केनरा बैंक Canara Bank

FATHER MULLER CHARITABLE
INSITUTION BRANCH
FIRST FLOOR
FATHER MULLER UTILITY
COMPLEX, KANKANDY
MANAGALORE 575002

REF: 0239/303/68/FMCI

DATE: 10/03/2021

TO WHOM SOEVER IT MAY CONCERN

This is to certify that the following payments were done during the financial year/s and transaction date/s to the beneficiaries as mentioned below from the account number 02393030000068 maintained with us under the name and style of M/s Father Muller Charitable Institution.

YEAR	TRANSACTION DATE	CHEQUE NO'S	DOCTOR'S NAME	A/C NUMBER	AMOUNT
2014-15	27/05/2014	450005067914	DR PREMA D CUNHA	01002180000568	10,940.00
2014-15	12/06/2014	450005068174	DR VIDYASHRI KAMATH	02392180039667	8,780.00
2014-15	26/09/2014	550008648089	DR RAMESH BHAT M	02392180005657	19,198.00
2014-15	07/10/2014	550008648217	DR VARUN PAI	02392180040736	4,657.00
2014-15	18/11/2014	550008648938	DR BEENA ANTONY	02392180019488	31,337.00
2014-15	18/11/2014	550008648939	DR PAVAN HEGDE	02392180006610	8,500.00
2014-15	15/12/2014	550010024146	DR KISHAN B. SHETTY	01002010080063	15,250.00
2014-15	12/03/2015	550012884056	DR PRATHVI SHETTY	02392220001707	17,682.00
2014-15	12/03/2015	550012884057	DR SOWMYA VENKATESH	02392180040437	2,250.00
2015-16	22/09/2015	550017641942	DR A PREETHI RAI	02392190011976	4,000.00
2015-16	03/10/2015	550017642114	DR NARAYAN V	01002010123848	1,000.00
2015-16	03/10/2015	550017642114	DR UMASHANKAR T	02392180041646	4,000.00
2015-16	03/10/2015	550017642114	DR ASHIMA N AMIN	02392190021742	4,000.00
2015-16	08/10/2015	550017642207	DR JAYAPRAKASH C S	02392180010780	4,000.00
2015-16	08/10/2015	550017642206	DR CRYSLE SALDANA	01052010033884	4,000.00
2015-16	09/11/2015	550019733432	DR SOWMYA BHAT	02392180046890	2,400.00
2015-16	13/11/2015	550019733503	DR SUDHIR PRABHU H	01002180003896	2,400.00
2016-17	07/04/2016	550020840538	DR SAURABH KUMAR	02392180041236	15,031.00

2016-17	15/07/2016	550041561374	DR JAIDEV MANGALORE DEVDAS	02392180042088	4,166.00
2016-17	07/09/2016	550046845714	DR HILDA DSOUZA NEE FERNANDES	02392180010887	11,500.00
2016-17	04/10/2016	550048750709	DR RAMLINGA REDDY	02392210009763	8,527.00
2016-17	05/12/2016	550052975124	DR NORMAN MENDONCA	02392180006422	5,730.00
2016-17	15/12/2016	550052975333	DR SANJAY J FERNANDES	02392180039334	13,442.00
2016-17	23/12/2016	550052975530	DR SUNAYANA BHAT	02392180031378	21,689.00
2016-17	06/03/2017	550060303212	DR NORMAN MENDONSA	02392180006422	42,184.65
2016-17	21/03/2017	550064198013	DR SRIPATHI KAMATH B	02392180045532	22,110.00
2017-18	15/07/2017	550071387834	DR JAIDEV M D	02392180042088	3,698.00
2017-18	11/12/2017	550088718551	DR SHAILAJA S	02392200009599	27,999.00
2017-18	14/12/2017	550088718581	DR SANJAY JOSEPH FERNANDES	02392180039334	17,625.00
2017-18	14/12/2017	550088718581	DR K SHREEDHAR AVABRA	02392180030487	2,960.00
2017-18	16/01/2018	550088719167	DR PAVAN HEGDE	02392180006610	12,849.00
2017-18	25/01/2018	550088719262	DR K SHREEDHAR AVABRA	02392180030487	27,188.00
2017-18	14/02/2018	550093183131	DR PRAVEEN B K	12412010001827	1,840.00
2018-19	12/09/2018	550108252578	DR PETER GEORGE	02392180017089	21,731.00
2018-19	25/09/2018	550108252859	DR RAMESH BHAT	02392180005657	76,246.00
2018-19	01/10/2018	550108997369	DR MALATHI M	02392180013081	3,140.00
2018-19	16/11/2018	550108998126	DR HAREESH SHIVU GOUDA	05042010067844	4,200.00
2018-19	16/11/2018	550108998125	DR NAGESH K R	01002010111224	5,260.00
2018-19	15/12/2018	550120576330	DR SHIVASHANKARA A R	02392180027077	2,800.00
2018-19	18/02/2019	550120577147	DR KAREN P CASTELINO	02452180001467	21,774.00

This is for your kind information.
Thanking You

कृते केनरा बैंक / For CANARA BANK
Yours Faithfully

शाखा प्रबंधक / Branch Manager
का. मु. अधिकारी / Officer in Charge
F.M.C.I. Branch, Mangaluru - 575 002

@180005657

FATHER MULLER MEDICAL COLLEGE, MANGALORE

(A Unit of Father Muller Charitable Institutions)

Form for claiming Reimbursement for the Full Time Teaching Staff

Name: DR. RAMESH BHAT M

Designation: PROF & HOD

Department: Dermatology, Venereology & Leprosy

Sanction Order (Office Order) Number: FMMC/EST/CON/104/2014

Type : (Please Tick) DERMAZONE SOUTH 2014

Conference	Workshop	Seminar	CME	Others:		
International	National	Regional	State Level	District	Local	Others:

Purpose : PAPER / POSTER PRESENTATION / GUEST SPEAKER / CHAIR PERSON

Title of the Paper / Poster Talk / Session : Lichen planus pigmentosus.

Organisors : JIPMER PONDICHERRY

From: 19th Sep To: 21st Sep No. of Days: 3 Place: Pondicherry

Please fill only **"Amount Claimed"** by you in the boxes provided below

	Amount Claimed (Rs.)	For Office Use Only Amount Santioned (Rs.)
1. Registration Fees : (Original receipt to be attached)	5,000	Rs. 5,000/-
2. Travel Allowances: (Proof of Travel to be attached) Mode of Travel/Class: Air fair	8,198 (7,098 + 1,100)	Rs. 8,198/-
3. Daily Allowances/Accomodation: Amount per Day: 2000 No. of Days: 3 **Total:**	6446/-	6,000.00
4. Others: Accomodation 6,446.		
Grand Total:	~~18,644~~ 19,644	Rs. 19,198/-

Enclosures:
1. ✓ Original Registration Fee Receipt
2. ✓ Travel Proof
3. ✓ Original Accommodation Bills
4. ✓ Photo copy of the Attendance Certificate Attested by HOD
5. ✓ Brief Report of the Conference

Signature of the HOD

Signature of the Staff

Checked by: Lovely

Incharge-EST. Section-FMMC

Recorded by:

Incharge-FMRC-FMMC

Approved/Sanctioned By:

DEAN-FMMC

DIRECTOR-FMCI

OFFICE COPY FOR THE FILE

FATHER MULLER MEDICAL COLLEGE, MANGALORE
(A Unit of Father Muller Charitable Institutions)

Form for claiming Reimbursement for the Full Time Teaching Staff

Name: Dr. Prathvi Shetty

Designation: Associate professor | Department: Surgery

Santion Order (Office Order) Number: FMMC/EST/CON/165/2014

Type : (Please Tick)

Conference	Workshop	Seminar	CME	Others:		
International	National ✓	Regional	State Level	District	Local	Others:

Purpose : PAPER / POSTER PRESENTATION / GUEST SPEAKER / CHAIR PERSON

Title of the Paper / Poster Talk / Session : To evaluate the trend of breast carcinoma in India - Is Surveillance a must NOW?

