

Phone : Office: 233776

**CASH VOUCHER**

**MAHE INSTITUTE OF DENTAL SCIENCE & HOSPITAL**

V. No.

CHALAKKARA, MAHE

Date 12/6/23

Name of Work Staff welfare - Doctor

Place .....

**PARTICULARS**

	Rs.	Ps.
<u>Amount paid to Dr. Nanditha Chandra</u>	<u>2500/-</u>	
<u>for attending 6th 8th SPRP 2023</u>		
<u>Pymt.</u>		
Received the sum Rupees <u>Two thousand five hundred only</u>	<u>2500/-</u>	
Mg. Trustee/Trustee/Chairman	<u>Nanditha</u>	

Phone : Office: 2337

CASH VOUCHER

MAHE INSTITUTE OF DENTAL SCIENCE & HOSPITAL

CHALAKKARA, MAHE

Date 12/01/23

V. No.

Name of Work Staff welfare - Doctor

Place .....

PARTICULARS

	Rs.	Ps.
Amount Paid to Dr. Sreedhar Conserve	2500/-	
dept. for attending 6th-8th ISPRP 2023		
pgm.		
Received the sum Rupees <del>Two thousand five hundred only</del>	2500/-	

Mg. Trustee/Trustee/Chairman

*[Signature]*

Phone : Office: 2337

**CASH VOUCHER**

**MAHE INSTITUTE OF DENTAL SCIENCE & HOSPITAL**

V. No.

CHALAKKARA, MAHE

Date 12/01/23

Name of Work Staff welfare - Doctor

Place .....

**PARTICULARS**

	Rs.	Pi.
<u>Amount paid to Dr. Sanku Nair</u>	<u>2500/-</u>	
<u>Course dept for attending 6<sup>th</sup> 8<sup>th</sup></u>		
<u>ISPP 2023 Pgm.</u>		
Received the sum Rupees <u>Two thousand five hundred only</u>	<u>2500/-</u>	

Mg. Trustee/Trustee/Chairman

*[Signature]*

Phone : Office: 233776

**CASH VOUCHER**

**MAHE INSTITUTE OF DENTAL SCIENCE & HOSPITAL**

V. No.

CHALAKKARA, MAHE

Date 12/6/23

Name of Work Staff welfare - Doctor

Place .....

**PARTICULARS**

Rs. Ps.

Amount paid to Dr. Ashish Ramakrishnan	2500/-
Course fee dept for attending 6th ISPP	
2023 Pgm	
Received the sum Rupees <u>Two thousand five hundred only</u>	2500/-

Mg. Trustee/Trustee/Chairman

[Signature]

Phone : Office: 2337705

**CASH VOUCHER**

**MAHE INSTITUTE OF DENTAL SCIENCE & HOSPITAL**

V. No.

CHALAKKARA, MAHE

Date 12/01/23

Name of Work

Staff welfare - Doctor

Place .....

**PARTICULARS**

Rs. Ps.

<u>Amount paid to Dr. Manjira Krishna</u>		
<u>Concourse dept. for attending pt. 8th</u>		
<u>IS PRP 2023 Pgm.</u>		
Received the sum Rupees <u>Two thousand five hundred only</u>	<u>2500/-</u>	

Mg. Trustee/Trustee/Chairman

[Signature]

Phone : Office: 233776

CASH VOUCHER

MAHE INSTITUTE OF DENTAL SCIENCE & HOSPITAL

CHALAKKARA, MAHE

Date 12/01/23

V. No.

Name of Work Staff welfare - Doctor

Place .....

PARTICULARS

Rs. Ps.

Amount paid to Dr. George Thomas	2500/-
Course dept for attending 6th 5th	
ISRP 2023 <u>Pgm.</u> <u>12/1/23</u>	
Received the sum Rupees <u>Two thousand five hundred only</u>	2500/-

Mg. Trustee/Trustee/Chairman

*George*

Phone : Office: 233776

**CASH VOUCHER**

**MAHE INSTITUTE OF DENTAL SCIENCE & HOSPITAL**

CHALAKKARA, MAHE

Date 12/01/23

V. No.

Name of Work Staff welfare Doctor

Place .....

**PARTICULARS**

Rs. Ps.

