt. Prabhakar Kore Basic Science Research Center, KLE Academy of Higher Education and Research, Belagavi-10. Karnataka. India



Dr. Prabhakar Kore Basic Science Research Cert

KLE Academy of Higher Inducation and Research,

Belagavi-19. Karnataka, India

***	KIE ACADEMY OF HIGHER EDUCATION AND RESEARCH
	(Formerly known as KLE University)
	(Deemed-to-be-University established u/s 3 of the UGC Act, 1956)
VIE	Accredited A ⁺ Grade by NAAC (3 rd Cycle) Placed in Category 'A' by MoE (GoI)
EMPOWERING PROFESSIONALS	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- 12102303

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
		1	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.

- 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 EI (Formerly known as	
[Deemed-to-be-University establish	hed u/s 3 of the UGC Act, 1956]
APPLICATION FOR FINANCIAL SUPPORT TO ATTEN (To be submitted to the University throu	ND STATE / ZONAL / NATIONAL CONFERENCES
A. To be filled by the faculty member:	
1. Name Dr. NI.B.	NAGAMOTI.
), Ph.D. (Med Mirm)
3. Designation Portoner	of microlosology
	arology
5. Institution J.N. Mea	
	ponotia gonail. com
7. Date of joining the Institution	15.03. 1994
8. Objectives of the Conference / Seminar / Symposium	Microbiology
 Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 	Please enclose a separate sheet.
 Assignment in the aforesaid Conference / Seminar / Symposium 	 a) Contributing a scientific paper (poster or oral) b) Delivering a guest lecture c) Others, if any, specify.
 Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1st January to 31st December) 	NIL To publication
a) Title of the Conference / Seminar / Symposium	
b) Date of conduct	23°-26" NOV 2023
c) Level of Conference (State / Zonal / National)	23°=2615 NOV 2023 National
d) Venue	KGMU. LUCKNOW
e) Financial support extended by the University	OFFICE OF THE REGISTRAR
f) Copy of the sanction letter to be enclosed	KLE Academy of Higher Education
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National</u>	
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.	KLE Academy of Higher Education & Research, BELAGAVI
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National</u> <u>Conference</u> in a calendar year. 12. Particulars of the organizers of the aforesaid	KLE Academy of Higher Education & Research, BELAGAVI 10 OCT 2023 10 Inward No
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National</u> <u>Conference</u> in a calendar year. 12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	KLE Academy of Higher Education & Research, BELAGAVI 10 OCT 2023 10 Inward NoSign
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Note : The faculty member is eligible for financial support to attend one State / Zonal and one National Conference in a calendar year.12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposiuma) Name of the Organizerb) Title of the program	KLE Academy of Higher Education & Research, BELAGAVI 10 OCT 2023 10 Inward No
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	KLE Academy of Higher Education & Research, BELAGAVI 10 OCT 2023 10 Inward No
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	KLE Academy of Higher Education & Research, BELAGAVI 10 OCT 2023 10 Inward No
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	KLE Academy of Higher Education & Research, BELAGAVI 10 OCT 2023 10 Inward No

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH (Formerly known as KLE University) [Deemed-to-be-University established u/s 3 of the UGC Act, 1956] - 2 -13. Expenses involved towards attending the Conference: a) Place LUCKNOW - India 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 sponsorers of the Conference or any other funding agency for attending the aforesaid Conference, • I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference, • I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference. • I shall reimburse the amount to the University in excess of the eligibility. Date: 14/9/23 Signature of the faculty member Ref. No. MDC/mim/2690 10.9.23. Date: То The Registrar, KAHER. Belgaum. Dear Sir. We are enclosing herewith the application of the above Teacher in the prescribed format for grant of financial support for presentation scientific paper (poster or oral) / delivering a guest lecture to attend the Conference for kind consideration. Thanking you, 06-10-2023 Yours faithfully, Seal Signature of the HoD Dr. Manjula Vagarali Prof. & Head of Microbiology Madical Colles J.N. Medical College, 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)

 KLEE
 Accredited A⁺ Grade by NAAC (3rd Cycle)
 Placed in Category 'A' by MoE (GoI)

 Image: Market Mark

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.	Name of the Faculty	Designation	Department
No.	-	A	
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.

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

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1. Name	
	Dr. Urmila Anil Kagal
2. Qualification	N. D. Pharmaulogy
3. Designation	Pro issor UU
4. Department	Pharm acology
5. Institution	JNIVIE, Belagelyi
6. Email ID	urmitakagala gmail com
7. Date of joining the Institution	0107/2028
8. Objectives of the Conference / Seminar / Symposium	ISRPTLON-2023 Evolving trendsi
Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet. Rational Ube
10. Assignment in the aforesaid Conference / Seminar /	a) Contributing a scientific paper (poster or oral)
Symposium	b) Delivering a guest lecture c) Others, if any, specify. Judge day oral paper presentation.
 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	NIZ (
c) Level of Conference (State / Zonal / National)	
d) Venue	
e) Financial support extended by the University	0
f) Copy of the sanction letter to be enclosed	10 1-17.
Note : The faculty member is eligible for financia support to attend <u>one State / Zonal</u> and <u>one Nationa</u> Conference in a calendar year.	publicant
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	Dept: of Pharmanology, KIXIC, Manipe ISRPTRON 2023
b) Title of the program	ISRPTRON 2023 UU
c) Place	Maripal, Karneotaka
d) Duration	3 days
e) Date OFFICE OF THE REGISTRAT	3rd 40 5th Nov 2023
f) Amount claimed wis Academy of Higher Educatio	n TREFFERIT & STRUCK T
& Research, BELAGAVI	Materia Hand
0 3 NOV 2023	Dent of Phatestonians APROVer Lin Medical Cellery



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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	Place	Manipel, Karnataka
	Place	Bus
b)	Mode of journey	
c)	Fare	Ro 1155 -+ Ro 1365 -
	To and Fro expenses	No 1135 T NO 10101
	Registration / Delegation Fee	N 64001
	Accommodation charges	KB 18 25 91-
	Total Expenses	KO & T, 1741
14. Do	cuments to be submitted:	
a) b)	Copy of the letter of invitation from the organizers. Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	
	DECLARA	FION
1	hereby declare that :	
× 1	I have furnished the information in this application which	is true to the best of my knowledge and belief.
	• Lam not getting any financial assistance / support from	
	agency for attending the aforesaid Conference, • I shall produce necessary bills / receipts along-with Atter	
	University from the date of attending the aforesaid Confe	erence,
	• I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the after the second s	/ members of the Department / Institution to share
	 I shall reimburse the amount to the University in excess 	
	1111012	
Date :	02/11/2023 sig	gnature of the faculty member
Date : Ref. N	1695	
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KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

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2: 0831-2444444 FAX: 0831-2493777 Web: http://www.kledeemeduniversity.edu.in E-mail: info@kledeemeduniversity.edu.in

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

EDING DROEECCIONALS

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.



6th November,2023

14 - P

Prof.Dr.M.S.Ganachari Registrar

To, The above staff member.

CC to :

The Special officer to Hon. Vice-chancellor, KAHER, Belagavi.
 The Principal, J N Medical College, Belagavi
 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 POOHPE PDCR FAIMER Fellow
3. Designation	Professor
4. Department	Physiology
5. Institution	KAHER'S J.N. Medical College Belgan chr.neha.kle@gmail.com
6. Email ID	chrineha. Kle@gmail.com
7. Date of joining the Institution	3017942006
8. Objectives of the Conference / Seminar / Symposium	Medical Education
 Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 	Please enclose a separate sheet.
10. Assignment in the aforesaid Conference / Seminar /	a) Contributing a scientific paper (poster or oral)
Symposium	b) Delivering a guest lecture
	c) Others, if any, specify.
 Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1st January to 31st December) 	Contraction of a state
a) Title of the Conference / Seminar / Symposium	And the second sec
b) Date of conduct	
b) Date of conductc) Level of Conference (State / Zonal / National)	
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 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 ote : The faculty member is eligible for financial upport to attend <u>one State / Zonal</u> and <u>one National onference</u> in a calendar year. 2. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium 	K.J. Somalya Medical College, Somalya A furvihar, Sion, Mumbei
 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 ote : The faculty member is eligible for financial upport to attend <u>one State / Zonal</u> and <u>one National</u> onference in a calendar year. 2. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium a) Name of the Organizer 	K.J. Somalya Medical College, Somalya A furvihar, Sion, Mumbai K.J. Somalya Medical College, Mumbai
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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]

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a) Place b) Mode of journey c) Fare 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. DE C L A R ATIO N I hereby declare that:	13 . Exp	enses involved towards attending the Conference:	2
c) Fare To and Fro expenses Registration / Delegation Fee - 5500 Accommodation charges - Total Expenses - 14. Documents to be submitted: - a) Copy of the letter of invitation from the organizers. - b) Copy of the lull text of documents / abstract / paper prepared by the applicant for presentation. - DE CLARATION 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 ot getting any financial assistance / support from the sponsorers of the Conference or any other funct agency for attending the aforesaid Conference. - • I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to University from the date of attending the aforesaid Conference. - • I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share knowledge and experience gained from attending the aforesaid Conference. - • I shall enduct a seminar for the benefit of the faculty members of the Department / Institution to share knowledge and experience gained from attending the aforesaid Conference. - • I shall enduct a seminar for the benefit of the faculty member - - Date: 3 [11] 2023 Signature of the facult	a)	Place	(will submit ather
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Total Expenses Image: Comparison of the submitted: a) Copy of the letter of invitation from the organizers. b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. DECLARATION I have furnished the information in this application which is true to the best of my knowledge and belief. • I have furnished the information in this application which is true to the best of my knowledge and belief. • I have furnished the information in this application which is true to the best of my knowledge and belief. • I have furnished the information in this application which is true to the best of my knowledge and belief. • I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to University from the date of attending the aforesaid Conference. • I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share knowledge and experience gained from attending the aforesaid Conference. • I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share knowledge and experience gained from attending the aforesaid Conference. • I shall conduct a seminar for the benefit of the faculty members. • I shall conduct a seminar for the benefit of the faculty members. • I shall conduct a seminar for the benefit of the faculty members. • I shall conduct a seminar. • Da		Registration / Delegation Fee	- 5500
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 I hereby declare that : I have furnished the information in this application which is true to the best of my knowledge and belief. I am not getting any financial assistance / support from the sponsorers of the Conference or any other functagency for attending the aforesaid Conference, I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to University from the date of attending the aforesaid Conference, I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share knowledge and experience gained from attending the aforesaid Conference. I shall reimburse the amount to the University in excess of the eligibility. Date: 3 11 2023 Signature of the faculty member Date: 4 11 23 To The Registrar, CAHER, Belgaum. Dear Sir, We are enclosing herewith the application of the above Teacher in the prescribed format for grantinancial support for presentation scientific paper (poster or oral) / delivering a guest lecture to attend Conference for kind consideration. Thanking you, Yours faithfully, Seal 	b)		
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 I am not getting any financial assistance / support from the sponsorers of the Conference or any other functagency for attending the aforesaid Conference, I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to University from the date of attending the aforesaid Conference, I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share knowledge and experience gained from attending the aforesaid Conference. I shall reimburse the amount to the University in excess of the eligibility. Date: 3 11 2023 Signature of the faculty member Date: 4 11 23 To To The Registrar, KAHER, Belgaum. Dear Sir, We are enclosing herewith the application of the above Teacher in the prescribed format for grantinancial support for presentation scientific paper (poster or oral) / delivering a guest lecture to attend Conference for kind consideration. Thanking you, Yours faithfully, We are Mid consideration. 	11	hereby declare that :	
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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 Date: 4 11 23 Co The Registrar, CAHER, Belgaum. Dear Sir, We are enclosing herewith the application of the above Teacher in the prescribed format for grant inancial support for presentation scientific paper (poster or oral) / delivering a guest lecture to attend Conference for kind consideration. Thanking you, Yours faithfully, Mathamatical Seal		 I shall produce necessary bills / receipts along-with Attenda University from the date of attending the aforesaid Conference 	ance / Participation Certificate within fifteen days to t nce,
Date : 3 11 2023 Signature of the faculty member Ref. No.		• I shall conduct a seminar for the benefit of the faculty m knowledge and experience gained from attending the afore	nembers of the Department / Institution to share t said Conference.
Date :		• I shall reimburse the amount to the University in excess of t	the eligibility.
To The Registrar, KAHER, Belgaum. Dear Sir, We are enclosing herewith the application of the above Teacher in the prescribed format for grant inancial support for presentation scientific paper (poster or oral) / delivering a guest lecture to attend Conference for kind consideration. Thanking you, Wours faithfully, Marking Markana Thanking You, Seal	Date : _	3 11 2023 Signa	ature of the faculty member
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 KAHER, Belgaum. Dear Sir, We are enclosing herewith the application of the above Teacher in the prescribed format for grant inancial support for presentation scientific paper (poster or oral) / delivering a guest lecture to attend Conference for kind consideration. Thanking you, Yours faithfully, We are many formation. 	Го		
Belgaum. Dear Sir, We are enclosing herewith the application of the above Teacher in the prescribed format for grant inancial support for presentation scientific paper (poster or oral) / delivering a guest lecture to attend Conference for kind consideration. Thanking you, Thanking you, Seal			
We are enclosing herewith the application of the above Teacher in the prescribed format for grant inancial support for presentation scientific paper (poster or oral) / delivering a guest lecture to attend Conference for kind consideration. Thanking you, Yours faithfully, Journa State Seal			
inancial support for presentation scientific paper (poster or oral) / delivering a guest lecture to attend Conference for kind consideration. Thanking you, Yours faithfully, John Yours faithfully, Seal	Dear Si	ir,	
inancial support for presentation scientific paper (poster or oral) / delivering a guest lecture to attend Conference for kind consideration. Thanking you, Yours faithfully, John Yours faithfully, Seal		We are enclosing herewith the application of the above	ve Teacher in the prescribed format for grant
Conference for kind consideration. Thanking you, Yours faithfully, Jocharge, Seal			
Abellinger, (Seal) Yours faithfully,			
Abellution Seal Mit.		Thanking you,	
to the second se	A	the line Seal	Yours faithfully,
Jawaharlal Nehru Medical Colleg	()	et e	Principal

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH (Deemed -to- be- University) JAWAHARLAL NEHRU MEDICAL COLLEGE, BELAGAVI Placed in Category 'A+' by MHRD (GoI) Accredited 'A+' Grade by NAAC 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

Office of the Date:11/11/2023 J. N. MEDICAL COLLEGE BELAGAVI Dr.Aarti Bhosale NOV 2023 Asst. Professor of Pharmacology, No JNMC, Belagavi Date Sign The Registrar,

> Sub: Approval of grant of financial support Ref: KAHER/23-24/D-09112306 dated 6th November 2023 (Though proper channel)

Respected Sir.

From.

To.

KAHER. Belagavi.

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.

Jublication

OFFICE OF THE REGISTRAR Thanking you with kind regards KLE Academy of Higher Education & Research, BELAGAVI Yours faithfully, 15 NOV 2023 Dr. Aarti Bhosale) Sign. Inward No formendo ssor & Head Dept of Pharmacology KAHER's J. N. Medical College Beladavi

DE 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

0.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.	Name of the Faculty	Designation	Department
No.			
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.

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

E

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

RES

Name		DR. AARTI BHOSALE
. Qualification		MD. PHARMALOLDGY
. Designation		ASSISTANT PROFESSOR
. Department		PHARM ALOLOGY
i. Institution		J.N. MERICAL COLLEGE
5. Email ID		drawitishesale moss agmail.
. Date of joining the Institu	ution	20-06-2019
3. Objectives of the Confer	rence / Seminar / Symposium	conference.
). Benefits to be derived fr Conference / Seminar /	om participation in the aforesaid Symposium	Please enclose a separate sheet.
I0. Assignment in the afor Symposium	esaid Conference / Seminar /	 a) Contributing a scientific paper (poster or <u>oral</u>) b) Delivering a guest lecture c) Others, if any, specify.
by the University to	ncial support already extended attend the similar Conference nt calendar year 1 st January to	NJL
a) Title of the Confer	ence / Seminar / Symposium	h
b) Date of conduct		
c) Level of Conferen	ce (State / Zonal / National)	- ha la
d) Venue		lichard
e) Financial support	extended by the University	public
	ion letter to be enclosed	
Note : The faculty me	ember is eligible for financial State / Zonal and <u>one National</u>	
12. Particulars of the or Conference / Semina	ganizers of the aforesaid ar / Symposium	
a) Name of the Orga	anizer	Deat of Pharmacology, Kastrerba m
b) Title of the progra	m ISRPTLM	Dept of Pharmacology , Kasturba M 2023 - Indian Dudy for Rational pha
		manipal the
c) Place	A. 19 19 20 19 19 19 19 19 19 19 19 19 19 19 19 19	3 days
	and an other states of the second states of the sec	
d) Duration	OFFICE OF THE REGISTRAR	3 dNon - 5th Non.
	OFFICE OF THE REGISTRAR XLE Academy of Higher Education & Research, BELAGAVI	3-1Nor - 5-1 Nor. Rs. 6900



3

	ER EDUCATION AND RESEARC
	nown as KLE University) y established u/s 3 of the UGC Act, 1956]
	- 2 -
13. Expenses involved towards attending the Confer	rence:
a) Place	MANIPAL
b) Mode of journey	BUS
c) Fare	
To and Fro expenses	Rs. 2520
Registration / Delegation Fee	R.6900
Accommodation charges	Ru. 9125
Total Expenses	Rs. 11,645
14. Documents to be submitted:	
Copy of the letter of invitation from the orga	anizers. Brochere & registration receipt
b) Copy of the full text of documents / abstrac prepared by the applicant for presentation.	
DEC	LARATION
 I shall conduct a seminar for the benefit of knowledge and experience gained from attend I shall reimburse the amount to the University in Date : <u>2/11/2023</u> 	-
Ref. No. 1696	Date: 3-11-2023
То	
The Registrar,	
KAHER, Belgaum.	
Dear Sir,	
	of the above Teacher in the prescribed format for grant
	(poster or oral) / delivering a guest lecture to attend the
Conference for kind consideration.	
Thanking you,	
Sama Marine Hatshilkar	Yours faithfully, PRINCIPAL JawaharlaP Nutiral Medical Colle BELAGAVI
Professor & Head Dept. of Pharmacology	STICAL STICAL
IER's J.N.Medical Colleçs 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- 0211230

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.	Name	Designation	Department
No.			
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.

- 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)

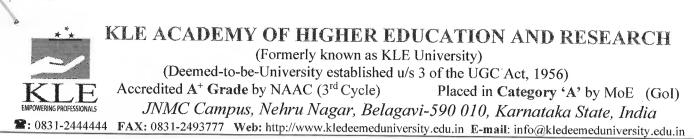
[Deemed-to-be-University established u/s 3 of the UGC Act, 1956]

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 fac	culty member:	
Name		DR. PRASANNA S. JIRLI
2. Qualification		M.D
3. Designation		Professor
4. Department		Forensic Medicini
5. Institution	× 1	J.N. Medical College, Belagan
6. Email ID		Psirili@gmail.com
7. Date of joining the Instit	rution	15.09.2003
8. Objectives of the Confe	rence / Seminar / Symposium	Beyond Conventional Forensics
9. Benefits to be derived fu Conference / Seminar /	om participation in the aforesaid Symposium	Please enclose a separate sheet.
10. Assignment in the afor Symposium	esaid Conference / Seminar /	 a) Contributing a scientific paper (poster or oral) b) Delivering a guest lecture c) Others, if any, specify. Chairing a session
by the University to	ncial support already extended attend the similar Conference at calendar year 1 st January to	NTL Veryin
a) Title of the Confer	ence / Seminar / Symposium	applicate A. alling
b) Date of conduct		All and a second
c) Level of Conference	ce (State / Zonal / National)	
d) Venue		<u>,</u>
e) Financial support e	extended by the University	inl
f) Copy of the sanction	on letter to be enclosed	As per proto
Note : The faculty men support to attend <u>one S</u> <u>Conference</u> in a calendar	nber is eligible for financial <u>tate / Zonal</u> and <u>one National</u> year.	Asperatory TOF-0
12. Particulars of the org Conference / Seminar	anizers of the aforesaid / Symposium	
a) Name of the Orgar	lizer	Dept of FMT, KSHEMA, NITTE, Man
b) Title of the program	and free Standal and a second second	KAMLSCON 2023
c) Place	OFFICE OF THE REGISTRAR	
d) Duration	KLE Academy of Higher Education & Research, BELAGAVI	Mangalyru 2 days. 3°d & 4th November 2023
e) Date	Sector VI	3rd & 4th November 2023
f) Amount claimed	2 5 OCT 2023 //	
1997 (a)	TO M	

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

	- 2 -	ed u/s 3 of the UGC Act, 1956]
		<u> </u>
3. Expense	es involved towards attending the Conference:	
a) Pla	ce	Mangaluru
b) Mo	de of journey	Cor
c) Far	e	928 Km
То	and Fro expenses	928 Km Mars. 600×8 = 4800/-
Reç	gistration / Delegation Fee	Rs.4250/-
Acc	commodation charges (Dewr ness allowang)	R. 3000x2 = 6000/-
Tot	al Expenses	Rg. 15050/-
4. Docum	ents to be submitted:	13 10 2001
a) Cop	by of the letter of invitation from the organizers.	Atta ched (Brochuse).
b) Cop	by of the full text of documents / abstract / paper pared by the applicant for presentation.	
	DECLARAT	ION
•la ag •lsl Un •ls	ave furnished the information in this application which is im not getting any financial assistance / support from t ency for attending the aforesaid Conference, hall produce necessary bills / receipts along-with Attend iversity from the date of attending the aforesaid Conference shall conduct a seminar for the benefit of the faculty owledge and experience gained from attending the afore	he sponsorers of the Conference or any other fund ance / Participation Certificate within fifteen days to ence, members of the Department / Institution to share t
• I sl	hall reimburse the amount to the University in excess of	esaid Conference.
• I sl	hall reimburse the amount to the University in excess of	esaid Conference.
• I sl	hall reimburse the amount to the University in excess of 10.2023 Sign	esaid Conference. the eligibility.
• I sl ate : 20. ef. No	hall reimburse the amount to the University in excess of 10.2023 Sign	ature of the faculty member
• I sl ate : <u>20</u> . ef. No. <u>16</u> one Registra	hall reimburse the amount to the University in excess of 10.2023 Sign	ature of the faculty member
• I sl ate : <u>20</u> . ef. No. <u>16</u> e Registra	hall reimburse the amount to the University in excess of 10.2023 Sign	ature of the faculty member
• I sl ate : <u>20</u> , ef. No. <u>16</u> he Registra AHER, elgaum.	hall reimburse the amount to the University in excess of 10.2023 Sign	ature of the faculty member
• I sl ate : <u>20</u> , ef. No. <u>16</u> he Registra AHER, elgaum. ear Sir,	hall reimburse the amount to the University in excess of 10.2023 Sign 621	esaid Conference. the eligibility. ature of the faculty member Date: 251012023
• I sl ete : 20. ef. No e Registra AHER, elgaum. ear Sir, We a	hall reimburse the amount to the University in excess of 10.2023 Sign 621	ve Teacher in the prescribed format for grant
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• I sl • I sl	hall reimburse the amount to the University in excess of 10.2023 Sign 621 ar, are enclosing herewith the application of the aborport for presentation scientific paper (poster or for kind consideration.	ve Teacher in the prescribed format for grant
• I sl • I sl	hall reimburse the amount to the University in excess of 10.2023 Sign 621 ar, are enclosing herewith the application of the aborport for presentation scientific paper (poster or	the eligibility. ature of the faculty member Date: 251012023 ve Teacher in the prescribed format for grant of oral) / delivering a guest lecture to attend the
• I sl • I sl	hall reimburse the amount to the University in excess of 10.2023 Sign 621 ar, are enclosing herewith the application of the aborport for presentation scientific paper (poster or for kind consideration.	ve Teacher in the prescribed format for grant
• I sl • I sl ete : 20. ef. No he Registra AHER, elgaum. ear Sir, We a ancial sup onference f Than We defined that the sup- onference for the sup- that the sup- onference for the sup- for t	hall reimburse the amount to the University in excess of 10.2023 Sign Seq ar, are enclosing herewith the application of the abo oport for presentation scientific paper (poster or for kind consideration. king you, W	the eligibility. ature of the faculty member Date: 25 10 12023 ve Teacher in the prescribed format for grant of oral) / delivering a guest lecture to attend the
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Ref.No.KAHER/23-24/D- 02112308

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

То,

The above staff member.

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

(Formerly known as] [Deemed-to-be-University establish	
TION FOR FINANCIAL SUPPORT TO ATTEN (To be submitted to the University throu	D STATE / ZONAL / NATIONAL CONFERENCES
To be filled by the faculty member:	
Name coles	DR. VINAY BANNUR
. Qualification	M.D. Foundic medicine & Toxicology
. Designation	Algistant. Professor
. Department	Forentic Mudicine of Toxicology
. Institution	Towarardal Nehru medical College
. Email ID	viragman. le 70 gmail.com
. Date of joining the Institution	01/07/2022
B. Objectives of the Conference / Seminar / Symposium	Beyond Convertional Forensics
. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
0. Assignment in the aforesaid Conference / Seminar / Symposium	 a) Contributing a scientific paper (poster or oral) b) Delivering a guest lecture c) Others, if any, specify.
1. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	Neil (Not obtained Financial Assistance this year) Publication.
a) Title of the Conference / Seminar / Symposium	publica
b) Date of conduct	OFFICE OF THE REGISTRAR
c) Level of Conference (State / Zonal / National)	KLE Academy of Higher Education & Research, BELAGAVI
d) Venue	2 F OCT 2022 (9[11]2
	2 5 OCT 2023
e) Financial support extended by the University	
e) Financial support extended by the Universityf) Copy of the sanction letter to be enclosed	80 Inward NoSign
 f) Copy of the sanction letter to be enclosed lote : The faculty member is eligible for financial upport to attend <u>one State / Zonal</u> and <u>one National</u> 	Inward No.
f) Copy of the sanction letter to be enclosed lote : The faculty member is eligible for financial upport to attend <u>one State / Zonal</u> and <u>one National</u> conference in a calendar year.	ASPERADORS JOF- O KAMLSION 2023- KAMLS
 f) Copy of the sanction letter to be enclosed lote : The faculty member is eligible for financial upport to attend <u>one State / Zonal</u> and <u>one National</u> conference in a calendar year. 2. Particulars of the organizers of the aforesaid 	ASPERADORS JOF-D KAMLSION 2023- KAMLS
 f) Copy of the sanction letter to be enclosed lote : The faculty member is eligible for financial upport to attend <u>one State / Zonal</u> and <u>one National conference</u> in a calendar year. 2. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium 	ASPERADORS JOF-D KAMLSION 2023- KAMLS
 f) Copy of the sanction letter to be enclosed lote : The faculty member is eligible for financial upport to attend <u>one State / Zonal</u> and <u>one National conference</u> in a calendar year. 2. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium a) Name of the Organizer 	ASPERADOR JOF. D KAMLSCON 2023- KAMLS Dept of FMT, KSHEMA, NITTE, Mang
 f) Copy of the sanction letter to be enclosed lote : The faculty member is eligible for financial upport to attend <u>one State / Zonal</u> and <u>one National Conference</u> in a calendar year. 2. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium a) Name of the Organizer b) Title of the program 	ASPERAdas JOF. d KAMLSCON 2023- KAMLS Dept of FMT, KSHEMA, NITTE, Mang



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Rs 4250 -
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ed.
tion Certificate within fifteen days to the Department / Institution to share the e.
culty member
Date: 2510/2033
2.
the prescribed format for grant of ng a guest lecture to attend the
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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)
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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- 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.	Name	Designation	Department
No.			
X	Dr. Ravindra S	Professor	Forensic Medicine, J N
	Honnungar		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

The above staff member.

