



SRI DEVARAJ URS MEDICAL COLLEGE,
TAMAKA, KOLAR



Note Sheet: 1

Page No.....

Subject: **Reimbursement of Registration fee, T.A & DA to Dr. Shobha M.V,**
Assoc. Professor, in the dept. of Physiology, SDUMC

File No.....

Section: **EST**

Reference Marking	NOTE	Para No.
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Date: 18-10-2017

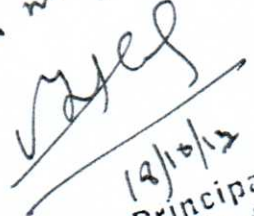
Dr. Shobha.M.V, Assoc. Professor in the dept. of Physiology at Sri Devaraj Urs Medical College, has submitted request letter dated: 17-10-2017 requesting the authorities for reimbursement of Registration Fee, TA & DA.

Earlier the Registrar, SDUHAER has sanctioned Order along registration fee vide ORDER No.SDUHAER/KLR/ADMN/2304/2017-18, dated: 10-10-2017 from 11-10-2017 & 13-10-2017, 3days for attending the 63rd annual national conference of association of physiologist and pharmacologists of India (APPICON-2017) at JIPMER, Puducherry and presenting poster along with registration fee TA & DA.

In view of the above, the Registration Fee, TA & DA may be reimbursed as per rules (T.A & D.A forms and Registration Fee receipts are enclosed).


EST

Submitted to Principal

To
The Registrar
for further nod for action


18/10/17
Principal
Sri Devaraj Urs Medical College
Tamaka, KOLAR - 563 101




H. S. Srinivasan
22/10

NO: Dmc/KUR/Anat/486/2016-17

SRI DEVARAJ URS ACADEMY OF HIGHER EDUCATION & RESEARCH



SRI DEVARAJ URS MEDICAL COLLEGE

Tamaka, Kolar



REQUISITION FORM - FOR STAFF

From,

Staff Name : Dr. Sridevi.R.S
Designation : Professor
Department : Anatomy

To,

The Principal,
Sri Devaraj Urs Medical College,
Tamaka, Kolar.

Through :

Sir,

Sub: Req TA, DA & Registration reimbursement
& Reg Conference at Gadag Institute of Medical Sciences.

I had attended & was a chairperson for the session on 23/9/17 at the World Congress of Anatomists held from 22nd to 26th Sept 2017 at Gadag Institute of Medical Sciences.
I kindly request you to consider and reimburse me the registration, TA & DA. Total amt - 4530/-
My special ch was granted as no SDUAHER/KUR/ADMA/2070/2017-18 dt 23/9/17

Kindly oblige

Thanking you.

Date :

Sridevi.R.S
Signature of Staff 5/10/17

Enclosure

- TA, DA Form
- Registration original/receipt
- Chairperson slot certificate

Inward Register No. certificates
Concerned Section Comments : tickets (Rail) - 2

Verified Concerned Manager :

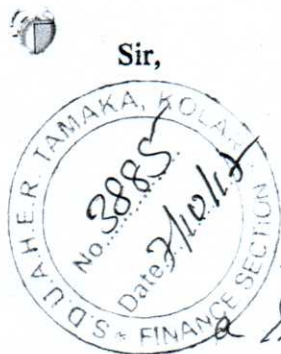
Principal Remarks :

To Honor
Sridevi.R.S

Forwarded for
receipted return
Clear
05/10/17

PREPARED BY

APPROVED BY



only faculty members should be eligible for TA & DA, & Reg. fee.
B
The Registrar
5/10/17
8512





SRI DEVARAJ URS MEDICAL
COLLEGE,
TAMAKA, KOLAR-563101.
DEPARTMENT OF ANATOMY

FORMAT NO.	ACD-09
ISSUE NO.	01
REV NO	00
DATE	1-11-2005

No: DMC/KLR/ANAT/ 531 /2017-18

Date:3/11/2017

From,
Dr. Shashikant Kiragi
Assistant Professor,
Department of Anatomy,
SDUMC, Kolar.

To
The Registrar,
SDUAHER,
Tamaka, Kolar.



-Through Proper channel

Respected Sir,

Sub: Request regarding Reimbursement of Expenditure towards State Level Conference.

With reference to the above subject, I have attended and presented the paper in Anatomy State level KCA Conference held on 22nd to 24th September 2017 at GIMS, Gadag (Karnataka). I had taken the 4 days SpCl from 21st to 25th September 2017. Hereby submitting the expenditure of Rs 4805 (-) for the conference. I have attached the ethical clearance for presentation and necessary documents and original bills along with this.

Kindly requesting you to reimburse the expenditure towards State level KCA conference.

Thanking You Sir,

Yours faithfully

Dr. Shashikant Kiragi.

Forwarded for need free action
To Haris
5/11/17
03/11/17



**SRI DEVARAJ URS MEDICAL COLLEGE,
TAMAKA, KOLAR**

Note Sheet: 1

Subject: **Reimbursement of Registration fee, T.A & DA to Dr. Geetha. S
Asst. Professor, in the dept. of Physiology, SDUMC**

Page No.....
File No.....

Section: **EST**

Reference Marking	NOTE	Para No
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Date: 17-10-2017

Dr. Geetha.S, Asst. Professor in the dept. of Physiology at Sri Devaraj Urs Medical College, has submitted request letter dated: 16-10-2017 requesting the authorities for reimbursement of Registration Fee, TA & DA.

Earlier the Registrar, SDUHAER has sanctioned Order along registration fee vide ORDER No.SDUHAER/KLR/ADMN/2306/2017-18, dated: 10-10-2017 from 09-10-2017 & 13-10-2017, 5days for attending the 63rd annual national conference of association of physiologist and pharmacologists of India (APPICON-2017) at JIPMER, Puducherry and presenting poster along with registration fee TA & DA.