<u>Amount paid to Dr. Sara Joseph</u>	<u>2500/-</u>	
<u>Course fee dept for attending 6th 8th</u>		
<u>ISPRP 2023 Pgum</u>		
Received the sum Rupees <u>Two thousand five hundred only</u>	<u>2500/-</u>	

Mg. Trustee/Trustee/Chairman

*[Signature]*

Phone : Office: 233776

**CASH VOUCHER**

**MAHE INSTITUTE OF DENTAL SCIENCE & HOSPITAL**

CHALAKKARA, MAHE

V. No.

Date 26/12/23

Name of Work Staff welfare - Doctor

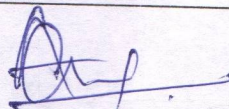
Place .....

**PARTICULARS**

Rs. Ps.

<u>Amount Paid to Dr. Adarsh VJ</u>		
<u>Course dept. for attending <del>6th-8th</del></u>	<u>2500/-</u>	
<u>ISRP 2023 <del>pgn</del></u>		
<u>Received the sum Rupees <del>Two thousand five hundred only</del></u>	<u>2500/-</u>	

Mg. Trustee/Trustee/Chairman





Phone : Office: 233776

CASH VOUCHER

MAHE INSTITUTE OF DENTAL SCIENCE & HOSPITAL

CHALAKKARA, MAHE

Date 12/01/23

V. No.

Name of Work Staff welfare - Doctor

Place .....

PARTICULARS

Rs. Ps.

Amount paid to Dr. Lino Paul		
Prosthodont dept for attending 6th-8th		
LSPRP 2023 Pgm.		
Received the sum Rupees One thousand five hundred only	1500/-	

Mg. Trustee/Trustee/Chairman

Lino

Phone : Office: 233776

CASH VOUCHER

MAHE INSTITUTE OF DENTAL SCIENCE & HOSPITAL

V. No.

CHALAKKARA, MAHE

Date 26/1/23

Name of Work Staff welfare - Doctor

Place .....

PARTICULARS

Rs. Ps.

Amount paid to Dr. Conroy Augustine

Prostho dept. for attending 6<sup>th</sup> 8<sup>th</sup>

ISPRP 2023 Regn.

1000/-  
12/1/23

1500/-

Received the sum Rupees One thousand five hundred only

1500/-

Mg. Trustee/Trustee/Chairman

*[Signature]*

Phone : Office: 23377

CASH VOUCHER

MAHE INSTITUTE OF DENTAL SCIENCE & HOSPITAL

V. No.

CHALAKKARA, MAHE

Date 10/01/23

Name of Work

Staff welfare - Doctor

Place .....

PARTICULARS

Rs. Ps.

Amount Paid to Dr. Anil Melath		
Principal & HOD Perio dept for attending	2500/-	
6 <sup>th</sup> - 13 <sup>th</sup> ISRP National Conference		
Perio		
Received the sum Rupees Two thousand five hundred	2500/-	

Mg. Trustee/Trustee/Chairman

10/01/23  
only

Phone : Office: 2337

CASH VOUCHER

MAHE INSTITUTE OF DENTAL SCIENCE & HOSPITAL

V. No.

CHALAKKARA, MAHE

Date 12/01/23

Name of Work

Staff welfare - Doctor

Place .....

PARTICULARS

Rs.

Ps.

Amount paid to Dr. Saicharan  
Causerve dept for attending 6<sup>th</sup> 8<sup>th</sup>  
ISPRP 2023 pgm

2500/-

Received the sum Rupees Two thousand five hundred only 2500/-

Mg. Trustee/Trustee/Chairman

*[Signature]*

Phone : Office: 2337

CASH VOUCHER

MAHE INSTITUTE OF DENTAL SCIENCE & HOSPITAL

CHALAKKARA, MAHE

Date 12/01/23

V. No.

Name of Work Staff welfare - Doctor

Place .....

PARTICULARS

Rs.

P.

<u>Amount paid to Dr. Sunil Jose</u>		
<u>Courseware dept for attending at 8th</u>		
<u>ISPRP 2023 Pagan</u>		
Received the sum Rupees <u>Two thousand five hundred only</u>	<u>2500/-</u>	

Mg. Trustee/Trustee/Chairman

Phone : Office: 233776

**CASH VOUCHER**

**MAHE INSTITUTE OF DENTAL SCIENCE & HOSPITAL**

CHALAKKARA, MAHE

Date 12/01/23

V. No.

Name of Work

Staff welfare - Doctor

Place .....