Organisors : Association of Surgeons of India - (ASI)

From: 26.12.14 To: 30.12.14 No. of Days: 5 Place: Hyderbad

Please fill only **"Amount Claimed"** by you in the boxes provided below

	Amount Claimed (Rs.)	For Office Use Only Amount Santioned (Rs.)
1. Registration Fees : (Original receipt to be attached)	Rs 3000	Rs. 3,000-00
2. Travel Allowances: (Proof of Travel to be attached) Mode of Travel/Class: Flight	Rs 6682	Rs. 6,682-00
3. Daily Allowances/Accomodation: Amount per Day: [ ] No. of Days: 4 Rs. 2,000 × 4 days	Total: Rs8504	Rs. 8,000-00
4. Others:	-	-
Grand Total:		Rs. 17,682-00

Enclosures:
1. Original Registration Fee Receipt
2. Travel Proof
3. Original Accommodation Bills
4. Photo copy of the Attendance Certificate Attested by HOD
5. Brief Report of the Conference

05.01.14

Signature of the HOD | **Signature of the Staff**

Checked by: Lovely
Incharge-EST. Section-FMMC

Recorded by:
Incharge-FMRC-FMMC

Approved/Sanctioned By:

DEAN-FMMC | **DIRECTOR-FMCI**

OFFICE COPY FOR THE FILE

Name of the Staff :
Department :
Designation:

Purpose:
Dates:
Amount Sanctioned:

FATHER MULLER MEDICAL COLLEGE, MANGALORE
(A Unit of Father Muller Charitable Institutions)

Form for claiming Reimbursement for the Full Time Teaching Staff

Name: DR VARUN PAI

Designation: ASSISTANT PROFESSOR Department: FORENSIC MEDICINE

Santion Order (Office Order) Number: FMMC/EST/CON/083/2014

Type : (Please Tick)

Conference	Workshop	Seminar	CME	Others:		
International	National	Regional	State Level	District	Local	Others:

Purpose : PAPER / POSTER PRESENTATION / GUEST SPEAKER / CHAIR PERSON

Title of the Paper / Poster Talk / Session : CRIME SCENE RECONSTRUCTION IN A GUN SHOT TO DEATH: A CASE REPORT

Organisors : PSG INSTITUTE OF MEDICAL SCIENCES, COIMBATORE

From: 12/9/14 To: 14/9/14 No. of Days: 3 Place: COIMBATORE

Please fill only **"Amount Claimed"** by you in the boxes provided below

	Amount Claimed (Rs.)	For Office Use Only Amount Santioned (Rs.)
1. Registration Fees : (Original receipt to be attached)	2500	2,500.00
2. Travel Allowances: (Proof of Travel to be attached) Mode of Travel/Class: 3AC	705	705.00
3. Daily Allowances/Accomodation: Amount per Day 726 × No. of Days 2 **Total:**	1452	1,452.00
4. Others:	~~1657~~	
Grand Total:	4657	4,657.00

Enclosures:
1. Original Registration Fee Receipt
2. Travel Proof
3. Original Accommodation Bills
4. Photo copy of the Attendance Certificate Attested by HOD
5. Brief Report of the Conference

24/09/14
Signature of the HOD

Signature of the Staff

Checked by: Lovely
Incharge-EST. Section-FMMC

Recorded by:
Incharge-FMRC-FMMC

Approved/Sanctioned By:

DEAN-FMMC

DIRECTOR-FMCI

OFFICE COPY FOR THE FILE

Name of the Staff :
Department :
Designation:

Purpose:
Dates:
Amount Sanctioned:

FATHER MULLER MEDICAL COLLEGE, MANGALORE

(A Unit of Father Muller Charitable Institutions)

Form for claiming Reimbursement for the Full Time Teaching Staff

Name: DR. PREMA D'CUNHA

Designation: PROFESSOR Department: OBG

Sanction Order (Office Order) Number:

Type : (Please Tick)

✓ Conference	Workshop	Seminar	CME	Others:		
International	National	Regional	State Level	District	Local	Others:

Purpose : PAPER / POSTER PRESENTATION / GUEST SPEAKER / CHAIR PERSON

Title of the Paper / Poster Talk / Session : NEAR MISS MATERNAL IN FATHER MULLER HOSPITAL, MANGALORE

Organisors : RCOG + FOGSI

From: 28.3.14 To: 30.3.14 No. of Days: 3 Place: HYDERABAD

Please fill only **"Amount Claimed"** by you in the boxes provided below

	Amount Claimed (Rs.)	For Office Use Only Amount Santioned (Rs.)
1. Registration Fees : (Original receipt to be attached)	Rs 10,000/-	Rs. 3,000/-
Rs. 2470 x 2ways.		
2. Travel Allowances: (Proof of Travel to be attached)	8305/-	Rs. 4,940/-
Mode of Travel/Class:		
3. Daily Allowances/Accomodation: Rs. 1000 x 3 days.		
Amount per Day:		
No. of Days: 3		
Total:	5901/-	Rs. 3,000/-
4. Others:		
Grand Total:	24206	Rs. 10,940/-

Enclosures:

1. Original Registration Fee Receipt
2. Travel Proof
3. Original Accommodation Bills
4. Photo copy of the Attendance Certificate Attested by HOD
5. Brief Report of the Conference

Prema D'Cunha
Signature of the HOD

Prema D'Cunha
Signature of the Staff

Checked by: Lovely
Incharge-EST. Section-FMMC

Recorded by:
Incharge-FMRC-FMMC

Approved/Sanctioned By:

DEAN-FMMC

DIRECTOR-FMCI

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FATHER MULLER MEDICAL COLLEGE, MANGALORE

(A Unit of Father Muller Charitable Institutions)

Form for claiming Reimbursement for the Full Time Teaching Staff

Name: Dr Vidyashri Kamath C.

Designation: Asst Professor Department: OBG.

Sanction Order (Office Order) Number:

Type : (Please Tick)

✓ Conference	Workshop	Seminar	CME	Others:		
✓ International	National	Regional	State Level	District	Local	Others:

Purpose : PAPER / POSTER PRESENTATION / GUEST SPEAKER / CHAIR PERSON

Title of the Paper / Poster Talk / Session : Efficacy of intravenous Acetaminophen versus intravenous Butylphenol as part of analgesic in OBG.

Organisors : RCOG.

From: 28/3/14 To: 30/3/14. No. of Days: 3 Place: Hyderabad

Please fill only **"Amount Claimed"** by you in the boxes provided below

	Amount Claimed (Rs.)	For Office Use Only Amount Santioned (Rs.)
1. Registration Fees : (Original receipt to be attached)	Rs 10,000	Rs. 3,000/-
2. Travel Allowances: (Proof of Travel to be attached) Rs. 1765 × 2 ways	15,681	Rs. 3,530/-
Mode of Travel/Class: Air		
3. Daily Allowances/Accomodation: Rs. 750 × 3 days.		
Amount per Day 3358/2 / No. of Days 3 — Total:	Rs 5901	Rs. 2,250/-
4. Others:		
Grand Total:	31,582	Rs. 8,780/-

Enclosures:
1. Original Registration Fee Receipt
2. Travel Proof
3. Original Accommodation Bills
4. Photo copy of the Attendance Certificate Attested by HOD
5. Brief Report of the Conference

Signature of the Staff

Signature of the HOD

Checked by: Lovely
Incharge-EST. Section-FMMC

Recorded by:
Incharge-FMRC-FMMC

Approved/Sanctioned By:
DIRECTOR-FMCI

DEAN-FMMC

OFFICE COPY FOR THE FILE

Name of the Staff :
Department :
Designation:

Purpose:
Dates:
Amount Sanctioned:

Ac no. 023921800019488

FATHER MULLER MEDICAL COLLEGE, MANGALORE

(A Unit of Father Muller Charitable Institutions)

Form for claiming Reimbursement for the Full Time Teaching Staff

Name: Dr. BEENA ANTONY

Designation: PROFESSOR Department: MICROBIOLOGY

Sanction Order (Office Order) Number: FMMC/EST/CON/097/2014 dt. 27/8/14

Type : (Please Tick)

Conference	Workshop	Seminar	CME	Others:		
International	National	Regional	State Level	District	Local	Others:

Purpose : PAPER / POSTER PRESENTATION / GUEST SPEAKER / CHAIR PERSON

Title of the Paper / Poster Talk / Session : Diagnostic Protocol for Isolation & Identification of Anaerobes (Anaerobic Symposium

Organisors : Ind. Assoc. of Med. Microbiologists - SMS. Med. Coll. Jaipur.