CC to:

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]

PPLICATION 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 fact	ulty member:	
a RoName	4 · · · · ·	DR RAVINDRA S. HONONUNGA
2. Qualification	3 A.	mbgs. md.
3. Designation		PROF-8 HOD
4. Department		FORENJIC-MEDICINE
5. Institution	1 S. 1	JN MEDICAL COLLEGE
6. Email ID		rshonnungar @ quail.
7. Date of joining the Institu	ution	07/07/07
8. Objectives of the Confer	ence / Seminar / Symposium	Beyond Conventional Forensic
9. Benefits to be derived fr Conference / Seminar /	om participation in the aforesaid Symposium	Please enclose a separate sheet.
	esaid Conference / Seminar /	a) Contributing a scientific paper (poster or or
Symposium		b) Delivering a guest lecture
		b) Delivering a guest lecture Greculty (c) Others, if any, specify. committee member dere office beaucrey 20
by the University to	ncial support already extended attend the similar Conference at calendar year 1 st January to	id
a) Title of the Conference	ence / Seminar / Symposium	- nli (- 9)
b) Date of conduct		
c) Level of Conference	ce (State / Zonal / National)	
d) Venue		
e) Financial support e	extended by the University	
f) Copy of the sancti	on letter to be enclosed	
	mber is eligible for financial <u>State / Zonal</u> and <u>one National</u> r year.	
12. Particulars of the org Conference / Semina		1 1
a) Name of the Organ	nizer	K.S. Hegde Medical Beyond Conventional force
b) Title of the program	DEFICE OF THE REGISTRAR	Beyond Conventional fire
c) Place	KLE Academy of Higher Education	Maugalore,
d) Duration	& Research, BELAGAVI	November 3rd + 4 4 202
e) Date	2 5 OCT 2023	2 days
f) Amount claimed	78 M	

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

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

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3. Expenses involved towards attending the Conference:	
a) Place	Maugalore
b) Mode of journey	CAR
c) Fare	950×8=7600
To and Fro expenses	
Registration / Delegation Fee	4250/-
Accommodation charges	Bar 6000/-
Total Expenses	178501-
4. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	Affached
 b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. 	Aprillion
DECLARA	TION
I hereby declare that :	
I have furnished the information in this application which	i is true to the best of my knowledge and belief.
• I am not getting any financial assistance / support from	• • • • • • • • • • • • • • • • • • • •
agency for attending the aforesaid Conference, I shall produce necessary bills / receipts along-with Atte 	ndance / Participation Cartificate within fifteen days to th
University from the date of attending the aforesaid Confe	erence,
 I shall conduct a seminar for the benefit of the facult knowledge and experience gained from attending the af 	
 I shall reimburse the amount to the University in excess 	
	Altiner
ate : 18 10 2027 Sig	gnature of the faculty member
ef. No. 626	Date: 18/10 2-22
	25110123
0 he Registrer	
he Registrar, AHER,	
elgaum.	
ear Sir,	
We are enclosing herewith the application of the a	bove Teacher in the prescribed format for grant
nancial support for presentation scientific paper (poster	
onference for kind consideration.	
Thanking you,	
	Yours faithfully,
a affiner (NAHE	
	PRINCIPAL
E BELAGA	
ignature of the HoD Ravindra S. Honnungar	JawahariaPhiehpujMedical College

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: 0831-2444444

Ref.No.KAHER/23-24/D-25102302

06th October,2023

Prof Dr.M.S.Ganachari Registrar

ORDER

Sub: Approval of Grant of financial support.

Ref: Your office letter Ref. No. JNMC/ 2023-24/67 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 the resource person.

SL.	Name	Designation	Department
No.			
1	Dr. Sunita Patil	Professor	Pathology, J N Medical
			College, Belagavi

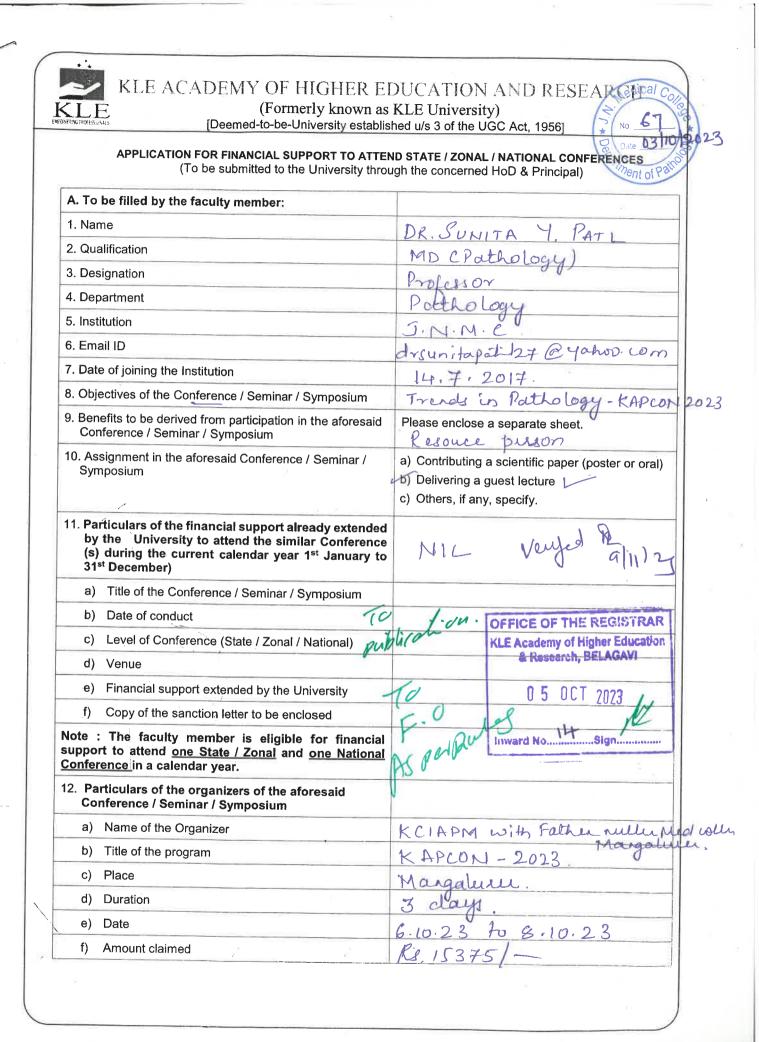
The KAHER shall consider the release of financial grant only after submission of the attendance certificate, Photograph and original bills/ vouchers as per university rules.



To,

The above staff member.

- 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]

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13. Expenses involved towards attending th	e Conference:
a) Place	Margalusu.
b) Mode of journey	0
c) Fare	Treis and Road.
To and Fro expenses	Ro. Ro. A.
Registration / Delegation Fee	04 Fro) - Trais 1875 - Car - 2500 = 43:
Accommodation charges	Rs. 50001 -
Total Expenses	Rs. 3000 night, x2 nights = Ks.6.
	= Rg. 15, 375/-
14. Documents to be submitted:	
 a) Copy of the letter of invitation from t b) Copy of the full to be full. 	the organizers.
 b) Copy of the full text of documents / prepared by the applicant for preser 	abstract / paper ntation.
	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 assistar agency for attending the aforesaid Cor 	CO / SUpport from the second state
I shall produce necessary bills / receipt	ts along with Attendence (D. V. S. V. S.
knowledge and experience gained from	nefit of the faculty members of the Department / Institution to share the
 I shall reimburse the amount to the Unit 	iversity in excess of the eligibility.
ate: 30/9/2023	Signature of the faculty member Shett
11 a	
ef. No (444)	elginatore of the faculty member
	Date: 410 202
0	01010000
ne Registrar, AHER,	01010000
ne Registrar, AHER,	01010000
o he Registrar, AHER, elgaum.	01.010000
o ne Registrar, AHER, elgaum. ear Sir,	Date: 410/2023
o ne Registrar, AHER, elgaum. ear Sir, We are enclosing herewith the applic	Date: 4 10 2003
o ne Registrar, AHER, elgaum. ear Sir, We are enclosing herewith the applic ancial support for presentation scientific p	Date: 410/2023
o ne Registrar, AHER, elgaum. ear Sir, We are enclosing herewith the applic ancial support for presentation scientific p onference for kind consideration.	Date: 4 10 2003
o ne Registrar, AHER, elgaum. ear Sir, We are enclosing herewith the applic ancial support for presentation scientific p	Date: HIODODE cation of the above Teacher in the prescribed format for grant of paper (poster or oral) / delivering a guest lecture to attend the
onference for kind consideration.	Date: 410 2003
o he Registrar, AHER, elgaum. ear Sir, We are enclosing herewith the applic nancial support for presentation scientific p onference for kind consideration. Thanking you,	Date: 410 2003 cation of the above Teacher in the prescribed format for grant of paper (poster or oral) / delivering a guest lecture to attend the
o he Registrar, AHER, elgaum. ear Sir, We are enclosing herewith the applic pancial support for presentation scientific p ponference for kind consideration.	Date: 410 2003 cation of the above Teacher in the prescribed format for grant of paper (poster or oral) / delivering a guest lecture to attend the

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: 0831-2444444

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.	Name	Designation	Department
No.			
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.



Prof Dr.M.S.Ganachari Registrar

The above staff member.

CC to:

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

RE

KLE ACADEMY OF HIGHER EDUCATION AND RE

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

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

328

A To be filled built a	
A. To be filled by the faculty member: 1. Name	
	DR.SEEMA.V,KAMARADDI
2. Qualification	MARC ME PHUSE
3. Designation	MBBS MD PHYSIOLOGY
4. Department	ASSOCIATE PROFESSOR
5. Institution	PHYSIOLOGY
6. Email ID	J.N. MEDICAL COLLEGE
7. Date of joining the Institution	seemabkajagar@gmail.com
8. Objectives of the Conference / Seminar / Symposium	31102014
 Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 	
10. Assignment in the aforesaid Conference / Seminar / Symposium	 a) Contributing a scientific paper (poster or oral) b) Delivering a guest lecture c) Others, if any, specify.
 Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1st January to 31st December) 	
a) Title of the Conference / Seminar / Symposium	
b) Date of conduct	
c) Level of Conference (State / Zonai / National)	a tion.
d) Venue	To tion. Aublication PETICE OF THE REGISTRAR
e) Financial support extended by the University	A JUAN BELAGAVI
f) Copy of the sanction letter to be enclosed	(+t) ····································
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.	70 FO Inwend No
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	PHYSICON 2023
	LNATIONAL CONFERENCE)
b) Title of the program	Medical College BLDE University
c) Place	Dept, of Physiology, Shri, B.M. Patil Medical College, BLDE University "Physiology: From Experimental to Translational Medicine"
d) Duration	VIJayapura, KARNATAKA
e) Date	02 Days
f) Amount claimed	02 4 03 NOVEMBER 2023
	Rs. 17, 180/-



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

[Deemed-to-be-University establ	lished u/s 3 of the UGC Act, 1956]
- 2	
13. Expenses involved towards attending the Conference:	
a) Place	
b) Mode of journey	Vijayapura, Karnataka
c) Fare	Taxi/Car
To and Fro expenses	
Registration / Delegation Fee	X Rs. 12 = Rs. 5,400/-
A	
Total Expenses 02 Days	X Rs. 3000 = Rs. 6,000 /
14. Documents to be submitted:	Rs. 17,180/-
	1,7807-
 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
DECLARAT	
I hereby declare that :	
 I have furnished the information in this application which 	
 I have furnished the information in this application which I am not getting any financial assistance / support from agency for attending the aforesaid Conference, I shall produce pages a difference of the statement of	is true to the best of my knowledge and belief.
ugency for attending the aforesaid Conference	the sponsorers of the Conference or any study of
University from the date of attending the afer with Attend	ance / Participation Certificate within fittees 1
 knowledge and experience gained from attending the afor I shall reimburse the amount to the University 	esaid Conference
of the university in excess of	the eligibility.
Date: 21/10/2022	
Ref. No. 1634	ature of the faculty member Scemak
	Date: 2510/2022
To The Registrar,	Bate. 25 10 18 23
KAHER,	
Belgaum.	3
Dear Sir,	
We are enclosing herewith the application of the	
We are enclosing herewith the application of the above inancial support for presentation scientific paper (poster or c	e Teacher in the prescribed format for grant of
inancial support for presentation scientific paper (poster or c Conference for kind consideration.	oral) / delivering a guest lecture to attend the
Thanking you,	
()	
VI Jul	Yours faithfully,
gnature of the HoD	
Stitute	Pri PRINCIPAL
~1 10 2000 CALCO	Jawaharial 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
 * 0831-244444

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.	Name	Designation	Department
No.			-
V	Dr. Dhivagar K	Senior Resident	Forensic Medicine, J N
	P		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.

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

LE ACADEMY OF HIGHER EDUCATION AND RESEARCH

Date :

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

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

1. Name	DA, DHIVAGAR.K
2. Qualification	M.B.B.S, M.D.
3. Designation	SENIOR RESIDENT
4. Department	FORENSIE MEDICZNES TOXICOLOGY
5. Institution	J.N.MEDICAL COLLEGE, KAHER
6. Email ID	dhivagar. latha@gmail.com
. Date of joining the Institution	28.08.2023
3. Objectives of the Conference / Seminar / Symposium	Beyond Conventional Found
Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
0. Assignment in the aforesaid Conference / Seminar / Symposium	a) Contributing a scientific paper (poster or oral) b) Delivering a guest lecture c) Others, if any, specify. To RECEIVE MY AWARD (SILVER MEDAL)
 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	sold to tonic.
b) Data of conduct	di d
b) Date of conduct	RUON Merger
 b) Date of conduct c) Level of Conference (State / Zonal / National) 	F-O publication veryed
AST.	CEFFICE OF THE REGISTRAR 9/11/2
c) Level of Conference (State / Zonal / National)	F-O N
c) Level of Conference (State / Zonal / National)	AFFICE OF THE REGISTRAR 9/1/3
 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 ote : The faculty member is eligible for financial upport to attend <u>one State / Zonal</u> and <u>one National onference</u> in a calendar year. 	2 5 OCT 2023 ALE Academy of Higher Education & Research, BELAGAVI 2 5 OCT 2023 Jor Shine M
 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 ote : The faculty member is eligible for financial upport to attend <u>one State / Zonal</u> and <u>one National onference</u> in a calendar year. 	2 5 OCT 2023 A Tor Shine M
 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 ote : The faculty member is eligible for financial upport to attend <u>one State / Zonal</u> and <u>one National onference</u> in a calendar year. 2. Particulars of the organizers of the aforesaid 	25 OCT 2023 MARCH 25 OCT 2023
 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 ote : The faculty member is eligible for financial upport to attend <u>one State / Zonal</u> and <u>one National onference</u> in a calendar year. 2. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium 	KAMLSCON 2023 CKS HEDGE BEYOND CONVENTEDNAL FORENSICS
 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 ote : The faculty member is eligible for financial upport to attend <u>one State / Zonal</u> and <u>one National onference</u> in a calendar year. 2. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium a) Name of the Organizer 	KAMLSCON 2023 CKS HEDGE BEYOND CONVENTEONAL FORENSICS
 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 ote : The faculty member is eligible for financial upport to attend <u>one State / Zonal</u> and <u>one National onference</u> in a calendar year. 2. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium a) Name of the Organizer b) Title of the program 	KAMLSCON 2023 CKS HEDGE BEYOND CONVENTEDNAL FORENSICS
 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 ote : The faculty member is eligible for financial upport to attend <u>one State / Zonal</u> and <u>one National onference</u> in a calendar year. 2. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium a) Name of the Organizer b) Title of the program c) Place 	KAMLSCON 2023 CKS HEDGE BEYOND CONVENTEONAL FORENSICS AVISHKAR HALL, 9TH FLOOR, A.B. STHETT MEMORIAL INSTITUTE OF DENGAL SCIENCES



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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]

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	enses involved towards attending the Conference:	
	Place	Deralakatte, Mangolore
	Mode of journey	Deralakatte, Mangalose Car (not well connected with teach
c) ł	Fare	923Kmg
7	To and Fro expenses	Max = 600×8 = R3.4800
F	Registration / Delegation Fee	Rs. 5250
A	Accommodation charges Dearness Allowance	
Т	Fotal Expenses	2 days × Rs. 3000 = Rs. 6000
4. Docu	iments to be submitted:	R3-16050
a) C	Copy of the letter of invitation from the organizers.	
b) C	Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	Attached
	DECLARAT	LON
l he	reby declare that :	
•	I have furnished the information in this application which is	s true to the best of my knowledge and boliof
	an not getting any financial assistance / support from t	he sponsorers of the Conference or any other funding
• !	I shall produce necessary hills / receipts along with Attack	
•	I shall conduct a seminar for the henefit of the faculty	
• •	I shall conduct a seminar for the benefit of the faculty in knowledge and experience gained from attending the afore I shall reimburse the amount to the University in excess of	members of the Department / Institution to share the esaid Conference.
• •	I shall conduct a seminar for the benefit of the faculty in knowledge and experience gained from attending the afore I shall reimburse the amount to the University in excess of Signature Signature	members of the Department / Institution to share the esaid Conference.
• • ate : <u>२ ०</u>	I shall conduct a seminar for the benefit of the faculty in knowledge and experience gained from attending the afore I shall reimburse the amount to the University in excess of Signature State Signature State S	members of the Department / Institution to share the esaid Conference. the eligibility. ature of the faculty member Dave State
• • ate : <u>२ ०</u> əf. No	I shall conduct a seminar for the benefit of the faculty in knowledge and experience gained from attending the afore I shall reimburse the amount to the University in excess of Signature Signature	members of the Department / Institution to share the esaid Conference. the eligibility.
• • • I ate : <u>२ ०</u> ef. No	I shall conduct a seminar for the benefit of the faculty in knowledge and experience gained from attending the afore shall reimburse the amount to the University in excess of 1623	members of the Department / Institution to share the esaid Conference. the eligibility. ature of the faculty member Dave 20
• • • • • • • • • •	I shall conduct a seminar for the benefit of the faculty in knowledge and experience gained from attending the afore shall reimburse the amount to the University in excess of 1623	members of the Department / Institution to share the esaid Conference. the eligibility. ature of the faculty member Dave 20
• • • I • I • Regist vHER,	I shall conduct a seminar for the benefit of the faculty in knowledge and experience gained from attending the afore shall reimburse the amount to the University in excess of 1623	members of the Department / Institution to share the esaid Conference. the eligibility. ature of the faculty member Dave 20
• I • I • I • I • Regist HER, Igaum.	I shall conduct a seminar for the benefit of the faculty in knowledge and experience gained from attending the afore shall reimburse the amount to the University in excess of 1623	members of the Department / Institution to share the esaid Conference. the eligibility. ature of the faculty member Dave State
• I • I • I • I • Regist HER, Igaum. ar Sir,	I shall conduct a seminar for the benefit of the faculty in knowledge and experience gained from attending the afore shall reimburse the amount to the University in excess of 1623	members of the Department / Institution to share the esaid Conference. the eligibility. ature of the faculty member Dave. Date:
• I • I • I • Regist HER, Igaum. ar Sir, We	are enclosing herewith the application of the above	re Teacher in the prescribed format for grant of
• I • I • I • I • I • I • I • I	are enclosing herewith the application of the abov Jpport for presentation scientific paper (poster or	re Teacher in the prescribed format for grant of
• I • I • I • I • I • I • I • I • I • I	A shall conduct a seminar for the benefit of the faculty is knowledge and experience gained from attending the aford shall reimburse the amount to the University in excess of 10/20 2.3 Sign 1623 trar, are enclosing herewith the application of the abov upport for presentation scientific paper (poster or e for kind consideration.	re Teacher in the prescribed format for grant of
• I • I • I • I • I • I • I • I • I • I	are enclosing herewith the application of the abov Jpport for presentation scientific paper (poster or	re Teacher in the prescribed format for grant of
• I • I • I • I • I • I • I • I • I • I	A shall conduct a seminar for the benefit of the faculty is knowledge and experience gained from attending the aford shall reimburse the amount to the University in excess of 10/20 2.3 Sign 1623 trar, are enclosing herewith the application of the abov upport for presentation scientific paper (poster or e for kind consideration.	re Teacher in the prescribed format for grant of
ef. No ef. No ne Regist AHER, elgaum. ear Sir, We ancial su nference Tha	A shall conduct a seminar for the benefit of the faculty is knowledge and experience gained from attending the aford shall reimburse the amount to the University in excess of 10/2023 Signature 1623 trar, are enclosing herewith the application of the above upport for presentation scientific paper (poster or e for kind consideration. unking you, Seal	re Teacher in the prescribed format for grant of oral) / delivering a guest lecture to attend the
• I • I • I • I • I • I • I • I	A shall conduct a seminar for the benefit of the faculty is knowledge and experience gained from attending the afore is shall reimburse the amount to the University in excess of 10/2023 1623 trar, are enclosing herewith the application of the above upport for presentation scientific paper (poster or e for kind consideration. anking you, Sealed	re Teacher in the prescribed format for grant of oral) / delivering a guest lecture to attend the

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

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

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.	Name	Designation	Department
No.			
1	Dr. Swapnil A	Associate Professor	Paediatric Surgery, J N
	Pattanshetti	Ϋ́α,	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

Ventre

- 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 UNIVERSIT 1.12

(Formerly known as KLE Academy of Higher Education & Research) [Established under Section 3 of the UGC Act, 1956 vide Government of India Notification No.F.9-19/2000-U.3(A)] Date 27/9/29

OAEDIATA

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND CONFERENCES OUTSIDE INDIA C AFI GP (To be submitted to the University through the concerned HoD & Principal) A. To be filled by the faculty member: 1. Name SWAPNIL 2. Qualification 3. Designation 4. Department 5. Institution Sung on 6. Date of joining the Institution 7. Objectives of the Conference / Seminar / Symposium 06 8. Benefits to be derived from participation in the aforesaid moto class tar 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 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) NIL a) Title of the Conference / Seminar / Symposium Date of conduct b) 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 Name of the Organizer a) Society b) Title of the program mational wology c) Place IU Duration d) rKen Date of Conference e) 2023 ረ f) Financial grant sought a

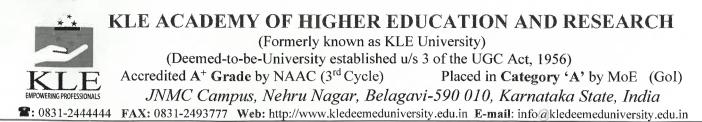


KLE UNIVERSITY

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

a)		International	Domestic
	Place	Istan bul	
b)	Mode of journey	Flight	
c)	Fare	3	
d)	To and Fro	62,000/-	
e)	Accommodation charges	32,000/-	
f)	Registration / Delegation Fee	350 Euro (3+300/-	
g)	Air-port Tax	D Ap,000	, p. M
3. Doc	cuments to be submitted:	C/AS	porte
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.		
4.Sign	ature of the faculty member	Nathanshe	M
	other funding agency for attending the aforesaid Confere action by the University in case it is found at a application is wrong / false, in support of my applicat I shall produce necessary bills / receipts along-with Atten	later stage that the infor ion for financial grant. dance / Participation Certifica	mation furnished in this
	 University from the date of attending the aforesaid Confer I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforesaid from attending the aforesaid for the seminar for the semina	members of the Departmer	nt / Institution to share the
ate : əf. No.			Date: 16/090 Dors
		Consultan KMC Reg	onil A. Pattanshetti MBBS, MS, M. t Paediatric Surgeon No. 86671
	We are enclosing herewith the application of the abo	KLES Dr. I	Prabhakar Kore Hose
V ancial	support to attend the International Conference outsid	e India for kind considerat	tion.
V ancial	support to attend the International Conference outsid Thanking you,		aithfully,

J N. Medical College, BELGAUM.



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
10.	Dr. Vijayalaxmi	Professor	Pathology, J N Medical
	Dhorigol		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.

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

/enfr

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

KLE

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

Nedica

A. To be filled by the faculty member:	23-ITTHE
1. Name	Dr Vijayalasmi, Shorigol
2. Qualification	ALD Q. that
3. Designation	Professor
1. Department	Patholon
5. Institution	and he letter in and
6. Email ID	J N Medical Collip, KAPIER Bala vdhorigol@gmail.com.
. Date of joining the Institution	20/06/1297
B. Objectives of the Conference / Seminar / Symposium	Recent Updates in fathelogy
. Benefits to be derived from participation in the aforesaid	Please enclose a separate sheet.
Conference / Seminar / Symposium	Scientific settions attended enclose
0. Assignment in the aforesaid Conference / Seminar / Symposium	a) Contributing a scientific paper (poster or oral)
	b) Delivering a guest lecture
	e) Others, if any, specify. Judge for oral paper perfectation (PG)
1. Particulars of the financial support already extended by the University to attend the similar Conference	
(s) during the current calendar year 1 st January to 31 st December)	NA
a) Title of the Conference / Seminar / Symposium	1 4 FA
b) Date of conduct	
c) Level of Conference (State / Zonal / National)	
d) Venue	To intida
e) Financial support extended by the University	Toplication
f) Copy of the sanction letter to be enclosed	
ote : The faculty member is eligible for financial upport to attend <u>one State / Zonal</u> and <u>one National</u> onference in a calendar year.	
2. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	NA
a) Name of the Organizer	
b) Title of the program	OFFICE OF THE REGISTRAR
c) Place	OFFICE OF THE KLE Academy of Higher Education & Research, BELAGAVI
d) Duration	A Resignent war
e) Date	16 OCT 2023
f) Amount claimed	63
	Inward No.

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

* **

eemed-to-be-University established u/s 3 of the UGC Act, 19

(Formerly known as [Deemed-to-be-University establis	KLE University)			
- 2 -				
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	@lae + 4 2100 - 2) Train - 4 187			
Registration / Delegation Fee	fs 5000/- Poste Printing + 650			
Accommodation charges	a material is a set			
Total Expenses				
14. Documents to be submitted:	Rs 15,225/m			
 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 enclored			
DECLARA	TION			
I hereby declare that :				
 Lhave furnished the information in this application which 	is true to the best of my knowledge and belief			
 I am not getting any financial assistance / support from agency for attending the aforesaid Conference, 				
 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 facult knowledge and experience gained from attending the aferta 	y members of the Department / Institution to share the oresaid Conference.			
• I shall reimburse the amount to the University in excess	of the eligibility.			
Date : 12/10/2023	gnature of the faculty member			
Ref. No. 1555	Date: 16/10/2023			
Го				
Гhe Registrar, 〈AHER, Belgaum.				
Dear Sir,				
We are enclosing herewith the application of the at	pove Teacher in the prescribed format for grant of			
nancial support for presentation scientific paper (poster of				
Conference for kind consideration.				
Thanking you,				
Signature of the HoD Professor & Head epartment of Pathology	Yours faithfully, PRINCIPAL Jawaharial Nehru Medical College BELAGAVI			
J.N. Medical College, BELAGAVI.				

** KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH (Formerly known as KLE University) (Deemed-to-be-University established u/s 3 of the UGC Act, 1956) ** Chemed-to-be-University established u/s 3 of the UGC Act, 1956) ** 0831-2444444 ** FAX: 0831-2493777 ** Web: http://www.kledeemeduniversity.edu.in ** 0831-2444444

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 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.	Name	Designation	Department
No.			
1	Dr. Bhagyashri	Professor	Pathology, J N Medical
	Hungund		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

То,

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 Medical

KLE

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

A. To be filled by the faculty member:	Contol	
1. Name	DR. BHAGYASHRI HUNGUND	
2. Qualification	MD PATHOLOGY	
3. Designation	Professor	
4. Department		
5. Institution	Pathology	
6. Email ID	JNMC	
7. Date of joining the Institution	bhagyatsh@gmail.com	
8. Objectives of the Conference / Seminar / Symposium	1/10/2003 Page to 1 1	
9. Benefits to be derived from participation in the aforesaid	Recent updates. Please enclose a separate sheet.	
Conference / Seminar / Symposium	Enclosed with application form	
 Assignment in the aforesaid Conference / Seminar / Symposium 	a) Contributing a scientific paper (poster or oral)	
- ymposium	b) Delivering a guest lecture	
1	c) Others, if any, specify. faculty poper	
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)	Te In	
d) Venue	publication	
e) Financial support extended by the University	par	
f) Copy of the sanction letter to be enclosed	pa	
	-	
 f) Copy of the sanction letter to be enclosed lote : The faculty member is eligible for financial support to attend one State / Zonal and one National 	OFFICE OF THE REGISTRAR	
 f) Copy of the sanction letter to be enclosed lote : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National</u> <u>Conference</u> in a calendar year. 2. Particulars of the organizers of the aforesaid 		
 f) Copy of the sanction letter to be enclosed lote : 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. 2. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium 	OFFICE OF THIS REQUSTRAR	
 f) Copy of the sanction letter to be enclosed lote : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National</u> <u>Conference</u> in a calendar year. 2. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium a) Name of the Organizer 	OFFICE OF THIS REQUSTRAR	
 f) Copy of the sanction letter to be enclosed lote : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National</u> <u>Conference</u> in a calendar year. 2. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium a) Name of the Organizer b) Title of the program 	OFFICE OF THE RECONTRAR KLE Anademy of Higher Belagain & Research, BELAGAM 16 OCT 2023 60	
 f) Copy of the sanction letter to be enclosed lote : 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. 2. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium a) Name of the Organizer b) Title of the program c) Place 	OFFICE OF THE RECEIPTAR KLE Academy of the Academic & Research, BELAGAVI 1 6 OCT 2023	

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

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	- 2 -
13. Expenses involved towards attending the Con	ference:
a) Place	
b) Mode of journey	1) Car 2) Frain
c) Fare	1) Car 2) Train
To and Fro expenses	1) Cor-Rs 21001-2) Frain
Registration / Delegation Fee	1) Car - RS 21001-2) Train RS 50001- Poster printing - R
Accommodation charges	
Total Expenses	RS 5600+ (2 nights)
14. Documents to be submitted:	RS 152251-
a) Copy of the letter of invitation from the or	manizers
 b) Copy of the full text of documents / abstr prepared by the applicant for presentation 	act/paper de lefte ter andred
 I am not getting any financial assistance / agency for attending the aforesaid Conferen I shall produce necessary bills / receipts alo University from the date of attending the aforesaid 	ng-with Attendance / Participation Certificate within fifteen days to the resaid Conference, of the faculty members of the Department / Institution to share the nding the aforesaid Conference.
o he Registrar, AHER, elgaum.	

** 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 *: 0831-2444444

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.	Name	Designation	Department
No.			
X	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

CC to:

The above staff member.

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]

* 4

KLE

A. To be filled by the faculty member:	* No. 16 Date 16 1
1. Name	
2. Qualification	
3. Designation	MD PATHOLOGY
	Professor
4. Department	Pathology.
5. Institution	JNMC 11
6. Email ID	mansi gosavi@gmail. com
7. Date of joining the Institution	20612
8. Objectives of the Conference / Seminar / Symposium	Recent updates in Pathology, Theme - "B.
 Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 	Please enclose a separate sheet. The the Fut Swenthic ressions attended enclosed with
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 Chairbers on , Judge
 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) 	Path Ard.
a) Title of the Conference / Seminar / Symposium	
b) Date of conduct	
c) Level of Conference (State / Zonal / National)	10 1-10
d) Venue	mabicolia
e) Financial support extended by the University	(recent)
f) Copy of the sanction letter to be enclosed	
Note:The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference in a calendar year.</u>	NA-
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	· CE OF THE REGISTRAR
a) Name of the Organizer	ALE Academy of Higher Education
b) Title of the program	& Research, BELAGAVI
c) Place	10.007
d) Duration	1 5 UCT 2023 A
e) Date	Inward No.55

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH (Formerly known as KLE University) KLE[Deemed-to-be-University established u/s 3 of the UGC Act, 1956] - 2 -13. Expenses involved towards attending the Conference: Mazalore a) Place Train Mode of journey b) c) Fare 1) Car - Rs 2100/- 2) Train - Rs 1875 To and Fro expenses Rs 5000/- Perter printing-Rs 650/-Rs 5600/- (2 nights) Registration / Delegation Fee Accommodation charges 15225 **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 Certificates enclosed prepared by the applicant for presentation. DECLARATION I hereby declare that . • I have furnished the information in this application which is true to the best of my knowledge and belief. • I am not getting any financial assistance / support from the sponsorers of the Conference or any other funding agency for attending the aforesaid Conference,

• I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference,

• I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.

• I shall reimburse the amount to the University in excess of the eligibility.

Date: 13/10/23

Ref. No. 1556

Signature of the faculty member

Date: 16/10/2023

edical College

Yours faithfully,

Jawaharia

То

The Registrar, KAHER, Belgaum.

Dear Sir,

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

Thanking you,

Signature of the HoD

Professor & Head Department of Pathology J.N. Medical College, BELAGAVI Seal Just

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

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.	Name	Designation	Department
No.			
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.



То,

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

V enjud

Prof Dr.M.S.Ganachari Registrar

[Deemed-to-be-University estal	as KLE University) blished u/s 3 of the UGC Act, 1956]
APPLICATION FOR FINANCIAL SUPPORT TO AT (To be submitted to the University th	TEND STATE / ZONAL / NATIONAL CONFERENCES
A. To be filled by the faculty member:	arment of e
1. Name	Dr. ASHWINI RATNAKAR
2. Qualification	MD PATHOLOGY
3. Designation	ASSOCIATE PROFESSOR
4. Department	PATHOLOGY
5. Institution	JNMC
6. Email ID	ashwininov 5@gmail. Com
7. Date of joining the Institution	01/08/12
8. Objectives of the Conference / Seminar / Symposium	Recent updates in Pathology.
9. Benefits to be derived from participation in the aforesai Conference / Seminar / Symposium	id Please enclose a separate sheet. Scientific sessions attended enclosed i
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.
	c) Others, if any, specify.
 Particulars of the financial support already extend by the University to attend the similar Conferen (s) during the current calendar year 1st January 31st December) 	ice
a) Title of the Conference / Seminar / Symposium	
a) Title of the Conference / Seminar / Symposiumb) Date of conduct	
b) Date of conduct	
b) Date of conductc) Level of Conference (State / Zonal / National)	
 b) Date of conduct c) Level of Conference (State / Zonal / National) d) Venue 	
 b) Date of conduct c) Level of Conference (State / Zonal / National) d) Venue e) Financial support extended by the University 	
 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 Nation Conference</u> in a calendar year. 	ial
 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 Nation Conference</u> in a calendar year. 12. Particulars of the organizers of the aforesaid 	
 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 Nation Conference</u> in a calendar year. 12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium 	$\frac{ a }{ a } = (NA)$
 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 financiasupport to attend <u>one State / Zonal</u> and <u>one Nation 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 	$\frac{ a }{ a } = (NA)$ $= (NA)$ $= Tc$ Tc $min(ration)$
 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 financiasupport to attend <u>one State / Zonal</u> and <u>one Nation 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 	$\frac{ a }{ a } = (NA)$ $= (NA)$ $= (NA)$ Tc $publication$ $publication$
 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 financia support to attend <u>one State / Zonal</u> and <u>one Nation 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 	$\frac{ a }{ a } = (NA)$ $= (NA)$ $= (NA)$ Tc $publication$ $publication$
 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 financia support to attend <u>one State / Zonal</u> and <u>one Nation 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 	$\frac{ a }{ a } = (NA)$ $= (NA)$ $= Tc$ Tc $min(ration)$

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

(Formerly known as [Deemed-to-be-University establish	ed u/s 3 of the UGC Act, 1956]
- 2 -	
13. Expenses involved towards attending the Conference:	
a) Place	Mangaluzu
b) Mode of journey	1) Car 2) Train.
c) Fare	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
To and Fro expenses	1) (ar Rs 2100/- 2) Train Rs 187
Registration / Delegation Fee	Rs 5000/- + Pester RS6
Accommodation charges	RS 5600/-(2nights)
Total Expenses	Rs 15,225/-
I4. 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.
DECLARA	TION
I hereby declare that :	
Lhave furnished the information in this application which	is true to the best of my knowledge and belief.
 I am not getting any financial assistance / support from agency for attending the aforesaid Conference, 	the sponsorers of the Conference or any other funding
 I shall produce necessary bills / receipts along-with Atter 	dance / Participation Certificate within fifteen days to th
University from the date of attending the aforesaid Confe	rence,
 I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the afore 	remembers of the Department / Institution to share the presaid Conference.
• I shall reimburse the amount to the University in excess	of the eligibility.
Date: 13/10/2.3 Sig	nature of the faculty member
Ref. No. 1559	Date: 16/10/2023
Го	
The Registrar,	
KAHER, Belgaum.	
Dear Sir,	
We are enclosing herewith the application of the at	ove Teacher in the prescribed format for grant (
inancial support for presentation scientific paper (poster of	· · · · ·
Conference for kind consideration.	
Thanking you,	
	Yours faithfully,
h h	
Signature of the HoD	HE PRINCIPAL
Signature of the HoD	Jawaharlat Wenne Medical Colleg
Professor & Head	BELAGAVI
Professor & Head Department of Pathology J.N. Medical College,	BELAGAVI

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH (Formerly known as KLE University) (Deemed-to-be-University established u/s 3 of the UGC Act, 1956) Accredited A⁺ Grade by NAAC (3rd Cycle) Placed in Category 'A' by MoE (GoI) JNMC Campus, Nehru Nagar, Belagavi-590 010, Karnataka State, India (B31-244444 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 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.	Name	Designation	Department
No.			
X	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.



То,

The above staff member.

CC to:

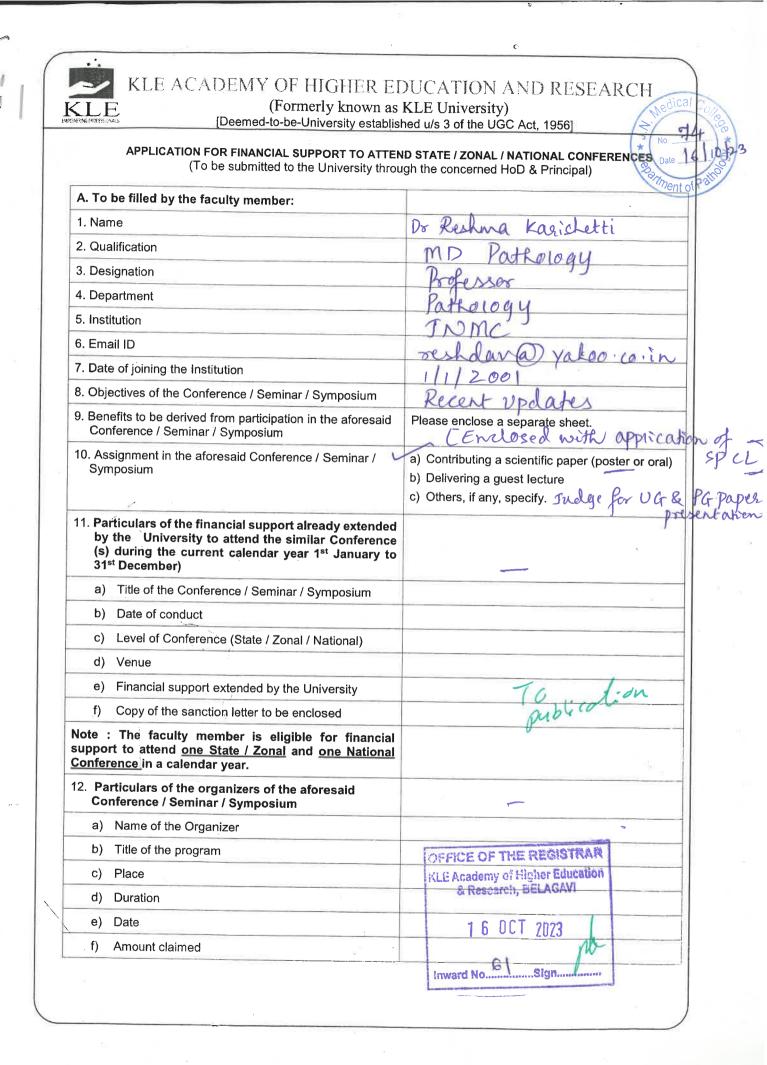
1. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.

2. The Principal, J N Medical College, Belagavi.

3. The Finance Officer, KAHER, Belagavi

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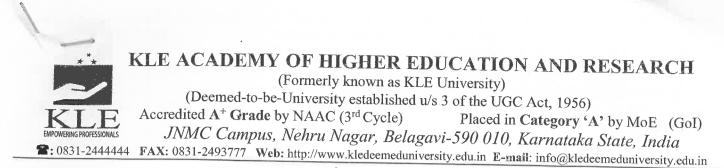
Prof Dr.M.S.Ganachari Registrar



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] -2-

3. Expenses involved towards attending the Conference:	
a) Place	Margalore
b) Mode of journey	1) car 2) Train
c) Fare	1
To and Fro expenses	17 car - Rs 2100/72 Train Rs
Registration / Delegation Fee	Rs 5000, + RS 650 - Post
Accommodation charges	Rs. 5600 (For 2 nights)
Total Expenses	RS 15, 225/- "
4. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	0
 b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. 	cestificate enclosed.
DECLARAT	TION
I hereby declare that :	
• I have furnished the information in this application which	is true to the best of my knowledge and belief.
 I am not getting any financial assistance / support from agency for attending the aforesaid Conference, 	
 I shall produce necessary bills / receipts along-with Atten University from the date of attending the aforesaid Confe 	erence,
 I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the afor 	/ members of the Department / Institution to share the presaid Conference.
 I shall reimburse the amount to the University in excess of the interview of t	
Date : 13/10/23	gnature of the faculty member
Ref. No. 1558	Date: 16-10-2022
То	
The Registrar, KAHER,	
Belgaum.	
Dear Sir,	
We are enclosing herewith the application of the at	bove Teacher in the prescribed format for grant of
financial support for presentation scientific paper (poster	
Conference for kind consideration.	
Thanking you,	
TER	Yours faithfully,
Signature of the HoD	PRINCIPAL PRINCIPAL Design Modical College

Professor & Head Department of Pathology J.N. Medical College, BFLAGAVI.



Ref.No.KAHER/23-24/D-18082360.

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.	Name	Designation	Department
No.			
1	Dr. Rajendra B Nerli	Professor	
		TOIESSOT	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.Ś.Ganachari Registrar

To, The above staff member.

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

		564
UNIVERSITY EMPOWERING PROFESSIONALS	of Higher Education & Research) Government of India Notification No.F.9-19/2000-U.3(A)]	
APPLICATION FOR FINANCIAL SUPPORT TO		
(To be submitted to the University thro A. To be filled by the faculty member:	bugn the concerned HoD & Principal)	
1. Name		
2. Qualification	DR. R. B. NERLI	
3. Designation	M.S. M.Ch. MD. MBA	
4. Department	prof	
5. Institution	VRULOOY The MEDICAL	
6. Date of joining the Institution	J.W. MEDICAL LOLLEDE	
7. Objectives of the Conference / Seminar / Symposium	JU(Y 1991	E I
8. Benefits to be derived from participation in the aforesaid	SOC. INT VMCLORY - ADVANC Please enclose a separate sheet.	27
Conference / Seminar / Symposium	r lease enclose à separate sheet.	
9. Assignment in the aforesaid Conference / Seminar / Symposium OFFICE OF THE REGISTRAR KLE Academy of Higher Education & Research, BELAGAVI	 a) Delivering Key-note address / orations / plenary lectures b) Contributing a scientific paper c) Chairing a scientific session d) leterational collection and provide the set of the s	
09 Inward No	 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		
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	1
b) Title of the program	SIN ANNUAL MEET 2023	
c) Place	ISTAMBUL TURKEY	
d) Duration	OCT 11- 14 40AYS	
e) Date of Conference	UG 11-14 2023	
f) Financial grant sought		
	AS PER THE RESOLUTION	
Λ	IN RESEARCH (OMM	

Aspernomation

DECLARATION I hereby declare that : • I have furnished the information in this application which is true to the best of my knowledge and belief. • I am not getting any financial assistance / support from the sponsorers / organizers of the Conference or any other funding agency for attending the aforesaid Conference. I am aware that I am liable for any disciplinary action by the University in case it is found at a later stage that the information furnished in this application is wrong / false, in support of my application for financial grant. • I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference. • I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference. • I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference. • I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference. • I shall conduct a seminar for the benefit of the faculty member • I shall conduct a seminar for the benefit of the faculty member • I shall conduct a seminar for the benefit of the faculty member • I shall conduct a seminar for the benefit of the faculty member • I shall conduct a seminar for the benefit of the fac	2. Travelling (by shortest route) and other expenses involved		
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b) Mode of journey FLIGHT FIIGHT c) Fare Image: Constraint of the second o	a) Place	MUM-1ST-MUM	BELEAVM - MUM
c) Fare d) To and Fro e) Accommodation charges f) Registration / Delegation Fee g) Air-port Tax 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. Signature of the faculty member DE C L A R A T I O N I hereby declare that :	b) Mode of journey		
 e) Accommodation charges f) Registration / Delegation Fee 32000 /	c) Fare	2	
f) Registration / Delegation Fee g) Air-port Tax g) Air-port Tax B) 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. Signature of the faculty member	d) To and Fro	To be still boo	keel
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 g) Air-port Tax To be atful got 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. 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 have furnished the information in this application which is true to the best of my knowledge and belief. I am not getting any financial assistance / support from the sponsorers / organizers of the Conference or any other funding agency for attending the aforesaid Conference. I am aware that I am liable for any disciplinary action by the University in case it is found at a later stage that the information furnished in this application is wrong / false, in support of my application francial 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. I shall conduct a seminar for the benefit of the faculty member Date: 6/7/23 e Registrar, KLE University, Belagavi. ar Sir, We are enclosing herewith the application of the above Teacher in the prescribed format for grant of ancial support to attend the International Conference outside India for kind consideration. Thanking you, 	f) Registration / Delegation Fee	32000/	
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prepared by the applicant for presentation. A.Signature of the faculty member DECLARATION I hereby declare that : I have furnished the information in this application which is true to the best of my knowledge and belief. I am not getting any financial assistance / support from the sponsorers / organizers of the Conference or any other funding agency for attending the aforesaid Conference. I am aware that I am liable for any disciplinary action by the University in case it is found at a later stage that the information furnished in this application is wrong / false, in support of my application for financial grant. I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference. I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference. Signature of the faculty member	a) Copy of the letter of invitation from the organizers.	_	
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te : <u><u><u></u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u></u>	other funding agency for attending the aforesaid Confe action by the University in case it is found at a	rence. I am aware that I am a later stage that the info	liable for any disciplinary
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ne Registrar, KLE University, Belagavi. ear Sir, We are enclosing herewith the application of the above Teacher in the prescribed format for grant of nancial support to attend the International Conference outside India for kind consideration. Thanking you,	 other funding agency for attending the aforesaid Confeaction by the University in case it is found at a application is wrong / false, in support of my applica I shall produce necessary bills / receipts along-with Atte University from the date of attending the aforesaid Confe I shall conduct a seminar for the benefit of the facult knowledge and experience gained from attending the aforesaid to a factor of the second seco	arence. I am aware that I am a later stage that the infor ation for financial grant. andance / Participation Certific: arence. by members of the Departme foresaid Conference.	liable for any disciplinary mation furnished in this ate within fifteen days to the nt / Institution to share the
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	 other funding agency for attending the aforesaid Confe action by the University in case it is found at a application is wrong / false, in support of my applica I shall produce necessary bills / receipts along-with Atte University from the date of attending the aforesaid Confi I shall conduct a seminar for the benefit of the facult knowledge and experience gained from attending the aforesaid stee:	a later stage that the infor a later stage that the infor ation for financial grant. Indance / Participation Certific: Ference. Ty members of the Departme Foresaid Conference. Ignature of the faculty members If above Teacher in the preso ide India for kind considera	liable for any disciplinary rmation furnished in this ate within fifteen days to the nt / Institution to share the 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) 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 * AX: 0831-2443777 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.	Name	Designation	Department
No.		5	
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.

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

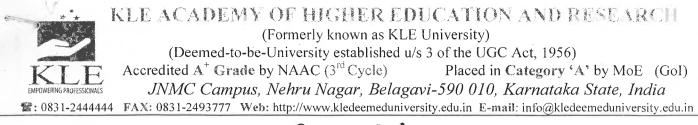
KLE (Formerly known	EDUCATION AND RESEARCH as KLE University) ablished u/s 3 of the UGC Act, 1956]
APPLICATION FOR FINANCIAL SUPPORT TO	O ATTEND STATE / NATIONAL CONFERENCES hrough the concerned HoD & Principal)
A. To be filled by the faculty member:	rindigin the concerned HoD & Principal)
1. Name	Dr. Archono S. patil
2. Qualification	M Ohana al
3. Designation	M. Pharm Ph.D. Associate Professor
4. Department	Pharmaceutics
5. Email ID	
6. Institution	archarapadil & Wepharm. edu
7. Date of joining the Institution (the faculty should	KLECOP, Belogari
complete minimum one year of service to avail this facility)	A 19 M and a second
8. Objectives of the Conference / Seminar / Symposium 9. Benefite to be derived from participation in the second s	Attached Annexare -I
 Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 	Please enclose a separate sheet. Alloched Amexune -
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
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11. Particulars of the Conference being attended a) Title of the Conference / Seminar / Symposium	 plenary lectures 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.
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 A. 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) 	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. 3-indernation concenence ICBS - 2023 November - 23 to 25, -2023 State / National State Levei : Rs. 8,000/- National Level : Rs. 16,000/- Institute of Sciencical Aesearch, MC
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KLE (Formerly kn	ER EDUCATION AND RESEAR own as KLE University) established u/s 3 of the UGC Act, 1956]
	-2-
13. Travelling (by shortest route) and other expenses involve	d
	Particulars
a) Place	Mathura
b) Mode of journey	Torin
c) Fare	5600/- (Approximately
d) To and Fro	Oelagavi to Mathco
e) Accommodation charges	3000/per day (Aprox
f) Registration / Delegation Fee	1770/-
g) Air-port Tax	
14. Documents to be submitted:	
(a) Copy of the letter of invitation from the organized	rers.
b) Copy of the full text of documents / abstract / prepared by the applicant for presentation.	paper
 I hereby declare that I have furnished the information in this application I am not getting any financial assistance / support other funding agency for attending the aforenoid 	RATION which is true to the best of my knowledge and belief. ort from the sponsorers / organizers of the Conference Conference. I am aware that I am liable for any disc
 I hereby déclare that I have furnished the information in this application I am not getting any financial assistance / support other funding agency for attending the aforesaid action by the University in case it is found application is wrong / false, in support of my a I shall produce necessary bills / receipts along-wit University from the date of attending the aforesaid I shall conduct a seminar for the benefit of the 	which is true to the best of my knowledge and belief. ort from the sponsorers / organizers of the Conference Conference. I am aware that I am liable for any disc at a later stage that the information furnished oplication for financial grant. In Attendance / Participation Certificate within fifteen day Conference.
 I hereby déclare that I have furnished the information in this application I am not getting any financial assistance / support other funding agency for attending the aforesaid action by the University in case it is found application is wrong / false, in support of my a I shall produce necessary bills / receipts along-wit University from the date of attending the aforesaid I shall conduct a seminar for the benefit of the knowledge and experience gained from attending 	which is true to the best of my knowledge and belief. ort from the sponsorers / organizers of the Conference Conference. I am aware that I am liable for any disc at a later stage that the information furnished oplication for financial grant. In Attendance / Participation: Certificate within fifteen day Conference. faculty members of the Department / Institution to sh the aforesaid Conference.
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IPDWERING PROFESSIONALS	Deemed-to-be-Universit establ	ished u/s 3 of the UGC Act, 1956]
		ATTEND STATE / NATIONAL CONFERENCES ough the concerned HoD & Principal)
A. To be filled by the fac	ulty member:	
1. Name	Vishwa	. Rajakumar Byaked
2. Qualification	M-Pha	
3. Designation	Assista	nt Professor
4. Department	Departu	ent of Pharmacy Practice.
5. Email ID	Vichwaby	abod@ Klesharm Edu.
6. Institution	KLE CO	abod@klepharm.edu. LLEGE OF PHARMACY.Bgm
7. Date of joining the Institu complete minimum one ye	ution (the faculty should ar of service to avail this facility)	4th of August (4108/23)
8. Objectives of the Confer	rence / Seminar / Symposium	Hands on training (Workshop)
9. Benefits to be derived fr Conference / Seminar /	om participation in the aforesaid	Please enclose a separate sheet.
Symposium blication	OFFICE OF THE REGISTRA KLE Academy of Higher Educat & Research, BELAGAVI 2 7 OCT 2023 16	 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 Cor	Iference being attended	persones well
a) Title of the Conference	ence / Seminar / Symposium	Statistical discovery of Dr Pharmaceutical scie
b) Date of conduct		25/07123-26107123
c) Level of Conference	же —	State / National
	ial grant eligible (or actuals ver is less)	State Level : Rs. 8,000/- National Level : Rs.16,000/-
expenses, whichev		REDALING A REDAL
expenses, whichev e) Venue		RSPC Shill develop center, sangalone
e) Venue	on letter along-with Brochure to	RSPC Shi'll develop center, Bangalore Yes
e) Venuef) Copy of the sanctionbe enclosed		
 e) Venue f) Copy of the sanction be enclosed Note : The faculty member is elements.	ligible for financial support to attend one S financial support <u>previously</u> versity	Yes State / Zonal and one National Conference in a calendar year
 e) Venue f) Copy of the sanction be enclosed Note : The faculty member is effective to the sanction of the sanction	ligible for financial support to attend one S financial support <u>previously</u> versity hizer KSPC (K	Yes State / Zonal and one National Conference in a calendar year concil 7
 e) Venue f) Copy of the sanction be enclosed Note : The faculty member is electronic set of the extended by the United Statement of the extended by the United Statement of the Stateme	ligible for financial support to attend one S financial support previously versity nizer KSPC(K) n Application	Yes State / Zonal and one National Conference in a calendar year in ann talua state Pharmony Concil ? In statistical techniques
 e) Venue f) Copy of the sanctic be enclosed Note : The faculty member is electronic of the extended by the United at the Organisation of th	ligible for financial support to attend one S financial support previously versity nizer KSPC(K) n Application	Yes State / Zonal and one National Conference in a calendar year in ann talua state Pharmony Concil ? In statistical techniques
 e) Venue f) Copy of the sanction be enclosed Note : The faculty member is electronic and the faculty member is electronic and the unit and the organ b. Title of the program 	ligible for financial support to attend one S financial support <u>previously</u> versity nizer M Application Bangala 2 daeys	Yes State / Zonal and one National Conference in a calendar year marntalua state Pharmaey Concil ? In statistical techniques are
 e) Venue f) Copy of the sanction be enclosed Note : The faculty member is electric to the faculty member is electric to the extended by the Unit a) Name of the Organ b) Title of the program c) Place 	ligible for financial support to attend one S financial support <u>previously</u> versity nizer M Application Bangala 2 daeys	Yes State / Zonal and one National Conference in a calendar year in ann talua state Pharmony Concil ? In statistical techniques

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MPOWERING PROFESSIONALS Decomposition to b	rmerly known as K	d u/s 3 of the UGC Act, 1956]
		0 U/S 3 0) the UGC Act, 1956]
13. Travelling (by shortest route) and other exp	- 2 -	
		Particulars
a) Place		
b) Mode of journey		Bangalore Train & Bus
c) Fare		(rath abus
d) To and Fro		
e) Accommodation charges		Nil
f) Registration / Delegation Fee		
g) Air port Tax		2000
14. Documents to be submitted:	4	NI
a) Copy of the letter of invitation from	n the organizers	2000+1100 = 3100
 b) Copy of the full text of documents prepared by the applicant for pres 	s / abstract / paper	
	DECLARATIC	D N
I hereby declare that		
I have furnished the information in t	his application which is tr	ue to the best of my knowledge and belief.
ower runding agency for attending	the aforesaid Conference e it is found at a late	e sponsorers / organizers of the Conference or a e. I am aware that I am liable for any disciplina er stage that the information furnished in fil for financial direct
University from the date of attending	eipts along-with Attendan the aforesaid Conference	ce / Participation Certificate within fittoon down to t
Oniversity from the date of attending	g the aforesaid Conference benefit of the faculty me rorn attending the aforesa	ce / Participation Certificate within fifteen days to t be, onbers of the Department / Institution to share t aid Conference.
• I shall conduct a seminar for the l knowledge and experience gained fi	the atoresaid Conterence benefit of the faculty me rom attending the aforesa Signatu	ce / Participation Certificate within fifteen days to the mbers of the Department / Institution to share the aid Conference.
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 I shall conduct a seminar for the I knowledge and experience gained fi Date Ref. No. KLE COP H2S 2023/2 	the atoresaid Conterence benefit of the faculty me rom attending the aforesa Signatu	ce / Participation Certificate within fifteen days to the mbers of the Department / Institution to share the aid Conference.
• L shall conduct a seminar for the l knowledge and experience gained fi • Date Ref. No. KUE[COP]725 2023/2 To	the atoresaid Conterence benefit of the faculty me rom attending the aforesa Signatu	ce / Participation Certificate within fifteen days to the mbers of the Department / Institution to share the aid Conference.
 I shall conduct a seminar for the I knowledge and experience gained fi Date Ref. No. KLE COP H2S 2023/2 To The Registrar, KAHER, Belagavi. Dear Sir, 	y the atoresaid Conference benefit of the faculty me rom attending the aforesa Signatu	ce / Participation Certificate within fifteen days to the e. Imbers of the Department / Institution to share the aid Conference. Ure of the faculty member Date: 25/10/23 Date: 25/10/23
 I shall conduct a seminar for the I knowledge and experience gained fi Date Ref. No. KLE COP H2S 2023/2 To The Registrar, KAHER, Belagavi. Dear Sir, We are enclosing herewith the app financial support to attend the International 	y the atoresaid Conference benefit of the faculty me rom attending the aforesa Signatu	ce / Participation Certificate within fifteen days to the e. Imbers of the Department / Institution to share the aid Conference. Ure of the faculty member Date: 25/10/23 Date: 25/10/23
 I shall conduct a seminar for the I knowledge and experience gained fi Date Ref. No. KLE COP H2S 2023/2 To The Registrar, KAHER, Belagavi. Dear Sir, We are enclosing herewith the app financial support to attend the International 	y the atoresaid Conference benefit of the faculty me rom attending the aforesa Signatu	eacher in the prescribed format for grant of notice for kind consideration.
 I shall conduct a seminar for the I knowledge and experience gained fi Date Ref. No. KLE COP H2S 2023/2 To The Registrar, KAHER, Belagavi. Dear Sir, We are enclosing herewith the app financial support to attend the International 	y the atoresaid Conference benefit of the faculty me rom attending the aforesa Signatu	eacher in the prescribed format for grant of notice for kind consideration.
 I shall conduct a seminar for the I knowledge and experience gained fi Date Ref. No. KLE COP H2S 2023/2 To The Registrar, KAHER, Belagavi. Dear Sir, We are enclosing herewith the app financial support to attend the International 	y the atoresaid Conference benefit of the faculty me rom attending the aforesa Signatu	eacher in the prescribed format for grant of notice for kind consideration.