**PARTICULARS**

Rs. Ps.

<u>Amount paid to Dr. Hemalatha</u>		
<u>perio dept for attending 6<sup>th</sup> sth</u>		
<u>ISPRP 2023 Pgm.</u>		
Received the sum Rupees <u>Two thousand five hundred and 2500/-</u>		

Mg. Trustee/Trustee/Chairman

Hemalatha

Phone : Office: 233776

**CASH VOUCHER**

**MAHE INSTITUTE OF DENTAL SCIENCE & HOSPITAL**

CHALAKKARA, MAHE

Date 12/6/23

V. No.

Name of Work Staff welfare - Doctor

Place .....

**PARTICULARS**

Rs. Ps.

<u>Amount Paid to Dr. Mahesh Perio</u>		
<u>dept for attending 6<sup>th</sup>-8<sup>th</sup> ISPRP 2023</u>	<u>2500/-</u>	
<u>Pgm.</u>		
Received the sum Rupees <u>Two thousand five hundred only</u>	<u>2500/-</u>	

Mg. Trustee/Trustee/Chairman

[Signature]

Phone : Office: 233776

**CASH VOUCHER**

**MAHE INSTITUTE OF DENTAL SCIENCE & HOSPITAL**

CHALAKKARA, MAHE

Date 12/01/23

V. No.

Name of Work Staff welfare - Doctor

Place .....

**PARTICULARS**

Rs. Ps.

<u>Amount paid to Dr. Vishnu Sripriya</u>		
<u>Perio debt for attending 6<sup>th</sup> gr</u>		
<u>ISRP 2023 Pgar.</u>		
Received the sum Rupees <u>Two thousand five hundred only</u>	<u>2500/-</u>	

Mg. Trustee/Trustee/Chairman

*[Signature]*



Phone : Office: 237765

**CASH VOUCHER**

**MAHE INSTITUTE OF DENTAL SCIENCE & HOSPITAL**

CHALAKKARA, MAHE

Date 10/01/23

V. No.

Name of Work Staff welfare - Doctor

Place .....

**PARTICULARS**

Rs. Ps.

<u>Amount paid to Dr. Anjali K. Mirobia</u>		
<u>leave left for attending 5<sup>th</sup> &amp; 6<sup>th</sup> Jan</u>	<u>2500/-</u>	
<u>International Conference, BSM, Alagappa</u>		
<u>University</u>		
Received the sum Rupees <u>Two thousand five hundred only</u>	<u>2500/-</u>	

Mg. Trustee/Trustee/Chairman

10/1/23  
Am

Phone : Office: 23377

CASH VOUCHER

MAHE INSTITUTE OF DENTAL SCIENCE & HOSPITAL

CHALAKKARA, MAHE

Date 10/2/22

V. No.

Name of Work Staff-welfare - Doctor

Place .....

PARTICULARS

Rs. Ps.

Amount Paid to Dr. Jithesh Kumar		
Ortho dept for attending 5 <sup>th</sup> 6 <sup>th</sup> IN OFFICE	2500/-	
ALIGNERS <u>workshop</u> Pgm. 10/2/22		
Received the sum Rupees <u>Two thousand five hundred only</u>	2500/-	

Mg. Trustee/Trustee/Chairman



Phone : Office: 23377

CASH VOUCHER

MAHE INSTITUTE OF DENTAL SCIENCE & HOSPITAL

CHALAKKARA, MAHE

Date 06/12/22

V. No.

Name of Work Staff welfare - Doctors

Place .....

PARTICULARS

Rs. Ps.

Amount paid to Dr. Aswin order		
deft for attending 5 <sup>th</sup> 6 <sup>th</sup> in office	2500/-	
<del>Alegness workshop Pgm.</del>		
Received the sum Rupees <del>Two thousand five hundred only</del> 2500/-		

Mg. Trustee/Trustee/Chairman

*Aswin*

Phone : Office: 23377

CASH VOUCHER

MAHE INSTITUTE OF DENTAL SCIENCE & HOSPITAL

V. No.

CHALAKKARA, MAHE

Date ..... 10/12/22

Name of Work

Staff welfare - Doctor

Place .....