In view of the above, the Registration Fee, TA & DA may be reimbursed as per rules (T.A & D.A forms and Registration Fee receipts are enclosed).

EST



Submitted to Principal

To
The Registrar
for needful action
[Signature]
17/10/17



F10

Principal
Sri Devaraj Urs Medical College
Tamaka, KOLAR - 563 101.

[Handwritten signature]
28/10

REQUISITION FORM FOR STAFF

From,

Staff Name : *Dr. Manjula K. Associate Professor*
 Department : *Pathology*
 To,

The Principal,
 Sri Devaraj Urs Medical College
 Tamaka, Kolar

Through the proper channel.

Respected Sir,

Subject: *Request for reimbursement of TA. DA and Registration Fee.*

This is for your kind information that I had attended and presented paper in 44th annual conference of Karnataka Chapter of Indian Association of Pathologists and Microbiologists. at SS Institute of Medical Sciences & Research Centre, Davangere. It was held from 30th Aug 17 to 1st Sep. 17. kindly do the needful.

Concerned section comments:

Verified by concerned Manager:

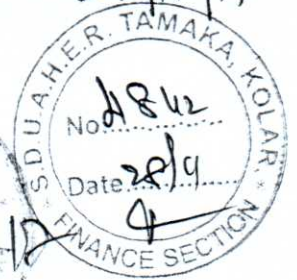
Remarks:

Enclosed :

- Spec Sanctioned order
- Attendance certificate
- official clearance



Date: *27/11/17*



To Registrar 9/16/17 29/11/17



Thanked for your action
[Signature]
 27/11

Yours faithfully,
[Signature]

Professor And HOU
 Department of Pathology
 Sri Devaraj Urs Medical College
 Tamaka, Kolar-563101.

Devaraj Urs Academy of Higher Education & Research
Comprising Sri Devaraj Urs Medical College

A DEEMED TO BE UNIVERSITY

Declared under Section 3 of UGC Act, 1956, MHRD GOI No. F.9-36/2006-U.3(A) Dt. 25th May 2007

TAMAKA, KOLAR-563 101, KARNATAKA, INDIA

8152-210604, 210605, 243003, 243009, 649208, Fax:08152-243008, E-mail: sdumcrli@bgl.vsnl.net.in website: www.sduu.ac.in, www.sdumc.ac.in

No.SDUAHER/KLR/ADMN/1702 /2017-18

Date: 08-08-2017

ORDER

Sub: - Sanction of Special Casual Leave to **Dr.Manjula.K**
Assoc. Professor of Pathology - reg.

Ref: - Her request letter dated. 02-08-2017.

Dr.Manjula.K, Associate Professor in the department of Pathology, Sri Devaraj Urs Medical College, Kolar is sanctioned Special Casual Leave from 29-08-2017 to 02-09-2017 (05 days) to enable her to present a Paper titled "**Study of various nuclear features of Papillary Thyroid Carcinoma in other thyroid lesions**" in the 44th Annual Conference of Karnataka Chapter of Indian Association of Pathologists and Microbiologists at S.S.Institute of Medical Sciences & Research Centre, Davangere.

Registration fee, T.A and D.A will be reimbursed on production of expenditure statement as per rules.

She has to produce the attendance certificate for the same.

Asst. Registrar

Registrar
Registrar

Sri Devaraj Urs Academy of Higher
Education and Research
Tamaka, Kolar - 563 101.

Prepared by: lme


To,
Concerned,

Copy to:

1. The Principal, SDUMC
2. The Medical Superintendent, RLJH & RC
3. The Prof. & HOD of Pathology, SDUMC
4. The Finance Officer, Accounts Section, SDUAHER
5. Office copy

RLTH & RC / RT / 083 / 17-18.

520101195989003

	SRI DEVARAJ URS MEDICAL COLLEGE DEPARTMENT OF RADIOTHERAPY	QSPG	ACD
		Issue No	00
	STAFF REQUISITION FORM	Revision No	01
		Date	
		Page	

7880
28.12.17
TAMAKA, KOLAR

From.

Mr. C. SIVA RAJAN.
 Assistant professor / R.S.O.
 Radio-therapy.

27.12.17.
 Kolar.

To,
 The Registrar,
 SDUAHER
 Kolar.

H/O
 No. 10534
 Date: 29/12/17
 Tamaka, Kolar.
 S.D.U.A.H.E.R. TAMAKA, KOLAR.
 No. 17
 Date: 30/12
 FINANCE SECTION

Through Proper Channel

Respected Sir,

SUB: Conference Expenditure Submission.

I, Mr. C. Sivarajan, Assistant professor, Radio-therapy am reported for duty on 22.12.17 at 8.30 Am after availing Special leave (Spcl) sanctioned between 13.12.17 to 21.12.17 and submitting the registration fee and expenditure details for reimbursement. Kindly do the needful.

Thanking you.

[Handwritten signature]
 30/12

HOD COMMENTS:

Submitted to Registrar for Needful

Yours sincerely,

[Handwritten signature]
 C. Sivarajan

[Handwritten notes and signatures]
 noted and
 subject to
 registration
 Superintendent

Devaraj Urs Academy of Higher Education & Research
Comprising Sri Devaraj Urs Medical College

A DEEMED TO BE UNIVERSITY

R Declared under Section 3 of UGC Act, 1956, MHRD GOI No.F.9-36/2006-U.3(A) Dt. 25th May 2007
POST BOX NO.62, TAMAKA, KOLAR-563 101, KARNATAKA, INDIA
Ph:08152-210604, 210605, 243003, 243009, 649208, Fax:08152-243008, E-mail: sdumcrli@bgl.vsnl.net.in website: www.sduu.ac.in,

No.SDUAHER/KLR/ADMN/ 2968 /2017-18

Date: 13-12-2017

ORDER


Sub: - Sanction of Special Casual Leave to **Mr.C.Sivarajan**,
Asst. Professor/Radiological Safety Officer,
Dept. of Radio-Therapy - SDUMC.