From: 16/10/14 To: 20/10/14 No. of Days: 5 Place: Jaipur

Please fill only **"Amount Claimed"** by you in the boxes provided below

	Amount Claimed (Rs.)	For Office Use Only Amount Santioned (Rs.)
1. Registration Fees : (Original receipt to be attached)	6500/-	Rs. 6,500.00
2. Travel Allowances: (Proof of Travel to be attached) Mode of Travel/Class: Flight Economy	22911/-	Rs. 22,911.00
3. Daily Allowances Accomodation: Free		
Amount per Day: As Applicable × No. of Days: 5 **Total:**	29411	
4. Others: Food during Travel day Taxi fair to & fro Airport	1926/-	Rs. 1,926.00
Grand Total:	31,337	Rs. 31,337.00

Enclosures:
1. Original Registration Fee Receipt
2. Travel Proof
3. Original Accommodation Bills & Food arranged by them
4. Photo copy of the Attendance Certificate Attested by HOD
5. Brief Report of the Conference

Signature of the HOD

Signature of the Staff

Checked by: Incharge-EST. Section-FMMC

Recorded by: Incharge-FMRC-FMMC

Approved/Sanctioned By:

DEAN-FMMC

DIRECTOR-FMCI

OFFICE COPY FOR THE FILE

Name of the Staff :
Department :
Designation:

Purpose:
Dates:
Amount Sanctioned:

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FATHER MULLER MEDICAL COLLEGE, MANGALORE

(A Unit of Father Muller Charitable Institutions)

Form for claiming Reimbursement for the Full Time Teaching Staff

Name: DR. KISHAN. B. SHETTY.

Designation: PROFESSOR. Department: PEDIATRIC SURGERY.

Sanction Order (Office Order) Number: FMMC/EST/CON/107/2014.

Type : (Please Tick)

✓ Conference	Workshop	Seminar	CME	Others:		
International	National ✓	Regional	State Level	District	Local	Others:

Purpose : PAPER / POSTER PRESENTATION / GUEST SPEAKER / CHAIR PERSON

Title of the Paper / Poster Talk / Session : BILATERAL POSTERIOR URETHRAL DIVERTICULUM IN A PATIENT WITH ARM.

Organisors : INDIAN ASSOCIATION OF PEDIATRIC SURGEONS

From: 9/10/2014 To: 12/10/2014 No. of Days: 4 Place: OOTY.

Please fill only **"Amount Claimed"** by you in the boxes provided below

	Amount Claimed (Rs.)	For Office Use Only Amount Santioned (Rs.)
1. Registration Fees : (Original receipt to be attached)	6750	Rs. 6,750.00
Bus Fare.		
2. Travel Allowances: (Proof of Travel to be attached) Mode of Travel/Class: CAR.	2500.	Rs. 2,500.00
3. Daily Allowances/Accomodation: Amount per Day 1500 × No. of Days 4. = Total:	6000	Rs. 6,000.00
4. Others:		
Grand Total:	15250.	Rs. 15,250.00

Enclosures:
1. ✓ Original Registration Fee Receipt
2. Travel Proof
3. ✓ Original Accommodation Bills
4. ✓ Photo copy of the Attendance Certificate Attested by HOD
5. Brief Report of the Conference

Signature of the Staff

Signature of the HOD

Checked by: Lovely
Incharge-EST. Section-FMMC

Recorded by:
Incharge-FMRC-FMMC

Approved/Sanctioned By:
DEAN-FMMC

DIRECTOR-FMCI

OFFICE COPY FOR THE FILE

Name of the Staff :
Department :
Designation:

Purpose:
Dates:
Amount Sanctioned:

FATHER MULLER MEDICAL COLLEGE, MANGALORE

(A Unit of Father Muller Charitable Institutions)

Form for claiming Reimbursement for the Full Time Teaching Staff

Name: Dr. Pavan. Hosdo

Designation: PROFESSOR Department: PEDIATRICS.

Santion Order (Office Order) Number: FMMC/EST/CON/143/2014 dated 21.10.2014

Type : (Please Tick)

Conference ✓	Workshop	Seminar	CME	Others:		
International	National	Regional	State Level ✓	District	Local ✓	Others:

Purpose : PAPER / POSTER PRESENTATION / GUEST SPEAKER / CHAIR PERSON ✓

Title of the Paper / Poster Talk / Session : EBOLA - A THREAT ? ✓ (TALK)

Organisors : KARNATAKA STATE IAP CHAPTER.

From: 1/11/14 To: 2/11/14 No. of Days: 2 Place: Mysuru.

Please fill only **"Amount Claimed"** by you in the boxes provided below

	Amount Claimed (Rs.)	For Office Use Only Amount Santioned (Rs.)
1. Registration Fees : (Original receipt to be attached) Bus Fare.	3500/-	3,500.00
2. Travel Allowances: (Proof of Travel to be attached) Mode of Travel/Class: CAR	1000/-	1,000.00
3. Daily Allowances/Accomodation: Amount per Day 2000/- × No. of Days 2 = Total:	4000/-	4,000.00
4. Others:		
Grand Total:	8,500/-	Rs. 8,500.00

Enclosures:
1. ✓ Original Registration Fee Receipt
2. ✗ Travel Proof
3. ✓ Original Accommodation Bills
4. ✓ Photo copy of the Attendance Certificate Attested by HOD
5. ✓ Brief Report of the Conference

Signature of the HOD **Signature of the Staff**

Checked by: Lovely
Incharge-EST. Section-FMMC

Recorded by:
Incharge-FMRC-FMMC

Approved/Sanctioned By:

DEAN-FMMC **DIRECTOR-FMCI**

OFFICE COPY FOR THE FILE

Name of the Staff :
Department :
Designation:

Purpose:
Dates:
Amount Sanctioned:

FATHER MULLER MEDICAL COLLEGE, MANGALORE
(A Unit of Father Muller Charitable Institutions)

Form for claiming Reimbursement for the Full Time Teaching Staff

Name: DR. SOWMYA V.