Ref. No. KAHER-/2022-23/D- 2202 2308

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

9th February, 2023

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.



(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 Dishpande
2. Qualification	Charm D
3. Designation	dissistant Professor
4. Department	Prarmary Practice
5. Email ID	anushreedishpande @ kle pharm.edu
6. Institution	KLE College of Pharman Belagani
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 themaconigi ance & Pharmacul
 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
- ·	by 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	1CPBR-2023
b) Date of conduct	24th - 25th January 2023
c) Level of Conference	State / National
 Quantum of financial grant eligible (or actuals expenses, whichever is less) 	Octate Level : Rs. 8,000/- Mational Level : Rs.16,000/-
e) Venue	Mysusu
 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 S	State / Zonal and one National Conference in a calendar year
12. Particulars of the financial support previously extended by the University	
a) Name of the Organizer	
b) Title of the program	
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c) Place	not enalled the alexander year
an a	(not anailed this acordemic year
 c) Place d) Duration e) Date of Conference 	nd anailed mig alerdemin year

KLE (Formerly)	sity established u	s 3 of the UGC Act.	1956]
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13. Travelling (by shortest route) and other expenses invo	olved		annan an a
		Partic	culars
a) Place	N	usuru	0
b) Mode of journey	Br	s be road	Fanal Bi
c) Fare	Bu	2 Fare	> will be
d) To and Fro	App	10x 2000/-	lanclose d
e) Accommodation charges	Ale	nor \$1000/-	alter The
f) Registration / Delegation Fee	13	00 -	Conference
g) Air-port Tax	an on the second se	annan an a	
14. Documents to be submitted:		andaning a start and a start of the start of	1017 A 101 AUG
a) Copy of the letter of invitation from the org			
 b) Copy of the full text of documents / abstract prepared by the applicant for presentation. 	ct / paper		
DEC I hereby declare that : • I have furnished the information in this applica	LARATION	o the best of my know	ledge and belief.
DEC I hereby declare that : I have furnished the information in this application I am not getting any financial assistance / si other funding agency for attending the afores action by the University in case it is for application is wrong / false, in support of m I shall produce necessary bills / receipts along University from the date of attending the afore I shall conduct a seminar for the benefit of knowledge and experience gained from attendo	LARATION ation which is true to upport from the sp said Conference. I a ound at a later s ny application for g-with Attendance / esaid Conference.	onsorers / organizers am aware that I am li tage that the inforr financial grant. Participation Certifica	of the Conference or an iable for any disciplinar nation furnished in thi te within fifteen days to the
DEC I hereby declare that : I have furnished the information in this applicat I am not getting any financial assistance / si other funding agency for attending the afores action by the University in case it is fo application is wrong / false, in support of m I shall produce necessary bills / receipts along University from the date of attending the afore I shall conduct a seminar for the benefit of knowledge and experience gained from attendor Date : 0210212023	LARATION ation which is true to upport from the sp baid Conference. I a bund at a later s ny application for g-with Attendance / said Conference. the faculty member bing the aforesaid Conference.	onsorers / organizers am aware that I am li tage that the inforr financial grant. Participation Certifica	of the Conference or an iable for any disciplinar nation furnished in this te within fifteen days to the t / Institution to share the
DEC I hereby declare that : I have furnished the information in this applications I am not getting any financial assistance / su other funding agency for attending the afores action by the University in case it is for application is wrong / false, in support of m I shall produce necessary bills / receipts along University from the date of attending the afore I shall conduct a seminar for the benefit of knowledge and experience gained from attend Date : <u>GRI02</u> 2023 Ref. No. <u>KUELCOP</u> 2022[23	LARATION ation which is true to upport from the sp baid Conference. I a bund at a later s ny application for g-with Attendance / said Conference. the faculty member bing the aforesaid Conference.	onsorers / organizers am aware that I am li tage that the inforr financial grant. Participation Certifica ers of the Departmeni conference. of the faculty membri	of the Conference or an iable for any disciplinar nation furnished in this te within fifteen days to the t / Institution to share the
DEC I hereby declare that : I have furnished the information in this application I am not getting any financial assistance / su other funding agency for attending the afores action by the University in case it is for application is wrong / false, in support of m I shall produce necessary bills / receipts along University from the date of attending the afore I shall conduct a seminar for the benefit of knowledge and experience gained from attend Date : <u>ORIO212023</u> Ref. No. <u>KUELCOP12022123</u>	LARATION ation which is true to upport from the sp baid Conference. I a bund at a later s ny application for g-with Attendance / said Conference. the faculty member bing the aforesaid Conference.	onsorers / organizers am aware that I am li tage that the inforr financial grant. Participation Certifica ers of the Departmeni conference. of the faculty membri	of the Conference or an iable for any disciplinar mation furnished in this te within fifteen days to the t / Institution to share the er Amushie
DEC I hereby declare that : I have furnished the information in this application I am not getting any financial assistance / su other funding agency for attending the afores action by the University in case it is for application is wrong / false, in support of m I shall produce necessary bills / receipts along University from the date of attending the afore I shall conduct a seminar for the benefit of	LARATION ation which is true to upport from the sp baid Conference. I a bund at a later s ny application for g-with Attendance / said Conference. the faculty member bing the aforesaid Conference.	onsorers / organizers am aware that I am li tage that the inforr financial grant. Participation Certifica ers of the Departmeni conference. of the faculty membri	of the Conference or an iable for any disciplinary nation furnished in this te within fifteen days to the t / Institution to share the er Amushie
DEC I hereby declare that : I have furnished the information in this application i am not getting any financial assistance / si other funding agency for attending the afores action by the University in case it is for application is wrong / false, in support of m I shall produce necessary bills / receipts along University from the date of attending the afore I shall conduct a seminar for the benefit of knowledge and experience gained from attend Date : <u>ORIONIZOUS</u> Ref. No. <u>KLELCOP 2022 23</u> To The Registrar, KAHER, Belagavi. Dear Sir, We are enclosing herewith the application of inancial support to attend the International Conferent Thanking you,	LARATION ation which is true to upport from the sp vaid Conference. I a bund at a later so ny application for g-with Attendance / isaid Conference. the faculty member ling the aforesaid C Signature	onsorers / organizers am aware that I am li tage that the inforr financial grant. Participation Certifica ers of the Department conference. of the faculty member D	of the Conference or any iable for any disciplinary nation furnished in this te within fifteen days to the t / Institution to share the er <u>structure</u> ate: <u>16.01.23</u> d format for grant of on.

(Formerly known as KLE University)

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

KLEF
EMPOWERING PROFESSIONALSAccredited A+ Grade by NAAC (3rd Cycle)Placed in Category 'A' by MoE (GoI)Image: Description of the state of the st

Ref. No. KAHER/23-24/D-27112312

22nd September, 2023

Dr. M. S. Ganachari Registrar

O R D E R

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 Q	uality
1.			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.

19.

her Educ

Deemed-to-b University

BELAGE

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]

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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	Mrs. Nisha Shirkeli
2. Qualification	M. Pharm (Pharmacoulics) 2011
3. Designation	Assistand Projeson.
4. Department	
5. Email ID	Picutical Quality Assurance
6. Institution	nishashirkali@klepharm.edu
7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility)	KLF College of Phormacy, Belago 03/02/2020
8. Objectives of the Conference / Seminar / Symposium	To invant provided on relan aduar
 Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 	in pleutical manufacturing, OA & RA Please enclose a separate sheet.
1 Particulars of the Conference being and	 a) Delivering Key-note address / orations / plenary lectures b) Contributing a scientific paper c) International collaboration exchange program (only on invitation) d) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation) e) Others, if any, specify.
1 Particulars of the Conference being attended	
a) Title of the Conference / Seminar / Symposium	Manipal Pharmacentris Conference 21
b) Date of conduct	28th to 30th ceptember
c) Level of Conference	State / National
 Quantum of financial grant eligible (or actuals expenses, whichever is less) 	State Level : Rs. 8,000/- National Level : Rs.16,000/-
e) Venue	Maripal, Karnataka
 f) Copy of the sanction letter along-with Brochure to be enclosed 	
ote: The faculty member is eligible for financial support to attend one St	ate / Zonal and one National Conference in a calendar year
 Particulars of the financial support previously extended by the University 	Nil
a) Name of the Organizer	
b) Title of the program	CIETAAD I
c) Place CF THE RE	
d) Duration & Research, BEL	AGAM
e) Date of Conference	
f) Einancial grant qualler d 22 SEP 2	199
f) Financial grant availed	123 pl

KLE (Formerly kn	ER EDUCATION AND RESEARCH own as KLE University) established u/s 3 of the UGC Act, 1956]
	-2- As per University Circular
13. Travelling (by shortest route) and other expenses involv	ed KAHER/23-24/D-07 092 301
	Particulars
a) Place	Manipal
b) Mode of journey	Bus
c) Fare	367×367 Km 20
d) To and Fro	600×8 -4,800/-
e) Accommodation charges	3000×3days =9,000/-
f) Registration / Delegation Fee	72340/- =23401-
g) Air-port Tax	
14. Documents to be submitted:	Total = 16140/-
a) Copy of the letter of invitation from the organb) Copy of the full text of documents / abstract.	
 I hereby declare that : I have furnished the information in this application I am not getting any financial assistance / supjuother funding agency for attending the aforesaid 	ARATION on which is true to the best of my knowledge and belief. port from the sponsorers / organizers of the Conference or an d Conference. I am aware that I am liable for any disciplinar
DECL I hereby declare that : I have furnished the information in this application I am not getting any financial assistance / sup- other funding agency for attending the aforesaid action by the University in case it is four application is wrong / false, in support of my I shall produce necessary bills / receipts along-w University from the date of attending the aforesaid	ARATION on which is true to the best of my knowledge and belief. port from the sponsorers / organizers of the Conference or an d Conference. I am aware that I am liable for any disciplinar and at a later stage that the information furnished in this application for financial grant. with Attendance / Participation Certificate within fifteen days to the id Conference.
 DECL I hereby declare that I have furnished the information in this application I am not getting any financial assistance / supporter funding agency for attending the aforesaid action by the University in case it is four application is wrong / false, in support of my I shall produce necessary bills / receipts along-w University from the date of attending the aforesaid and experience gained from attending the date of attending the aforesaid of the knowledge and experience gained from attending the aforesaid and experience gained from attending the aforesaid of the support of the superimeter of the	ARATION on which is true to the best of my knowledge and belief. port from the sponsorers / organizers of the Conference or an d Conference. I am aware that I am liable for any disciplinar and at a later stage that the information furnished in this application for financial grant. with Attendance / Participation Certificate within fifteen days to the id Conference. e faculty members of the Department / Institution to share the g the aforesaid Conference.
 DECL I hereby declare that : I have furnished the information in this application I am not getting any financial assistance / supporter funding agency for attending the aforesaid action by the University in case it is four application is wrong / false, in support of my I shall produce necessary bills / receipts along-w University from the date of attending the aforesaid of the shall conduct a seminar for the benefit of the 	ARATION on which is true to the best of my knowledge and belief. port from the sponsorers / organizers of the Conference or an d Conference. I am aware that I am liable for any disciplinar and at a later stage that the information furnished in this application for financial grant. with Attendance / Participation Certificate within fifteen days to the id Conference.
DECL I hereby declare that : I have furnished the information in this application I am not getting any financial assistance / support other funding agency for attending the aforesaid action by the University in case it is four application is wrong / false, in support of my I shall produce necessary bills / receipts along-w University from the date of attending the aforesaid I shall conduct a seminar for the benefit of the knowledge and experience gained from attending Date : 22/09/2023 Ref. NoKLE/COP/627/12023/24	ARATION on which is true to the best of my knowledge and belief. port from the sponsorers / organizers of the Conference or an d Conference. I am aware that I am liable for any disciplinar and at a later stage that the information furnished in this application for financial grant. with Attendance / Participation Certificate within fifteen days to the id Conference. e faculty members of the Department / Institution to share the g the aforesaid Conference.
DECL I hereby declare that : • I have furnished the information in this application • I am not getting any financial assistance / sup- other funding agency for attending the aforesaid action by the University in case it is four application is wrong / false, in support of my • I shall produce necessary bills / receipts along-w University from the date of attending the aforesaid • I shall conduct a seminar for the benefit of the knowledge and experience gained from attending Date : 22/09/2023 Ref. No. KLEICOPI62+1202344 To	ARATION on which is true to the best of my knowledge and belief. port from the sponsorers / organizers of the Conference or an d Conference. I am aware that I am liable for any disciplinar and at a later stage that the information furnished in this application for financial grant. with Attendance / Participation Certificate within fifteen days to the id Conference. e faculty members of the Department / Institution to share the g the aforesaid Conference. Signature of the faculty member
 DECL I hereby declare that I have furnished the information in this application I am not getting any financial assistance / supporter funding agency for attending the aforesaid action by the University in case it is four application is wrong / false, in support of my I shall produce necessary bills / receipts along-w University from the date of attending the aforesaid and experience gained from attending the date of attending the aforesaid of the knowledge and experience gained from attending the aforesaid and experience gained from attending the aforesaid of the support of the superimeter of the	ARATION on which is true to the best of my knowledge and belief. port from the sponsorers / organizers of the Conference or an d Conference. I am aware that I am liable for any disciplinar and at a later stage that the information furnished in this application for financial grant. with Attendance / Participation Certificate within fifteen days to the id Conference. e faculty members of the Department / Institution to share the g the aforesaid Conference. Signature of the faculty member
 DECL I hereby déclare that : I have furnished the information in this application I am not getting any financial assistance / supporter funding agency for attending the aforesaid action by the University in case it is four application is wrong / false, in support of my I shall produce necessary bills / receipts along-w University from the date of attending the aforesaid I shall conduct a seminar for the benefit of the knowledge and experience gained from attending Date: 22/09/2023 Ref. No. <u>KLEICOP/62+12023/24</u> To The Registrar, KAHER, Belagavi. Dear Sir, We are enclosing herewith the application of the superior of the	ARATION on which is true to the best of my knowledge and belief. port from the sponsorers / organizers of the Conference or an d Conference. I am aware that I am liable for any disciplinar and at a later stage that the information furnished in this application for financial grant. with Attendance / Participation Certificate within fifteen days to the id Conference. e faculty members of the Department / Institution to share the g the aforesaid Conference. Signature of the faculty member Date: 22/09/20 he above Teacher in the prescribed format for grant of
DECL I hereby declare that : I have furnished the information in this application I am not getting any financial assistance / sup- other funding agency for attending the aforesaid action by the University in case it is four application is wrong / false, in support of my I shall produce necessary bills / receipts along-w University from the date of attending the aforesaid I shall conduct a seminar for the benefit of the knowledge and experience gained from attending Date : 22/09/2023 Ref. No. <u>KLEICOPI62+12023</u> Ref. No. <u>KLEICOPI62+12023</u> Ref. No. <u>KLEICOPI62+12023</u> Dear Sir, We are enclosing herewith the application of the financial support to attend the International Conference	ARATION on which is true to the best of my knowledge and belief. port from the sponsorers / organizers of the Conference or an d Conference. I am aware that I am liable for any disciplinar and at a later stage that the information furnished in this application for financial grant. with Attendance / Participation Certificate within fifteen days to the id Conference. e faculty members of the Department / Institution to share the g the aforesaid Conference. Signature of the faculty member Date: 22/09/20 he above Teacher in the prescribed format for grant of
DECL I hereby declare that : • I have furnished the information in this application • I am not getting any financial assistance / sup- other funding agency for attending the aforesaid action by the University in case it is four application is wrong / false, in support of my • I shall produce necessary bills / receipts along-w University from the date of attending the aforesaid • I shall conduct a seminar for the benefit of the knowledge and experience gained from attending Date : 22/09/2023 Ref. No. <u>KLEICOPI62+I2023</u> Ref. No. <u>KLEICOPI62+I2023</u> Ref. No. <u>KLEICOPI62+I2023</u> Dear Sir, We are enclosing herewith the application of the financial support to attend the International Conference	ARATION on which is true to the best of my knowledge and belief. port from the sponsorers / organizers of the Conference or an d Conference. I am aware that I am liable for any disciplinar and at a later stage that the information furnished in this application for financial grant. with Attendance / Participation Certificate within fifteen days to the id Conference. e faculty members of the Department / Institution to share the g the aforesaid Conference. Signature of the faculty member Date: 22/09/20 he above Teacher in the prescribed format for grant of the outside India for kind consideration.

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH (Formerly known as KLE University) KLE [Deemed-to-be-Universit] 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: DS. Gangayya. J.W. DHARM-D Asst Rof 1. Name 2. Qualification 3. Designation 4. Department Pharmeny Breut 5. Email ID Ganganawakki undmath agnoul. Con 6. Institution KLE (DP 04th Aug 2023 HAND'S ON TRAINING 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 Please enclose a separate sheet Conference / Seminar / Symposium 10. Assignment in the aforesaid Conference / Seminar / a) Delivering Key-note address / orations / Symposium plenary lectures b) Contributing a scientific paper OFFICE OF THE REGISTRAR c) International collaboration exchange program KLE Academy of Higher Education (only on invitation) & Research, BELAGAVI d) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation) 27 OCT 2023 e) Others, if any, specify. 11. Particulars of the Conference being attended vard No..... STATISTICAL DISCOVERY ON PHARMECEUTICAL a) Title of the Conference / Seminar / Symposium SCIENES, M b), Date of conduct State / National , · · O) Level of Conference State Level : Rs. 8,000/ď Quantum of financial grant eligible (or actuals expenses, whichever is less) National Level : Rs.16.000/-KSPC-SKILL DEVELOPMENTCENTER. e) Venue Copy of the sanction letter along-with Brochure to f) NES 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 KARNATAKA STATE PHARMACY COUNCILLS Name of the Organizer a) APPLICATION OF STATICAL TECHNIQUES Title of the program b) BANGALORE publication 2 DAYS 25th & 26th SEPT Place c) d) Duration Date of Conference e) Financial grant availed f)

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 BANGALORE TRAIN, BUS a) Place Mode of journey b) 1100 Fare c)To and Fro d) Accommodation charges Toteli- 2000+1100 = 31002 e) 2000 Registration / Delegation Fee f) g) Air port-Tax 14. Documents to be submitted: 1.1 a) Copy of the letter of invitation from the organizers. b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. DECLARATION I hereby declare that • I have furnished the information in this application which is true to the best of my knowledge and belief. . I am not getting any financial assistance / support from the sponsorers / organizers of the Conference or any other funding agency for attending the aforesaid Conference. I am aware that I am liable for any disciplinary action by the University in case it is found at a later stage that the information furnished in this application is wrong / false, in support of my application for financial grant. . I shall produce necessary bills / receipts along with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference. . I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to shale the knowledge and experience gained from attending the aforesaid Conference. 11 11111 1.5 114 Date 25/10/23.11 Signature of the faculty member 10/23 Ref. No. KLELCOP 725 2023/22 Date: То The Registrar, KAHER, Belagavi. 43 4 1 1) Dear Sir, 1 1 1 1 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 E College of Pharmacy BELAGAVI - 10.

(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

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

Ref. No. KAHER/23-24/D-27 112313

23rd September, 2023

Dr. M. S. Ganachari Registrar

O R D E R

Sub: Approval of grant of financial Support

Ref: Your letter Ref No. KLECOPBGM /2023-24/ dated 21st September, 2023.

5%.

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.

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Deemed-to-be University

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.



(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	1	Ves. Kishovi P. Sutar
2. Qualification		M. Pharmacentics)
3. Designation		Appt Professor
4. Department		Pharmachitics
5. Email ID		hispariputar@ elepharm.edu
6. Institution	k	UECOP, Belagani
7. Date of joining the Institution (the faculty complete minimum one year of service to as	vail this facility)	28 01 2021
8. Objectives of the Conference / Seminar /	Symposium	Imparting knowledge in advanciment
9. Benefits to be derived from participation i Conference / Seminar / Symposium	n the aforesaid	Please enclose a separate sheet.
10. Assignment in the aforesaid Conference Symposium	1.1.1	 a) Delivering Key-note address / orations / plenary lectures b) Contributing a scientific paper c) International collaboration exchange program
70 juit	on	(only on invitation)
To publicate		 d) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation)
	4	e) Others, if any, specify.
11. Particulars of the Conference being a	attended	Manipal Pharmacentics confirmence 2023
a) Title of the Conference / Seminar /	Symposium	
b) Date of conduct		28th to 30th September 2023
c) Level of Conference		State / National
 d) Quantum of financial grant eligible expenses, whichever is less) 	(or actuals	State Level : Rs. 8,000/- National Level : Rs.16,000/-
e) Venue	1	Planipal Karnataka
f) Copy of the sanction letter along-w be enclosed	ith Brochure to	
Note : The faculty member is eligible for financial su	upport to attend one Sta	ate / Zonal and one National Conference in a calendar year
12. Particulars of the financial sup extended by the University	port <u>previously</u>	-MIL-
a) Name of the Organizer		
b) Title of the program		
	OFFICE OF THE I	
d) Duration	& Research, Bl	
e) Date of Conference	22	
f) Financial grant availed	ZZ SEP	2023
Sec	nward No. 24	Sign

Ab per University Particulars Manipal
As per University treator Particulars Manipal
Manipal
Bus
367×367 kms
600 kms × 08 rs /km = 4,800]-
3000 (D.A) × 03 days-9,000]-
2,3401-
Jotal = 16,1401_
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m the sponsorers / organizers of the Conference or any rence. I am aware that I am liable for any disciplinary a later stage that the information furnished in this ation for financial grant. Indance / Participation Certificate within fifteen days to the erence.
inature of the faculty member
Date: 22 9 23
()
e Teacher in the prescribed format for grant of
e Teacher in the prescribed format for grant of e India for kind consideration.
Preacher in the prescribed format for grant of le India for kind consideration. Yours faithfully,
a maia for kind consideration,
a maia for kind consideration,

(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) *INMC Campus. Nehru Nagar. Belagavi-590 010, Karnataka State, India*

2:0831-244444 FAX: 0831-2493777 Web: http://www.kledeemeduniversity.edu.in E-mail: info@kledeemeduniversity.edu.in

Ref. No. KAHER/23-24/D-27/12-3/1

PROFESSIONALS

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.

1 142



1

22nd September, 2023

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.



(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:	We umanal the line of the line
1. Name	MS. Umashri, Kokatanur.
2. Qualification	Utimerins: KUBWUIIWY
3. Designation	M- phorn, Asst marticon
4. Department	pharmaleus 165
5. Email ID	Oma Kokutanur Ogmail. com.
6. Institution	
7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility)	KIL college of pharmacy. Bu
8. Objectives of the Conference / Seminar / Symposium	
 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.
1. Particulars of the Conference <u>being attended</u>	
a) Title of the Conference / Seminar / Symposiumb) Date of conduct	MPCON · 2023, manined pharmace
	28th to 30th sept 2023
c) Level of Conference	State / National
 Quantum of financial grant eligible (or actuals expenses, whichever is less) 	State Level : Rs. 8,000/- National Level : Rs.16,000/-
e) Venue	Manipul college of pharmany
f) Copy of the sanction letter along-with Brochure to be enclosed	phornally
ote: The faculty member is eligible for financial support to attend one Sta	te / Zonal and one National Conference in a set of
2. Particulars of the financial support <u>previously</u> extended by the University	calendar year
a) Name of the Organizer	
b) Title of the program	
c) Place	OFFICE OF THE REGISTRES
d) Duration	KLE Academy of Higher Education
e) Date of Conference	& Research, BELAGAVI
f) Financial grant availed	22 SEP 2023
	Inward No. 26 Sign.