PARTICULARS

Rs.

Ps.

Amount paid to Dr. Parulami Manohar		
Ortho dept for attending 5 <sup>th</sup> 6 <sup>th</sup> in office	2500/-	
Aligners workshop Pgas.		
Received the sum Rupees <u>Two thousand five hundred only</u>	2500/-	

Mg. Trustee/Trustee/Chairman

*Parulami*

Phone : Office: 23377

CASH VOUCHER

MAHE INSTITUTE OF DENTAL SCIENCE & HOSPITAL

V. No.

CHALAKKARA, MAHE

Date 10/12/22

Name of Work

Staff welfare - Doctor

Place .....

PARTICULARS

Rs. Ps.

Amount paid to Dr. Arvind Haridas		
Ortho dept. for attending 5 <sup>th</sup> 6 <sup>th</sup>		2500/-
in office Alignment workshop Agm.		
Received the sum Rupees Two thousand five hundred only		2500/-

Mg. Trustee/Trustee/Chairman

*[Signature]* 10/12/22

Phone : Office: 23377

CASH VOUCHER

MAHE INSTITUTE OF DENTAL SCIENCE & HOSPITAL

V. No.

CHALAKKARA, MAHE

Date 10/12/22

Name of Work

Staff welfare - Doctor

Place .....

PARTICULARS

Rs. Ps.

Amount paid to Dr. Steve Jacob	2500/-	
ortho dept. for attending 5th-6th		
in office alignment workshop Pgm		
Received the sum Rupees Two thousand five hundred only	2500/-	

Mg. Trustee/Trustee/Chairman

*[Signature]*  
10/12/22

Phone : Office: 23377

CASH VOUCHER

MAHE INSTITUTE OF DENTAL SCIENCE & HOSPITAL

CHALAKKARA, MAHE

Date 20/12/22

V. No.

Name of Work Staff welfare - Doctor.

Place .....

PARTICULARS

Rs. Ps.

Amount paid to Dr. Manas	2500/-	
Order dept for attending 5 <sup>th</sup> 6 <sup>th</sup>		
in office Adignors workshop Pgum		
Received the sum Rupees Two thousand five hundred only	2500/-	

Mg. Trustee/Trustee/Chairman

Manas

20/12/22

[Signature]

Phone : Office: 23377

CASH VOUCHER

MAHE INSTITUTE OF DENTAL SCIENCE & HOSPITAL

V. No.

CHALAKKARA, MAHE

Date 8/12/22

Name of Work Staff welfare - Doctor

Place .....

PARTICULARS

Rs. Ps.

<u>Amount Paid to Dr. Nikhil Raj</u>	<u>1000/-</u>	
<u>our dept for attending 4<sup>th</sup> Dec</u>		
<u>CDE, IPS Kerala Pgm.</u>		
Received the sum Rupees <u>One thousand only</u>	<u>1000/-</u>	

Mg. Trustee/Trustee/Chairman

8/12/22  
[Signature]



Phone : Office: 237765

**CASH VOUCHER**

**MAHE INSTITUTE OF DENTAL SCIENCE & HOSPITAL**

CHALAKKARA, MAHE

Date 8/12/22

V. No.

Name of Work Staff welfare - Doctor

Place .....

**PARTICULARS**

Rs. Ps.

Amount paid to Dr. Abhinav Mohan

Prostho dept for attending 3<sup>rd</sup> see

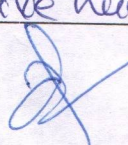
Impressions '22 Pgm

1500/-

Received the sum Rupees One thousand five hundred only

1500/-

Mg. Trustee/Trustee/Chairman



Phone : Office: 23 765

**CASH VOUCHER**

**MAHE INSTITUTE OF DENTAL SCIENCE & HOSPITAL**

CHALAKKARA, MAHE

Date 08/12/22

V. No.

Name of Work

Staff welfare - Doctor

Place .....

**PARTICULARS**

Rs. Ps.

<u>Amount paid to Dr. Dipin P P</u>		
<u>Prostho dept for attending 3<sup>rd</sup> Dec</u>		
<u>Impressions' 22 Pgar</u>		
Received the sum Rupees <u>One thousand five hundred only</u>	<u>1500/-</u>	

Mg. Trustee/Trustee/Chairman

*[Signature]*

Phone : Office: 23 765

**CASH VOUCHER**

**MAHE INSTITUTE OF DENTAL SCIENCE & HOSPITAL**

CHALAKKARA, MAHE

Date 08/12/22

V. No.

Name of Work Staff welfare - Doctor

Place .....