Designation: Senior Resident Department: Ophthalmology

Sanction Order (Office Order) Number: FMMC/EST/CON/131/2014

Type : (Please Tick)

Conference	Workshop	Seminar	CME	Others:		
International	National	Regional	State Level	District	Local	Others:

Purpose : PAPER / POSTER PRESENTATION / GUEST SPEAKER / CHAIR PERSON

Title of the Paper / Poster Talk / Session :
1) Pedokeratobezoar - Keratin Ball in the Eye
2) Solitary neural lesion of the superior orbit - a case report
3) ATSS2 secondary to Anesthetics - A rare complication

Organisors : Karnataka Ophthalmic Society

From: 7/11/14 To: 9/11/14 No. of Days: 3 Place: Mysore

Please fill only **"Amount Claimed"** by you in the boxes provided below

	Amount Claimed (Rs.)	For Office Use Only Amount Sanctioned (Rs.)
1. Registration Fees : (Original receipt to be attached)	2250/-	Rs 2,250.00
2. Travel Allowances: (Proof of Travel to be attached)	-	-
Mode of Travel/Class:		
3. Daily Allowances/Accomodation:		
Amount per Day / No. of Days: 3 — Total:	-	-
4. Others:	-	-
Grand Total:	-	Rs. 2,250.00

Enclosures:
1. Original Registration Fee Receipt (Net copy)
2. Travel Proof
3. Original Accommodation Bills
4. Photo copy of the Attendance Certificate Attested by HOD
5. Brief Report of the Conference

Signature of the Staff

Signature of the HOD

Checked by:
Incharge-EST. Section-FMMC

Recorded by:
Incharge-FMRC-FMMC

Approved/Sanctioned By:

DEAN-FMMC DIRECTOR-FMCI

OFFICE COPY FOR THE FILE

Name of the Staff :
Department :
Designation:

Purpose:
Dates:
Amount Sanctioned:

0100201023848

FATHER MULLER MEDICAL COLLEGE, MANGALORE

(A Unit of Father Muller Charitable Institutions)

Form for claiming Reimbursement for the Full Time Teaching Staff

Name: DR. NARAYANA V.

Designation: Professor & HOD Department: Community Medicine

Sanction Order (Office Order) Number:

Type : (Please Tick)

Conference	Workshop	Seminar	CME ✓	Others:		
International	National	Regional	State Level	District	Local	Others:

Purpose : PAPER / POSTER PRESENTATION / GUEST SPEAKER / CHAIR PERSON

Title of the Paper / Poster Talk / Session : "P2P : Protocol to Publishing in Medical Sciences"

Organisors : The dept. of Pharmacology, KMC, Mangalore in collaboration with clinical Epidemiology unit, Manipal University.

From: 4/9/15 To: 5/9/15 No. of Days: 2 Place: KMC, Mangalore.

Please fill only **"Amount Claimed"** by you in the boxes provided below

	Amount Claimed (Rs.)	For Office Use Only Amount Santioned (Rs.)
1. Registration Fees : (Original receipt to be attached)	₹ 1,000/=	Rs. 1,000.00
2. Travel Allowances: (Proof of Travel to be attached)	—	
Mode of Travel/Class: —		
3. Daily Allowances/Accomodation:		
Amount per Day — / No. of Days —	Total: —	--
4. Others: —	—	
Grand Total:	₹ 1,000/=	Rs. 1,000/-

Enclosures:
1. Original Registration Fee Receipt ✓
2. Travel Proof
3. Original Accommodation Bills
4. Photo copy of the Attendance Certificate Attested by HOD ✓
5. Brief Report of the Conference

Signature of the HOD N — M.V.

N — M.V.
Signature of the Staff

Checked by: Lovely
Incharge-EST. Section-FMMC

Recorded by:
Incharge-FMRC-FMMC

Approved/Sanctioned By:

DEAN-FMMC

DIRECTOR-FMCI

OFFICE COPY FOR THE FILE

Name of the Staff :
Department :
Designation:

Purpose:
Dates:
Amount Sanctioned:

FATHER MULLER MEDICAL COLLEGE, MANGALORE
(A Unit of Father Muller Charitable Institutions)

Form for claiming Reimbursement for the Full Time Teaching Staff

Name: Dr. SOWMYA BHAT

Designation: Assistant Professor Department: Community Medicine

Santion Order (Office Order) Number:

Type : (Please Tick)

Conference	Workshop	Seminar	CME	Others:		
International	National	Regional	State Level	District	Local	Others:

Purpose : PAPER / POSTER PRESENTATION / GUEST SPEAKER / CHAIR PERSON

Title of the Paper / Poster Talk / Session : A follow up study on newly detected sputum positive pulmonary TB cases on Anti-tubercular treatment.

Organisors : Yenapoya Medical College

From: 30/10/2015 To: 31/10/2015 No. of Days: 2 Place: Mangalore

Please fill only **"Amount Claimed"** by you in the boxes provided below

	Amount Claimed (Rs.)	For Office Use Only Amount Santioned (Rs.)
1. Registration Fees : (Original receipt to be attached)	2400/-	2,400.00
2. Travel Allowances: (Proof of Travel to be attached)	-	-
Mode of Travel/Class:		
3. Daily Allowances/Accomodation:		
Amount per Day / No. of Days		
Total:	-	-
4. Others:	-	-
Grand Total:	2400/-	2,400.00

Enclosures:
1. Original Registration Fee Receipt
2. Travel Proof
3. Original Accommodation Bills
4. Photo copy of the Attendance Certificate Attested by HOD
5. Brief Report of the Conference

Signature of the HOD **Signature of the Staff** Sowmya Bhat

Checked by:	**Recorded by:**
Lovely	
Incharge-EST. Section-FMMC	**Incharge-FMRC-FMMC**

Approved/Sanctioned By:

DEAN-FMMC **DIRECTOR-FMCI**

OFFICE COPY FOR THE FILE

Name of the Staff : Purpose:
Department : Dates:
Designation: Amount Sanctioned:

A/c No. 0100

FATHER MULLER MEDICAL COLLEGE, MANGALORE

(A Unit of Father Muller Charitable Institutions)

Form for claiming Reimbursement for the Full Time Teaching Staff

Name: DR. SUDHIR PRABHU H

Department: COMMUNITY MEDICINE

Designation: ASST. PROFESSOR

Santion Order (Office Order) Number: FMMC/EST/CON/165/2015

Type : (Please Tick)

Conference	Workshop	Seminar	CME	Others:		
International	National	Regional	State Level	District	Local	Others:

Purpose : PAPER / POSTER PRESENTATION / GUEST SPEAKER / CHAIR PERSON

Title of the Paper / Poster Talk / Session : A STUDY ON THE PREVALENCE OF RISK FACTORS FOR NCD IN URBAN FIELD PRACTICE AREA OF FMMC, M'LORE

Organisors : DEPT. OF COM. MED., YENEPOYA MEDICAL COLLEGE, M'LORE

From: 30/10/15 To: 31/10/15 No. of Days: 2 Place: MANGALORE

Please fill only **"Amount Claimed"** by you in the boxes provided below

	Amount Claimed (Rs.)	For Office Use Only Amount Santioned (Rs.)
1. Registration Fees : (Original receipt to be attached)	₹ 2400/-	Rs. 2,400.00
2. Travel Allowances: (Proof of Travel to be attached)	NIL	-
Mode of Travel/Class: —		
3. Daily Allowances/Accomodation:		
Amount per Day — / No. of Days — Total:	NIL	-
4. Others:	NIL	-
Grand Total:	₹ 2400	Rs. 2,400.00

Enclosures:

1. Original Registration Fee Receipt
2. Travel Proof
3. Original Accommodation Bills
4. Photo copy of the Attendance Certificate Attested by HOD
5. Brief Report of the Conference

Signature of the HOD

Checked by: Incharge-EST. Section-FMMC

Signature of the Staff

Recorded by: Incharge-FMRC-FMMC

Approved/Sanctioned By:

DEAN-FMMC

DIRECTOR-FMCI

OFFICE COPY FOR THE FILE

Name of the Staff :

Department :

Designation:

Purpose:

Dates:

FATHER MULLER MEDICAL COLLEGE, MANGALORE

(A Unit of Father Muller Charitable Institutions)

Form for claiming Reimbursement for the Full Time Teaching Staff

Name: Dr SAURABH KUMAR

Designation: ASSISTANT PROFESSOR Department: COMMUNITY MEDICINE

Santion Order (Office Order) Number: FMMC/EST/CON/023/2016 dtd 22/01/2016

Type : (Please Tick)

Conference	Workshop	Seminar	CME	Others:		
International	National	Regional	State Level	District	Local	Others:

Purpose : PAPER / POSTER PRESENTATION / GUEST SPEAKER / CHAIR PERSON

Title of the Paper / Poster Talk / Session : Assessment of undue Immunization coverage among population of slum areas in Mangalore Taluk