13. Travelling (by shortest route) and other expenses involveda) Place	As In Univers Part	: h Circulas
a) Place		
a) Place	Part	1 1AAHER/23-24/D.07
	Mani pul.	iculars
b) Mode of journey	- family a second	
c) Fare	367 X 367 Kn	
d) To and Fro	4) 600 X 8.	
e) Accommodation charges		4.800 /-
f) Registration / Delegation Fee	DA 3000 X 3 2340/~	9,000/-
g) Air-port Tax	6340/~	2340/-
14. Documents to be submitted:	c.l.l	
a) Copy of the letter of invitation from the organizers.	Total =	16,140/-
 b) Copy of the full text of documents / abstract / po, er prepared by the applicant for presentation. 		
 I have furnished the information in this application which if I am not getting any financial assistance / support from other funding agency for attending the aforenaid Contore action by the University in case it is found at a l application is wrong / false, in support of my and latter I shall produce necessary bills / receipts along-with thend University from the date of attending the aforesaid Confere I shall conduct a seminar for the benefit of the fact by knowledge and experience gained from attending the afore of the date of attending the afore of the date of the fact by knowledge and experience gained from attending the afore of the date of the fact by knowledge and experience gained from attending the afore of the date of the date of the date of the date of the fact by the store of the date of the date	the sponsorers / organizers nce. I am aware that I am I stor stage that the inform on for financial grant. ance / Participation Certificat once.	of the Conference or any iable for any disciplinary nation furnished in this te within fifteen days to the
te 22/09/23		er Matteris
F. No. KLE/COP/632/2023/24	Da	er <u>109/2023</u> ate: <u>2/09/2023</u>
e Registrar, KAHER, Belagavi.		
ar Sir, We are enclosing herewith the application of the Plane Incial support to attend the International Conference ruiside Thanking you,	Teacher in the prescribed India for kind consideration	format for grant of
	Yours fai	thfully,

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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 FAX: 0831-244444

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.	Name	Designation	College
No.			
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

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)]

·. NO. 686

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

A. 10	be filled by the faculty member:		
4 Mar		Diein	DRAN
1. Nar		Dr Sridhe	ar. U. Baligg
	lification	MUS	
3. Des	ignation		ead
4. Dep	artment		anillofacial Suga
5. Inst	tution	KLEVKI	
6. Dat	e of joining the Institution	28 Aug	
7. Obj	ectives of the Conference / Seminar / Symposium	update une	I contrails knowl
	efits to be derived from participation in the aforesaid ference / Seminar / Symposium	Please enclose a sep	parate sheet.
	signment in the aforesaid Conference / Seminar /	(a) Chairing a scientif	ic session.
Syr	nposium		entific paper (poster or oral)
		c) Delivering a guest	cify. (guidnas Patho
		d) Others, it any, spe	presentatio
Ur du	rticulars of the financial support extended by the iversity to attend the similar Conference (s) ring the current calendar year 1 st January to st December)	To publication	
a)	Title of the Conference / Seminar / Symposium	10th Amoua	1 Conferrer JAOM
b)	Date of conduct	14/15/0, 16'	n Sept 2023
c)	Venue	Chamad	
d)	Financial support extended by the University		
			the second se
e)	Copy of the sanction letter to be enclosed		OFFICE OF THE REGISTRAIL
e) f)	Copy of the sanction letter to be enclosed Level of Conference State / Zonal / National	State	OFFICE OF THE REGISTRAIN KLE Academy of Higher Education & Research, BELAGAVI
f) Note suppo		State	KLE Academy of Higher Education
f) Note suppo <u>Confe</u> 11.	Level of Conference State / Zonal / National : The faculty member is eligible for financial rt to attend <u>one State / Zonal</u> and <u>one National</u>	Stale	KLE Academy of Higher Education & Research, BELAGAVI
f) Note suppo <u>Confe</u> 11.	Level of Conference State / Zonal / National : The faculty member is eligible for financial rt to attend <u>one State / Zonal</u> and <u>one National</u> rence in a calendar year. Particulars of the organizers of the aforesaid	State SDM Col	KLE Academy of Higher Education & Research, BELAGAVI 12 SEP 2023 Invert No. 13 sign
f) Note suppo <u>Confe</u> 11. Co	Level of Conference State / Zonal / National : The faculty member is eligible for financial rt to attend <u>one State / Zonal</u> and <u>one National</u> rence in a calendar year. Particulars of the organizers of the aforesaid inference / Seminar / Symposium	State SDM Col 10M Annua	KLE Academy of Higher Education & Research, BELAGAVI 12 SEP 2023 Invest No. 13 sign
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f) Note suppo Confe 11. Co a) b)	Level of Conference State / Zonal / National : The faculty member is eligible for financial rt to attend <u>one State / Zonal</u> and <u>one National</u> rence in a calendar year. Particulars of the organizers of the aforesaid inference / Seminar / Symposium Name of the Organizer Title of the program	State State SDM Col IOM Annua Dhama 3 days	KLE Academy of Higher Education & Research, BELAGAVI 12 SEP 2023 Inward No. 13 Sign
f) Note suppo Confe 11. Co a) b) b) c)	Level of Conference State / Zonal / National : The faculty member is eligible for financial rt to attend <u>one State / Zonal</u> and <u>one National</u> rence in a calendar year. Particulars of the organizers of the aforesaid inference / Seminar / Symposium Name of the Organizer Title of the program Place Duration	State State SDM Col IOM Annua Dhama 3 days IUM, 151	KLE Academy of Higher Education & Research, BELAGAVI 12 SEP 2023 Invert No. 13 sign Lege Dhamad I Conflee J ADMS

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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)]

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(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:** 0831-244444 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	KLE VK Institute of Dental
	(2	Prosthodontics	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.



K

Dr. M. S. Ganachari Registrar

То

The above staff member.

CC to:

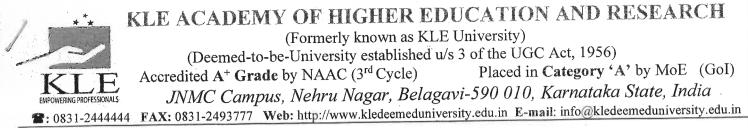
- 1. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
- 2. The Principal, KLE VK Institute of Dental Sciences, Belagavi.
- 3. The Finance Officer, KAHER, Belagavi

(Formerly known as Deemed-to-be-University establi	s KLE University) ished u/s 3 of the UGC Act, 1956]
APPLICATION FOR FINANCIAL SUPPORT TO A (To be submitted to the University thro	
A. To be filled by the faculty member:	
1. Name	DR Aditya Achana.
2. Qualification	M. D.S. (Prostrodentics)
3. Designation	Reader.
4. Department	Prosthedentics & drame Buildge
5. Email ID	dradityaacharya@kledental-bym,
6. Institution	KAMER KLEVKIDS.
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	-Blendy skill, precision & Peht
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
ks parments	 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. Chamberson for science session
11. Particulars of the Conference being attended	
a) Title of the Conference / Seminar / Symposium	51st IPS national conference.
b) Date of conduct	7th_10th DECEMBER 2023
c) Level of Conference	State / National
 Quantum of financial grant eligible (or actuals expenses, whichever is less) 	State Level : Rs. 8,000/- National Level : Rs.16,000/-
e) Venue	PANJEM, 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 S	tate / Zonal and one National Conference in a calendar year
12. Particulars of the financial support previously extended by the University	- NI:L -
a) Name of the Organizer	
b) Title of the program	
c) Place	
d) Duration	
e) Date of Conference	
f) Financial grant availed	

KLE

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

13. Travelling (by shortest route) and other expenses involved	
To, Havening by shorest rouge and other expenses involved	
	Particulars
a) Place	Panjim. Goa
b) Mode of journey	By Road.
c) Fare	300×8 5 2,400 L
d) To and Fro	
e) Accommodation charges	P.A - 3000 - 3 = 90001
f) Registration / Delegation Fee	Rs 16 516
g) Air-port Tax	
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	- Entlosed.
b) Copy of the full text of documents / abstract / pape	r - Enclosed.
prepared by the applicant for presentation.	- Enclosed.
DECLARA	TION
action by the University in case it is found at application is wrong / false, in support of my applic I shall produce necessary bills / receipts along-with Att	erence. I am aware that I am liable for any disciplin a later stage that the information furnished in t ation for financial grant.
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Ref. No. KAHER/23-24/D-2-9112317

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.	Ņame	Designation	College
No.			
1	Dr. Ramesh P Nayakar	Professor, Department of	KLE VK Institute of Dental
		Prosthodontics	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.

Deened-to

Universit

YELS CAN

Dr. M. S. Ganachari Registrar

The above staff member.

CC to:

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

APPLICATION FOR FINANCIAL SUPPORT TO A	thed u/s 3 of the UGC Act, 1956]
(To be submitted to the University through	ugh the concerned HoD & Principal)
A. To be filled by the faculty member:	
1. Name	Dr. Ramesh. P. Nayakar.
2. Qualification	Masters in Duntal Surgement
3. Designation	Professor.
4. Department	Prosthodontics and crown and Bridge.
5. Email ID	ramesh-nayakarak @ rediftmail.com
6. Institution	KCE. 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, Precission and Perfection.
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
a a a a a a a a a a a a a a a a a a a	b) Contributing a scientific paper
Dal a Bry	 c) International collaboration exchange program (only on invitation)
ps per nons	 d) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation)
	e) Others, if any, specify. Chairing a Scimbbe Sension
11. Particulars of the Conference being attended	
a) Title of the Conference / Seminar / Symposium	SIST Indian Prosthodontic Society confer
b) Date of conduct	8th Dec - 10th 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	Panvim. Coa.
 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 St	ate / Zonal and one National Conference in a calendar year
12. Particulars of the financial support <u>previously</u> extended by the University	NIIL
a) Name of the Organizer	
b) Title of the program	
c) Place	
d) Duration	
e) Date of Conference	
f) Financial grant availed	

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13. Travelling (by shortest route) and other expenses invo	-2-	
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	Particulars	
a) Place	Paniim hoa -	
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c) Fare	8 - Rs par Km -	2117.
d) To and Fro	30x8 2400-	-
e) Accommodation charges	3,000 - x3 9,000 -	
f) Registration / Delegation Fee		
g) Air-port Tax	14,514]- 14,514]-	
4. Documents to be submitted:	-	
va) Copy of the letter of invitation from the orga	nizers II a stall a should	_
 b) Copy of the full text of documents / abstract prepared by the applicant for presentation. 	nizers. Key note addrox. t/paper	
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KLE ACADEMY OF HIGHER E. (Formerly known as Deemed-to-be-University establishing)	s KLE University)
APPLICATION FOR FINANCIAL SUPPORT TO A	ATTEND STATE / NATIONAL CONFERENCES
(To be submitted to the University thro A. To be filled by the faculty member:	
1. Name	GOTHE SANNIDHI S.
2. Qualification	MDS
3. Designation	SENIOR LECTURER
4. Department	CONSERVATIVE DENTISTRY &
5. Email ID	gothe-sannidhi Eqmail.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.
 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 or invitation) e) Others, if any, specify.
11. Particulars of the Conference being attended	
a) Title of the Conference / Seminar / Symposium	38th JACDE NATIONAL CONF
b) Date of conduct	30th NOW - 3rd DEC, 2023
c) Level of Conference	State / National
 Quantum of financial grant eligible (or actuals expenses, whichever is less) 	State Level : Rs. 8,000/- National Level : Rs.16,000/-
e) Venue	KOLKAIN, 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 Sta	ale / 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	

KLE ACADEMY OF HIGHER E (Formerly known as Deemed-to-be-University establi	
APPLICATION FOR FINANCIAL SUPPORT TO A (To be submitted to the University thro	ATTEND STATE / NATIONAL CONFERENCES
A. To be filled by the faculty member:	
1. Name	GOTHE SANNIDHI S.
2. Qualification	MDS
3. Designation	SENSOR LECTURER.
4. Department	CONSERVATIVE DENTISTRY & E
5. Email ID	gothe-sannidhi Eqmail.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.
 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 JACDE NATIONAL CONFE
b) Date of conduct	30th DBar - 3rd DEC, 2023
c) Level of Conference	State / National
 Quantum of financial grant eligible (or actuals expenses, whichever is less) 	State Level : Rs. 8,000/- National Level : Rs.16,000/-
e) Venue	KOLKAIN, JNDIA.
f) Copy of the sanction letter along-with Brochure to be enclosed	
Note : The faculty member is eligible for financial support to attend one St	ate / Zonal and one National Conference in a calendar year
12. Particulars of the financial support <u>previously</u> extended by the University	
a) Name of the Organizer	
b) Title of the program	
c) Place	
d) Duration	
e) Date of Conference	
f) Financial grant availed	and the second se

KLE (PO	ormerly known as e-University establisi	KLE University) ned u/s 3 of the UGC Act, 1956]
	- 2 -	
13. Travelling (by shortest route) and other exp	penses involved	
	141	Particulars
a) Place	All 1 factors	BELGAUS
b) Mode of journey	Printene on the tage	FLIGHT
c) Fare		FLIGHT Re 1676/-Cto & FRO)
d) To and Fro		P. 10761-
e) Accommodation charges	anna a Bhinn an Innakanan kananan in Baara	Rs 1676/-
f) Registration / Delegation Fee		R. 15000/
g) Air-port Tax		M Brook
14. Documents to be submitted:		
a) Copy of the letter of invitation from	n the organizers.	
b) Copy of the full text of documents	s / abstract / paper	
prepared by the applicant for pres	DECLARAT	true to the best of my knowledge and belief. The sponsorers / organizers of the Conference or an
 prepared by the applicant for press I hereby declare that ' I have furnished the information in the information information in the information in the information inform	DECLARAT his application which is stance / support from t the aforesaid Conferen e it is found at a la pport of my application sipts along-with Attenda the aforesaid Conference penefit of the faculty n from attending the afore	ON true to the best of my knowledge and belief. The sponsorers / organizers of the Conference or an ce. I am aware that I am liable for any disciplinar ter stage that the information furnished in thi in for financial grant. Ince / Participation Certificate within fifteen days to the nee.
Prepared by the applicant for press I hereby declare that ' • I have furnished the information in th • I am not getting any financial assis other funding agency for attending action by the University in cas application is wrong / false, in sup • I shall produce necessary bills / rece University from the date of attending • I shall conduct a seminar for the k knowledge and experience gained fr Date : 121223 Ref. No.	DECLARAT his application which is stance / support from t the aforesaid Conferen e it is found at a la pport of my application sipts along-with Attenda the aforesaid Conference penefit of the faculty n from attending the afore	ON true to the best of my knowledge and belief. The sponsorers / organizers of the Conference or an ce. I am aware that I am liable for any disciplinar ter stage that the information furnished in this in for financial grant. Ince / Participation Certificate within fifteen days to the nee. The Department / Institution to share the said Conference.
 prepared by the applicant for press I hereby declare that ' I have furnished the information in th I am not getting any financial assis other funding agency for attending action by the University in cas application is wrong / false, in sup I shall produce necessary bills / receund of the university from the date of attending I shall conduct a seminar for the the knowledge and experience gained from the table of the university from the date of attending Date : 12 12 23 Ref. No	DECLARAT his application which is stance / support from t the aforesaid Conferen e it is found at a la pport of my application sipts along-with Attenda the aforesaid Conference penefit of the faculty n from attending the afore	ON true to the best of my knowledge and belief. The sponsorers / organizers of the Conference or an ce. I am aware that I am liable for any disciplinar ter stage that the information furnished in this in for financial grant. Ince / Participation Certificate within fifteen days to the nee. The Department / Institution to share the said Conference.
Prepared by the applicant for press I hereby declare that ' I have furnished the information in the I am not getting any financial assiss other funding agency for attending action by the University in cass application is wrong / false, in sup I shall produce necessary bills / rece University from the date of attending I shall conduct a seminar for the b knowledge and experience gained from Date : 12/12/23 Ref. No	DECLARAT his application which is stance / support from t the aforesaid Conferen e it is found at a la pport of my application sipts along-with Attenda the aforesaid Conference penefit of the faculty n from attending the afore	ON true to the best of my knowledge and belief. The sponsorers / organizers of the Conference or an ce. I am aware that I am liable for any disciplinar ter stage that the information furnished in this in for financial grant. Ince / Participation Certificate within fifteen days to the nee. The Department / Institution to share the said Conference.
Prepared by the applicant for press I hereby declare that · • I have furnished the information in th • I am not getting any financial assis other funding agency for attending action by the University in cas application is wrong / false, in sup • I shall produce necessary bills / rece University from the date of attending • I shall conduct a seminar for the to knowledge and experience gained for Date : 12 12 23 Ref. No To The Registrar, KAHER, Belagavi. Dear Sir, We are enclosing herewith the apple	DECLARAT	ON true to the best of my knowledge and belief. The sponsorers / organizers of the Conference or an cc. I am aware that I am liable for any disciplinar ter stage that the information furnished in thi n for financial grant. nce / Participation Certificate within fifteen days to th nce. termbers of the Department / Institution to share the said Conference. ture of the faculty member Date: Date: Feacher in the prescribed format for grant of India for kind consideration.
Prepared by the applicant for press I hereby declare that ' I have furnished the information in the I am not getting any financial assiss other funding agency for attending action by the University in cass application is wrong / false, in sup I shall produce necessary bills / rece University from the date of attending I shall conduct a seminar for the the knowledge and experience gained from Date : 12/12/23 Ref. No The Registrar, KAHER, Belagavi. Dear Sir, We are enclosing herewith the apple nancial support to attend the International	DECLARAT	ON true to the best of my knowledge and belief. The sponsorers / organizers of the Conference or an ce. I am aware that I am liable for any disciplinar ter stage that the information furnished in this in for financial grant. nce / Participation Certificate within fifteen days to the nce. The of the Department / Institution to share the said Conference. ture of the faculty member Date:
Prepared by the applicant for press I hereby declare that · • I have furnished the information in th • I am not getting any financial assis other funding agency for attending action by the University in cas application is wrong / false, in sup • I shall produce necessary bills / rece University from the date of attending • I shall conduct a seminar for the k knowledge and experience gained fr Date : 12/12/23 Ref. No To The Registrar, KAHER, Belagavi. Dear Sir, We are enclosing herewith the apple nancial support to attend the International	DECLARAT	ON true to the best of my knowledge and belief. The sponsorers / organizers of the Conference or an cc. I am aware that I am liable for any disciplinar ter stage that the information furnished in thi n for financial grant. nce / Participation Certificate within fifteen days to th nce. termbers of the Department / Institution to share the said Conference. ture of the faculty member Date: Date: Feacher in the prescribed format for grant of India for kind consideration.

Ref. 1209

	shed u/s 3 of the UGC Act, 1956]
APPLICATION FOR FINANCIAL SUPPORT TO A (To be submitted to the University thro	ATTEND STATE / NATIONAL CONFERENCES
A. To be filled by the faculty member:	
1. Name	Dr. Sandhya Salye
2. Qualification	MDS
3. Designation	iecture
1. Department	
5. Email ID	Dept- of Conservative Dealisty dr. sandy amods agrial 6m Enderde
3. Institution	VKTDE
7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility)	26 Jan 2025
3. Objectives of the Conference / Seminar / Symposium	Paper presentation
Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
0. Assignment in the aforesaid Conference / Seminar / Symposium	a) Delivering Key-note address / orations / plenary lectures by Contributing a scientific paper
	 c) International collaboration exchange program (only on invitation)
	 d) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation)
	e) Others, if any, specify.
1. Particulars of the Conference being attended	
a) Title of the Conference / Seminar / Symposium	38th JACDE, National Conference 30th Now - 3 Dec 2023
b) Date of conduct	30th Now - 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 	
ote : The faculty member is eligible for financial support to attend one Sta	ate / Zonal and one National Conference in a calendar year
2. Particulars of the financial support 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	

	Formerly known as KLE University) -be-University established u/s 3 of the UGC Act, 1956]
	- 2 -
13. Travelling (by shortest route) and other e	expenses involved
and an account of the large of the state of th	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	14,000/-
g) Air-port Tax	
14. Documents to be submitted:	
a) Copy of the letter of invitation f	rom the organizers.
 b) Copy of the full text of docume prepared by the applicant for 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.
other funding agency for attendi action by the University in (Issistance / support from the sponsorers / organizers of the Conference or ar ing the aforesaid Conference. I am aware that I am liable for any disciplinar case it is found at a later stage that the information furnished in the support of my application for financial grant.
 I shall produce necessary bills / i University from the date of attend 	receipts along-with Attendance / Participation Certificate within fifteen days to the ding the aforesaid Conference.
	he benefit of the faculty members of the Department / Institution to share the d from attending the aforesaid Conference.
Date :	Signature of the faculty member
Ref. No.	Date: [1/12/2
Го	
The Registrar, KAHER, Belagavi.	
Dear Sir,	application of the above Teacher in the prescribed format for grant of
We are enclosing herewith the a inancial support to attend the Internation	onal Conference outside India for kind consideration.
We are enclosing herewith the	
We are enclosing herewith the a inancial support to attend the Internation	onal Conference outside India for kind consideration.
We are enclosing herewith the a inancial support to attend the Internation	onal Conference outside India for kind consideration. Yours faithfully,

Ref. NO-1209 KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH (Formerly known as KLE University) KLE [Deemed-to-be-University established u/s 3 of the UGC Act, 1956] APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / ZONAL / NATIONAL CONFERENCES (To be submitted to the University through the concerned HoD & Principal) A. To be filled by the faculty member: EMALATHA HIREMATH 1. Name 2. Qualification 3. Designation esson Conservative Dentilty 4. Department ment of 5. Institution Institute of Doutel Sience iserreth & yahlos. co. in 6: Email ID 7. Date of joining the Institution 202 8. Objectives of the Conference / Seminar / Symposium ali MAD 9. Benefits to be derived from participation in the aforesaid Please enclose a separate sheet Conference / Seminar / Symposium 10. Assignment in the aforesaid Conference / Seminar / a) Contributing a scientific paper (poster or oral) Symposium b) Delivering a guest lecture c) Others, if any, specify. Charapers on for Sucurific Senton. 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 anal conference 2023 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 Conferendc) Place d) Duration 2023 - 3 Dec 2023 e) Date f) Amount claimed 767 Aupres

ver stringereid in d	(Formerly known as k [Deemed-to-be-University establish	
	- 2 -	
13. Ex p	penses involved towards attending the Conference:	
a)	Place	Kolkola
b)	Mode of journey	Flight (16767 Rup
c)	Fare	10 16767 Super
	To and Fro expenses	- inglog rappes
	Registration / Delegation Fee	15. APD BUDGEN.
	Accommodation charges	14,000 supers.
	Total Expenses	15.767.
14. Do	cuments to be submitted:	
a) b)	Copy of the letter of invitation from the organizers. Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	Submitted.
Date :	 I have furnished the information in this application which is I am not getting any financial assistance / support from tagency for attending the aforesaid Conference, I shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Conference. I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the afores of I shall reimburse the amount to the University in excess of I shall reimburse the amount to the University for Sign 	he sponsorers of the Conference or any other fundin lance / Participation Certificate within fifteen days to th ence, members of the Department / Institution to share th esaid Conference.
Ref. No		Date:
To The Re KAHER Belgaur Dear Si	n. r, We are enclosing herewith the application of the abo	ve Teacher in the prescribed format for grant o oral) / delivering a guest lecture to attend the

Seal

Signature of the HoD

dhaz Principal

(Formerly known as KLE University)

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

 KLLE
 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: 0831-2444444

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

ef. 200- 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 yovall 2. Qualification 3. Designation 4. Department 5. Institution 6. Date of joining the Institution 2ni 7. Objectives of the Conference / Seminar / Symposium To with e) vances 8. Benefits to be derived from participation in the aforesaid Please enclose a separate sheet. Conference / Seminar / Symposium 9. Assignment in the aforesaid Conference / Seminar / a) Chairing a scientific session. Symposium b) Contributing a scientific paper (poster or oral) c) Delivering a guest lecture d) Others, if any, specify. 10. Particulars of the financial support extended by the University for the 1st time to attend the similar NIL Conference (s) during the current financial year (1st April to 31st March) a) Title of the Conference / Seminar / Symposium publico 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 onfe Title of the program b) Place C) d) Duration OFFICE OF THE REGISTRAR Date e) October 202 KLE Academy of Higher Education & Research, BELAGAVI NOV 2023 30 ...Sign..... Inward No.....



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)]

	penses involved towards attending the Conference:	
a)	Place	Ahmedabad.
b)	Mode of journey	Flight.
c)	Fare	0
	To and Fro expenses	Rs, 10,770
	Registration / Delegation Fee	Rs 9,500
	Total Expenses	R 2D270/-
13. Do	cuments to be submitted:	
a)	Copy of the letter of invitation from the organizers.	- 1 1
b)	Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	Enclosed
	DECLARAT	ION
11	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 t agency for attending the aforesaid Conference, 	he sponsorers of the Conference or any other fundin
	 I shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Conference 	ance / Participation Certificate within fifteen days to the
	 I shall conduct a seminar for the benefit of the faculty r knowledge and experience gained from attending the afore 	members of the Department / Institution to share th
	 I shall reimburse the amount to the University in excess of 	
Date : _	8/11/2023 Sign	ature of the faculty member
Ref. No.	1056	Date:
0		
he Reg	nietrar	
	versity,	
ear Sir		
v	We are enclosing herewith the application of the abov	re Teacher in the prescribed format for grant of
anciai	support to attend the Conference for kind consideration	n.
Т	hanking you,	Q
		Yours faithfully
	Timgar (,
	e of the HoD (Seal	
anotur		Principal
gnature		PRINCIPA
gnature		RINCIPAL KEV.K. Institute of Dental Sciences
gnature		PRINCIPAL KEV.K. Institute of Dental Sciences Nehru Nagar, BELAGAVI-590010.

Ref. NO- 1055



(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 CPH.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
 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.
 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) 	la lad.
a) Title of the Conference / Seminar / Symposium	lichan
b) Date of conduct	PLABUL
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	44th ISPPD NATIONAL CONFERENCE 44th ISPPD NATIONAL CONFERENCE
b) Title of the program	44th ISPPD NATIONAL CONFERENCE
c) Place	AHMEDABAD
d) Duration	3 DAYS
e) Date	27h-29h oct 2023
KLE Academy of Higher Education & Research, BELAGAVI	
0 9 NOV 2023	
Inward NoSign	



(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	ANDIENIENO
	AHMEDABAD
b) Mode of journey	FLIGHT
c) Fare	10,4551-
To and Fro expenses	
Registration / Delegation Fee	9,500 -
Total Expenses	19,9551-
13. Documents to be submitted:	
 a) Copy of the letter of invitation from the organizers. b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. 	
DECLARAT	ION
I hereby declare that :	
 I have furnished the information in this application which is 	s true to the best of my knowledge and holiof
 I am not getting any financial assistance / support from t agency for attending the aforesaid Conference, 	he sponsorers of the Conference or any other funding
 I shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Conference 	ance / Participation Certificate within fifteen days to the
 I shall conduct a seminar for the benefit of the faculty in knowledge and experience gained from attending the afore I shall reimburse the amount to the University in excess of 	esaid Conference. the eligibility.
	ature of the faculty member
Ref. No	Date:
То	
The Registrar, KLE University, Belgaum.	
Dear Sir,	
We are enclosing herewith the application of the above	ve Teacher in the prescribed format for grant of
inancial support to attend the Conference for kind consideratio	n.
Thanking you,	Yours faithfully,
Signature of the HoD Seal	
	PRINCIPAL KLE V.K. Institute of Dental Sciences
	Nehru Nagar, BELAGAVI-590010

KLE ACADEMY OF HIGHER E	DUCATION AND RESEARCH	
(Formerly known a		
APPLICATION FOR FINANCIAL SUPPORT TO ATTE (To be submitted to the University three	END STATE / ZONAL / NATIONAL CONFERENCES	
A. To be filled by the faculty member:		
1. Name	Dr. Sidramesh Muttagi	
2. Qualification	MDS, FHNO, PhD	
3. Designation	Professor	
4. Department	and a Maxilla Recist Surger	
5. Institution	Oral w Maxillofacial Surgery KLE YK IDS Belagavi siddumuttagi 76@gmail.com	
6. Email ID	C'AL IN TOOM IN	
7. Date of joining the Institution	Si coumuttagi / 6 a gmail.com	
8. Objectives of the Conference / Seminar / Symposium	25 June 2010	
 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 V c) Others, if any, specify. (Panel 13+)	
extended by the Conference (s) during the current calendar year 1*t January toUniversity to attend the similar current calendar year 1*t 31*t December)a)Title of the Conference / Seminar / Symposium	None	
b) Date of conduct	10th Ammal Conference of AOMSI (Karnataka sh	
c) Level of Conference (State / Zonal / National)	14th - 16th september 2023	
d) Venue	State	
	SDM Dharwad	
, and presented by the entrementy	None	
 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> 	To be promied To publication.	
Conference in a calendar year.	ic in the	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	publicano.	
a) Name of the Organizer	Shri Dharmastala Manjunathewara Univ.	
b) Title of the program	Imbibe, Inculcate, Inspire	
c) Place		
d) Duration	3 days	
e) Date	Rhuth 14th Sealemphan 2012	
f) Amount claimed KLE Academy of Higher Educatio & Research, BELAGAVI	Dharwad 3 days R/4th - 16th september 2013 " 5500 RS.	
11 OCT 2023	,	
Inward No. 20		

