



MAHE INSTITUTE OF DENTAL SCIENCES & HOSPITAL
Affiliated to Pondicherry Central University, Recognized by Dental Council of India
Chalakkara, P.O. Pallor, Mahe-673 310
U.T. of Puducherry. Ph : 0490 2337765

6.3.2: Average percentage of teachers provided with financial support to attend conferences / workshops and towards membership fee of professional bodies during the last five years

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CERTIFICATE OF THE HEAD OF INSTITUTION



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Dr.ANIL MELATH, MDS.,

PRINCIPAL

TO WHOMSOEVER IT MAY CONCERN

This is to certify that , Number of teachers provided with financial support to attend conferences / workshops and towards membership fee of professional bodies year-wise during the last five years details are given below:

Year	2022-23	2021-22	2020-21	2019-20	2018-19
Total Number of teachers provided with financial support year-wise	46	41	34	42	34
Total Number of teachers	97	89	104	98	83

PRINCIPAL



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OFFICE ORDER OF FINANCIAL SUPPORT



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**Request for Financial assistance for attending programmes/
towards registration in Professional bodies**

Name of the faculty member	:	Dr. Bastian T.S.
Designation & Department	:	HOD, & prot of dept. of oral pathology.
Financial assistance requested for	:	
Type of the programme	:	Conference/ Seminar/ Online course/ Membership/ Others (pl. specify)
Name of the programme	:	Webucation programme
Host Institution	:	Thiruvananthapuram State Academy, Omnicare.
Date(s)	:	
Membership/ registration fee (enclose a copy of the brochure)	:	Rs 1000/-
Signature of the faculty member	:	
Recommendation and signature of the HoD	:	
For Office use only		
Amount to be sanctioned to the applicant	:	
Recommendations and Approval		
 Manager Administration		 Principal





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**Request for Financial assistance for attending programmes/
towards registration in Professional bodies**

Name of the faculty member	:	DR. ANIL MELATH
Designation & Department	:	PRINCIPAL, PROF & HEAD OF DEPT (DEPT. OF PERIODONTICS)
Financial assistance requested for	:	13 th ISPRP NATIONAL CONFERENCE
Type of the programme	:	Conference/ Seminar/ Online course/ Membership/ Others (pl. specify)
Name of the programme	:	13 th ISPRP NATIONAL CONFERENCE
Host Institution	:	MAHE INSTITUTE OF DENTAL SCIENCES & HOSPITAL KANNUR DENTAL COLLEGE, ANJARAKANDY
Date(s)	:	6 th , 7 th & 8 th JANUARY 2023
Membership/ registration fee (enclose a copy of the brochure)	:	Rs 5000/-
Signature of the faculty member	:	
Recommendation and signature of the HoD	:	
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Dr. Subhena

**Request for Financial assistance for attending programmes/
towards registration in Professional bodies**

Name of the faculty member	:	Dr. Subhena. AS.
Designation & Department	:	Senior Lecturer, Oral Pathology
Financial assistance requested for	:	
Type of the programme	:	Conference/ Seminar/ Online course/ Membership/ Others (pl. specify)
Name of the programme	:	I A FO 19 th National Conference
Host Institution	:	G. pallor Rd. Mahe Dental College & Hospital Anthrapachalur
Date(s)	:	10-11 sept 2022.
Membership/ registration fee (enclose a copy of the brochure)	:	1500/-
Signature of the faculty member	:	
Recommendation and signature of the HoD	:	
For Office use only		
Amount to be sanctioned to the applicant	:	
Recommendations and Approval		
 Manager Administration		 Principal



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Dr. Renu



**Request for Financial assistance for attending programmes/
towards registration in Professional bodies**

Name of the faculty member	:	DR. RENU EPHRAIM
Designation & Department	:	Professor + HOD, DEPT OF PEDODONTICS
Financial assistance requested for	:	ISPPD National Conference (Pedodontal) 2022
Type of the programme	:	Conference/ Seminar/ Online course/ Membership/ Others (pl. specify) Conference
Name of the programme	:	43 rd ISPPD National Conference (Pedodontal).
Host Institution	:	People's Dental College, Bhopal
Date(s)	:	November 23 rd - 26 th , 2022.
Membership/ registration fee (enclose a copy of the brochure)	:	Rs 8500/-
Signature of the faculty member	:	Renu Ephraim
Recommendation and signature of the HoD	:	Renu Ephraim

For Office use only

Amount to be sanctioned to the applicant	:	
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Recommendations and Approval

 Manager Administration	 Principal
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**Request for Financial assistance for attending programmes/
towards registration in Professional bodies**

Name of the faculty member	:	Dr. Jithesh-kumar .k .
Designation & Department	:	Prof & Head , Dept. of Orthodontics & Dental Facial Orthopedics
Financial assistance requested for	:	
Type of the programme	:	Conference/ Seminar/ Online course/ Membership/ Others (pl. specify) CDE
Name of the programme	:	In office Aligner workshop .
Host Institution	:	Mahe Institute of Dental Science & Hospital .
Date(s)	:	06/12/2022 - 06/12/2022 .
Membership/ registration fee (enclose a copy of the brochure)	:	2500/-
Signature of the faculty member	:	
Recommendation and signature of the HoD	:	
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Recommendations and Approval		
Manager Administration		
Principal		