Organisors : IPHA . Uttarakhand State Branch

From: 04/03/16 To: 06/03/16 No. of Days: 3 Place: Dehradun

Please fill only **"Amount Claimed"** by you in the boxes provided below

	Amount Claimed (Rs.)	For Office Use Only Amount Santioned (Rs.)
1. Registration Fees*: (Original receipt to be attached)	4689	4,689.00
2. Travel Allowances: (Proof of Travel to be attached)	5842	5,842.00
Mode of Travel/Class:		
3. Daily Allowances/Accomodation:		
Amount per Day: 1520.00 / No. of Days: 3 / Total:	4560	4,560.00
4. Others:		
Grand Total:		15,031.00

Enclosures:
1. Original Registration Fee Receipt
2. Travel Proof
3. Original Accommodation Bills

} Net copy

4. Photo copy of the Attendance Certificate Attested by HOD
5. Brief Report of the Conference

Signature of the Staff

Signature of the HOD

Checked by: Lovely

Incharge-EST. Section-FMMC

Recorded by:

Incharge-FMRC-FMMC

Approved/Sanctioned By:

DEAN-FMMC

DIRECTOR-FMCI

OFFICE COPY FOR THE FILE

Name of the Staff :
Department :
Designation:

Purpose:
Dates:
Amount Sanctioned:

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FATHER MULLER MEDICAL COLLEGE, MANGALORE
(A Unit of Father Muller Charitable Institutions)

Form for claiming Reimbursement for the Full Time Teaching Staff

Name: DR PREETHI RAI

Designation: ASSISTANT PROFESSOR Department: PATHOLOGY

Santion Order (Office Order) Number:

Type : (Please Tick)

~~Conference~~	Workshop	Seminar	~~CME~~	Others:		
International	National	Regional	State Level	District	Local	Others:

Purpose : PAPER / POSTER PRESENTATION / GUEST SPEAKER / CHAIR PERSON

Title of the Paper / Poster Talk / Session : DIAGNOSTIC CHALLENGES IN INTRA-OPERATIVE SCRAPE CYTOLOGY OF OVARIAN CLEAR CELL ADENOFIBROMA

Organisors : KCIAPM

From: 11/9/15 To: 13/9/15 No. of Days: 3 Place: MANGALORE

Please fill only **"Amount Claimed"** by you in the boxes provided below

	Amount Claimed (Rs.)	For Office Use Only Amount Santioned (Rs.)
1. Registration Fees : (Original receipt to be attached)	4000	Rs. 4,000/-
2. Travel Allowances: (Proof of Travel to be attached) Mode of Travel/Class: —	—	—
3. Daily Allowances/Accomodation: Amount per Day — No. of Days — Total:	—	—
4. Others:	—	—
Grand Total:	4000	Rs. 4,000/-

Enclosures:
1. Original Registration Fee Receipt
2. Travel Proof
3. Original Accommodation Bills
4. Photo copy of the Attendance Certificate Attested by HOD
5. Brief Report of the Conference

Signature of the HOD PROFESSOR & H. O. D. Department of Pathology FR. MULLER'S MEDICAL COLLEGE KANKANADY, MANGALORE-2

Signature of the Staff

Checked by:
Incharge-EST. Section-FMMC

Recorded by:
Incharge-FMRC-FMMC

Approved/Sanctioned By:

DEAN-FMMC

DIRECTOR-FMCI

OFFICE COPY FOR THE FILE

Name of the Staff :
Department :
Designation:

Purpose:
Dates:
Amount Sanctioned:

FATHER MULLER MEDICAL COLLEGE, MANGALORE

(A Unit of Father Muller Charitable Institutions)

Form for claiming Reimbursement for the Full Time Teaching Staff

Name: DR ASHIMA D AMIN

Designation: ASSISTANT PROFESSOR Department: PATHOLOGY

Sanction Order (Office Order) Number:

Type : (Please Tick)

Conference	Workshop	Seminar	CME	Others:		
International	National	Regional	State Level	District	Local	Others:

Purpose : PAPER / POSTER PRESENTATION / GUEST SPEAKER / CHAIR PERSON

Title of the Paper / Poster Talk / Session : ANGIOLYMPHOID HYPERPLASIA WITH EOSINOPHILIA IN A PERIPHERAL MEDIUM SIZED MUSCULAR ARTERY

Organisors :

From: 11/9/15 To: 13/9/15 No. of Days: 3days Place: M'lore

Please fill only **"Amount Claimed"** by you in the boxes provided below

	Amount Claimed (Rs.)	For Office Use Only Amount Santioned (Rs.)
1. Registration Fees : (Original receipt to be attached)	4000/-	Rs 4,000/-
2. Travel Allowances: (Proof of Travel to be attached)		-
Mode of Travel/Class:	-	
3. Daily Allowances/Accomodation:		
Amount per Day / No. of Days	- / -	-
Total:	40001-	-
4. Others:	-	
Grand Total:		Rs. 4,000/-

Enclosures:

1. Original Registration Fee Receipt
2. Travel Proof
3. Original Accommodation Bills
4. Photo copy of the Attendance Certificate Attested by HOD
5. Brief Report of the Conference

PROFESSOR & H.O.D
Department of Pathology
FATHER MULLER'S MEDICAL COLLEGE
KANKANADY, MANGALORE-2

Signature of the HOD **Signature of the Staff**

Checked by: **Recorded by:**

Incharge-EST. Section-FMMC **Incharge-FMRC-FMMC**

Approved/Sanctioned By:

DEAN-FMMC **DIRECTOR-FMCI**

OFFICE COPY FOR THE FILE

Name of the Staff :
Department :
Designation:

Purpose:
Dates:
Amount Sanctioned:

FATHER MULLER MEDICAL COLLEGE, MANGALORE
(A Unit of Father Muller Charitable Institutions)

Form for claiming Reimbursement for the Full Time Teaching Staff

Name: Dr. Umashankar. T

Designation: Professor Department: Pathology

Sanction Order (Office Order) Number: FMMC/EST/CON/148/2015 Dt 9-9-15

Type : (Please Tick)

Conference	Workshop	Seminar	CME	Others:		
International	National	Regional	State Level	District	Local	Others:

Purpose : PAPER / POSTER PRESENTATION / GUEST SPEAKER / CHAIR PERSON

Title of the Paper / Poster Talk / Session : Cutaneous ciliated cyst - Report of a rare case

Organisors : SKKC - IAPM & AJIMS, Mangalore

From: 12-9-15 To: 13-9-15 No. of Days: 2 Place: Mangalore

Please fill only **"Amount Claimed"** by you in the boxes provided below

	Amount Claimed (Rs.)	**For Office Use Only** Amount Santioned (Rs.)
1. Registration Fees : (Original receipt to be attached)	4000/-	Rs. 4,000/-
2. Travel Allowances: (Proof of Travel to be attached) Mode of Travel/Class:	-	-
3. Daily Allowances/Accomodation: Amount per Day - / No. of Days - / **Total:**	-	-
4. Others: -	-	-
Grand Total:	4000/-	Rs. 4,000/-

Enclosures:
1. Original Registration Fee Receipt
2. Travel Proof
3. Original Accommodation Bills
4. Photo copy of the Attendance Certificate Attested by HOD
5. Brief Report of the Conference

Signature of the HOD **Signature of the Staff**

Checked by: Lovely
Incharge-EST. Section-FMMC

Recorded by:
Incharge-FMRC-FMMC

Approved/Sanctioned By:

DEAN-FMMC **DIRECTOR-FMCI**

OFFICE COPY FOR THE FILE

Name of the Staff :
Department :
Designation:

Purpose:
Dates:
Amount Sanctioned:

FATHER MULLER MEDICAL COLLEGE, MANGALORE

(A Unit of Father Muller Charitable Institutions)

Form for claiming Reimbursement for the Full Time Teaching Staff

Name: DR. JAYAPRAKASH. P.S

Designation: Professor

Department: Pathology

Santion Order (Office Order) Number: FMMC/EST/CON/147/2015

Type : (Please Tick)

Conference	Workshop	Seminar	CME	Others:		
International	National	Regional	State Level	District	Local	Others:

Purpose : PAPER / POSTER PRESENTATION / GUEST SPEAKER / CHAIR PERSON

Title of the Paper / Poster Talk / Session : 1. POLYPARASITISM, Malaria-Filaria coinfection diagnosed by Peripheral smear & QBC. 2. Chairperson - diagnostic challenges in Primary brain tumors.