	- 2 -	u/s 3 of the UGC Act, 1956]
3. Expenses involved towards attending the Confe	rence:	1
a) Place	l)hannad
b) Mode of journey		Shanwad By car (Eval)
c) Fare	1	100 1- (Fuel)
To and Fro expenses		
Registration / Delegation Fee		5500/-
Accommodation charges		None
Total Expenses		12
4. Documents to be submitted:		6600 /-
a) Copy of the letter of invitation from the or	ganizers.	Attached.
 b) Copy of the full text of documents / abstr prepared by the applicant for presentation 	act / paper	
 I am not getting any financial assistance / agency for attending the aforesaid Conference of I shall produce necessary bills / receipts the University from the date of attending the constitution of a tending the constitution of the tendence of attending tendence of atten	along-with Atten along-with Atten a aforesaid Cor	members of the Department / methation in
 I am not getting any financial assistance / agency for attending the aforesaid Conference I shall produce necessary bills / receipts the University from the date of attending the I shall conduct a seminar for the benefit knowledge and experience gained from at I shall reimburse the amount to the University of the University for the amount to the University for the University for the amount to the University for the amount for the University for the amount for the University for the amount to the University for the Universi	support from the support from the support from the subscription of the faculty the subscription of the faculty the subscription of the subscriptio	ndance / Participation Certificate within fifteen days inference, members of the Department / Institution to share th esaid Conference. if the eligibility. nature of the faculty member
 I am not getting any financial assistance / agency for attending the aforesaid Conference of the University from the date of attending the University from the date of attending the I shall conduct a seminar for the benefit knowledge and experience gained from at I shall reimburse the amount to the University Date: 5-10-2023 	support from the support from the support from the subscription of the faculty the subscription of the faculty the subscription of the subscriptio	ndance / Participation Certificate within fifteen days inference, members of the Department / Institution to share the esaid Conference.
 I am not getting any financial assistance / agency for attending the aforesaid Confere. I shall produce necessary bills / receipts the University from the date of attending the shall conduct a seminar for the benefit knowledge and experience gained from at I shall reimburse the amount to the Univer Date :5 - 10 - 2.02.3 Ref. No 	support from the support from the support from the subscription of the faculty the subscription of the faculty the subscription of the subscriptio	ndance / Participation Certificate within fifteen days inference, members of the Department / Institution to share th esaid Conference. if the eligibility. nature of the faculty member
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KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH (Formerly known as KLE University) Image: Comparison of the UGC Act, 1956) </

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.	Name	Designation	н.		College
No.				t.	
1	Dr. Vaishali Keluskar	Professor	&	Head,	KLE VK Institute of Dental
		Department	of	Oral	Sciences, Belagavi
		Medicine & I	Radiolo	ogy	$\kappa = \frac{1}{2}$

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

ablished u/s 3 of the UGC Act, 1956] O ATTEND STATE / NATIONAL CONFERENCES through the concerned HoD & Principal) Dr. Vaishali K. Kolushali MDS Irojeosok & Head Oral Medicine & Radiology drshalukido@rediffmail.co KLE V.K. J.D.S. 15 th Sept 2022 Io update knowledge & participate d Please enclose a separate sheet.
Dr. Vaishali K. Kelushak MDS Irojeosok & Head Oral Medicine & Radiology drshalukide@rediffmail.co KLE V.K. J.D.S. 15 th Sept 2022 Io update knowledge & participate d Please enclose a separate sheet.
MDS Professor & Head Oral Medicine & Radiology drshalukido@rediffmail.co KLE V.K. J.D.S. 15 th Sept 2023 To update knowledge & participate d Please enclose a separate sheet. Sepsion
MDS Professor & Head Oral Medicine & Radiology drshalukido@rediffmail.co KLE V.K. J.D.S. 15 th Sept 2023 To update knowledge & participate d Please enclose a separate sheet. Sepsion
Professor & Head Oral Medicine & Radiology dushalukido@rediffmail.co KLE V.K. J.D.S. 15 th Sept 2027 To update knowledge & participate d Please enclose a separate sheet. Session
Oral Medicine & Radiolog drshalukido@rediffmail.ce KLE V.K. J.D.S. 15 th Sept 2027 To update knowledge & participate d Please enclose a separate sheet. Sebsion
dishalukido@rediffmail.co KLE V.K. J.D.S. 15 th Sept 2027 To update knowledge & participate d Please enclose a separate sheet. Sepsion
KLE V.K. J.D.S. M 15 th Sept 202 To update knowledge & participate d Please enclose a separate sheet. Sepsion
1) 15 th Sept 202 To update knowledge & participate d Please enclose a separate sheet. Session
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d 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)
(a) Others, if any, specify. Chaining session
34th National Conference of IAOM
1st to 3rd Dec
State / National
State Level : Rs. 8,000/-
National Level : Rs.16,000/-
Bapuji Dental College, Davange
Enclosed
State / Zonal and one National Conference in a calendar year
L
Indian Acado al Deal AL 1- 1001
Indian Academy of Oral Medicine chad National PG Convention of TAC
Jaiper Jaiper
3 days
26th to 28th Aug 2022

	y known as KLE University) ersity established u/s 3 of the UGC Act, 1956]
	-2-
3. Travelling (by shortest route) and other expenses in	involved
·	Particulars
a) Place	Belgaum Davangele
b) Mode of journey	By Can
c) Fare	3500/-
d) To and Fro	7000/-
e) Accommodation charges	5000/-
f) Registration / Delegation Fee	10000/-
g) Air-port Tax	
4. Documents to be submitted:	
a) Copy of the letter of invitation from the c	~A
 b) Copy of the full text of documents / absi prepared by the applicant for presentation 	
 I am not getting any financial assistance other funding agency for attending the afo action by the University in case it is 	olication which is true to the best of my knowledge and belief. / support from the sponsorers / organizers of the Conference or a presaid Conference. I am aware that I am liable for any disciplina s found at a later stage that the information furnished in th
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 KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH (Formerly known as KLE University)

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

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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.	Name of the Faculty	Designation	Department
No.			
1.	Dr. Vasanti Jirge	Reader	Oral Medicine and
		2	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

1.4

To, The above staff member.

CC to :

The Special officer to Hon. Vice-chancellor, KAHER, Belagavi.
 The Principal, KLE VK Institute of Dental Sciences, Belagavi
 The Finance Officer, KAHER, Belagavi.

Ref. 102. 102 KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH (Formerly known as KLE University) Hound [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: Dr. Vasanti Jirge MDC, PGDHPE 1. Name 2. Qualification Reader 3. Designation Oral Medicine & Radiology 4. Department 5. Email ID dovacantijirge @ kledental - bgm etter 6. Institution KE KLE VKIDS 7. Date of joining the Institution (the faculty should 04/07/2007 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 Please enclose a separate sheet. Conference / Seminar / Symposium 10. Assignment in the aforesaid Conference / Seminar / a) Delivering Key-note address / orations / Symposium plenary lectures Contributing a scientific paper Publication M 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. - Pre Conference Worthop recourse person 11 Particulars of the Conference being attended 34th National MOMR Coorference Dec 1-3, 2023 a) Title of the Conference / Seminar / Symposium b) Date of conduct c) Level of Conference State / National d) Quantum of financial grant eligible (or actuals State Level : Rs. 8,000/expenses, whichever is less) National Level : Rs.16,000/e) Venue Bapuji Deatal College, Davangere Copy of the sanction letter along-with Brochure to f) 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 KIIT, Bhubaneshoar OFFICE OF THE REGISTRAR 33rd National IAOMR Conference Bhubaneshwar, Odicha b) Title of the program **KLE Academy of Higher Education** & Research, BELAGAVI c) Place d) Duration 3 days 0 2 NOV 2073 e) Date of Conference 8,9,10 - 2023 Dec Financial grant availed nurand No..... f) Re 16,0001-Slon

	EDUCATION AND RES
A VIIICIV KIOWN	as KLE University) blished u/s 3 of the UGC Act, 1956]
	- 2 -
13. Travelling (by shortest route) and other expenses involved	
	Particulars
a) Place	Faruculars
b) Mode of journey	
c) Fare	
d) To and Fro	
e) Accommodation charges	
f) Registration / Delegation Fee	R. In East
g) Air-port Tax	Re 10,5001-
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
 b) Copy of the full text of documents / abstract / pape prepared by the applicant for presentation. 	r
 I have furnished the information in this application which I am not getting any financial assistance / support from other funding agency for attending the aforesaid Confection by the University in case it is found at a application is wrong / false, in support of my application I shall produce necessary bills / receipts along-with Atten University from the date of attending the aforesaid Confection for the date of attending the date of atten	m the sponsorers / organizers of the Conference o rence. I am aware that I am liable for any discipl later stage that the information furnished in tion for financial grant.
University from the date of attending the aforesaid Confe	
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I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforate : 30 10 23 Signed. No. 102	members of the Department / Institution to share presaid Conference.
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I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforate : 30 10 23 Signef. No. 02 Signef. No. 02 Signef. No. 02 Signef. Registrar, KAHER, Belagavi.	members of the Department / Institution to share presaid Conference.
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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.	Name	Designation	College
No.			
1	Dr. Zameera Naik	Professor, Department of	KLE VK Institute of Dental
		Oral Medicine	Sciences, Belagavi
		&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.



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 KLE (Formerly known as KLE University) Deemed-to-be-University established u/s 3 of the UGC Act, 1956] APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / 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 NATK 2. Qualification BDS MDS PGDHPE Professor 3. Designation Oral Medicine & Radiology 4. Department drznaik@gnail, com 5. Email ID 6. Institution KLE VKIDS 7. Date of joining the Institution (the faculty should 4th Dec 2002 complete minimum one year of service to avail this facility) To explore new treatment modalities of embrace them. 8. Objectives of the Conference / Seminar / Symposium 9. Benefits to be derived from participation in the aforesaid Please enclose a separate sheet. Jo update on current dispects of diagnostic for calmed a) Delivering Key-note address / orations / Conference / Seminar / Symposium 10. Assignment in the aforesaid Conference / Seminar / Symposium plenary lectures Do paras b) Contributing a scientific paper Resource person for Pae Conference Wksp 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. Chaizing 11 Particulars of the Conference being attended 34th IA OMR Conference 1st to 3th Dec 2023 a) Title of the Conference / Seminar / Symposium b) Date of conduct c) Level of Conference Mational State / National d) Quantum of financial grant eligible (or actuals State Level : Rs. 8,000/expenses, whichever is less) National Level : Rs.16,000/e) Venue Davangere, Bapyi Dental Ciller Copy of the sanction letter along-with Brochure to f) 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 Indian Academy of Qual Medicine PGr Convertion Bangalore a) Name of the Organizer b) Title of the program C) Place 2 days 23rdf 24th Aug 2019 d) Duration e) Date of Conference Rs. 4000/_ 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 Belgano to Davangere By Car One Way - 3500/-7000/-Place a) b) Mode of journey c) Fare d) To and Fro e) Accommodation charges 5000/f) **Registration / Delegation Fee** 10,000/g) Air-port Tax 14. Documents to be submitted: a) Copy of the letter of invitation from the organizers. ing scientific b) Copy of the full text of documents / abstract / paper session of - Abstract prepared by the applicant for presentation. Paper presenta re Con ference Invit DECLARATION I hereby declare that I have furnished the information in this application which is true to the best of my knowledge and belief. . I am not getting any financial assistance / support from the sponsorers / organizers of the Conference or any other funding agency for attending the aforesaid Conference. I am aware that I am liable for any disciplinary action by the University in case it is found at a later stage that the information furnished in this application is wrong / false, in support of my application for financial grant. . I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference. • I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference. Date: 30/10/2022 Signature of the faculty member nber______ Date: 30/10/2023 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, Seal Signature of the HoD KLE V.K. Institute of Dental Sciences Professor and Head Department of Oral Medicine and Radiology Nehru Nagar, BELAGAVI-590010. KLE VK Institute of Dental Sciences. Belagav

Ref. 110. 83 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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APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / ZONAL / NATIONAL CONFERENCES
APPLICATION FOR FINANCIAL COLT Of the sensering HoD & Principal)
(To be submitted to the University through the concerned HoD & Principal)

A. To be filled by the facu	lity member:	
1. Name		Dr. Suresh shenvi
2. Qualification		MDS cons and Endo
3. Designation		Reader
4. Department		Cons and Endodontics
5. Institution		K.LEVKIDS
6. Email ID		Suresh chenvil2 200 mail. Com
7. Date of joining the Institu	ution	28 9 20 2
8. Objectives of the Confer	ence / Seminar / Symposium	To present paper
9. Benefits to be derived fr Conference / Seminar /		Please enclose a separate sheet.
Symposium		 a) Contributing a scientific paper (poster or oral) b) Delivering a guest lecture c) Others, if any, specify.
extended by the U	e financial support already niversity to attend the similar g the current calendar year 1⁵ 31⁵t December)	Not availed before
a) Title of the Confer	ence / Seminar / Symposium	
b) Date of conduct		
c) Level of Conferen	ce (State / Zonal / National)	- Keener -
d) Venue		To publication.
e) Financial support	extended by the University	public
f) Copy of the sancti	on letter to be enclosed	
Note : The faculty me support to attend <u>one S</u> Conference in a calenda	mber is eligible for financial <u>State / Zonal</u> and <u>one National</u> r year.	-
12. Particulars of the org Conference / Semina	ganizers of the aforesaid r / Symposium	
a) Name of the Organizer		Indian Endodontic society
b) Title of the program		JES National conference
c) Place	OFFICE OF THE REGISTRAR	Bhubaneshcoar, orissa
d) Duration	KLE Academy of Higher Education & Research, BELAGAVI	32ays
e) Date		29 9 23 - 2/10/2023
f) Amount claimed	TI OCT 2023	22,300 -
L	Inward No	

KLE

(Formerly k CLE [Deemed-to-be-Univers	cnown as KLE University) ity established u/s 3 of the UGC Act, 1956]
	- 2 -
13. Expenses involved towards attending the Confe	rence:
a) Place	Bhybaneswar Orissa
b) Mode of journey	Flight
c) Fare	J
To and Fro expenses	14.3991-
Registration / Delegation Fee	85001-
Accommodation charges	10,540 -
Total Expenses	33,439 -
14. Documents to be submitted:	
 a) Copy of the letter of invitation from the org b) Copy of the full text of documents / abstra prepared by the applicant for presentation 	act / paper
 I am not getting any financial assistance / s agency for attending the aforesaid Conference I shall produce necessary bills / receipts alo the University from the date of attending the s 	ong-with Attendance / Participation Certificate within fifteen day aforesaid Conference,
 I have furnished the information in this applic I am not getting any financial assistance / s agency for attending the aforesaid Conference I shall produce necessary bills / receipts alo the University from the date of attending the aforesaid conduct a seminar for the benefit of knowledge and experience gained from atter I shall reimburse the amount to the University 	support from the sponsorers of the Conference or any other func- ce, ong-with Attendance / Participation Certificate within fifteen day aforesaid Conference, f the faculty members of the Department / Institution to share nding the aforesaid Conference. y in excess of the eligibility.
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 I have furnished the information in this applic I am not getting any financial assistance / s agency for attending the aforesaid Conference. I shall produce necessary bills / receipts ald the University from the date of attending the aforework of the University from the date of attending the answer of the benefit of knowledge and experience gained from atter I shall reimburse the amount to the University Date: 3/10/2.3 Ref. No. To The Registrar, KAHER, Belgaum. Dear Sir, We are enclosing herewith the application for presentation scientific paper. 	on of the above Teacher in the prescribed format for grar

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

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

Ref.No.KAHER/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.	Name	Designation	Department
No.			
X	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. Nelogi
2. Qualification	M.D.S
3. Designation	Readax
4. Department	prosthadontics
5. Institution	MEVUL Institute of Dental Suid
6. Date of joining the Institution	21 6 2007
7. Objectives of the Conference / Seminar / Symposium	Shaping the Juture of Implant Denn
 Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 	Please enclose a separate sheet.
9. Assignment in the aforesaid Conferencé / 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)	oralla veryed certifier
a) Title of the Conference / Seminar / Symposium	n. f.el
b) Date of conduct	Je ped (na.
c) Venue	
d) Financial support extended by the University	10
 e) Actual amount credited / reimbursed and Date of payment 	· F0-
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 OFFICE OF THE REGIS	TRAR
d) Duration KLE Academy of Higher Edu & Research, BELAGA	BCSLION
e) Date of Conference	
1 4 JUN 2023 4-2- inward NoSign	H



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

[Deemed-to	-be-Univer:	sity established	u/s 3 of t	he UGC	Act. 19561

- 2 -

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/-	Section and the section of the secti	
Other Asia countries Other Asia countries except Sri Lanka, Pakistan, Bangladesh, Nepal, Afghanistan, Bhutan, Myanmar, Maldives)	Rs. 20,000/-		
3. Travelling (by shortest route) and other expenses involved		na na china ana ana ana ana ana ana ana ana ana	
neera ministra anna 1999 e 2 Na ceanna anna anna anna anna anna anna a	International	Domestic	
a) Place	Berlin	Mambai	
b) Mode of journey	Flight	Rad.	
c) Fare	70.000	3000	
d) To and Fro	20000	2000	
e) Accommodation charges	30000	100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100	
f) Registration / Delegation Fee	15000	· · · · · · · · · · · · · · · · · · ·	
g) Air-port Tax	15000	e and a constant of the second	
4. Documents to be submitted:			
 b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. 			
5.Signature of the faculty member		i da iza a cia	
DECLARA			
 I hereby declare that : I have furnished the information in this application which I am not getting any financial assistance / support from other funding agency for attending the aforesaid Confer action by the University in case it is found at a application is wrong / false, in support of my application is wrong / false, in support of my application is under the date of attending the aforesaid Confer University from the date of attending the aforesaid Confer University from the date of attending the aforesaid Confer University from the date of attending the aforesaid Confer University from the date of attending the aforesaid Confer University from the date of attending the aforesaid Confer University from the date of attending the aforesaid Confer University from the date of attending the aforesaid Confer University from the date of attending the aforesaid Confer University from the date of attending the aforesaid Confer University from the date of attending the aforesaid Confer University from the date of attending the aforesaid Confer University from the date of attending the aforesaid Confer University from the date of attending the aforesaid Confer University from the date of attending the aforesaid Confer University from the date of attending the aforesaid Confer University from the date of attending the aforesaid Confer University from the date of attending the aforesaid Confer University from the date of attending the aforesaid Confer University from the date of attending the aforesaid Confer University from the date of attending the aforesaid Confer University from the date of attending the aforesaid Confer University from the date of attending the aforesaid Confer University from the date of attending the aforesaid Confer University from the date of attending the aforesaid Confer University from the date of attending the aforesaid Confer University from the date of attending the aforesaid Confer University from the date of attending the aforesaid Confer University from the da	Is true to the best of my know in the sponsorers / organizers rence. I am aware that I am later stage that the infor tion for financial grant. indance / Participation Certifica- erence. / members of the Department	s of the Conference or an liable for any disciplinat mation furnished in th ate within fifteen days to th	
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SHRI BM KANKANAWADI AYURVED MAHAVIDYALAYA

Post Graduate Studies & Reseach Centre

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

KLE

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. Book 2023-24/1784

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.

SI. N o	Name of Teacher	Designati on	Departme nt	Workshop /Conference details	Date of Confere nce
1	Dr. Vinod Gurav	Professor	Shareer Kriya	Global Ayurveda Festival Kerala and National Arogya Fair, at	1 st to 5 th
2	Dr Amal Chandran	Asst. Prof	Swasthavr itta	Greenfield International Stadium, Thiruvananthapuram, Kerala, India	Dec 2023

This is for your information and permit the same.

Thanking you,

70 publication

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

Yours truly,

KLE AYUR

Date: 18.12.2023

PRINCIPAL Shri B. M. Kankanawadi Ayurved Mahavidyaleya 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)

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 Cheemed-to-be-Oniversity established us 5 of the Construction of the Constr

Ref. No. KAHER/23-24/D-17112301

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.	Name	Designation	College
No.	8	×.	
1	Dr. Vinod Gurav	Professor, Department of	Shri B M Kankanwadi
		Kriyasharir	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.

Higher Educa Deemed-to-be University BELAGAN

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)]

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. pms MO ph.D
3. Designation	professor
4. Department	Kriya Shavir
5. Institution	Shei B. M. K. Ayurover College
6. Date of joining the Institution	Shri B.M.K. Ayuravede College 16/06/2014
7. Objectives of the Conference / Seminar / Symposium	One health for global-Ayenveda
8. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
 Assignment in the aforesaid Conference / Seminar / Symposium 	 a) Delivering Key-note address / orations / plenary lectures b) Contributing a scientific non-non-
	 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	GAF Kerela
b) Title of the program	5th 5 (o bal Ayurveda Feetival
c) Place	5th Global Ayurveda Festival Triruvanantapursam Kerala
d) Duration	6 days
e) Date of Conference	1/12/2023 to 6/12/2023
f) Financial grant sought	21120 (-



(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		Trivendom Kelela
b) Mode of journey		Bus of Train, Co
c) Fare		900: +800; 2600
d) To and Fro		4400F
e) Accommodation charges		6000F
f) Registration / Delegation Fee		47201-
g) Air-port Tax	* DA	6000F
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		
 I have furnished the information in this application which I am not getting any financial assistance / support from other funding agency for attending the aforesaid Confer 	n the sponsorers / organ	zers of the Conference or any am liable for any disciplinary
 I am not getting any financial assistance / support from other funding agency for attending the aforesaid Confer action by the University in case it is found at a application is wrong / false, in support of my applica I shall produce necessary bills / receipts along-with Atter University from the date of attending the aforesaid Confer I shall conduct a seminar for the benefit of the faculty 	n the sponsorers / organi ence. I am aware that I later stage that the in tion for financial grant. Indance / Participation Cer erence. Indembers of the Depar	zers of the Conference or any am liable for any disciplinary oformation furnished in this tificate within fifteen days to the
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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)

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

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

 Accredited A⁺ Grade by NAAC (3rd Cycle)

 Placed in Category 'A' by MoE (GoI)

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

 *: 0831-244444

Ref. No. KAHER/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.	Name	Designation	College
No.			
1	Dr. Amal Chandran	Assistant Professor,	Shri B M Kankanwadi
		Department of	Ayurveda Mahavidyalaya,
		Swasthavrita	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

61

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)]

anshed and ensure section 5 of the OGC ACL, 1950 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. Amal. S. Chandran 1. Name B.A.M.S, MP (Ayn) (Ph.D.) 2. Qualification Assistant Professor 3. Designation Swaethavntha. 4. Department KAHER'S Shri Brok Ayurvede Mcharida Belgo 5. Institution 6. Date of joining the Institution 15/11/18 To address the emerging chellenes in A health Cere & a resurgent Aynoreda 7. Objectives of the Conference / Seminar / Symposium 8. Benefits to be derived from participation in the aforesaid Please enclose a separate sheet. Conference / Seminar / Symposium 9. Assignment in the aforesaid Conference / Seminar / a) Delivering Key-note address / orations / Symposium plenary lectures M Contributing a scientific paper c) Chairing a scientific session d) International collaboration exchange program (only on invitation) As per norms 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) -NILduring the block period of three years (1st January to 31st December) 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 CISSA, AMAI, Ministry of Aynh, AuIdhok 5th Globel Ayurveda Festival, Kevalc. b) Title of the program Thiruvananthapuren, Kercle. c) Place December 1st - 5th , 2023 (Sdays) d) Duration 1st - 5th December, 2023 e) Date of Conference Rs 10,5401f) Financial grant sought



(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			Thimvanasthepur.
b) Mode	e of journey		Thimvancothopur. Bus & trains
c) Fare			~ Rs 3500/-
d) To ar	nd Fro		~ R370001-
e) Acco	mmodation charges		Nil
f) Regis	stration / Delegation Fee		R8 35401-
g) Air-po	ort Tax		
3. Documer	nts to be submitted:		
a) Copy	of the letter of invitation from the organizers.		
	of the full text of documents / abstract / paper		
prepa	ared by the applicant for presentation.	Chall	
4.Signature	of the faculty member	Allotur	
● I ha ● I an othe acti app	y declare that : ve furnished the information in this application which is n not getting any financial assistance / support from t er funding agency for attending the aforesaid Conferen ion by the University in case it is found at a la dication is wrong / false, in support of my application	he sponsorers / organi ce. I am aware that I a iter stage that the ir n for financial grant.	izers of the Conference or a am liable for any disciplina nformation furnished in th
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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/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 F	aculty	Designation			Department	
1.	Dr.	Suhas	Kumar	Principal	and	Medical	KLEs Shri B M K	
	Shetty	y	•	Director	2_		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.Df.M.S.Ganachari Registrar

1

en la la

To, The above staff member.

CC to :

1. The Special officer to Hon. Vice-chancellor, KAHER, Belagavi. 2. The Finance Officer, KAHER, Belagavi.



Post Graduate Studies & Reseach Centre

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



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/2023-24/782

Date: 3/8/2023

KLE AYURA

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	Departme nt	Workshop /Conference details	Date of Conferen ce
1	Dr Savita B Padashetti	Professor	Basic Principles	National Conference on Editing of Ayurveda Manuscripts – by	04 th - 05 th
2	Dr Chaitra	Asst. Prof	Basic Principles	Karnataka Samskrita Vishwavidyalaya Bangaluru	August 2023

This is for your information and permit the same.

OFFICE OF THE REGISTRAL Thanking you, KLE Academy of Higher Education publication & Research, BELAGAVI Yours truly, AUG 2023 30 Inward No.

2023 8 PRINCIPAT

Shri B. M. Kankanawadi Ayurved Mahavidyalaya A Constituent Unit of KAHER Shahapur, 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)]

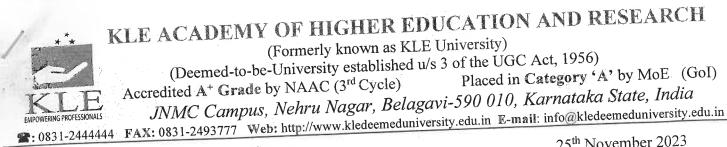
APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / ZONAL / NATIONAL CONFERENCES (To be submitted to the University through the concerned HoD & Principal)

A. To be filled by the faculty member:	
1. Name	Dr. Sarba B. Padasbeth
2. Qualification	BAMS MD (Aug)
3. Designation	Professor
4. Department	Basic Posnerples
5. Institution	KLE'S Shere BMK AM, Belagard
6. Date of joining the Institution	oilialaoao
7. Objectives of the Conference / Seminar / Symposium	Manuscropts Edition
 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.
Symposium	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)	1 DI A
a) Title of the Conference / Seminar / Symposium	Editing of Ayusredg Manuscript
b) Date of conduct	04/08/23 10 05/08/23
c) Venue	
d) Financial support extended by the University	Sri Bhagavad Ramanyacharya Nationa Research Firstrule, Melukote
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> <u>Conference</u> in a calendar year.	
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	Kaenataka samskrita nishwanidyalay
b) Title of the program	Editing of trywyredg Mary mapple
c) Place	dal 1 10 million 1
d) Duration	Melykott, Mandya 2015t
e) Date	Ole a a the suid and
f) Amount claimed	



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

(manual 1)	0
- 12. Expenses involved towards attending the Conference:	2 -
a) Place	
b) Mode of journey	Melybote, Mandya 2015
c) Fare	By mad.
To and Fro expenses	
Registration / Delegation Fee	2500 -
Accommodation charges	500 -
Total Expenses	
13. Documents to be submitted:	3000 -
a) Copy of the letter of invitation from the organizers.	t
 b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. 	
DECLARAT	10 N
I hereby declare that :	
 I shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Conference. I shall conduct a seminar for the benefit of the faculty r knowledge and experience gained from attending the afore. I shall reimburse the amount to the University in excess of the Date: 03 08 23 	nembers of the Department / Institution to share the said Conference. the eligibility.
Cef. No Signa	ature of the faculty member
0	Date:
he Registrar, LE University, elgaum.	
ear Sir,	
We are enclosing herewith the application of the above ancial support to attend the Conference for kind consideration.	e Teacher in the prescribed format for grant of
Thanking you,	
nature of the HoD	Yours faithfully, Principal
	Shri B. M. Kankanawadi
	Ayurved Mahavidyaleya A Constituent Unit of KAHER Shahapur, BELAGAVLO3 ()



Ref. No. KAHER/23-24/D27112303

25th November 2023

ORDER

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

Your office letter Ref. No. BMK/2023-24/, dated 17th November, 2023. Ref:

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.	Name	Designation	College
No.	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.

Higher Educar

Deemed-to-be

University

BELAGAN

Dr. M. S. Ganachari Registrar

To,

The above staff member.