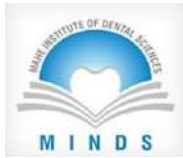
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**Request for Financial assistance for attending programmes/
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Name of the faculty member	:	Dr. Aswin. A
Designation & Department	:	Senior Lecturer, Dept. of Orthodontics & Dental Facial Orthopedics
Financial assistance requested for	:	
Type of the programme	:	Conference/ Seminar/ Online course/ Membership/ Others (pl. specify) CDE
Name of the programme	:	In-office Aligner workshop
Host Institution	:	Mahe Institute of Dental Science & Hospital
Date(s)	:	05/12/2022 - 06/12/2022
Membership/ registration fee (enclose a copy of the brochure)	:	2500/-
Signature of the faculty member	:	
Recommendation and signature of the HoD	:	
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**Request for Financial assistance for attending programmes/
towards registration in Professional bodies**

Name of the faculty member	:	Dr. Panchami Marish
Designation & Department	:	Professor, Dept. of Orthodontics & Dental Facial Orthopedics
Financial assistance requested for	:	
Type of the programme	:	Conference/ Seminar/ Online course/ Membership/ Others (pl. specify) COE
Name of the programme	:	In office Aligner workshop
Host Institution	:	Mahe Institute of Dental Science & Hospital -
Date(s)	:	05/12/2022 - 06/12/2022
Membership/ registration fee (enclose a copy of the brochure)	:	2500/-
Signature of the faculty member	:	
Recommendation and signature of the HoD	:	
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**Request for Financial assistance for attending programmes/
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Name of the faculty member	:	Dr. Aravind Haridas
Designation & Department	:	Senior Lecturer, Dept of Orthodontics.
Financial assistance requested for	:	
Type of the programme	:	Conference/ Seminar/ Online course/ Membership/ Others (pl. specify) CDE
Name of the programme	:	On-office Aligner Workshop
Host Institution	:	Mahe Institute of Dental Sciences
Date(s)	:	05/12/22 - 06/12/22
Membership/ registration fee (enclose a copy of the brochure)	:	2500/-
Signature of the faculty member	:	
Recommendation and signature of the HoD	:	
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**Request for Financial assistance for attending programmes/
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Name of the faculty member	:	Dr. Steve. Mathew. Jaw h
Designation & Department	:	Senior Lecturer, Dept: of Oromaxofacial
Financial assistance requested for	:	
Type of the programme	:	Conference/ Seminar/ Online course/ Membership/ Others (pl. specify) CDE
Name of the programme	:	2- Office Aligner Workshop
Host Institution	:	Mahe Institute of Dental Sciences
Date(s)	:	05/12/22 - 06/12/22
Membership/ registration fee (enclose a copy of the brochure)	:	2500/-
Signature of the faculty member	:	
Recommendation and signature of the HoD	:	
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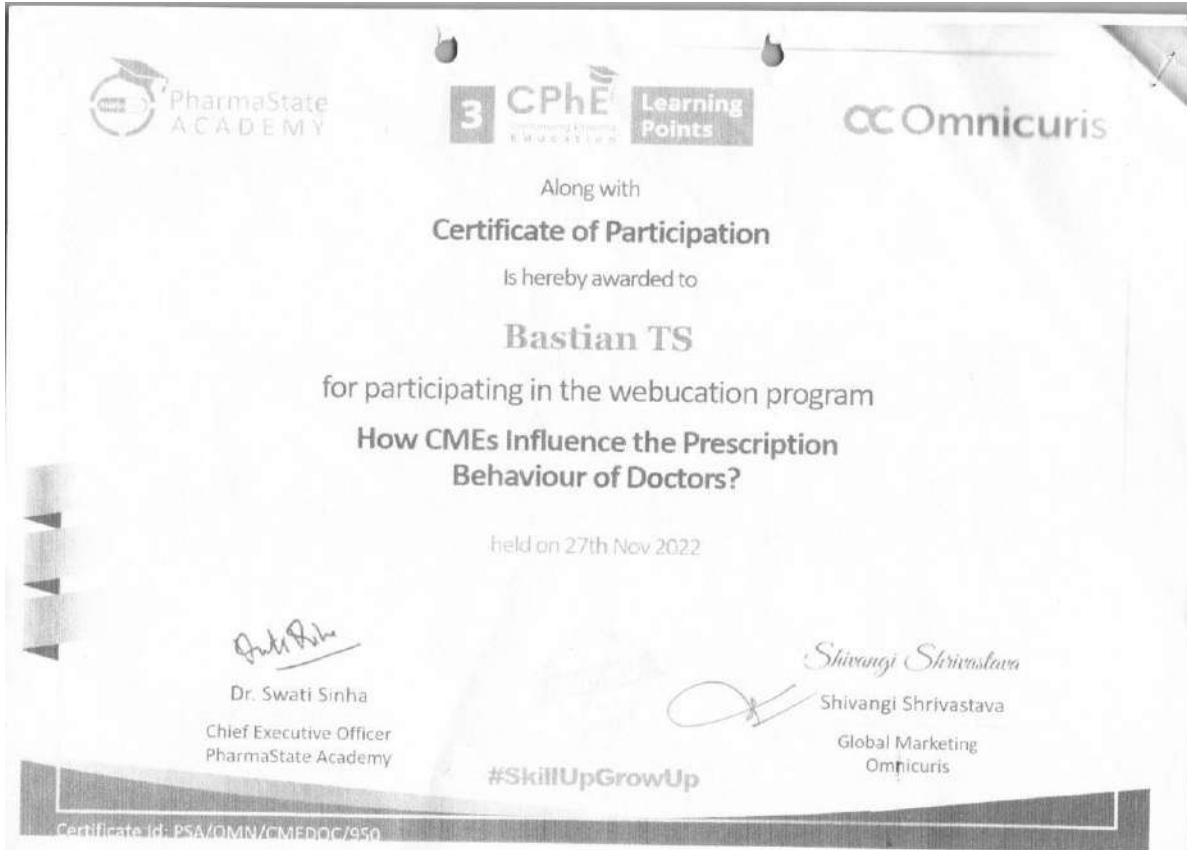