**PARTICULARS**

Rs. Ps.

<u>Amount paid to Dr. Ravi Jagdish</u>		
<u>Prostho dept for attending 3<sup>rd</sup> Dec</u>		
<u>Impressions' 22 Pgar</u>		
Received the sum Rupees <u>One thousand five hundred only</u>	<u>1500/-</u>	

Mg. Trustee/Trustee/Chairman

*[Signature]*

Phone : Office: 237765

**CASH VOUCHER**

**MAHE INSTITUTE OF DENTAL SCIENCE & HOSPITAL**

V. No.

CHALAKKARA, MAHE

Date 8/12/22

Name of Work

Staff welfare - Doctor

Place .....

**PARTICULARS**

Rs. Ps.

<u>Amount paid to Dr. Nirasha Vijayar</u>		
<u>Prosthodontics dept for attending 5<sup>th</sup> Dec</u>		
<u>Impressions' 22 Pgm.</u>		
Received the sum Rupees <u>One thousand five hundred only</u>	<u>1500/-</u>	

Mg. Trustee/Trustee/Chairman

*(Signature)*  
D. Nirasha

Phone : Office; 23377

**CASH VOUCHER**

**MAHE INSTITUTE OF DENTAL SCIENCE & HOSPITAL**

CHALAKKARA, MAHE

Date 30/11/22

V. No.

Name of Work Staff Welfare - Doctor

Place .....

**PARTICULARS**

Rs. Ps.

Amount Paid to Dr. Bastian T.S  
Oral Pathology dept. for attending  
27/11/22 - Valbriation Programme

1000/-

Received the sum Rupees One thousand only

1000/-

Mg. Trustee/Trustee/Chairman

[Signature]  
30/11/22

Phone : Office: 23 765

**CASH VOUCHER**

**MAHE INSTITUTE OF DENTAL SCIENCE & HOSPITAL**

CHALAKKARA, MAHE

Date 30/11/22

V. No.

Name of Work Staff welfare - Doctor

Place .....

**PARTICULARS**

Rs. Ps.

<u>Amount paid to Dr. Ambili Aliyath</u>		
<u>Paedo dept for attending 24<sup>th</sup> - 26<sup>th</sup> Nov</u>	<u>2500/-</u>	
<u>pedotal 2022 Pgm</u>		
Received the sum Rupees <u>Two thousand five hundred only</u>	<u>2500/-</u>	

Mg. Trustee/Trustee/Chairman

Phone : Office: 23377

CASH VOUCHER

MAHE INSTITUTE OF DENTAL SCIENCE & HOSPITAL

CHALAKKARA, MAHE

Date 29/11/22

V. No.

Name of Work Staff welfare - Doctor

Place .....

PARTICULARS

Rs. Ps.

Amount paid to Dr. Rena Ephraim		
Paedo dept for attending 23 <sup>rd</sup> - 26 <sup>th</sup>		
48th ISPAD National Conference Pgm.		
Received the sum Rupees <u>Two thousand five hundred only</u>	2500/-	

Mg. Trustee/Trustee/Chairman

Rena

Phone : Office: 23765

**CASH VOUCHER**

**MAHE INSTITUTE OF DENTAL SCIENCE & HOSPITAL**

CHALAKKARA, MAHE

Date 21/11/22

V. No.

Name of Work

Staff welfare - Doctor

Place .....

**PARTICULARS**

Rs. Ps.

<u>Amount paid to Dr. Manoj Kumar</u>		
<u>OMFS dept for attending 16<sup>th</sup> Nov</u>	<u>2500/-</u>	
<u>CDE, M.M.D.S, CONSCIOUS Sedation pgm</u>		
Received the sum Rupees <u>Two thousand Five hundred only</u>	<u>2500/-</u>	

Mg. Trustee/Trustee/Chairman

21/11/22  
Manoj



Phone : Office: 237765

**CASH VOUCHER**

**MAHE INSTITUTE OF DENTAL SCIENCE & HOSPITAL**

CHALAKKARA, MAHE

Date 21.11.22

V. No.

Name of Work Staff welfare - Doctor

Place .....