Ref: - His application for SPCL dated 07-12-2017 &
Dated 08-12-2017

Mr.C.Sivarajan, Asst. Professor/Radiological Safety Officer, Department of Radiotherapy, Sri Devaraj Urs Medical College, Kolar, is hereby sanctioned Special Casual Leave for a period of nine (9) days w.e.f. 13-12-2017 to 21-12-2017 to enable him to present a oral paper titled "**Optimisation of CTDI and DLP values for adult patients in Computed Tomography**" at the Association of Radiation Oncologist of India, (North Zone) to be held at Hisar, Haryana.

He is eligible for receiving TA, DA and Registration Fee on production of Attendance Certificate, Ethical Clearance Certificate along with Expenditure Statement.

He is advised to be present for duty compulsorily; if UGC team visits the college during the Special Casual leave period.


Registrar

Registrar

Sri Devaraj Urs Academy of Higher
Education and Research
Tamaka, Kolar - 563 101.

Prepared by : hne

To,
Teaching faculty concerned,

Copy to:

1. The Principal, SDUMC
2. The Medical Superintendent, RLJH & RC
3. The Prof. & HOD, Dept. of Radio-Therapy, SDUMC
4. The Finance Officer, SDUAHER
5. Office copy.

No: S DUAHER/KLR/PH/180/2018

SRI DEVARAJ URS ACADEMY OF HIGHER EDUCATION & RESEARCH



SRI DEVARAJ URS MEDICAL COLLEGE

Tamaka, Kolar



REQUISITION FORM - FOR STAFF

From,

Staff Name : Dr. Manjula R
Designation : Lecturer
Department : Public Health

Employee Code
C 1952

To,

The Principal, Registrar
Sri Devaraj Urs Medical College,
Tamaka, Kolar.



HO
U

Through : proper channel

Sir,

Sub: Requisition for claiming TA, DA & Registration fee

I Dr. Manjula R, Lecturer, Dept of public health attended VINCOM-2017, 'Integrated National public Health Conference' on 2nd & 3rd December 2017 at Vinayaka Mission's Kirupananda Variyar Medical College & Hospital, Salem, Tamil Nadu. & I did oral presentation.

Documents has been enclosed.

Kindly reimburse TA, DA & Registration fee. Under oblige & do the needfull.

Signature of Staff
Manjula

Date : 1/1/2018

Inward Register No :

Concerned Section Comments :

Verified Concerned Manager :

Principal Remarks :

Forwarded to The Registrar, for kind consideration.

HR
2/1/18

Department of Public Health
SDUAHER
Tamaka, Kolar-563101.

PREPARED BY	APPROVED BY
-------------	-------------

HR
Forwarded to Registrar
2/1/18

P.T.O

SRI DEVARAJ URS ACADEMY OF HIGHER EDUCATION & RESEARCH



SRI DEVARAJ URS MEDICAL COLLEGE

Tamaka, Kolar

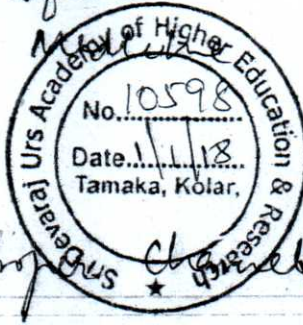
REQUISITION FORM - FOR STAFF

From,

Staff Name : Dr. Klareem Anjum
Designation : Asst Professor
Department : Community

To,

The Principal,
Sri Devaraj Urs Medical College,
Tamaka, Kolar.



Through :

Sir,

Requisition for

Sub: Sanction of TA, DA & Registration fees.

The undersigned Dr. Klareem Anjum, Asst Professor in Department of Community Medicine has attended VINCOM-2017 at Salem on 2nd & 3rd December 2017 & presented both oral & poster presentation in the Conference. I have also bagged 1st prize for best poster presentation. I request you to kindly sanction the TA, DA & registration fees for attending & presenting a paper in VINCOM-2017. kindly do the needful.

Thanking you

[Signature]
Signature of Staff
Dr Klareem Anjum.

Date : 6/12/17.

Account Mahindra Bank.
A/c - 9512522932.
IFSC - KKBK0008269.
Name - Klareem Anjum

Inward Register No :
Concerned Section Comments :
Verified Concerned Manager :

Forwarded to the principal for kind consideration & needful.
[Signature]
30/12/17
Professor & HOD
Dept. of Community Medicine
S D U M C Tamaka Kolar

Principal Remarks :

PREPARED BY _____ APPROVED BY _____

No:- SDUAHER/ KUR/PH/170/2017-18.

SRI DEVARAJ URS ACADEMY OF HIGHER EDUCATION & RESEARCH



SRI DEVARAJ URS MEDICAL COLLEGE

Tamaka, Kolar

REQUISITION FORM - FOR STAFF

SDUAHER

From,

Staff Name : DA ARATHI VA.
Designation : Lecturer
Department : Public Health



To,

The Principal, REGISTRAR,
Sri Devaraj Urs Medical College,
Tamaka, Kolar.

Through : The Co-Ordinator
Department of Public Health.

Sir,

Sub: Request for Reimbursement of Registration fees,
TA/DA bills for attending ^{National} Integrated Public Health
Conference at Salem.

I, DA Arathi V.A, Lecturer, Dept of Public Health, attended
the ^{National} Integrated Public Health Conference at Salem, Tamil Nadu,
on Dec 2nd & 3rd 2017.