CC to:

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

BML/Agerda/ 17.11.2023/94



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. maheren. p. Savalagiosath
2. Qualification	BAMS. MD
3. Designation	Poofessor.
4. Department	Agadatanta
5. Institution	So. BMK Ayusuela college
6. Date of joining the Institution	
7. Objectives of the Conference / Seminar / Symposium	one bratth- Global Ayunude
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)	la tication.
a) Title of the Conference / Seminar / Symposium	pupu
b) Date of conduct	V
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	GAF Kesala
b) Title of the program	sth alobal Ayunueda Estival.
c) Place	Tinyamantapusam, Kesaler-
d) Duration	Sdays
e) Date of Conference	ast to sth bec 2023.
f) Financial grant sought	21,120 -



(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		Tisuvanantapusa
b) Mode of journey		Bust Train+C
c) Fare		900+800 2600 +
d) To and Fro	,	4400)-
e) Accommodation charges		60001-
f) Registration / Delegation Fee		47201-
g) Air-port Tax 🗙	DA->	6000/
3. Documents to be submitted:		
a) Copy of the letter of invitation from the organizers.		
 b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. 	0	
4.Signature of the faculty member	42	
 I have furnished the information in this application which I am not getting any financial assistance / support from other funding agency for attending the aforesaid Confer action by the University in case it is found at a application is wrong / false, in support of my application 	n the sponsorers / organi ence. I am aware that I a later stage that the in tion for financial grant.	zers of the Conference or any am liable for any disciplinary nformation furnished in this
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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 (Gol) JNMC Campus, Nehru Nagar, Belagavi-590 010, Karnataka State, India 2: 0831-244444 FAX: 0831-2493777 Web: http://www.kledeemeduniversity.edu.in E-mail: info@kledeemeduniversity.edu.in

RefNo: 10+HER 10-25102308

ORDER

Sub: Approval of Grant of financial support.

Ref: Your office letter Ref. No. BMK/ 2023-24/1231 dated 5rd 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.

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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SHRI BM KANKANAWADI AYURVED MAHAVIDYALAYA

Post Graduate Studies & Reseach Centre

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

(DEEMED-TO-BE- UNIVERSITY)

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



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ARTING AYURVEDA

First AYUSH Institution having NAAC & NABH Accreditation

Ref No. BM/</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	Desig nation	Departme nt	Workshop /Conference details	Date of Confere nce	Amt (As per billsenclosed)
1	Dr Anusha Bant		Shalya Tantra	STEP-1 Training of Trainers		
2	Dr. Sreechand S R	Asst.	Shalya Tantra	on emergency Care and Life Support for	10 th to 14 th Oct	Rs. 23,627/- for Each
3	Dr Reshma Salimani	Prof	Prasooti & Streeroga	Ayurveda Doctors At: Jeevaraksha, RGUHS Bangalore	2023	Staff

This is for your information and release the financial assistant for the same.

Thanking you,

OFFICE OF THE REGISTRAR 10 **KLE Academy of Higher Education** & Research, BELAGAVI OCT 2023 20 Sign.. Inward No

Yours truly 200)



(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 SUPP	
(To be submitted to the University thro	De Reshma Salimani
A. To be filled by the faculty member:	
1. Name	BAMS MS (Ayu)
2. Qualification	Assistant Profeesor
3. Designation	Praspoti tantra & Stree roga
4. Department	KLEBMK Aynereda College
5. Institution	29/12/2021
6. Date of joining the Institution	29/12/2021
7. Objectives of the Conference / Seminar / Symposium	Emagency care & Life Support
 Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 	Please enclose a separate sheet.
 Assignment in the aforesaid Conference / Seminar / Symposium 	a) Delivering Key-note address / orations / plenary lectures
	b) Contributing a scientific paper
8 - J.C.	c) Chairing a scientific sessiond) 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, workhop ob Emergency case & 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	Jeevaraking - Ayureda Emergeny Care & life Support Workshop (Atchs
c) Place	Bengalueu
d) Duration	5 days
e) Date of Conference	10/10/23 to 14/10/2023
f) Financial grant sought	



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a) Place	International	Domestic
b) Mode of journey		Bengaluu
c) Fare		Bengalum By road
		09.004
	3	Rs 2135 -
e) Accommodation charges		L349921-
f) Registration / Delegation Fee		Re 16500/-
g) Air-port Tax		NI 165001-
3. Documents to be submitted:	total	P. DRADT
a) Copy of the letter of invitation from the organize	rs.	Rs 23,627/-
 b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. 	iper	
4.Signature of the faculty member	Bashma	
 I hereby declare that : I have furnished the information in this application within the second s	from the sponsorers / organiz nference. I am aware that I a t a later stage that the in ication for financial grant.	zers of the Conference or an Im liable for any disciplinar formation furnished in thi
 I have furnished the information in this application within the second second	from the sponsorers / organize inference. I am aware that I a t a later stage that the in ication for financial grant. ttendance / Participation Certi inference.	zers of the Conference or an im liable for any disciplinar formation furnished in this ficate within fifteen days to the
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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 SUPI (To be submitted to the University thro	
A. To be filled by the faculty member:	
1. Name	Dr. BreecHAND S.P.
2. Qualification	BAMS, MS (Ayy)
3. Designation	Ausikal Dakener
4. Department	Shulera kantra
5. Institution	KAHER Shi BMK Ayuned
6. Date of joining the Institution	Intalliza 22
7. Objectives of the Conference / Seminar / Symposium	To lears Emergary and all like 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. Work Shop Genergen
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 Pakshe - Ayurved Emergeny Gre.
c) Place	Banavilor '
d) Duration	5 days
e) Date of Conference	10/10/25 to 10/10/2025
f) Financial grant sought	



KLE UNIVERSITY

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

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	ration / Delegation Fee		Rs. 4992 1-
g) Air-poi		<u>EII</u>	RS. 16500 /-
	s to be submitted:	lotal k	8.23627 /
b) Copy c	of the letter of invitation from the organizers. of the full text of documents / abstract / paper	2	
prepar	ed by the applicant for presentation.		
4.Signature of	f the faculty member	TIND	
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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)]

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APPLICATION FOR FINANCIAL SUPP	
(To be submitted to the University through To be submitted to the University through the faculty member:	ign the concerned hob & thhepail
A. To be filled by the faculty member:	O A L C P +
I. Name	Dr. Anusha G Bant
2. Qualification	BAMS, MS (Ayu)
3. Designation	Assistant Professor
4. Department	Shalyatantra
5. Institution	KAHERUShi 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
 Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 	Please enclose a separate sheet.
 Assignment in the aforesaid Conference / Seminar / Symposium 	a) Delivering Key-note address / orations / plenary lectures
-j	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 & hile 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)	1171
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	1
a) Name of the Organizer	JEEVARAKSHA
b) Title of the program	Jeeva Raksha-Ayurveda Emergency Care Er Life Support- Workshop (ABCLUS)
c) Place	Bengaluen
d) Duration	5 days
e) Date of Conference	10-10 2023 -10 14 10 2023
f) Financial grant sought	



KLE UNIVERSITY

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

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b)	Mode of journey		Bengalura
c)	Fare		By road (Ca
d) ⁻	To and Fro		
e) /	Accommodation charges		Re. 2135/
f)	Registration / Delegation Fee		Rs. 4992/-
g) A	Air-port Tax	TTI	Re. 16,500[-
13. Docu	ments to be submitted:	Total:	Rc. 23,627/
a) (Copy of the letter of invitation from the organizers.		
b) (Copy of the full text of documents / abstract / paper repared by the applicant for presentation.		
4.Signat	ure of the faculty member	Inito	
		4	
• ; ; ;	reby declare that : I have furnished the information in this application which is am not getting any financial assistance / support from other funding agency for attending the aforesaid Conferen- action by the University in case it is found at a la application is wrong / false, in support of my application shall produce necessary bills / receipts along-with Attended University from the date of attending the aforesaid Conferen-	the sponsorers / organizer nce. I am aware that I am ater stage that the info on for financial grant.	s of the Conference or a liable for any disciplina rmation furnished in the second sec
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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
 8: 0831-2444444
 FAX: 0831-2493777 Web: http://www.kledeemeduniversity.edu.in E-mail: info@kledeemeduniversity.edu.in

Ref.No.KAHER/23-24/D- 1809 2329

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 Şanikop	Professor, Shri B.M.Kankanwadi	Prasooti and
		Mahavidyalaya, Belagavi.	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 YURVED. 2. Qualification 3. Designation OOTI & STREEROGA 4. Department BMKAYURUED 5. Institution 5-2007. 6. Date of joining the Institution WOMEN'S HEATH CARE 7. Objectives of the Conference / Seminar / Symposium 8. Benefits to be derived from participation in the aforesaid Please enclose a separate sheet. Conference / Seminar / Symposium 9. Assignment in the aforesaid Conference / Seminar / a) Delivering Key-note address / orations / Symposium 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) INTERNATIONAL CONFERENCE ON INTEGRATED WOMEN'S 271-29th OCT HEALTH CATE a) Title of the Conference / Seminar / Symposium b) Date of conduct VOSOKHANDEKAR BHAVAN, c) Venue KOLHARUR 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** KAGOF (MH-GOA a) Name of the Organizer b) Title of the program INTERNATIONAL CONTERENCE ON INTO WOMEN'S HEATTH CAR c) Place KOLHARUR - 3 lays. 27th - 29th OCTUBER-2023 d) Duration e) Date of Conference f) Financial grant sought



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International a) Place XOLHAPUR. b) Mode of journey CAR. c) Fare BS15 PER KM = 3450/- d) To and Fro 230 KM. (ONE WAY - 115 KM.) e) Accommodation charges 4000 (2mights)	Domestic
b) Mode of journey CAR. c) Fare \$\$15 PER KM = 3450[- d) To and Fro \$230 KM. CONE WAY - 115 KM.	
c) Fare \$\$15 PER KM = 3450 [- d) To and Fro 230 KM. CONE WAY - 115 KM.)	
d) To and Fro 230 KM. CONE WAY - 115 KM.)	
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e) Accommodation charges (POD) (Dural (C))	
All	
f) Registration / Delegation Fee 4500/-	
g) Air-port Tax	
13. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	l.
b) Copy of the full text of documents / abstract / paper	
prepared by the applicant for presentation.	
14.Signature of the faculty member	
 I have furnished the information in this application which is true to the best of my knowledge a I am not getting any financial assistance / support from the sponsorers / organizers of the other funding agency for attending the aforesaid Conference. I am aware that I am liable f action by the University in case it is found at a later stage that the information application is wrong / false, in support of my application for financial grant. 	i furnished in t
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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 (Gol) JNMC Campus, Nehru Nagar, Belagavi-590 010, Karnataka State, India * 0831-244444

Ref.No.KAHER/23-24/D- 18092328

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, S	hri Rasayan
		B.M.Kankanwadi Mahavidyala	ya, Evem
		Belagavi.	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



KLE UNIVERSITY

(Formerly known as KLE Academy of Higher Education & Research) UNIVERSITY ERSITY EARCHIER ROESONS

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. Swaarda Uppin
2. Qualification	MD - AYU
3. Designation	Appropriate Anotherson
4. Department	Rasayana even Nejskarana
5. Institution	Sheri BMK Ayrewede Mahe.
6. Date of joining the Institution	04-02-2020
7. Objectives of the Conference / Seminar / Symposium	Integrated Women's 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) 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)	Datanasting Conference on
a) Title of the Conference / Seminar / Symposium	Integrated women's flealth Care
b) Date of conduct	27th - 29th Oct 2023.
c) Venue	Phiveji Driverriby, 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 flealth Care
c) Place	Kelhapuer
d) Duration	3 days (271th-29th Och, 23)
e) Date of Conference	27th - 29th Oct, 2023.
f) Financial grant sought	BARDER BARDER BARDER
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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)]

	International	Domestic
a) Place	-	Kolhenur
b) Mode of journey		Kothepur
c) Fare		R5.151Km83
d) To and Fro		230Km (115k
e) Accommodation charges		Home town
f) Registration / Delegation Fee		30001-
g) Air-port Tax		50001
13. Documents to be submitted:		
a) Copy of the letter of invitation from the or	rganizers.	
 b) Copy of the full text of documents / abstr prepared by the applicant for presentatio 	ract/paper Enclosed	
14.Signature of the faculty member	(same	
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 I hereby declare that : I have furnished the information in this appli I am not getting any financial assistance / other funding agency for attending the afore action by the University in case it is application is wrong / false, in support of I shall produce necessary bills / receipts alou University from the date of attending the afore 1 shall conduct a seminar for the benefit or knowledge and experience gained from attending attending the Registrar, KLE University, Belagavi. Dear Sir, We are enclosing herewith the application in ancial support to attend the International Confermance 	ication which is true to the best of my known support from the sponsorers / organize esaid Conference. I am aware that I ar found at a later stage that the infi- f my application for financial grant. Ing-with Attendance / Participation Certific resaid Conference. of the faculty members of the Departmending the aforesaid Conference. Signature of the faculty mer signature of the faculty mer	ers of the Conference or a n liable for any disciplina ormation furnished in the cate within fifteen days to the ent / Institution to share the nber Sub- Date: 2910-8123

(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 2: 0831-244444 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.

Your office letter Ref. No. JGMMMC/ 2023-24/630 dated 20th Ref: 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.	Name	Designation	Department
No.			
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

The above-staff member.

CC to:

To.

EMPOWERING PROFESSIONALS

- 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



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



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

NEHRU NAGAR, BELAGAVI-590010, KARNATAKA, INDIA

 State
 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	Name of the Faculty	Designation	Paper/Poster Presentation
No			
1	Prof. (Dr.) Sangeeta N Kharde	Assistant Professor	Poster
	lion		
Public	This is for your kind inform	ation & needful in the	matter.
pu	NU	REA	
	Thanking you	Sec. Sec.	
PERCE AC	THE REGISTRAR	AV	Yours faithfully
LE Academy	of Higher Education	.9	Levelet
10	NOV 2023	KAHER I	Principal
3	59		Belagavi
Inward No	Sign		

INSTITUTE OF NURSING SCIENCES

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



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

NEHRU NAGAR, BELAGAVI-590010, KARNATAKA, INDIA

FAX: 091- 0831-2475103 Web: htt E-mail:principalklenursingbgv@gmail.com : 091-0831-2472303 Web: http://kleunursingbgm.edu.in

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
T	his is for your kind inform	nation & needful in the mat	Tor
hankin	ig you,	Vours faith	fully port to attend
	Z BELAGAVI	Yours faith	runy

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

1 6 AUG 202

Ston.

18

Invard No...

Yours faithfully

Principal KAHER Institute of Nursing Sciences Belagavi

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

KLE

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

To be filled by the faculty member:	MRS. VAISHALI. S. BAGEWADI
Name	M-SC (N)
Qualification	Asst. Professor
Designation	child Health Nurling
Department	KAHER, INS, Belagari.
Institution	Vsbage Nadi Ogmail. com
Email ID	VSbage Nach (Opman)
Date of joining the Institution	104/2014
Objectives of the Conference / Seminar / Symposium	Please enclose a separate sheet.
a state to be derived from participation in the atoresaid	1
 Benefits to be defined instrumposium Conference / Seminar / Symposium Assignment in the aforesaid Conference / Seminar / Symposium 	a) Contributing a scientific paper (poster or oral)b) Delivering a guest lecturec) Others, if any, specify.
 11. Particulars of the financial support already extende by the University to attend the similar Conference (s) during the current calendar year 1st January t 31st December) a) Title of the Conference / Seminar / Symposium 	
b) Date of conductc) Level of Conference (State / Zonal / National)	
d) Venuee) Financial support extended by the University	
 e) Financial support extended by the component of the sanction letter to be enclosed f) Copy of the sanction letter to be enclosed 	
Note : The faculty member is eligible for finance support to attend <u>one State / Zonal</u> and <u>one Natio</u>	cial nal
 12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium 	JSS college of Nursing, Mys
a) Name of the Organizer	A and the Velecting Way
b) Title of the program	Int. configence of practice & first
c) Place	nysulu.
d) Duration	102 days.
e) Date	1817 9 1917 19-
D Amount claimed	RS. 17,000 -



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 -

a)	Place	Mysulu.
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. Do	cuments to be submitted:	6
a)	Copy of the letter of invitation from the organizers.	
b)	Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	
	DECLARAT	ION
ł	hereby declare that :	
	• I have furnished the information in this application which	
	 I am not getting any financial assistance / support from agency for attending the aforesaid Conference, 	
	 I shall produce necessary bills / receipts along-with Atten University from the date of attending the aforesaid Confe 	rence,
	 I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the afor 	members of the Department / Institution to share the presaid Conference.
	I shall reimburse the amount to the University in excess of	
Date :	14 8 2023 Sig	nature of the faculty member
Ref. N	0. KAHER [ENJ] 23-24 (D-356	Date: 14 8 2023
То		
The Re KAHEI Belgau		
Dear S		
000.0	We are enclosing herewith the application of the at	oove Teacher in the prescribed format for grant o
financi	al support for presentation scientific paper (poster of	
	rence for kind consideration.	
	Thanking you,	
0.0	A STUTE OF M	Yours faithfully,
2	ure of the HoD	Principal

(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* **B**: 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.	Name	Designation	Department
No.		<u></u>	
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

То

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.



(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 Forensie reduche 3. Designation professor and HOD Formensic Medicine 4. Department 5. Institution KLE JGMM Medical college Hubli 6. Email ID drmallikanjunballur@qmail.com 7. Date of joining the Institution 25/04/2023 I am presenting or al paper under faculty 8. Objectives of the Conference / Seminar / Symposium codegory, I am attending conference to update 9. Benefits to be derived from participation in the aforesaid Please enclose a separate sheet. Conference / Seminar / Symposium 10. Assignment in the aforesaid Conference / Seminar / a) Contributing a scientific paper (poster or oral) Symposium b) Delivering a guest lecture c) Others, if any, specify. 11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1st January to 31st December) Nil a) Title of the Conference / Seminar / Symposium b) Date of conduct c) Level of Conference (State / Zonal / National) d) Venue e) Financial support extended by the University f) Copy of the sanction letter to be enclosed Note : The faculty member is eligible for financial support to attend one State / Zonal and one National Conference in a calendar year. 12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium a) Name of the Organizer K.S. Hegde Medical College, Mangalose b) Title of the program of kamataka Medicolegial Beyond Conventional Forensics Margalose 2/11/23 to 4/11/23 c) Place d) Duration e) Date f) Amount claimed RS.10, 7501-



(Formerly known as KLE University)

-2-

13. Expenses involved towards attending the Conference: a) Place Mangalose b) Mode of journey Bus c) Fare To and Fro expenses RS. 2000 /-**Registration / Delegation Fee** RS.42501-Rs. 45001-Accommodation charges **Total Expenses** Rs. 10750/-14. Documents to be submitted: yes attached a) Copy of the letter of invitation from the organizers. b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.

DECLARATION

I hereby declare that :

- I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsorers of the Conference or any other 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

Ref. No.

Date: _____

То

The Registrar, KAHER, Belgaum.

Dear Sir,

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

Thanking you,

MSE

Signature of the HoD



Yours faithfully,

PRINCIPAL KAHER's JGMM Medical Colleg[®] Gabbur Cross, Kotgondhunsh

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

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.	Name	Designation	College
No.			
1	Dr.Sanjivani S. Jadhav	Assistant Professor,	KAHER's JGMM Medical
		Department of Physiology	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

То

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

(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:	in the second
1. Name	DR. SANJIVANI S. JADHAN
2. Qualification	MBBS, MD (PHYSIOLOGY).
3. Designation	ASSISTANT PROFESSOR.
4. Department	PHY STOLDGY,
5. Institution	KLE'S JGMM MEDICAL COLLEGE,
6. Email ID	Sanjuj 03@ gmail . com. HUBBA
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 Paper Abstreat Attoched .
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.
second reaction galaxy and which a second with references where a provided with	
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)	n de la constant de l None de la constant de
a) Title of the Conference / Seminar / Symposium	aries era de la la company de la company La company de la company de
b) Date of conduct	wall are alternated for an initial solution of a
c) Level of Conference (State / Zonal / National)	
d) Venue	a dina p
e) Financial support extended by the University	
f) Copy of the sanction letter to be enclosed	14
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National</u> <u>Conference</u> in a calendar year.	ista (j. 18 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971) 1971)
12. Particulars of the organizers of the aforesald Conference / Seminar / Symposium	adeile al dheasa airithiga an sei
a) Name of the Organizer	PHYSICON-2023, BLDE
b) Title of the program	Physiology: From Experimental to Trong
c) Place	Physiology: From Experimental to Tron Vijayapur (Bijopul), Karnetaka
d) Duration	2 Days
e) Date	02 nd and 03rd November.

1

	- 2 -	hed u/s 3 of the UGC Act, 1956]
	en de la plante de la participation de la participation de la participation de la participation de la particip Reference de la participation de	
13. Expenses Involved towards atte	nding the Conference:	
a) Place		Vijoyapure (Bijopur) Kapathio
b) Mode of journey	- 1	By Car
c) Fare	25. CM . N	
To and Fro expenses	Et a	404 Kms. × 12 Rs = 4848 Rs
Registration / Delegation Fi	30	Rs. 6, 300/-
Accommodation charges		1. 2.9//
Total Expenses		D 1/
14. Documents to be submitted:		Rs. 14, 088/-
a) Copy of the letter of invitation	n from the organizan	
 b) Copy of the full text of docu prepared by the applicant for 	ments / abstract / paper	nen er Annen Hanne er Belger son
 I am not getting any financial agency for attending the afore 	assistance / support from the said Conference,	s true to the best of my knowledge and belief. the sponsorers of the Conference or any other funding
 I am not getting any financial agency for attending the afore I shall produce necessary bills University from the date of attending I shall conduct a seminar for 	assistance / support from t said Conference, / receipts along-with Attence ending the aforesaid Confer- the benefit of the foculty	the sponsorers of the Conference or any other funding fance / Participation Certificate within fifteen days to the ence,
 I am not getting any financial agency for attending the afore I shall produce necessary bills University from the date of attending the seminar for knowledge and experience gate 	assistance / support from the said Conference, receipts along-with Attence ending the aforesaid Conferent the benefit of the faculty ined from attending the afore	the sponsorers of the Conference or any other funding dance / Participation Certificate within fifteen days to the ence, members of the Department / Institution to share the esaid Conference.
 I am not getting any financial agency for attending the afore I shall produce necessary bills University from the date of attending I shall conduct a seminar for 	assistance / support from said Conference, / receipts along-with Attence ending the aforesaid Confer the benefit of the faculty ined from attending the afor o the University in excess of	the sponsorers of the Conference or any other funding dance / Participation Certificate within fifteen days to the ence, members of the Department / Institution to share the esaid Conference.
 I am not getting any financial agency for attending the afore I shall produce necessary bills University from the date of attending the shall conduct a seminar for knowledge and experience gates i shall reimburse the amount to the shall reimburse the sha	assistance / support from the said Conference, / receipts along-with Attence ending the aforesaid Conference the benefit of the faculty ined from attending the afore the University in excess of	the sponsorers of the Conference or any other funding fance / Participation Certificate within fifteen days to the ence, members of the Department / Institution to share the esaid Conference. The eligibility.
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KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH (Formerly known as KLE University) Image: Construct of the temporters store of temporters store store

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.	Name	Designation	College
No.			
1	Dr. Maheshwari Myageri	Associate Professor,	KAHER's JGMM Medical
		Department of Anatomy.	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.

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

A DOWNERS CHIMMEIAL SUPPOPT TO AT	KLE University) ned u/s 3 of the UGC Act, 1956]
(To be submitted to the University through	TEND STATE / NATIONAL CONFERENCES
A. To be filled by the faculty member:	
1. Name	On Maheshwari Myagezi
2. Qualification	MD Anatomy
3. Designation	Associate Professor
4. Department	Anatomy
5. Email ID	mayuriimyageli
6. Institution	KAHER'S JGMM Medical College
7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility)	02 01 2023
8. Objectives of the Conference / Seminar / Symposium	Ored Presentation of Chaining the Sessi
 Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 	Please enclose a separate sheet. a) Delivering Key-note address / orations
9 Letter of Approved? 9 letter of Approved? 9/10/25	 (only on invitation) d) Panel discussion or to deliver talks / lecture or invited to discuss arts / skills (only or invitation) e) Others, if any, specify. (hamy the sess)
11. Particulars of the Conference being attended	
a) Title of the Conference / Seminar / Symposium	23 KCAKON 2023
b) Date of conduct	15" 4 16" - 1 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 Sta 12. Particulars of the financial support previously extended by the University	ate / Zonal and one National Conference in a catendar year
a) Name of the Organizer	
b) Title of the program	
c) Place	
d) Duration	

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	OF HIGHER EDUCATION AND RESEARCH Formerly known as KLE University) p-be-University established u/s 3 of the UGC Act, 1956]
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13. Travelling (by shortest route) and other	and a second
$\left\{ \frac{1}{2}, \frac{1}{2}$	Particulars
a) Place	Manipal Komataka
b) Mode of journey	Cag 610 kms. (Husti to Manipal Back to Mas
c) Fare	610 kms. Hugh Back to Mas
d) To and Fro	
e) Accommodation charges	3584,00
f) Registration / Delegation Fee	3584,00 4720.00
g) Air-port Tax	
14. Documents to be submitted:	
a) Copy of the letter of invitation I	rom the organizers.
 b) Copy of the full text of docume prepared by the applicant for p 	
 I am not getting any financial a other funding agency for attendi action by the University in application is wrong / false, in 	in this application which is true to the best of my knowledge and belief. ssistance / support from the sponsorers / organizers of the Conference on ng the aforesaid Conference. I am aware that I am liable for any discipl case it is found at a later stage that the information furnished in support of my application for financial grant.
 I have furnished the information I am not getting any financial a other funding agency for attendi action by the University in application is wrong / false, in I shall produce necessary bills / University from the date of attende I shall conduct a seminar for the start of the s	ssistance / support from the sponsorers / organizers of the Conference or ng the aforesaid Conference. I am aware that I am liable for any disciplicase it is found at a later stage that the information furnished in support of my application for financial grant. receipts along-with Attendance / Participation Certificate within fifteen days it
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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 * 0831-244444 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) Vijaypura on 2nd & 3rd November 2023 for contributing a scientific paper & session.

SL.	Name	Designation	College
No.			
1	Dr. Savitri	Professor & HOD	KAHER's JGMM Medical
	Sidddanagouda	Department of Physiology	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

The above staff member.

CC to:

То

- 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

(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:** 0831-244444 FAX: 0831-2493777 Web: http://www.kledeemeduniversity.edu.in E-mail: info@kledeemeduniversity.edu.in

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.	Name	Designation	College
No.			
1	Dr. Madhuri	Assistant Professor &	KAHER's JGMM Medical
	Dindalkoppa	Department of Pathology	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

The above staff member.