Organisors : Sk. Chapter of KCIAPM, Mangalore - D.K

From: 11-9-15 To: 13-9-15 No. of Days: 3 Place: Mangalore

Please fill only **"Amount Claimed"** by you in the boxes provided below

	Amount Claimed (Rs.)	For Office Use Only Amount Santioned (Rs.)
1. Registration Fees : (Original receipt to be attached)	4000=00	4,000/-
2. Travel Allowances: (Proof of Travel to be attached) Mode of Travel/Class:	-	-
3. Daily Allowances/Accomodation: Amount per Day / No. of Days — Total:	-	-
4. Others:	-	-
Grand Total:		Rs.4,000/-

Enclosures:

1. Original Registration Fee Receipt
2. Travel Proof
3. Original Accommodation Bills
4. Photo copy of the Attendance Certificate Attested by HOD
5. Brief Report of the Conference

Signature of the HOD 28/9

Signature of the Staff 28/9/15

Checked by:	**Recorded by:**
Lovely	
Incharge-EST. Section-FMMC	**Incharge-FMRC-FMMC**

Approved/Sanctioned By:

DEAN-FMMC

DIRECTOR-EMCI

OFFICE COPY FOR THE FILE

Name of the Staff :
Department :
Designation:

Purpose:
Dates:
Amount Sanctioned:

FATHER MULLER MEDICAL COLLEGE, MANGALORE
(A Unit of Father Mulier Charitable Institutions)

Form for claiming Reimbursement for the Full Time Teaching Staff

Name: Dr Cruscie Sandhya

Designation: Assistant Professor Department: Pathology

Sanction Order (Office Order) Number: FMMC / EST / CON / 145 / 2015

Type : (Please Tick)

Conference	Workshop	Seminar	CME	Others:		
International	National	Regional	State Level	District	Local	Others:

Purpose : PAPER / POSTER PRESENTATION / GUEST SPEAKER / CHAIR PERSON

Title of the Paper / Poster Talk / Session : A Primary Ovarian Carcinoid Tumor - A Case Report.

Organisors : SK Chapter, Of Keiamp, Mangalore, DK

From: 11.9.15 To: 13.9.15 No. of Days: 3 Place: Mangalore

Please fill only **"Amount Claimed"** by you in the boxes provided below

	Amount Claimed (Rs.)	For Office Use Only Amount Santioned (Rs.)
1. Registration Fees : (Original receipt to be attached)	4000 - 00	4.000/-
2. Travel Allowances: (Proof of Travel to be attached) Mode of Travel/Class:		
3. Daily Allowances/Accomodation: Amount per Day / No. of Days / Total:		
4. Others:		
Grand Total:		4.000/-

Enclosures:
1. Original Registration Fee Receipt
2. Travel Proof
3. Original Accommodation Bills
4. Photo copy of the Attendance Certificate Attested by HOD
5. Brief Report of the Conference

Signature of the HOD

Paldanha 30/9/15
Signature of the Staff

Checked by: Lovely **Incharge-EST. Section-FMMC**	**Recorded by:** **Incharge-FMRC-FMMC**

Approved/Sanctioned By:

DEAN-FMMC **DIRECTOR-FMCI**

OFFICE COPY FOR THE FILE

Name of the Staff :
Department :
Designation:

Purpose:
Dates:
Amount Sanctioned:

FATHER MULLER MEDICAL COLLEGE, MANGALORE

(A Unit of Father Muller Charitable Institutions)

Form for claiming Reimbursement for the Full Time Teaching Staff

Name: DR JAIDEV MANGALORE DEVDAS

Designation: ASSIST. PROFESSOR Department: PAEDIATRICS.

Sanction Order (Office Order) Number: FMMC/EST/CON/095/2016 dt. 7.7.2016

Type : (Please Tick)

Conference	Workshop	Seminar	CME	Others:		
International	National	Regional	State Level	District	Local	Others:

Purpose : PAPER / POSTER PRESENTATION / GUEST SPEAKER / CHAIR PERSON

Title of the Paper / Poster Talk / Session : POST VACCINE EMERGENCY

Organisors : 'KIMS HUBLI' | IAP INTENSIVE CARE CHAPTER

From: 9.7.2016 To: 10.7.2016 No. of Days: 2 Place: HUBLI

Please fill only **"Amount Claimed"** by you in the boxes provided below

	Amount Claimed (Rs.)	For Office Use Only Amount Sanctioned (Rs.)
1. Registration Fees : (Original receipt to be attached)	3000/-	3,000.00
2. Travel Allowances: (Proof of Travel to be attached) Mode of Travel/Class: BUS	1200/-	1,166.00
3. Daily Allowances/Accomodation: → NIL (As provided by organisers for FACULTY.) Amount per Day / No. of Days / Total:	-	-
4. Others:	-	-
Grand Total:	4,200/-	4,166.00

Enclosures:
1. Original Registration Fee Receipt
2. Travel Proof
3. Original Accommodation Bills
4. Photo copy of the Attendance Certificate Attested by HOD
5. Brief Report of the Conference

Signature of the HOD

Signature of the Staff

Checked by:	Recorded by:
Incharge-EST Section-FMMC	Incharge-FMRC-FMMC

Approved/Sanctioned By:

DEAN-FMMC DIRECTOR-FMCI

OFFICE COPY FOR THE FILE

Name of the Staff :
Department :
Designation:

Purpose:
Dates:
Amount Sanctioned:

A/c No 02392180039334

FATHER MULLER MEDICAL COLLEGE, MANGALORE
(A Unit of Father Muller Charitable Institutions)

Form for claiming Reimbursement for the Full Time Teaching Staff

Name: DR SANJAY JOSEPH FERNANDES

Designation: ASSISTANT PROFESSOR Department: ANATOMY

Santion Order (Office Order) Number:

Type : (Please Tick)

✓ Conference	Workshop	Seminar	CME	Others:		
International	✓ National	Regional	State Level	District	Local	Others:

Purpose : PAPER / ✓ POSTER PRESENTATION / GUEST SPEAKER / CHAIR PERSON

Title of the Paper / Poster Talk / Session : 'A CADAVERIC STUDY OF BILATERAL VARIATION IN THE ORIGIN OF OBTURATOR ARTERY'

Organisors : DEPARTMENT OF ANATOMY, AIIMS, JODHPUR.

From: 28.11.2016 To: 01.12.2016 No. of Days: 04 Place: JODHPUR

Please fill only **"Amount Claimed"** by you in the boxes provided below

	Amount Claimed (Rs.)	For Office Use Only Amount Santioned (Rs.)
1. Registration Fees : (Original receipt to be attached)	Rs 3000/-	3,000.00
2. Travel Allowances: (Proof of Travel to be attached) Mode of Travel/Class: SECOND AC	Rs. 5942/-	5,942.00
3. Daily Allowances/Accomodation: Rs. 1500 x 3 days Amount per Day: 2,000/- No. of Days: 03 Total:	Rs. 6000/-	4,500.00
4. Others: DIGITAL PRINT POSTER [5126 - 4'x3']	Rs 1300/-	-
Grand Total:	Rs. 16242/-	13,442.00

Enclosures:
1. ✓ Original Registration Fee Receipt
2. ✓ Travel Proof
3. ✓ Original Accommodation Bills
4. ✓ Photo copy of the Attendance Certificate Attested by HOD
5. ✓ Brief Report of the Conference

Signature of the HOD — **Signature of the Staff**

Checked by:	**Recorded by:**
Lovely	
Incharge-EST. Section-FMMC	**Incharge-FMRC-FMMC**

Approved/Sanctioned By:

DEAN-FMMC — **DIRECTOR-FMCI**

OFFICE COPY FOR THE FILE

Name of the Staff :
Department :
Designation:

Purpose:
Dates:
Amount Sanctioned:

Patho/542/16

FATHER MULLER MEDICAL COLLEGE, MANGALORE

(A Unit of Father Muller Charitable Institutions)

Form for claiming Reimbursement for the Full Time Teaching Staff

Name: Dr Hilda Fernandes

Designation: Prof & Head

Department: Pathology

Sanction Order (Office Order) Number: FMMC/EST/CON/109/2016.