PARTICULARS	Rs.	Ps.	
<u>Amount paid to Dr. Ramesh</u>	<u>2500/-</u>		
<u>Dr. Ramesh dept for attending 16<sup>th</sup> Nov</u>			
<u>Conscious Sedation, MINDS Pgum</u>			
Received the sum Rupees <u>Two thousand five hundred only</u>	<u>2500/-</u>		

Mg. Trustee/Trustee/Chairman

Ramesh

Phone : Office: 23765

**CASH VOUCHER**

**MAHE INSTITUTE OF DENTAL SCIENCE & HOSPITAL**

CHALAKKARA, MAHE

Date 6/11/22

V. No.

Name of Work Staff welfare - doctor

Place .....

PARTICULARS	Rs.	Ps.
<u>Amount paid to Dr. Subairi Perio dept for attending 1<sup>st</sup> - 13<sup>th</sup> Nov 1SP National conference pgr.</u>	<u>2500/-</u>	
Received the sum Rupees <u>Two thousand five hundred only</u>		<u>2500/-</u>

Mg. Trustee/Trustee/Chairman



Phone : Office: 237765

**CASH VOUCHER**

**MAHE INSTITUTE OF DENTAL SCIENCE & HOSPITAL**

CHALAKKARA, MAHE

Date 25/11/22

V. No.

Name of Work Staff welfare - Doctor

Place .....

PARTICULARS	Rs.	Ps.
<u>Amount paid to Dr. Dhanya Paedo</u>	<u>2500/-</u>	
<u>dept for attending 12<sup>th</sup> Nov. CDE</u>		
<u>AB Shetty Mangalore, Pgm</u>		
Received the sum Rupees <u>Two thousand five hundred only</u>	<u>2500/-</u>	

Mg. Trustee/Trustee/Chairman

*[Signature]*

Phone : Office: 23 765

**CASH VOUCHER**

**MAHE INSTITUTE OF DENTAL SCIENCE & HOSPITAL**

CHALAKKARA, MAHE

Date 15/11/22

V. No.

Name of Work Staff welfare - Doctor

Place .....

**PARTICULARS**

Rs. Ps.

<u>Amount Paid to Dr. Sarah Chandrasekhar</u>		
<u>paid dept for attending 12<sup>th</sup> Nov</u>		
<u>CDG, AB Shetty Mangalore</u>		
Received the sum Rupees <u>One thousand only</u>		

Mg. Trustee/Trustee/Chairman

15/11/22

Phone : Office: 237765

**CASH VOUCHER**

**MAHE INSTITUTE OF DENTAL SCIENCE & HOSPITAL**

CHALAKKARA, MAHE

Date 21/11/22

V. No.

Name of Work Staff welfare - Doctor

Place .....

PARTICULARS		Rs.	P.
<u>Amount paid to Dr. Anjan MR</u>		<u>2500/-</u>	
<u>Perio dept for attending 11<sup>th</sup> - 13<sup>th</sup> Nov</u>			
<u>ISPCOM KITT Pgum</u>			
Received the sum Rupees <u>Two thousand five hundred only</u>		<u>2500/-</u>	

Mg. Trustee/Trustee/Chairman

*[Signature]*

Phone : Office: 230765

**CASH VOUCHER**

**MAHE INSTITUTE OF DENTAL SCIENCE & HOSPITAL**

CHALAKKARA, MAHE

Date 16/11/22

V. No.

Place .....

Name of Work Staff welfare - Doctor

PARTICULARS Rt. Ps.

<u>Amount paid to Dr. Prasad Anand</u>		
<u>Prostho dept for attending 9<sup>th</sup>-11<sup>th</sup></u>		
<u>IPS National Conference - Delhi</u>		

Received the sum Rupees One thousand five hundred only 1500/-

Mg. Trustee/Trustee/Chairman

*(Handwritten signature)*

Phone : Office: 23 765

**CASH VOUCHER**

**MAHE INSTITUTE OF DENTAL SCIENCE & HOSPITAL**

CHALAKKARA, MAHE

Date 7/11/22

V. No.

Name of Work Staff welfare - Doctor

Place .....