CC to:

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)
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 JNMC Campus, Nehru Nagar, Belagavi-590 010, Karnataka State, India
 * 0831-244444
 * AX: 0831-2443777 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

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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	2.4
2. Qualification	Rajoshercorr. S. Charan
3. Designation	M. Pherram
	Anistant profenor
4. Department 5. Institution	Phesma cology
	13. L.E Contege & Pharman Bengla
6. Email ID	Rajoshekan charan 18@9 Non 1.10 M
7. Date of joining the Institution	05/06/2023 Benjalum, 01/08/2016 B
8. Objectives of the Conference / Seminar / Symposium	Conference.
 Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 	Please enclose a separate sheet.
10. Assignment in the aforesaid Conference / Seminar / Symposium	 a) Contributing a scientific paper (poster or oral) b) Delivering a guest lecture c) Others, if any, specify.
 Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1st January to 31st December) 	
	= 1
a) Title of the Conference / Seminar / Symposium	- 14
a) Title of the Conference / Seminar / Symposiumb) Date of conduct	Translasoner Rasandiron Dag
	J-4 Novimber 2023
b) Date of conduct	Toanslatoner Risiards in Dry Dersepment 2-4 Novimber 2023 Nationer)
 b) Date of conduct c) Level of Conference (State / Zonal / National) d) Venue 	J-4 Novimber 2023
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 b) Date of conduct c) Level of Conference (State / Zonal / National) d) Venue e) Financial support extended by the University 	Toanslatoner Risiards in Dry Dersepment 2-4 Novimber 2023 Nationer)
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 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 ote : The faculty member is eligible for financial upport to attend <u>one State / Zonal</u> and <u>one National</u> onference in a calendar year. c) Particulars of the organizer b) Title of the program c) Place 	Toanslabered Research in Dry Dersepment 2-4 November 2023 National Manipal college & Phonualubian Science, Marte Encloyed Confirment Mo PS-MArte Translabered Petriarchin Dry Derso pro ent
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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]

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KLE Info MERKE PROPERTY CALL

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- 2 -	
13. Expenses involved towards attending the Conference:	
a) Place	
b) Mode of journey	Manipal
c) Fare	Bus
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To and Fro expenses	J_1, - TUSO) - 6448
Registration / Delegation Fee	
Accommodation charges	3,540
Total Expenses	1,3441
14. Documents to be submitted:	11,332
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. 	Enclored
DECLARAT	10 N
I hereby declare that	
 I have furnished the information in this application which is I am not getting any financial activity 	s true to the best of my knowledge and belief
 I am not getting any financial assistance / support from t agency for attending the aforesaid Conference, 	he sponsorers of the Conference or any other funding
I shall produce necessary hills / receipts along will have	
 I shall conduct a seminar for the benefit of the faculty r knowledge and experience gained from attending the afore 	members of the Department / Institution to share the
I shall reimburse the amount to the University in excess of	the eligibility
Date: 11112	ature of the faculty member
Ref. No. KAHER/23-24/D-09122304	
0	Date: M12/20123
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ear Sir,	
We are enclosing herewith the application of the	_
We are enclosing herewith the application of the above nancial support for presentation scientific papers (see the	e Teacher in the prescribed format for grant of
nancial support for presentation scientific paper (poster or conference for kind consideration.	oral) / delivering a guest lecture to attend the
Thanking you,	
N. A.	Yours faithfully,
Neueur M.S.	
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Inature of the HoD	Plincipal
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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) 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: 0831-2444444

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.	Name	Designation	Department	
No.			i	
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

То

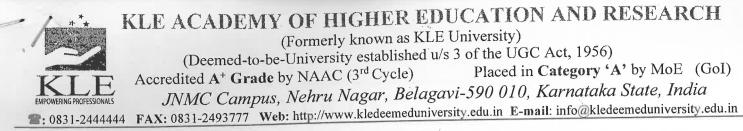
The above staff member.

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.

oher Educatio Deemed-to-i University BELAGAN

Dr. M. S. Ganachari Registrar

То

The above staff member.

CC to:

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

2. The Principal, J N Medical College, Belagavi. H.

3. The Finance Officer, KAHER, Belagavi.

 KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

 (Formerly known as KLE University)

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

 Accredited A⁺ Grade by NAAC (3rd Cycle)

 Placed in Category 'A' by MoE (GoI)

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

 FAX: 0831-2444444

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 Vijaypura 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

Deemed-to-be University BELAGAN

Prof Dr.M.S.Ganachari Registrar

. . .

To, The above staff member.

CC to:

rules

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

(Formerly known as KLE University)

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

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 Accredited A⁺ Grade by NAAC (3rd Cycle)
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 *: 0831-244444
 FAX: 0831-2493777 Web: http://www.kledeemeduniversity.edu.in E-mail: info@kledeemeduniversity.edu.in

Ref. No. KAHER/23-24/D-1212-2314

Æ

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

ORDER

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.

dilet buun Deemed-to-be University

15/09/2023

Dr. M. S. Ganachari Registrar

То

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) KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH (Formerly known as KLE University) Chemed-to-be-University established u/s 3 of the UGC Act, 1956) Accredited A⁺ Grade by NAAC (3rd Cycle) Placed in Category 'A' by MoE (Gol) JNMC Campus, Nehru Nagar, Belagavi-590 010, Karnataka State, India *: 0831-244444 FAX: 0831-2443777

Ref. No. KAHER/23-24/D-01022413

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

То

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

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Ref. No. KAHER/23-24/D-18012407

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.	Name	Designation	Department	
No.				
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.

i.



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.

010

(Formerly known as KLE University)

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

 KILE
 Accredited A⁺ Grade by NAAC (3rd Cycle)
 Placed in Category 'A' by MoE (GoI)

 Image: Below Professionals
 JNMC Campus, Nehru Nagar, Belagavi-590 010, Karnataka State, India

 Image: Below Professionals
 FAX: 0831-2493777

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

Ref. No. KAHER/23-24/D-1812-314

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.	Name	Designation	Department	
No.				
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.



Dr. M. S. Ganachari Registrar

То

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.

12/12//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) 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: 0831-244444

Ref. No. KAHER/23-24/D-18012403

5/01/2024

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.	Name	Designation	Department	
No.		~		
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.



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Dr. M. S. Ganachari Registrar

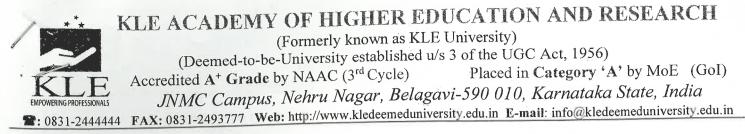
То

The above staff member.

CC to:

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

2. The Principal, J N Medical College, Belagavi.



Ref. No. KAHER/23-24/D-18012404

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	Biochemestry

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

То

The above staff member.

CC to:

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

2. The Principal, J N Medical College, Belagavi.

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 FAX: 0831-244444

Ref. No. KAHER/23-24/D-18012406

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.	Name	Designation	Department	
No.				
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.



5/01/2024

Dr. M. S. Ganachari Registrar

То

The above staff member.

CC to:

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

2. The Principal, J N Medical College, 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 FAX: 0831-244444

Ref. No. KAHER/23-24/D-18012408

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.	Name	Designation	Department	
No.				
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.

aher Educatio Deemed-to-be University ar of

Dr. M. S. Ganachari Registrar

То

The above staff member.

CC to:

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

2. The Principal, J N Medical College, 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 FAX: 0831-244444

Ref. No. KAHER/23-24/D-18012409



4/01/2024

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.	Name	Designation	Department
No.			
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.

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S. Ganachari Dr. M. Registrar

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The above staff member.

CC to:

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

2. The Principal, J N Medical College, 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) Checredited A⁺ Grade by NAAC (3rd Cycle) Placed in Category 'A' by MoE (GoI) *JNMC Campus, Nehru Nagar, Belagavi-590 010, Karnataka State, India JNMC Campus*, Nehru Nagar, Belagavi-590 010, Karnataka State, India FAX: 0831-2444444

Ref. No. KAHER/23-24/D-18012406



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.	Name	Designation	Department
No.			
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.

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5/01/2024

Dr. M. S. Ganachari Registrar

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The above staff member.

CC to:

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- 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) KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH (Formerly known as KLE University) Chemed-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: 0831-244444

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.	Name	Designation	Department
No.	Dr. Sumati Hogade	Professor	Microbiology
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.

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) (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: 0831-244444 FAX: 0831-2493777 Web: http://www.kledeemeduniversity.edu.in E-mail: info@kledeemeduniversity.edu.in

Ref. No. KAHER/23-24/D-18012411



4/01/2024

O R D E R

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.	Name	Designation	Department
No.			
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.



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Dr. M. S. Ganachari Registrar

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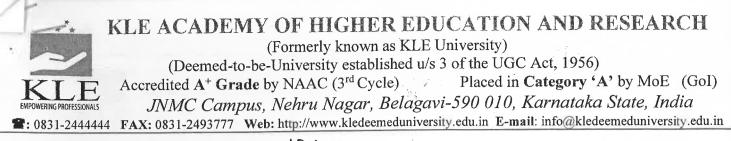
The above staff member.

CC to:

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

2. The Principal, J N Medical College, Belagavi.

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Ref. No. KAHER/23-24/D- 05012413

2/01/2024

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.	Name	Designation	Department
No.			
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 Deemed-to-be University Registrar ACIN

То

The above staff member.

CC to:

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

2. The Principal, J. N. Medical College, Belagavi.

(Formerly known as KLE University) (Deemed-to-be-University established u/s 3 of the UGC Act, 1956) Placed in Category 'A' by MoE (GoI) Accredited A⁺ Grade by NAAC (3rd Cycle) JNMC Campus, Nehru Nagar, Belagavi-590 010, Karnataka State, India 1: 0831-2444444 FAX: 0831-2493777 Web: http://www.kledeemeduniversity.edu.in E-mail: info@kledeemeduniversity.edu.in

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

15/12/2023

ORDER

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

Your office letter dated 14th December 2023. Ref:

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.	Name	Designation	Department
No.			
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

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То

The above staff member.

CC to:

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

2. The Principal, J. N. Medical College, Belagavi.

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

Ref. No. KAHER/23-24/D-121223 6

25/11/2023

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 "IAPSMCON - 2023" State Level Conference to be held at BLDE University, Vijayapura on 15th & 16th September 2023 for delivering a guest lecture.

4.

SL.	Name	Designation	Department
No.		1 P 4	
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.

То

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

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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 VERING PROFESSIONAL **2**: 0831-2444444 FAX: 0831-2493777 Web: http://www.kledeemeduniversity.edu.in E-mail: info@kledeemeduniversity.edu.in

Ref. No. KAHER/23-24/D- 12122311



7/12/2023

ORDER

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

Your office letter dated 6th December, 2023. Ref:

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.

То

The above staff member.

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Dr. M. S. Ganachari Registrar

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

(Formerly known as KLE University)

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

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EMPOWERING PROFESSIONALSAccredited A+ Grade by NAAC (3rd Cycle)Placed in Category 'A' by MoE (GoI)Image: State
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Ref. No. KAHER/23-24/D- 07122302

5/12/2023

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.	Name	Designation	College
No.		r" "5" - 12, "5" - 12,	
1	Mr. Abhijit Bhatkal	Assistant Professor,	Dr. Prabhakar Kore, Basic
		BSRC	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

То

The above staff member.

- 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.

(Formerly known as KLE University)

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EMPOWERING PROFESSIONALS(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, IndiaFAX: 0831-244444FAX: 0831-2493777Web: http://www.kledeemeduniversity.edu.inE-mail: info@kledeemeduniversity.edu.in

Ref.No.KAHER/23-24/D- 29092329

26th September,2023



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	Professor and Head	Department of Public Health,
	Angolkar		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

The above staff member.

CC to:

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) 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: 0831-244444

Ref. No. KAHER/23-24/D- 58112314

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.	Name	Designation	College/Department
No.			
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.

Deemeos Universit BELAGAN

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

Ref. No. KAHER/23-24/D- 05012411

16/10/2023



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.	Name	Designation	Department
No.			4
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.

ar Edu Deemed-to-be University MOLLOW

Dr. M. S. Ganachari Registrar

То

The above staff member.

- 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.

(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-18122-317

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.

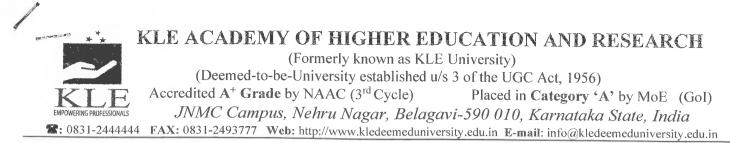
Deemed-to-be University Dr. M. S. Ganachari Registrar BELAGAN

13/12/2023

То

The above staff member.

- 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. KAHER/23-24/D-01022412



13/12/2023

ORDER

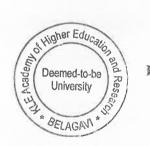
Sub: Approval for Grant of financial support for attending the Conference.

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.	Name	Designation	Department
No.			
THE REAL PROPERTY AND A DECIMAL PROPERTY AND	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

То

The above staff member.

- 1. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
- 2. The Principal, KLE VK IDS, 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) KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH (Formerly known as KLE University) Chemed-to-be-University established u/s 3 of the UGC Act, 1956) Accredited A⁺ Grade by NAAC (3rd Cycle) Placed in Category 'A' by MoE (Gol) JNMC Campus, Nehru Nagar, Belagavi-590 010, Karnataka State, India FAX: 0831-2443444

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.	Name	Designation	Department
No.			
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

То

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

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH (Formerly known as KLE University) KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH (Formerly known as KLE University) Cheemed-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 * 10831-2444444

Ref. No. KAHER/23-24/D- 05012414

8/12/2023

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 30^{th} November to 3^{rd} December 2023 for chairing a session.

SL.	Name	Designation	Department
No.	Dr. Sonal B. Joshi	Dean & Professor	Conservative Dentistry
1	DI. John D. John		

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.



. Das

Dr. M. S. Ganachari Registrar

То

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



(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 1 0831-2444444 FAX: 0831-2493777 Web: http://www.kledcemeduniversity.edu.in E-mail: info@kledcemeduniversity.edu.in

Ref. No. KAHER/23-24/D- 23 06 2302

22nd June, 2023

ORDER

- Sub: Approval of Grant of financial support for attending the International Conference at Berlin from 28th to 30th September, 2023.
- Your office letter Ref. No. vkids / 2023-24/323 dated 15th June Ref: 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.	Name	Designation	Department
No.			
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.



Kellen

Prof Dr.V.A.Kothiwale Registrar

To,

The above staff members.

- 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

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) (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 *: 0831-2444444

Ref. No. KAHER/23-24/D-13122306

22/11/2023

O R D E R

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.	Name	Designation	College
No.	-	4	
1	Dr. Rinku Porwal	Associate Professor,	KLE Homeopathic Medical
		Department of Forensic	College, KAHER,
		Medicine	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

То

The above staff member.

- 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.

(Formerly known as KLE University)

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

 KLEE
 Accredited A⁺ Grade by NAAC (3rd Cycle)
 Placed in Category 'A' by MoE (Gol)

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

 S: 0831-244444

 FAX: 0831-2443777

Ref. No. KAHER/23-24/D-13122305



O R D E R

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

5-1

То

The above staff member.

- 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.



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-

21st October 2023

ORDER

Approval of Grant of financial support. Sub:

Your office letter Ref. No. KLE HMC / 2023-24/ dated 18th Ref: 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.	Name	Designation	College
No.			
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.

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

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

 Chemed-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: 0831-244444

Ref. No. KAHER/23-24/D- 12122310

8/12/2023

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 "ICON - IPEPC" International Conference to be held at Malaysia from 14th to 16th December 2023 for poster presentation.

SL.	Name	Designation	College
No.			
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

То

The above staff member.

- 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) Image: Comparison of the UGC Act, 1956) </

Ref. No. KAHER/23-24/D-27112305

ORDER

10th November 2023

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.	Name	Designation	Department
No			
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

 4^{-1}

To,

The above staff member.

CC to:

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

2. The Principal, KLE HMC, Belagavi.

** KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH (Formerly known as KLE University) Vouler * (Deemed-to-be-University established u/s 3 of the UGC Act, 1956) Vouler * (Deemed-to-be-University established u/s 3 of the UGC Act, 1956) Placed in Category 'A' by MoE (GoI) * .0031-2444444 FAX: 0831-2493777 Web: http://www.kledeemeduniversity.edu.in E-mail: info@kledeemeduniversity.edu.in

Ref. No. KAHER/23-24/D-12122317

25/11/2023

ORDER

310 Km 22 = 620 KB.

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.

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То

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.

Deemed-to-

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)
 Accredited A⁺ Grade by NAAC (3rd Cycle) *JNMC Campus, Nehru Nagar, Belagavi-590 010, Karnataka State, India* (B31-2444444
 FAX: 0831-2493777 Web: http://www.kledeemeduniversity.edu.in E-mail: info@kledeemeduniversity.edu.in

Ref. No. KAHER/23-24/D- 05012410

×22/12/2023



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.	Name	Designation	Department
No.			
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.



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Dr. M. S. Ganachari Registrar

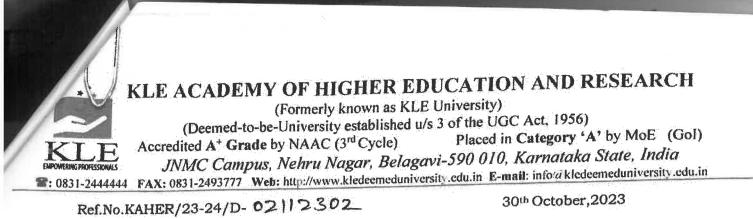
То

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.



ORDER

- Sub: Approval of Grant of financial support.
- Ref: Your office letter Ref. No. JGMMMC/ 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.	Name	Designation	Department
No.			
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.



Prof Dr.M.S.Ganachari Registrar

To, The

The above staff member.

- 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

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) Cheredited A⁺ Grade by NAAC (3rd Cycle) Placed in Category 'A' by MoE (GoI) *JNMC Campus, Nehru Nagar, Belagavi-590 010, Karnataka State, India* FAX: 0831-2444444

Ref. No. KAHER/23-24/D- 07022416

ORDER



25-07-2023

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.

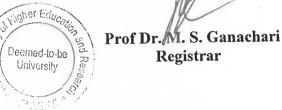
With reference to the above, the following faculty member is hereby permitted to participate in the 49TH Annual Conference of the Karnataka Chapter, Indian Association of Pathologists and Microbiologists (KCIAPM) to be held at Mangalore from **6th to 8th October,2023** and also contributing a scientific paper entitled 'KAPCON 2023-Bridge to the future'.

SL. No.	Name	Designation	Department
1	Dr. Ranjana Ranade	Associate Professor,	Pathology
	·	KLE 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.

To, The above staff member.

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



(Formerly known as KLE University)

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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/23-24/D- 02112303 121223 8

O R D E R



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.	Name	Design	ation	College
No.				-
1	Dr. Madhuri Dindalkoppa	Assistant	Professor	J G M M Medical College,
2	Dr. Prajna K.S.	departmentPathology	of	Gabbur, Hubballi

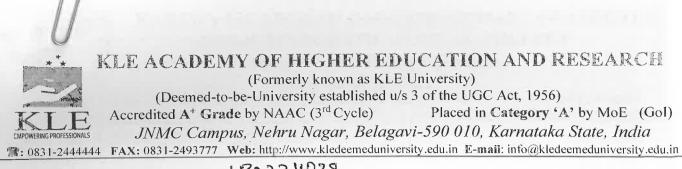
The KAHER shall consider the release of financial grant only after submission of the attendance certificate, Photograph and original bills/ vouchers as per university rules.

To,

The above staff member.

- 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- 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.

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 $8^{th} \& 9^{th}$ 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.

A Higher Educat Prof Dr. M. S. Ganachari Academ. Deemed to to Registrar University BELAGIN

To,

The above staff member.

- 1. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
- 2. The Principal, KAHER's JGMM Medical College, Hubballi
- 3. The Finance Officer, KAHER, Belagavi.

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

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.

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 1^{st} to 2^{nd} 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

То,

The above staff member.

- 1. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
- 2. The Principal, KAHER's JGMM Medical College, Hubballi
- 3. The Finance Officer, KAHER, Belagavi.

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

Ref. No. KAHER/23-24/D- 12122309

8/12/2023

ORDER



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.	Name	Designation	College
No.			
1	Dr. A H M Viswanatha	Professor & Principal,	KLE College of Pharmacy,
	Swamy	Department of Pharmacy	Hubballi.
		Practice 65	

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

То

The above staff member.

- 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 ACADEMY OF HIGHER EDUCATION AND RESEARCH (Formerly known as KLE University) (Deemed-to-be-University established u/s 3 of the UGC Act, 1956) (Deemed-to-be-University established u/s 3 of the UGC Act, 1956) Accredited A⁺ Grade by NAAC (3rd Cycle) Placed in Category 'A' by MoE (Gol) *JNMC Campus, Nehru Nagar, Belagavi-590 010, Karnataka State, India* FAX: 0831-2444444 FAX: 0831-2493777 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.	Name	Designation	College
No.			
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

То

The above staff member.

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

(Formerly known as KLE University)

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

 KLEE
 Accredited A⁺ Grade by NAAC (3rd Cycle)
 Placed in Category 'A' by MoE (GoI)

 Image: 10831-2444444
 FAX: 0831-2493777
 Web: http://www.kledeemeduniversity.edu.in E-mail: info@kledeemeduniversity.edu.in

Ref. No. KAHER/23-24/D-23 112-368

ORDER

10th October 2023

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	×

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.

- 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

(Formerly known as KLE University)

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

 KLEF
 Accredited A⁺ Grade by NAAC (3rd Cycle)
 Placed in Category 'A' by MoE (GoI)

 Image: Description of the state o

Ref. No. KAHER/23-24/D-01022411

25/09/2023

ORDER



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.	Name	Designation	Department
No.			
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

То

The above staff member.

CC to:

83

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) 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-08022459

06-02-2024

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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.	Name	Designation	College
No.			
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.

Deemed-to-be University

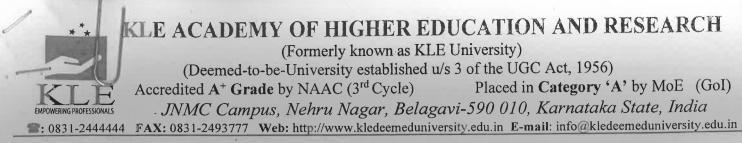
Prof Dr. M. S. Ganachari Registrar

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.



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.	Name	Designation	College
No.	,		
1	Dr. Jyoti M. Nagamoti	Professor, Department of	J. N. Medical College,
		Microbiology,	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.

Deemed-to-be University BELAGAN

Dr. M. S. Ganachari Registrar

To

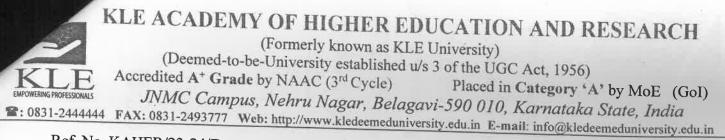
The above staff member.

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.



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:

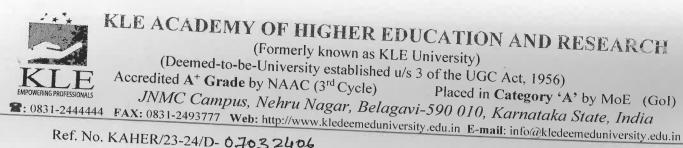
1. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.

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

3. The Finance Officer, KAHER, Belagavi.

Mr. Kiran 10/

1301



Ref. No. KAHER/23-24/D- 0.703 2406

ORDER

26-10-2023

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

Your office letter dated 26-10-2023. Ref:

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. Name Designati			
No.	A TOGALE C	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.

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

Ref. No. KAHER/23-24/D-13 223 07

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, Harayana from 24th to 26th November 2023 for chairing a scientific session.

SL.	Name	Designation	College
No.		1	
1	Dr. Vandana A. Gogate	Professor, Department of	J. N. Medical College,
		Anaesthesiology	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.



1.

Dr. M. S. Ganachari Registrar

То

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 ED (Formerly known as K [Deemed-to-be-University established]	LE University)
APPLICATION FOR FINANCIAL SUPPORT TO ATTEND (To be submitted to the University throug	STATE / ZONAL / NATIONAL CONFERENCES
. To be filled by the faculty member:	
Name	Namit Kudatastar
Qualification	M Pharm
Designation	Assistant Professor
. Department	Pharma cology
. Institution	KLE College of Pharmacy
. Email ID	namit kuda tarkar @ Klepharm.edu
. Date of joining the Institution	01/08/2018
3. Objectives of the Conference / Seminar / Symposium	Bridging academia & industry
Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
0. Assignment in the aforesaid Conference / Seminar / Symposium	 a) Contributing a scientific paper (poster or oral) b) Delivering a guest lecture c) Others, if any, specify.
 Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1st January to 31st December) 	
a) Title of the Conference / Seminar / Symposium	NTI Pa
b) Date of conduct	~
c) Level of Conference (State / Zonal / National)	OFFICE OF THE REGISTRAN
	CFFICE OF THE REGISTRAR
c) Level of Conference (State / Zonal / National)	CFFICE OF THE REGISTRAR KLE Academy of Higher Education & Research, BELAGAVI
c) Level of Conference (State / Zonal / National)d) Venue	110BE98495 Total and the second
 c) Level of Conference (State / Zonal / National) d) Venue e) Financial support extended by the University 	- <u>Research, BELAGAN</u> - <u>0 5 DEC 2023</u>
 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 Nationa</u> 	- <u>Research, BELAGAN</u> - <u>0 5 DEC 2023</u> inward No
 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 Nationa Conference</u> in a calendar year. 12. Particulars of the organizers of the aforesaid 	- <u>Research, BELAGAN</u> - <u>0 5 DEC 2023</u> inward No
 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 Nationa Conference</u> in a calendar year. 12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium 	- Research, BELAGAN - 0 5 DEC 2023
 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 Nationa Conference</u> in a calendar year. 12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium a) Name of the Organizer 	- <u>Research, BELAGAN</u> - <u>0 5 DEC 2023</u> inward No
 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 Nationa 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 	- Research, BELAGAN - 0 5 DEC 2023 - 0 5 DEC 2023 - 0 8 inward No
 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 Nationa 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 	- Chennai



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		Chennai
b) Mode	of journey	Train
c) Fare		
To an	d Fro expenses	34201-
Regis	tration / Delegation Fee	20001-
Accor	nmodation charges	2000 1-
Total	Expenses	74201-
14. Documen	its to be submitted:	
b) Copy	of the letter of invitation from the organizers. of the full text of documents / abstract / paper ired by the applicant for presentation.	Attached.
	DECLARAT	TION
I hereby	declare that	
• I hav	ve furnished the information in this application which	is true to the best of my knowledge and belief.
	not getting any financial assistance / support from ncy for attending the aforesaid Conference,	the sponsorers of the Conference or any other funding
	all produce necessary bills / receipts along-with Atter versity from the date of attending the aforesaid Confe	ndance / Participation Certificate within fifteen days to the prence,
	all conduct a seminar for the benefit of the faculty wledge and experience gained from attending the afo	members of the Department / Institution to share th
	all reimburse the amount to the University in excess of	
		nature of the faculty member
Ref. No. <u>k</u>	LE/COP/2023-24/864	Date: 04/12/202
То		
The Registrar KAHER, Belgaum.	,	
Dear Sir,		
We a	re enclosing herewith the application of the ab	pove Teacher in the prescribed format for grant of
		or oral) / delivering a guest lecture to attend th
	or kind consideration.	
Thank	sing you,	
WIL	- J - Cosea	Yours faithfully,
Signature of	the HoD	KLE College of Pharmeny
		BELAGAVI - 10.



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



10836-2373174, 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. 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 KLES College of Pharmacy (A constituent unit of KLE Academy of Higher Education & Research) vidyanagar, HUBBALLI - 580.031



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



Source States in the second second

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.



PRINCIPAL

Principal KLES College of Pharmacy (A constituent unit of KLE Academy of Higher Education & Research) vidyanagar. MUBBALLI 580.031



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



Source States in the second second

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.



PRINCIPAL

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



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



Source States in the second second

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.



PRINCIPAL

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



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



10836-2373174, 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

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.



PRINCIPAL

Principal KLES College of Pharmacy (A constituent unit of KLE Academy of Higher Education & Research) vidyanagar, HuBBALLI 580 031



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



10836-2373174, 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.



PRINCIPAL

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



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



Source States in the second second

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.



PRINCIPAL

A constituent unit of KLES College of Pharmacy (A constituent unit of KLE Academy of Higher Education & Research) vidyanagar, MUBBALLI 580.031



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



10836-2373174, 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. 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.



PRINCIPAL

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



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



Source States in the second second

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 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.



PRINCIPAL

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



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



Source States in the second second

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 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.



PRINCIPAL

Accession of the Pharmacy (A constituent unit of KLE Academy of Higher Education & Research) vidyanagar, HuBBALLI - 580.031



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



Source States in the second second

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.



PRINCIPAL

Principal KLES College of Pharmacy (A constituent unit of KLE Academy of Higher Education & Research) vidyanagar, MUBBALLI -580.031



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



Source States in the second second

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 **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.



PRINCIPAL

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



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



10836-2373174, 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. 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.





Principal KLES College of Pharmacy (A constituent unit of KLE Academy of Higher Education & Research) vidyanagar, HUBBALLI - 580.031



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10836-2373174, 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. 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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Principal KLES College of Pharmacy (A constituent unit of KLE Academy of Higher Education & Research) vidyanagar, HUBBALLI -580.031



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Source States in the second second

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 Community pharmacy and Management skills at KAHER Belagavi** as Delegate. She has received Rs 150/- from the Institution/University.



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Principal KLES College of Pharmacy (A constituent unit of KLE Academy of Higher Education & Research) vidyanagar, MUBBALLI 580.031



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



Source States in the second second

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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Source States in the second second

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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Source States in the second second

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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Source States in the second second

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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