Type : (Please Tick)

Conference ✓	Workshop	Seminar	CME		Others:		
International	National ✓	Regional	State Level		District	Local	Others:

Purpose : PAPER / POSTER PRESENTATION / GUEST SPEAKER / CHAIR PERSON ✓

Title of the Paper / Poster Talk / Session : CYTOLOGY OF LUNG LESIONS

Organisors : SDM - DHARWAD

From: 26.8.16 To: 28.8.16 No. of Days: 3 Place: Dharwad

Please fill only **"Amount Claimed"** by you in the boxes provided below

	Amount Claimed (Rs.)	For Office Use Only Amount Santioned (Rs.)
1. Registration Fees : (Original receipt to be attached)	4000/-	4,000.00
2. Travel Allowances: (Proof of Travel to be attached) Rs. 750 x 2 way	2150/-	1,500.00
Mode of Travel/Class: CAR		
3. Daily Allowances/Accomodation: Rs. 2000 x 3 days		
Amount per Day: 3400/- No. of Days: 3 **Total:**	10,200/-	6,000.00
4. Others:		
Grand Total:	16,350/-	11,500.00

Enclosures:
1. Original Registration Fee Receipt
2. Travel Proof
3. Original Accommodation Bills
4. Photo copy of the Attendance Certificate Attested by HOD
5. Brief Report of the Conference

Signature of the Staff

Signature of the HOD

Checked by:

Incharge-EST. Section-FMMC

Recorded by:

Incharge-FMRC-FMMC

Approved/Sanctioned By:

DEAN-FMMC

DIRECTOR-FMCI

OFFICE COPY FOR THE FILE

Name of the Staff :

Department :

Purpose:

Dates:

Amount Sanctioned:

FATHER MULLER MEDICAL COLLEGE, MANGALORE

(A Unit of Father Muller Charitable Institutions)

Form for claiming Reimbursement for the Full Time Teaching Staff

Name: Dr. Norman Mendonca

Designation: Prof & HOD Department: Ophthalmology

Sanction Order (Office Order) Number: FMMC/EST/CON/150/2016

Type : (Please Tick)

Conference	Workshop	Seminar	CME	Others:		
International	National	Regional	State Level	District	Local	Others:

Purpose : PAPER / POSTER PRESENTATION / GUEST SPEAKER / CHAIR PERSON

Title of the Paper / Poster Talk / Session : Oops! Blood low, Blood Urea, Blood emyphrea

Organisors : ICOS

From: 18 Nov To: 20.Nov16 No. of Days: 3 Place: Kundapura

Please fill only **"Amount Claimed"** by you in the boxes provided below

	Amount Claimed (Rs.)	For Office Use Only Amount Santioned (Rs.)
1. Registration Fees : (Original receipt to be attached)	3000	3,000/-
91 K.m x 5 x 3		
2. Travel Allowances: (Proof of Travel to be attached)	-	2,730/-
Mode of Travel/Class: Car		
3. Daily Allowances/Accomodation:		
Amount per Day / No. of Days / **Total:**	-	-
4. Others:	-	-
Grand Total:	-	5,730/-

Enclosures:

1. Original Registration Fee Receipt
2. Travel Proof
3. Original Accommodation Bills
4. Photo copy of the Attendance Certificate Attested by HOD
5. Brief Report of the Conference

Signature of the HOD **Signature of the Staff**

Checked by: Incharge-EST. Section-FMMC	**Recorded by:** Incharge-FMRC-FMMC

Approved/Sanctioned By:

DEAN-FMMC DIRECTOR-FMCI

OFFICE COPY FOR THE FILE

Name of the Staff : Purpose:

Department : Dates:

On: Amount Sanctioned:

FATHER MULLER MEDICAL COLLEGE, MANGALORE

(A Unit of Father Muller Charitable Institutions)

Form for claiming Reimbursement for the Full Time Teaching Staff

Name: DR SUNAYANA BHAT

Designation: ASSISTANT PROFESSOR Department: OPHTHALMOLOGY

Santion Order (Office Order) Number:

Type : (Please Tick)

Conference	Workshop	Seminar	CME	Others:		
International	National	Regional	State Level	District	Local	Others:

Purpose : PAPER / POSTER PRESENTATION / GUEST SPEAKER / CHAIR PERSON

Title of the Paper / Poster Talk / Session : Comparison of mydriatic efficacy of tropicamide and phenylephrine spray application and drops in a paediatric population

Organisors : SPOSI / AAPOS

From: 2/12/16 To: 5/12/16 No. of Days: 4 Place: Jaipur

Please fill only **"Amount Claimed"** by you in the boxes provided below

	Amount Claimed (Rs.)	For Office Use Only Amount Santioned (Rs.)
1. Registration Fees : (Original receipt to be attached)	4,500/-	4,500.00
2. Travel Allowances: (Proof of Travel to be attached)		12,689.00
Mode of Travel/Class: AIR - ECONOMY		
3. Daily Allowances/Accomodation: Rs. 1,500 × 3 days		
Amount per Day: 5,500/- No. of Days: 02 Total:		4,500.00
4. Others:	-	-
Grand Total:		21,689.00

Enclosures:

1. Original Registration Fee Receipt ✓ (online invoice)
2. Travel Proof ✓
3. Original Accommodation Bills ✓
4. Photo copy of the Attendance Certificate Attested by HOD ✓
5. Brief Report of the Conference ✓

Signature of the HOD

Signature of the Staff

Checked by: Lovely

Incharge-EST. Section-FMMC

Recorded by:

Incharge-FMRC-FMMC

Approved/Sanctioned By:

DEAN-FMMC

DIRECTOR-FMCI

OFFICE COPY FOR THE FILE

Name of the Staff :

Department :

Designation:

Purpose:

Dates:

Amount Sanctioned:

FATHER MULLER MEDICAL COLLEGE, MANGALORE

(A Unit of Father Muller Charitable Institutions)

Form for claiming Reimbursement for the Full Time Teaching Staff

Name: Dr. Norman Menezes

Designation: Prof & HOD Department: Ophthalmology

Sanction Order (Office Order) Number: FMMC/EST/CON/028/2017

Type : (Please Tick)

✓ Conference	Workshop	Seminar	CME	Others:		
International	National	Regional	State Level	District	Local	Others:

Purpose : PAPER / POSTER PRESENTATION / GUEST SPEAKER / CHAIR PERSON

Title of the Paper / Poster Talk / Session : Surgical management of bacterial keratitis (Medical Academy Meeting)

Organisors : AIOS

From: 17.02.17 To: 19.02.17 No. of Days: 3 Place: Jaipur

Please fill only "Amount Claimed" by you in the boxes provided below

	Amount Claimed (Rs.)	For Office Use Only Amount Sanctioned (Rs.)
1. Registration Fees : (Original receipt to be attached)	6597.65	6,597.65
2. Travel Allowances: (Proof of Travel to be attached) Mode of Travel/Class: Air	29587.00	29,587.00
3. Daily Allowances/Accomodation: Rs. 2000 × 3 days. Amount per Day: — No. of Days: 3 Total:	13497.00	6,000.00
4. Others: —	—	—
Grand Total:	—	42,184.65