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CERTIFICATE OF PARTICIPATION

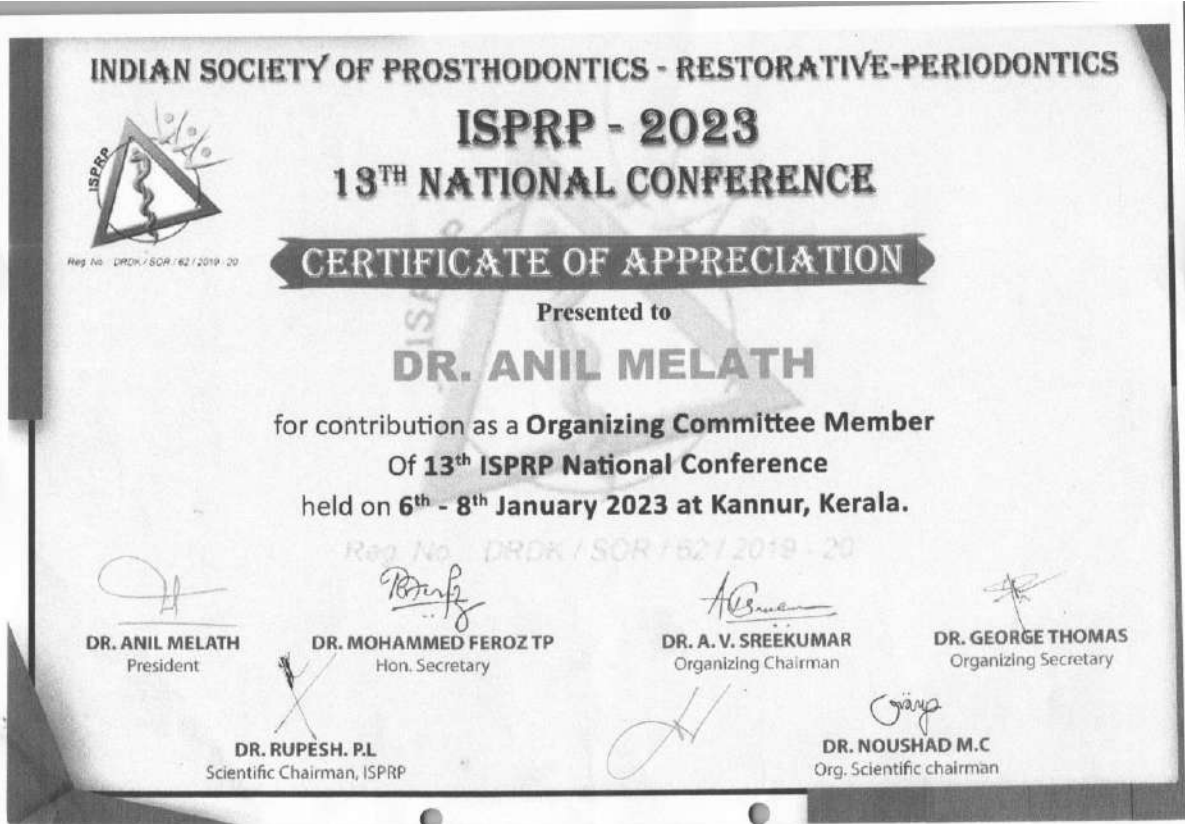


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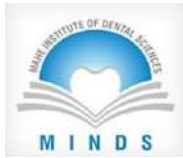