PARTICULARS	Rs.	Ps.
<u>Amount paid to Dr. Mridul</u> <u>Paedo dept for attending 8<sup>th</sup> Nov</u> <u>CDE, GDC Calicut Pqr.</u>	<u>1000/-</u>	
<u>Received the sum Rupees <u>One thousand only</u></u>		

Mg. Trustee/Trustee/Chairman

*[Handwritten signature]*

Phone : Office: 237765

**CASH VOUCHER**

**MAHE INSTITUTE OF DENTAL SCIENCE & HOSPITAL**

CHALAKKARA, MAHE

Date 5/10/22

V. No.

Name of Work Staff welfare - Doctor

Place .....

**PARTICULARS**

Rs.

Ps.

Amount Paid to Dr. Sarathi JK

OMFS dept for attending 1<sup>st</sup> - 2<sup>nd</sup> Oct

Maxillofacial Trauma workshop 19m -

2500/-

Received the sum Rupees Two thousand five hundred only 2500/-

Mg. Trustee/Trustee/Chairman

[Signature] 5/10/22



Phone : Office: 23377

CASH VOUCHER

MAHE INSTITUTE OF DENTAL SCIENCE & HOSPITAL

CHALAKKARA, MAHE

Date 25/08/22

V. No.

Name of Work

Staff welfare - Doctor

Place .....

PARTICULARS

Rs. Ps.

Amount Paid to Dr. Teena Sebastian		
our dept for attending 23 <sup>rd</sup> Nov	1000/-	
<del>CDE, IDA TELUCHERY Pgm.</del>		
Received the sum Rupees <u>One thousand only</u>	1000/-	

Mg. Trustee/Trustee/Chairman

25/11/22  
[Signature]

Phone : Office: 23377

**CASH VOUCHER**

**MAHE INSTITUTE OF DENTAL SCIENCE & HOSPITAL**

CHALAKKARA, MAHE

Date 15/09/22

V. No.

Name of Work

Staff Welfare - Doctor

Place .....

**PARTICULARS**

Rs. Ps.

Amount Paid to Dr. Subana Oral Pathology		
dept. for attending 10-11 <sup>th</sup> IAFD 19 <sup>th</sup>		
National Conference Regn.		
Received the sum Rupees <u>One thousand five hundred only</u>	1500/-	

Mg. Trustee/Trustee/Chairman

*[Signature]*

Phone : Office: 233 65

CASH VOUCHER

MAHE INSTITUTE OF DENTAL SCIENCE & HOSPITAL

CHALAKKARA, MAHE

Date 31/12/22

V. No.

Name of Work

Staff welfare - Doctor

Place .....

PARTICULARS

Rs.

Ps.

Amount paid to Dr. Reshin CN

Oral Pathology dept for attending

Coursera - Amsterdam University Pgm.

2500/-

Received the sum Rupees Two thousand five hundred only

2500/-

Mg. Trustee/Trustee/Chairman

Dr. Reshin  
Received  
31/12/22

Phone : Office: 23377

**CASH VOUCHER**

**MAHE INSTITUTE OF DENTAL SCIENCE & HOSPITAL**

CHALAKKARA, MAHE

Date 25/08/22

V. No.

Name of Work Staff welfare - Doctor

Place .....

**PARTICULARS**

Rs. Ps.

<u>Amount paid to Dr. Raj our dept</u>		
<u>for attending 21<sup>st</sup> August. Aesthetic</u>		
<u>Magazine, IMA Regm.</u>		
<u>Received the sum Rupees <u>Six hundred only</u></u>		

600/-

600/-

Mg. Trustee/Trustee/Chairman

Raj  
25/8/22

Phone : Office: 23377

**CASH VOUCHER**

**MAHE INSTITUTE OF DENTAL SCIENCE & HOSPITAL**

CHALAKKARA, MAHE

Date 25/08/22

V. No.

Name of Work

Staff welfare - Doctor

Place .....

**PARTICULARS**

Rs.

Ps.

<u>Amount paid to Dr. Megha our dept</u>		
<u>for attending 18<sup>th</sup> Aug 22 CDE AB Shetty</u>	<u>1000/-</u>	
<u>Justice Dept.</u>		
Received the sum Rupees <u>One thousand only</u>	<u>1000/-</u>	

Mg. Trustee/Trustee/Chairman

*Handwritten signature and date 25/8/22*