I kindly request for the reimbursement of the
Registration fees, TA/DA bills for attending the Conference.

Enclosing :- 1. Registration fee receipt
2. Certificates.

Signature of Staff

Kotak Mahindra 3. TA/DA bills.

Date : 20/12/17

Account No: 221010054533

IFSC code: -KKBK0008269

Inward Register No :
Concerned Section Comments :
Verified Concerned Manager :
Principal Remarks :


Forwarded to the Registrar,
SDUAHER, for kind consideration
of reimbursement of TA/DA,
Registration fee.

Registrar

PREPARED BY	APPROVED BY
-------------	-------------

Department of Public Health
SDUAHER
Tamaka, Kolar-563101.

The applicant has ^{already} availed SPCU w.e.f. 1st to 4th Dec-2017
for presenting a paper at the Conference @ Salem.
and now she is requesting for Registration fee,
TA & DA can be considered.


Registration
25/12/17

Submitted to Vicechancellor for approval,

Approved 
22/12/17



SRI DEVARAJ URS MEDICAL COLLEGE TAMAKA, KOLAR

REQUISITION FORM-FOR STAFF

FORMAT NO	
REV NO	01
REV NO	00
DATE	

From,

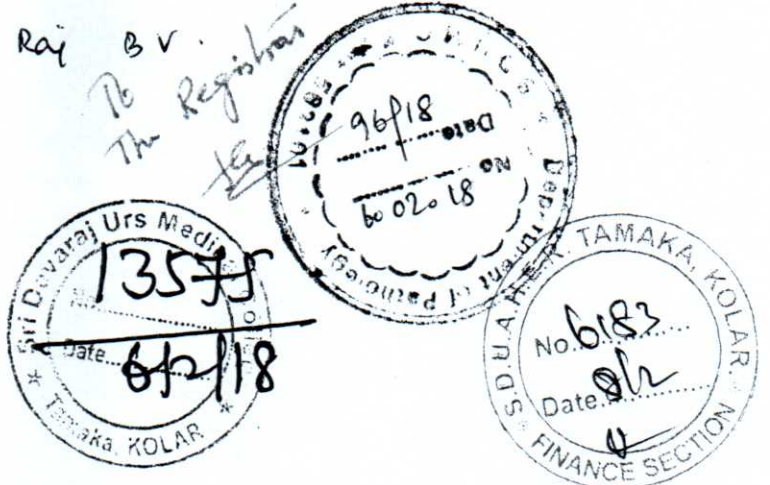
Date: 6.02.18

Staff Name : Dr Swaroop Raj BV

Department : Pathology

To,

The Principal
Sri Devaraj Urs Medical College
Tamaka, Kolar



Through the proper channel.

Respected Sir,

Subject: Submission of expenditure statement for reimbursement of reg fee, TA, DA and reporting on duty after spon for attending and presenting at International Conference at Goa between 2nd - 4th Feb 2018.

I, Dr. Swaroop Raj BV, Assistant Professor, Pathology am reporting on duty and submitting documents for reimbursement of TA, DA & registration fee for the same

Attached

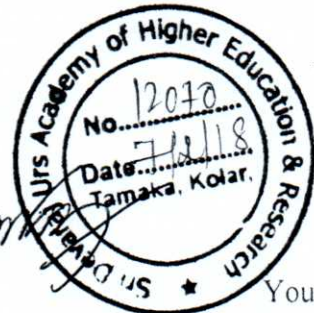
- Attended & Presentational certificate
- Expenses bill
- ethical clearance certificate

Concerned section comments:

Verified by concerned Manager:

Remarks:

Forwarded to necessary action
APR-Parred
6/2/18



Yours faithfully,

Signature

Dr Swaroop Raj BV
Asst Prof (Pathology)

To: *Handwritten signature*

**SRI DEVARAJ URS MEDICAL COLLEGE,
TAMAKA, KOLAR**

Note Sheet: 1

Page No.....

Subject: **Reimbursement of Registration fee, T.A & DA to**

File No.....

Dr.Savitha.N, Asst.Professor in the dept. of Microbiology, SDUMC

Section: **EST**

Reference Marking	NOTE	Para No.
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Date: 06-02-2018.

Dr.Savitha.N, Asst.Professor in the dept. of Microbiology at Sri Devaraj Urs Medical College, has submitted representation letter dated: 22-01-2018 requesting the authorities for reimbursement of registration fee, TA & DA.

Earlier the Registrar, SDUAHER has sanctioned OOD vide Order No. SDUAHER/KLR/ADMN/3123/2017-18, dated: 06-01-2018 on 20-01-2018 & 21-01-2018, 2 days for attending the National Conference on safe and sustainable hospitals at Shilpakala Vedika, Hyderabad, Telangana along with TA & DA. Now she is requesting for sanction of registration fee, TA & DA

In view of the above, the Registration Fee, TA & DA may be reimbursed as per rules (T.A & D.A forms and Registration Fee receipts are enclosed).

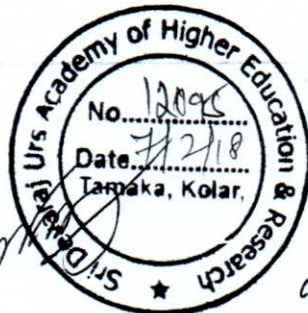
EST



Submitted to Principal

*To
The Registrar
may be considered*

[Signature]
6/2/18
Principal
Sri Devaraj Urs Medical College
TAMAKA, KOLAR - 563 101



The request for sanction of TA/DA & Reg fees can be considered for attending National Conference @ Hyderabad.

Finance Section for needful.