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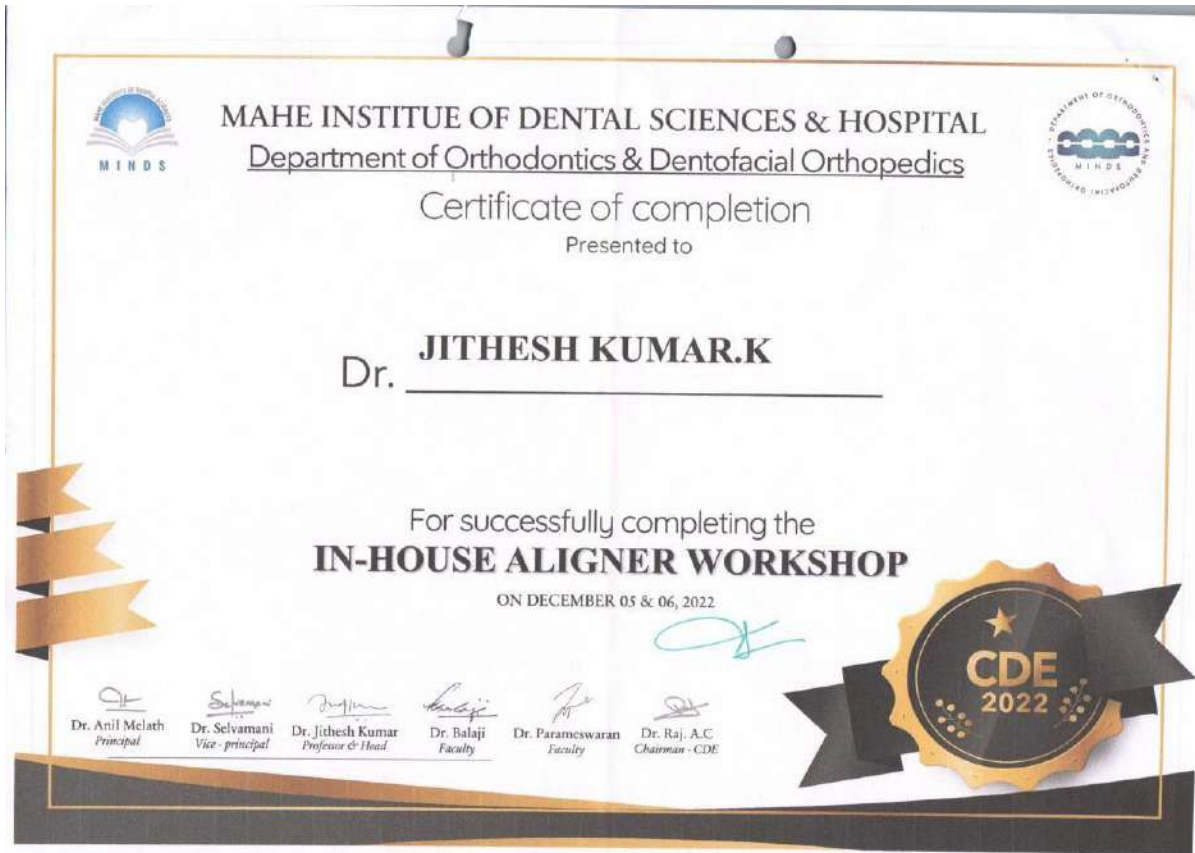


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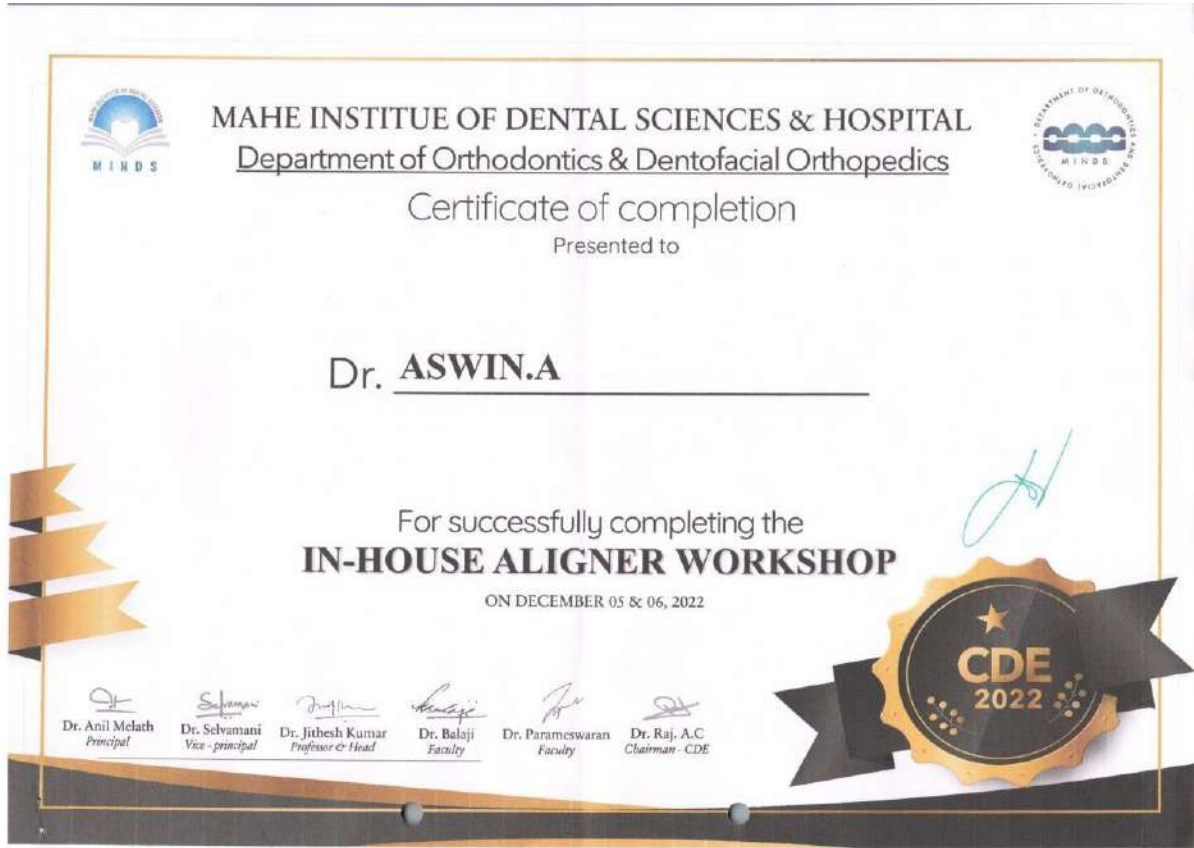