[Signature]



SRI DEVARAJ URS MEDICAL COLLEGE, TAMAKA, KOLAR-563101. DEPARTMENT OF ANATOMY

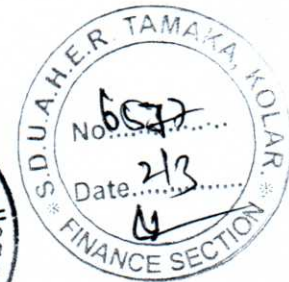
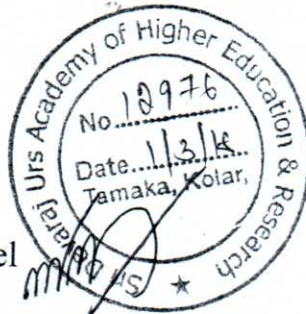
FORMAT NO.	ACD-09
ISSUE NO.	01
REV NO	00
DATE	1-11-2005

No: DMC/KLR/ANAT/ 127 /2017-18

Date:1/3/2018

From,
Dr. Shashikant Kiragi
Assistant Professor,
Department of Anatomy,
SDUMC, Kolar.

To
The Registrar,
SDUAHER,
Tamaka, Kolar.
-Through Proper channel
Respected Sir,



Sub: Request regarding Reimbursement of Expenditure towards National Level Conference.

With reference to the above subject , I have attended and presented the paper in Anatomy National Conference "NATCON-65" held on 30th November to 3rd December 2017 at Pt.J.N.M.C. Raipur.(Chattisgarh.).I could not apply for TA, DA and registration fees as the ethical clearance delayed at the time of applying for SpCl. Hereby submitting the expenditure of Rs.17349/- towards the conference. I have attached the necessary documents and original bills along with this.

Kindly sanction TA,DA and registration fees towards National Conference and do the needful.

Thanking You Sir,

Yours faithfully

Dr. Shashikant Kiragi.

Forwarded to
Principal
Sunderji
1/3/18

PROF & HEAD
DEPT. OF ANATOMY, SDUMC,
Tamaka, KOLAR 563101.

To 11/18

Ref No: SDUAHER/KLR/PH/02/2017-18

SRI DEVARAJ URS ACADEMY OF HIGHER EDUCATION & RESEARCH



SRI DEVARAJ URS MEDICAL COLLEGE

Tamaka, Kolar



REQUISITION FORM - FOR STAFF

From,

Staff Name : Dr. Arathi. V.A.
Designation : Lecturer
Department : Public Health

To,

The Principal, Registrar,
Sri Devaraj Urs Medical College,
Tamaka, Kolar.



Through : Proper Channel.

Sir,

Sub: Requisition for claiming for TA, DA & Registration fee.

I, Dr. Arathi.VA, Lecturer, Dept of Public Health attended the 45th National IAPSM & 19th Maharashtra state joint conference of IAPSM & IPHA-2018 at Smt. Kashibai Navale Medical college & general Hospital, Pune from 9/3/2018 to 11/3/2018. & did the oral presentation.

Kindly reimburse TA, DA & Registration fee. Kindly oblige and do the needful.

Documents enclosed.

Signature of Staff

[Signature]
Dr. Arathi.V.A.

Date : 5/4/2018.

Inward Register No :

Concerned Section Comments :

[Handwritten signature]

Verified Concerned Manager :

Principal Remarks :

Department of Public Health
SDUAHER
Tamaka, Kolar-563101.

Forwarded to the Registrar
[Signature]
5/4/18

PREPARED BY	APPROVED BY
	<i>[Signature]</i>

SDUAHER/AHS/02/2017-18.

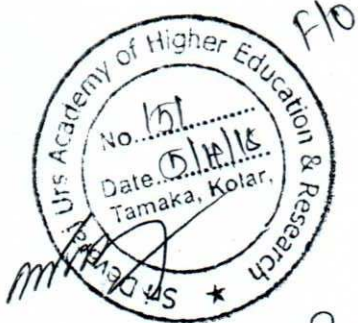
Kolar,
4-4-2018.

From

Mary Shobha Lani,
Research Assistant,
Dept. of Allied Health Sciences,
SDUAHER, Tamaka, Kolar.

To

The Registrar,
SDUAHER,
Tamaka, Kolar.



Sub: Request for availing TA, DA & Registration fees.

Respected Sir;

With reference to the above subject, I had availed Special Casual Leave for a period of 3 days i.e; from 26-03-2018 to 28-03-2018 to attend National Conference on "Innovations & future challenges in Biotechnology" held at S.V. University, Pirupathi. And I had present Oral presentation on 'ISOLATION & IDENTIFICATION OF FLAVONOL QUERCETIN FROM ANETHUM GRAVEOLENS - A NOVEL PLANT SOURCE. I am attaching all the required documents for availing TA & Registration fee for the same. kindly do the needful.

S.NO.	CONTENTS	AMOUNT
1.	REGISTRATION FEE	1000/-
2.	Travel allowance	1328/-
	Total	<u>2,328/-</u>

Thanking You,

Your's Sincerely,

(P. Mary Shobha Lani)

Forwarded to the Registrar

19/10/17



SRI DEVARAJ URS ACADEMY OF HIGHER EDUCATION & RESEARCH



SRI DEVARAJ URS MEDICAL COLLEGE

Tamaka, Kolar

REQUISITION FORM - FOR STAFF

From,

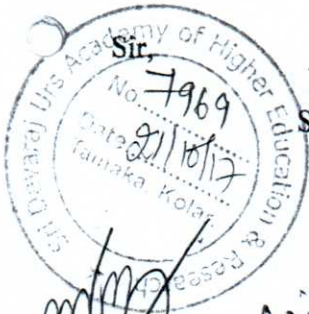
Staff Name : Dr. MUNINARAYANA C
Designation : Professor
Department : Community Medicine

To,

The Principal,
Sri Devaraj Urs Medical College,
Tamaka, Kolar.