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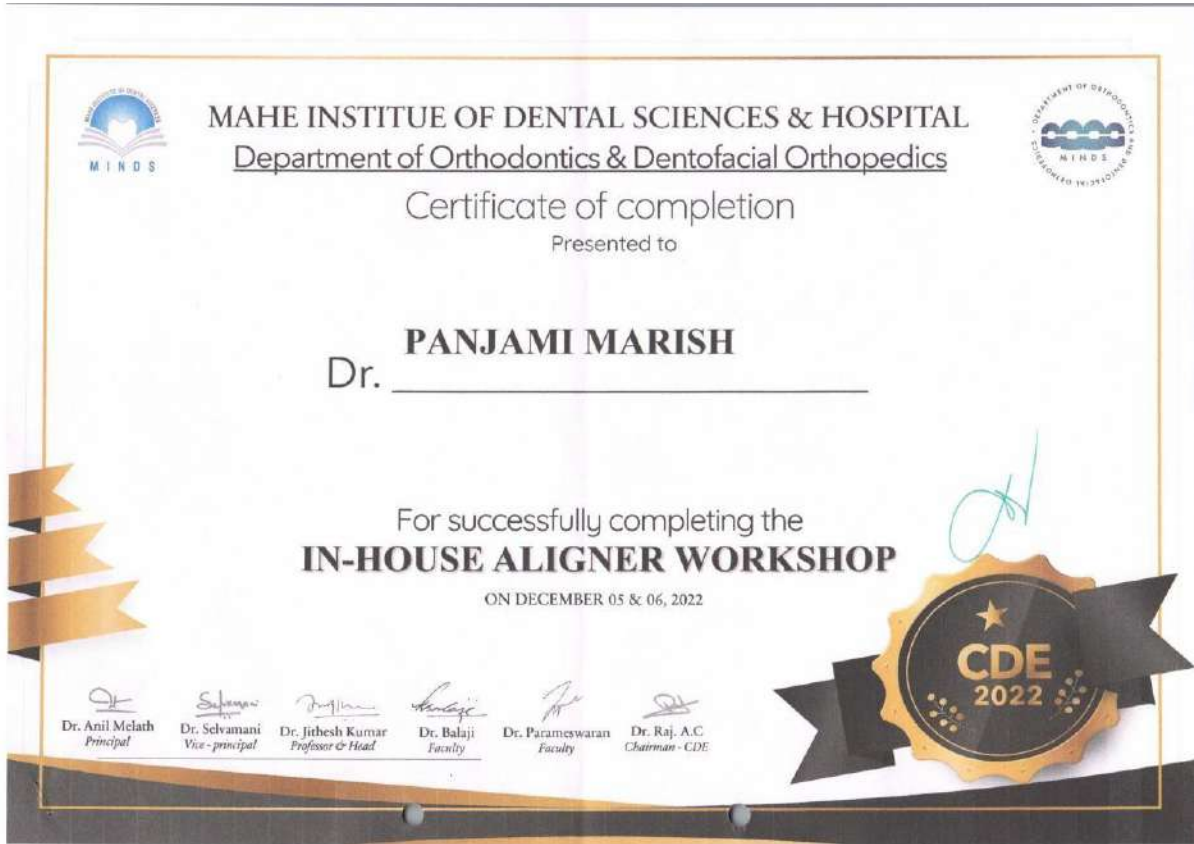


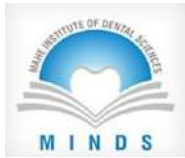
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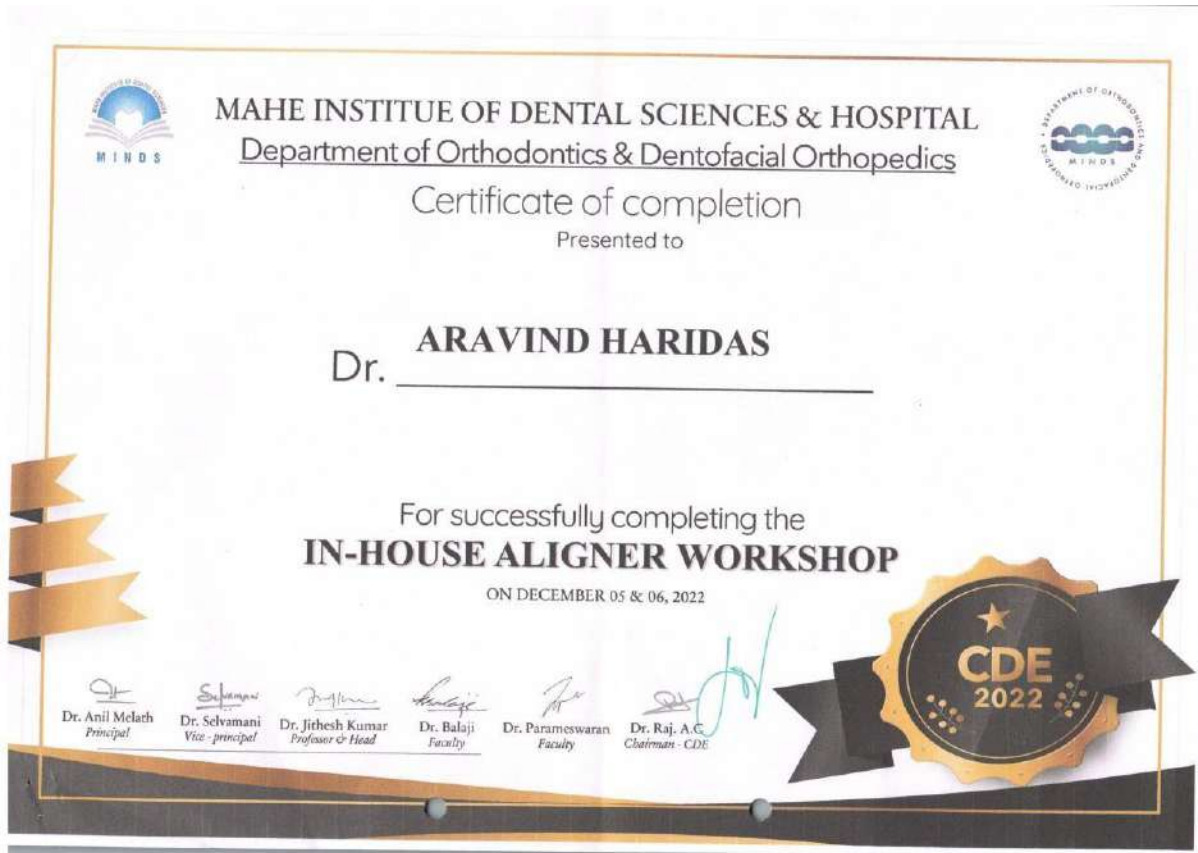