Through: Proper channel.



F/o
Sub:

Re-embursement of DA, TA and Registration charges for attending Revised MET workshop at St John's Medical College Bangalore.

With reference to above subject I have attended the Revised MET workshop at St John's Medical College Bangalore on 11-10-2017 as per the requirement for ACME. Kindly reimburse the amount of Rs. 1050 (one thousand and fifty only) as TA, DA and Registration charges and oblige.
Thanking you

C. Jeyaprasad
Signature of Staff

Enclosed.

- 1) order copy 2000. Date: 16-10-2017.
- 2) attendance certificate
- 3) Receipt Voucher St John's Medical College.

Inward Register No: 1818

Concerned Section Comments :

Verified Concerned Manager :

Principal Remarks :

Forwarded to The Principal, same, for kind consideration.

Professor & HOD
Dept. of Community Medicine
SRI DEVARAJ URS MEDICAL COLLEGE
TAMAKA, KOLAR

PREPARED BY	
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Dr. Harsh...



SRI DEVARAJ URS MEDICAL COLLEGE, TAMAKA, KOLAR

REQUISITION FORM-FOR STAFF

FORMAT NO.

ISSUE NO. 01

REV NO 00

DATE 1-11-2005

NOT. DMC/KCR/ANAT/BI/2018

From,

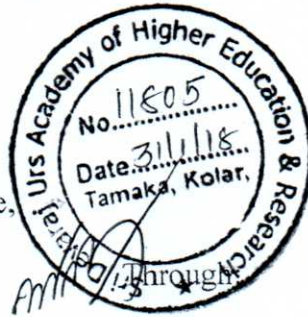
Staff Name: Dr. Sridevi .rs

Designation: Professor

Department: Anatomy

To,

The Principal,
Sri Devaraj Urs Medical College,
Tamaka, Kolar.



Sir,

Sub: Submission of bills for attending the PBL Workshop
on 24th & 25th Jan 2018.

Hereby submitting the order, bills of registration & travel for attending the PBL Workshop at St John's Academy of Health Sciences on 24th & 25th January 2018 for reimbursement. Kindly do the needful & oblige.

Thanking you.

Sridevi .rs
(Signature of staff)

Inward Register No:

Date: 31/1/18

Concerned section comments:

Forwarded for
need full action
Uel -
31/1/18

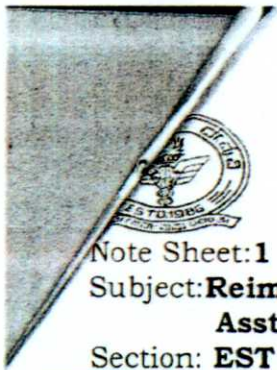
Verified by concerned Manager:

PROF & HEAD
DEPT. OF ANATOMY, SDJMC
Tamaka, KOLAR 583101.

Principal remarks:

PREPARED BY	APPROVED BY
-------------	-------------

*To H...
Sridevi .rs*



**SRI DEVARAJ URS MEDICAL COLLEGE,
TAMAKA, KOLAR**

Note Sheet: 1

Subject: **Reimbursement of Registration fee, T.A & DA to Dr. Geetha. S
Asst. Professor, in the dept. of Physiology, SDUMC**

Page No.....

File No.....

Section: **EST**

Reference Marking	NOTE	Para No
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Date: 17-10-2017

Dr. Geetha.S, Asst. Professor in the dept. of Physiology at Sri Devaraj Urs Medical College, has submitted request letter dated: 16-10-2017 requesting the authorities for reimbursement of Registration Fee, TA & DA.

Earlier the Registrar, SDUAHER has sanctioned Order along registration fee vide ORDER No.SDUAHER/KLR/ADMN/2306/2017-18, dated: 10-10-2017 from 09-10-2017 & 13-10-2017, 5days for attending the 63rd annual national conference of association of physiologist and pharmacologists of India (APPICON-2017) at JIPMER, Puducherry and presenting poster along with registration fee TA & DA.

In view of the above, the Registration Fee, TA & DA may be reimbursed as per rules (T.A & D.A forms and Registration Fee receipts are enclosed).

EST



Submitted to Principal

*To
The Registrar
for need for action*

[Signature]
17/10/17

Principal
Sri Devaraj Urs Medical College
Tamaka, KOLAR - 563 101.



F10

[Handwritten signature]
23/10

SRI DEVARAJ URS ACADEMY OF HIGHER EDUCATION AND RESEARCH, KOLAR
(Deemed to be University)

DEPARTMENT OF INTEGRATIVE MEDICINE

Ph: 08152-210604, 210605, Ext: 390 E-mail: integrativemedicine@sduu.ac.in, Website: www.sduu.ac.in

No. SDUAHER/KLR/IM/126/2017-18

Date: 24.03.22018

From

Dr. Patil N.J.

Assoc. Prof. & I/c

Dept. of Integrative Medicine

SDUAHER, Kolar

To

The Registrar,

SDUAHER, Kolar



F10



Sir,

Subject: Request for reimbursement of expenses towards Workshop - Transdisciplinary Research and capacity Building" held at CCIH Pune

With respect to above subject, I have availed SP CL (No. SDUAHER/KLR/ADMN/3806/2017-18 dated: 14.03.2018) from 16-032018 to 18.03.2018 (3 Days instead of 4 Days) to attend the workshop on "Transdisciplinary Research and capacity Building" held at Centre for Complimentary and Interactive Medicine, Pune University, PUNE. Herewith I am submitting the attendance certificate and bills (Rs. 7759.00- Seven thousand seven hundred fifty nine only) towards the Workshop. Requesting for reimbursement of the same.

Thanking you

To
Harish
Sreeg
64

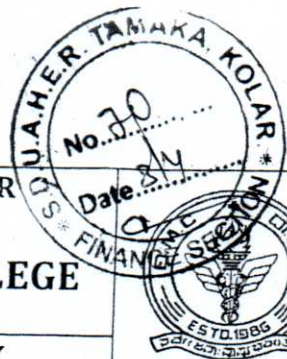
Yours Sincerely

(Dr. Patil N. J.)

Department of Integrative Medicine
Sri Devaraj Urs Academy of
Higher Education and Research
Temaka, Kolar, Karnataka 563 101.



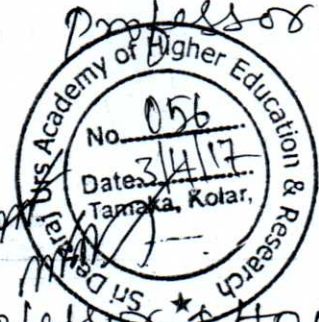
SRI DEVARAJ URS ACADEMY OF HIGHER EDUCATION & RESEARCH
SRI DEVARAJ URS MEDICAL COLLEGE
 Tamaka, Kolar
DEPARTMENT OF PHYSIOLOGY



NO: DMC/KLR/PHY/ 639 /2016-17

DATE: 31/3/17

From, Staff Name : Dr. Jagadamba . A .
 Designation : ASSOC. Professor.
 Department : PHYSIOLOGY



To,
 The Principal,
 Sri Devaraj Urs Medical College,
 Tamaka, Kolar.

Through : Professors & HOD

Sir,

Sub: Reimbursement of TA & DA & Attendance certificate for attending DST workshop at AIIMS, New Delhi.

Submitting

With reference to above subject, I am hereby submitting the attendance certificate for attending the workshop sponsored by DST at AIIMS New Delhi & also kindly reimburse TA & DA for attending the workshop on "Last Mile Connectivity for Indigenous medical devices developed under DST." kindly do the needful & oblige.

Thanking you

yours sincerely
A. Jagadamba
 (Signature of staff)

Inward Register No:

Date: 31/3/17

Concerned Section Comments

Verified by concerned Manager:

Principal remarks:

To / for /
Society
 31/3

PREPARED BY

APPROVED BY

Recommended
Signature
 Professor & Head of the Department of Physiology, Sri Devaraj Urs Medical College, Tamaka, Kolar. 583201

Inspected found correct Amt of



22101001327

May be Approved for payment
of Rs. 13503/- to Dr. Jagdebheer A

To Registrar



To Approval
Secretary
Wdy

Approved

For
[Signature]
Registrar

PAID

Vide Cheque No..... 201070.....
Date..... 11/04/17.....
Bank & S.B. A/c..... 22675.....
For Rs..... 13503/-.....

[Signature]
Secretary
Sri Devaraj Urs Academy of
Higher Education and Research,
Tamaka, Kolar - 563 101.

19/10/17



SRI DEVARAJ URS ACADEMY OF HIGHER EDUCATION & RESEARCH



SRI DEVARAJ URS MEDICAL COLLEGE

Tamaka, Kolar

REQUISITION FORM - FOR STAFF

From,

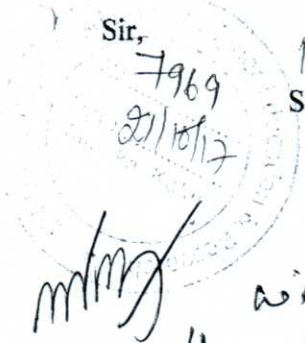
Staff Name : Dr. MUNINARAYANA C
Designation : Professor
Department : Community Medicine

To,

The Principal,
Sri Devaraj Urs Medical College,
Tamaka, Kolar.



Through : Proper channel.



Sub: Reimbursement of DA, TA and Registration charges for attending Revised MET workshop at St John's Medical College Bangalore.

With reference to above subject I have attended the Revised MET workshop at St John's Medical College Bangalore on 11-10-2017 as per the requirement for ACME. Kindly reimburse the amount of Rs. 1050 (one thousand and fifty only) as TA, DA and Registration charges and oblige.
Thanking you

C. Jeyaprasad

Signature of Staff

Enclosed.

- 1) order copy of D.O.D. Date: 16-10-2017.
- 2) attendance certificate
- 3) Receipt Voucher St John's Medical College.
- 4) TA, DA form.

Inward Register No : 2/18/18
Concerned Section Comments :

Verified Concerned Manager :

Principal Remarks :

Forwarded to The Principal, same, for kind consideration.

Professor & HOD
Dept. of Community Medicine
SRI DEVARAJ URS MEDICAL COLLEGE
TAMAKA, KOLAR

PREPARED BY	
-------------	--

Handwritten signature at the bottom left.



SRI DEVARAJ URS ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Declared Under Section 3 of UGC Act 1956, MHRD GOI No. F.9-36/2006-U.3 (A), Dt. 25th May 2007)

Tamaka, Kolar – 563 101

No: SDUAHER/KLR/ADMN/2762/2017-18

Date: 28.11.2017

NOTE



Find herein enclosed E-Tickets booked in the names of the following 5 members from Kochin to Bangalore and back to Kochin who will be visiting The Academy to conduct 2 days workshop on E-Learning on 8th and 9th Dec. 2017.

1. Mr.Thirumala Murugan
2. Vivek Nambiar
3. Anjali Balakrishnan
4. Surender Ganesh
5. Kiran Pillai

Finance Section to arrange for transfer an amount of Rs.33,555/- (Rupees thirty three thousand five hundred fifty five only) to the following account of the Registrar maintained at Axis Bank, Kolar branch.