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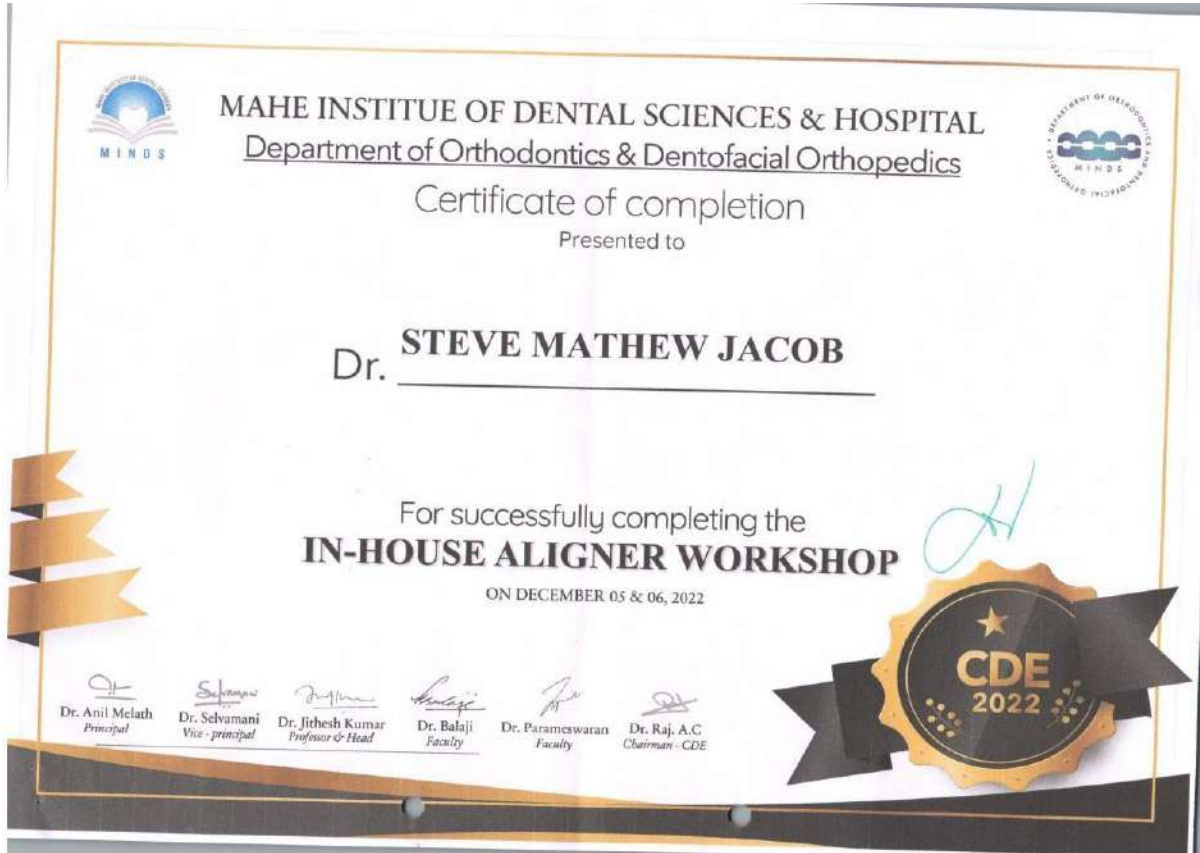


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VOUCHER



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YEAR 2022-23

Phone : Office: 23377

CASH VOUCHER

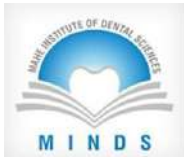
MAHE INSTITUTE OF DENTAL SCIENCE & HOSPITAL
CHALAKKARA, MAHE

Date 30/11/22
Place

V. No. _____
Name of Work Staff Welfare - Doctor

PARTICULARS		Rs.	Ps.
<u>Amount Paid to Dr. Bastian T.S</u>		1000/-	
<u>Oral Pathology dept. for attending</u>			
<u>27/11/22 - Webinar Programme</u>			
Received the sum Rupees <u>One thousand only</u>		1000/-	
Mg. Trustee/Trustee/Chairman <u>[Signature]</u>			

30/11/22



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MAHE INSTITUTE OF DENTAL SCIENCE & HOSPITAL
CHALAKKARA, MAHE

Date 15/09/22
Place

V. No. _____
Name of Work Staff Welfare - Doctor

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

Mr. Trustee/Trustee/Chairman [Signature]

Phone : Office: 23377

CASH VOUCHER

MAHE INSTITUTE OF DENTAL SCIENCE & HOSPITAL
CHALAKKARA, MAHE

Date 10/01/23
Place

V. No. _____
Name of Work Staff Welfare - Doctor

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

Mr. Trustee/Trustee/Chairman [Signature]



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MAHE INSTITUTE OF DENTAL SCIENCE & HOSPITAL
CHALAKKARA, MAHE

Date 29/11/22
Place

V. No. _____
Name of Work Staff welfare - Doctor

PARTICULARS		Rs.	Pi.
Amount Paid to Dr. Renu S Phrasim		2500/-	
Paedo dept for attending 23 rd - 26 th			
43th ISPAD National Conference Pgm. 29/11/22			
Received the sum Rupees <u>Two thousand five hundred only</u>		2500/-	

Mg. Trustee/Trustee/Chairman Renu

Phone : Office: 23377

CASH VOUCHER

MAHE INSTITUTE OF DENTAL SCIENCE & HOSPITAL
CHALAKKARA, MAHE

Date 10/12/22
Place

V. No. _____
Name of Work Staff-welfare - Doctor

PARTICULARS		Rs.	Pi.
Amount Paid to Dr. Tirthesh Kumar		2500/-	
Ortho dept for attending 5 th - 6 th IN OFFICE			
ALIGNERS workshop Pgm. 10/12/22			
Received the sum Rupees <u>Two thousand five hundred only</u>		2500/-	

Mg. Trustee/Trustee/Chairman [Signature]



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Date 10/12/22
Place

V. No. _____
Name of Work Staff welfare - Doctor

PARTICULARS		Rs.	Ps.
<u>Amount Paid to Dr. Pavalemi Manish</u>		<u>2500/-</u>	
<u>Ortho dept for attending 5th 6th in office</u>			
<u>Aligners workshop Pgm.</u>			
Received the sum Rupees <u>Two thousand five hundred only</u>		<u>2500/-</u>	

Mg. Trustee/Trustee/Chairman [Signature]

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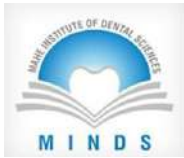
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CHALAKKARA, MAHE

Date 10/12/22
Place

V. No. _____
Name of Work Staff welfare - Doctors

PARTICULARS		Rs.	Ps.
<u>Amount Paid to Dr. Aswin Oshro</u>		<u>2500/-</u>	
<u>dept for attending 5th 6th in office</u>			
<u>Aligners workshop Pgm.</u>			
Received the sum Rupees <u>Two thousand five hundred only</u>		<u>2500/-</u>	

Mg. Trustee/Trustee/Chairman [Signature]



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Date 10/12/22
Place

V. No. _____
Name of Work Staff welfare - Doctor

PARTICULARS		Rs.	Ps.
Amount paid to <u>Dr. Arvind Kumar</u>		2500/-	
<u>ortho dept. for attending 5th 6th</u>			
<u>in office alignment workshop Pgms.</u>			
Received the sum Rupees <u>Two thousand five hundred only</u>		2500/-	
Mg. Trustee/Trustee/Chairman <u>[Signature]</u>			

10/12/22

Phone : Office: 23377

CASH VOUCHER

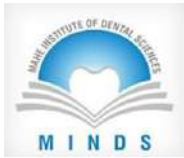
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CHALAKKARA, MAHE

Date 10/12/22
Place

V. No. _____
Name of Work Staff welfare - Doctor

PARTICULARS		Rs.	Ps.
Amount paid to <u>Dr. Steve Jacob</u>		2500/-	
<u>ortho dept. for attending 5th 6th</u>			
<u>in office alignment workshop Pgms.</u>			
Received the sum Rupees <u>Two thousand five hundred only</u>		2500/-	
Mg. Trustee/Trustee/Chairman <u>[Signature]</u>			

10/12/22



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Phone : Office: 23377

CASH VOUCHER

MAHE INSTITUTE OF DENTAL SCIENCE & HOSPITAL
CHALAKKARA, MAHE

V. No. _____ Date 20/6/22
Name of Work Staff welfare - Doctor. Place _____

PARTICULARS		Rs.	P.
<u>Amount Paid to Dr. Manas</u>		<u>2500/-</u>	
<u>Ortho dept for attending 5th & 6th</u>			
<u>in office Adagnosis workshop Pgm</u>			
Received the sum Rupees <u>Two thousand five hundred only</u>		<u>2500/-</u>	
Mg. Trustee/Trustee/Chairman <u>Manas</u>		<u>20/6/22</u> <u>Manas</u>	

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CASH VOUCHER

MAHE INSTITUTE OF DENTAL SCIENCE & HOSPITAL
CHALAKKARA, MAHE

V. No. _____ Date 25/08/22
Name of Work Staff welfare - Doctor Place _____

PARTICULARS		Rs.	P.
<u>Amount Paid to Dr. Raj our dept</u>		<u>600/-</u>	
<u>for attending 21st August, Aesthetic</u>			
<u>Magazine, IBA Pgm.</u>			
Received the sum Rupees <u>Six hundred only</u>		<u>600/-</u>	
Mg. Trustee/Trustee/Chairman <u>Raj</u>		<u>25/8/22</u> <u>Raj</u>	