Name of the A/c. Holder - A.V.Moideen Kutty
Name of the Bank - Axis Bank
A/c.No. - 916010080691870
IFS Code - UTIB 0000814
Branch - Kolar Branch

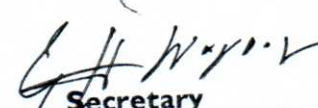
PAID

Vide Cheque No. 002097
Date 28/11/2017
Bank & S.B. A/c. 22675
For Rs. 33555/-

To:

The Finance Officer,
SDUAHER,
Kolar.


Registrar
Registrar
Sri Devaraj Urs Academy of Higher
Education and Research
Tamaka, Kolar - 563 101.


Secretary
Sri Devaraj Urs Academy of
Higher Education and Research.



SRI DEVARAJ URS ACADEMY OF HIGHER EDUCATION & RESEARCH
SRI DEVARAJ URS MEDICAL COLLEGE
Tamaka, Kolar



Requisition form for staff

NO.SDUAHER/KLR/ULLRC/462/2017-18

DATE: 22-01-2018

From,
 Prakasha,
 Senior Librarian,
 Sri Devaraj Urs Medical College,
 Tamaka, Kolar.

To,
 The Registrar,
 SDUAHER,
 Tamaka, Kolar.



Through the Principal, SDUMC.

Respected Sir,

Sub: - Reimbursement of Rs. 2496/-

Ref.No. Office of the Registrar order No.SDUMC/KLR/ADMN/2394/2017-18,
 dtd. 12.01.2018

With reference to the above subject, I hereby request your kind-self to reimburse of Rs. 2496/- as Registration Fee, TA & DA expenses made during National Workshop "Usage of Anti Plagiarism software" (An IQAC Initiative) conducted by School of Library and Information Science, Rajagiri College of Social Sciences, Kochi, Kerala on 19.01.2018. Required documents are herewith enclosed for your kind perusal.

Particulars	Amt. in Rs.
SDUMC to Bangarpete (UP and Down)	60.00
Train Fare Bengarpete to Ernakulam (UP and Down)	736.00
Registration Fee	1000.00
Daily allowance (1 Day)	300.00
Auto Fare up & down (From Kochi to Kalamassery)	400.00
Total	2496.00

Please do the needful at the earliest.

Thanking you,

Yours faithfully,
 Senior Librarian,
 Library and Information Centre
 Sri Devaraj Urs Medical College,
 Tamaka, KOLAR-563 101

To Handson



**SRI DEVARAJ URS ACADEMY OF HIGHER EDUCATION & RESEARCH
SRI DEVARAJ URS MEDICAL COLLEGE
Tamaka, Kolar**



Requisition form for staff

NO.SDUAHER/KLR/ULLRC/461/2017-18

DATE: 22-01-2018

From,
Prakasha,
Senior Librarian,
Sri Devaraj Urs Medical College,
Tamaka, Kolar.

To,
The Registrar,
SDUAHER,
Tamaka, Kolar.

To
The Registrar
Ho

(Circular Stamp: Sri Devaraj Urs Academy of Higher Education & Research, Tamaka, Kolar. No. 11532, Date 24/1/18)

(Circular Stamp: Sri Devaraj Urs Medical College, Tamaka, Kolar. No. 1305, Date 23/1/18)

(Circular Stamp: S.D.U.A.H.E.R. TAMAKA, KOLAR. No. 5892, Date 24/1/18. FINANCE SECTION)

Through the Principal, SDUMC.

Respected Sir,

Sub: - Reimbursement of Rs. 2206/-

Ref.No. Office of the Registrar order No.SDUAHER/KLR/ADMN/3230/2017-18,
dtd. 17.01.2018

With reference to the above subject, I hereby request your kind-self to reimburse of Rs. 2206/- as Registration Fee, TA & DA expenses made during National Workshop conducted by the Dept. of Studies in Library and Information Science, Manasagangothri, Mysore held on 11 -12 January, 2018. Required documents are herewith enclosed for your kind perusal.

Particulars	Amt. in Rs.
SDUMC to Bangalore (UP and Down)	156.00
Bus Fare Bangalore to Mysore (UP and Down)	300.00
Registration Fee	1000.00
Daily allowance (2 Days)	600.00
Auto Fare (Local)	150.00
Total	2206.00

Please do the needful at the earliest.

Thanking you,

(Signature)
Yours Faithfully,
Senior Librarian,
Library and Information Centre
Sri Devaraj Urs Medical College,
Tamaka. KOLAR-563 10

(Handwritten signature)
22/1



SRI DEVARAJ URS MEDICAL COLLEGE,
Tamaka, Kolar.

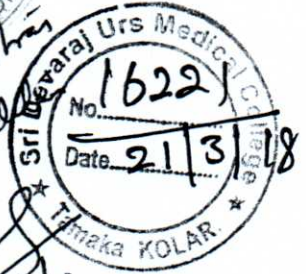
REQUISITION FOR STAFF

FORMAT NO.	
ISSUE NO.	
REV NO	
DATE	

From,
Staff Name: *Dr. A. Bhaskaran*
Designation: *Vice Dean*
Department: *SDUAHER*

To,
The Registrar,
SDUAHER,
Tamaka, Kolar.

Through: *Pragna Chant*



To The Registrar
Julius Samuel
Vijay
21/3/18

Sir,

Sub: Reimbursement of the expenses incurred to attend the revised MET Course at St. John's Medical College, Bangalore.

I the undersigned wish to state that I have attended the revised MET course at St. John's medical college Bangalore from 27/2/18 to 2/3/18 as per the deputation order placed. Hence I request you kindly reimburse the amount for attending the same programme.
Thanking you Sir

Sincerely yours

(signature of staff)

Inward Register No:

Date: 21/3/18

Concerned section comments:

Verified by concerned Manager:

Principal remarks:

To Registrar
[Signature]