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U.T. of Puducherry. Ph : 0490 2337765

Phone : Office: 23377

CASH VOUCHER

MAHE INSTITUTE OF DENTAL SCIENCE & HOSPITAL
CHALAKKARA, MAHE

Date 25/08/22
Place

V. No. _____
Name of Work Staff welfare - Doctor

PARTICULARS		Rs.	Pc.
<u>Amount paid to Dr. Megha our dept</u>			
<u>for attending 13th Aug 22 CDE AB Shetty</u>		1000/-	
<u>Justice Pgm.</u>			
Received the sum Rupees <u>One thousand only</u>		1000/-	

Mg. Trustee/Trustee/Chairman _____

Phone : Office: 23377

CASH VOUCHER

MAHE INSTITUTE OF DENTAL SCIENCE & HOSPITAL
CHALAKKARA, MAHE

Date 25/08/22
Place

V. No. _____
Name of Work Staff welfare - Doctor

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

Mg. Trustee/Trustee/Chairman _____



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Phone : Office: 23377

CASH VOUCHER

MAHE INSTITUTE OF DENTAL SCIENCE & HOSPITAL
CHALAKKARA, MAHE

Date 8/12/22
Place

V. No. _____
Name of Work Staff welfare - Doctor

PARTICULARS		Rs.	Ps.
Amount Paid to Dr. Nikhil Roy		1000/-	
our dept for attending 4 th sec			
CDE, IPS Kesala Pgm.			
Received the sum Rupees <u>One thousand only</u>		1000/-	

Mg. Trustee/Trustee/Chairman *[Signature]*

Phone : Office: 23377

CASH VOUCHER

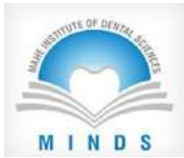
MAHE INSTITUTE OF DENTAL SCIENCE & HOSPITAL
CHALAKKARA, MAHE

Date 12/01/23
Place

V. No. _____
Name of Work Staff welfare - Doctor

PARTICULARS		Rs.	Ps.
Amount Paid to Dr. Sreerathu Consonno		2500/-	
dept for attending 6 th -8 th ISPRP 2023			
Pgm.			
Received the sum Rupees <u>Two thousand five hundred only</u>		2500/-	

Mg. Trustee/Trustee/Chairman *[Signature]*



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U.T. of Puducherry. Ph : 0490 2337765

Phone : Office: 2337

CASH VOUCHER

MAHE INSTITUTE OF DENTAL SCIENCE & HOSPITAL
CHALAKKARA, MAHE

Date 12/01/23
Place

V. No.
Name of Work Staff welfare - Doctor

PARTICULARS		Rs.	P.
Amount Paid to Dr. Suresh Nair		2500/-	
Courseware dept for attending 6 th 8 th			
ISPRP 2023 Pgm.			
Received the sum Rupees <u>Two thousand five hundred only</u>		2500/-	

Mg. Trustee/Trustee/Chairman [Signature]

Phone : Office: 2337

CASH VOUCHER

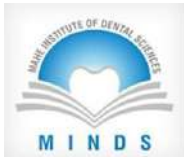
MAHE INSTITUTE OF DENTAL SCIENCE & HOSPITAL
CHALAKKARA, MAHE

Date 12/01/23
Place

V. No.
Name of Work Staff welfare - Doctor

PARTICULARS		Rs.	P.
Amount Paid to Dr. Suresh Nair		2500/-	
Courseware dept for attending 6 th 8 th			
ISPRP 2023 Pgm.			
Received the sum Rupees <u>Two thousand five hundred only</u>		2500/-	

Mg. Trustee/Trustee/Chairman [Signature]



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MAHE INSTITUTE OF DENTAL SCIENCE & HOSPITAL
CHALAKKARA, MAHE

Date 12/01/23
Place

V. No. _____
Name of Work Staff welfare - Doctor

PARTICULARS		Rs.	Ps.
Amount paid to Dr. Saricharan		2500/-	
concourse dept for attending 6 th 8 th			
ISPRP 2023 <u>Page</u>			
Received the sum Rupees <u>Two thousand five hundred only</u>		2500/-	

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CHALAKKARA, MAHE

Date 12/01/23
Place

V. No. _____
Name of Work Staff welfare - Doctor

PARTICULARS		Rs.	Ps.
Amount paid to Dr. Manjira Krishna		2500/-	
concourse dept. for attending 6 th 8 th			
ISPRP 2023 <u>Page</u>			
Received the sum Rupees <u>Two thousand five hundred only</u>		2500/-	

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MAHE INSTITUTE OF DENTAL SCIENCE & HOSPITAL
CHALAKKARA, MAHE

Date 12/01/23
Place

V. No. _____
Name of Work Staff welfare - Doctor

PARTICULARS		Rs.	P.
<u>Amount paid to Dr. Ashish Kumar</u>		<u>2500/-</u>	
<u>course dept for attending 6th ISRP</u>			
<u>2023 paper</u>			
Received the sum Rupees <u>Two thousand five hundred only</u>		<u>2500/-</u>	

Trustee/Trustee/Chairman [Signature]