Enclosures:
1. ~~Original~~ Registration Fee Receipt – copy
2. ~~Travel~~ Proof – copy
3. ~~Original~~ Accommodation Bills – copy
4. Photo copy of the Attendance Certificate Attested by HOD
5. Brief Report of the Conference

Signature of the HOD

Signature of the Staff

Checked by: Incharge-EST. Section-FMMC

Recorded by: Incharge-FMRC-FMMC

Approved/Sanctioned By:

DEAN-FMMC

DIRECTOR-FMCI

OFFICE COPY FOR THE FILE

Name of the Staff :

Department :

On:

Purpose:

Dates:

Amount Sanctioned:

FATHER MULLER MEDICAL COLLEGE, MANGALORE

(A Unit of Father Muller Charitable Institutions)

Form for claiming Reimbursement for the Full Time Teaching Staff

Name: SRIPATHI KAMATH B

Designation: ASSISTANT PROFESSOR Department: Ophthalmology

Sanction Order (Office Order) Number:

Type : (Please Tick)

✓ Conference	Workshop	Seminar	CME	Others:		
International	National	Regional	State Level	District	Local	Others:

Purpose : PAPER / POSTER PRESENTATION / GUEST SPEAKER / CHAIR PERSON

Title of the Paper / Poster Talk / Session : Penetrating Eye Injury ē metal string

Organisors : AIOC 2017

From: 16-02-17 To: 19.2.17 No. of Days: 4 Place: Jaipur

Please fill only **"Amount Claimed"** by you in the boxes provided below

	Amount Claimed (Rs.)	For Office Use Only Amount Santioned (Rs.)
1. Registration Fees : (Original receipt to be attached)	14,200/-	10,000.00
2. Travel Allowances: (Proof of Travel to be attached) Mode of Travel/Class:	15,290/-	6,110.00
3. Daily Allowances/Accomodation: Rs. 1500 x 4 days.		
Amount per Day 4000/- × No. of Days 4 **Total:**	18320/-	6,000.00
4. Others: -	-	-
Grand Total:		22,110.00

Enclosures:

1. Original Registration Fee Receipt
2. Travel Proof
3. Original Accommodation Bills
4. Photo copy of the Attendance Certificate Attested by HOD
5. Brief Report of the Conference

Signature of the HOD

Skamath

Signature of the Staff

Checked by:

Incharge-EST. Section-FMMC

Recorded by:

Incharge-FMRC-FMMC

Approved/Sanctioned By:

DEAN-FMMC

DIRECTOR-FMCI

OFFICE COPY FOR THE FILE

Name of the Staff :

Department :

Designation:

Purpose:

Dates:

Amount Sanctioned:

No. 0239221000976 3

FATHER MULLER MEDICAL COLLEGE, MANGALORE

(A Unit of Father Muller Charitable Institutions)

Form for claiming Reimbursement for the Full Time Teaching Staff

Name: Dr RAMLINGAREDDY

Designation: ASSISTANT PROFESSOR

Department: BIOCHEMISTRY

Sanction Order (Office Order) Number: FMMC/EST/CON/129/2016

Type : (Please Tick)

Conference	Workshop	Seminar	CME	Others:		
International	National	Regional	State Level	District	Local	Others:

Purpose : AWARD PAPER / POSTER PRESENTATION / GUEST SPEAKER / CHAIR PERSON

Title of the Paper / Poster Talk / Session : A COMPARATIVE STUDY OF COPPER, CERULOPLASMIN AND TOTAL ANTIOXIDANT CAPACITY IN DIABETIC NEPHROPATHY

Organisors : JNMC-AMBKCCON-2016, KLE BELGAUM, Dept of BIOCHEMISTRY

From: 22/09/16 To: 24/09/16 No. of Days: 03 Place: BELGAUM

Please fill only **"Amount Claimed"** by you in the boxes provided below

	Amount Claimed (Rs.)	For Office Use Only Amount Santioned (Rs.)
1. Registration Fees : (Original receipt to be attached)	2500/-	2,500.00
2. Travel Allowances: (Proof of Travel to be attached) Mode of Travel/Class: BUS + Train	617+910=1527 1527Rs	1,527.00
3. Daily Allowances/Accomodation: Amount per Day: 1882 × No. of Days: 3 Rs 1,500 × 3 days Total:	5646 Rs/-	4,500.00
4. Others: Cab	1000 Rs/-	-
Grand Total:	10,673 Rs/-	8,527.00

Enclosures:

1. Original Registration Fee Receipt
2. Travel Proof
3. Original Accommodation Bills
4. Photo copy of the Attendance Certificate Attested by HOD
5. Brief Report of the Conference

Signature of the Staff

Signature of the HOD

Checked by: Lovely

Incharge-EST. Section-FMMC

Recorded by:

Incharge-FMRC-FMMC

Approved/Sanctioned By:

DIRECTOR-FMCI

DEAN-FMMC

OFFICE COPY FOR THE FILE

Name of the Staff :

Department :

Designation:

Purpose:

Dates:

Amount Sanctioned:

No. 023921800 39334 FMMC/ [illegible]

FATHER MULLER MEDICAL COLLEGE, MANGALORE
(A Unit of Father Muller Charitable Institutions)

Form for claiming Reimbursement for the Full Time Teaching Staff

Name: DR. SANJAY JOSEPH FERNANDES

Designation: ASSISTANT PROFESSOR Department: ANATOMY

Santion Order (Office Order) Number:

Type : (Please Tick)

Conference ✓	Workshop	Seminar	CME	Others:
International	National ✓	Regional	State Level	District	Local	Others:

Purpose : ✓PAPER / POSTER PRESENTATION / GUEST SPEAKER / CHAIR PERSON

Title of the Paper / Poster Talk / Session : A CADAVERIC STUDY OF FIBULAR (PERONEAL) ARTERY CONTINUING AS DORSALIS PEDIS ARTERY ASSOCIATED WITH HYPOPLASTIC ANTERIOR TIBIAL ARTERY AND ITS DEVELOPMENTAL BASIS

Organisors : DEPARTMENT OF ANATOMY, PT JNM MEDICAL COLLEGE, RAIPUR, C.G., INDIA

From: 30-11-2017 To: 03-12-2017 No. of Days: 04 Place: RAIPUR, CHATTISGARH

Please fill only **"Amount Claimed"** by you in the boxes provided below

	Amount Claimed (Rs.)	For Office Use Only Amount Santioned (Rs.)
1. Registration Fees : (Original receipt to be attached)	3000/—	3,000.00
2. Travel Allowances: (Proof of Travel to be attached) Mode of Travel/Class: 2AC	8625/—	8,625.00
3. Daily Allowances/Accomodation: Amount per Day: 1500x3 + GST / 1812 x 1 DAYS; No. of Days: 04; Rs. 1500 x 4 days. Total:	6852/—	6,000.00
4. Others: ROOM SERVICE & LAUNDRY	694/—	—
Grand Total:	19,171/—	17,625.00

Enclosures:
1. Original Registration Fee Receipt
2. Travel Proof
3. Original Accommodation Bills
4. Photo copy of the Attendance Certificate Attested by HOD
5. Brief Report of the Conference

Signature of the Staff

Signature of the HOD 8/12/17

Checked by:

Incharge-EST. Section-FMMC

Recorded by:

Incharge-FMRC-FMMC

Approved/Sanctioned By:

DIRECTOR-FMCI

DEAN-FMMC

OFFICE COPY FOR THE FILE

Name of the Staff :
Department :
Designation:

Purpose:
Dates:
Amount Sanctioned:

FATHER MULLER MEDICAL COLLEGE, MANGALORE

(A Unit of Father Muller Charitable Institutions)

Form for claiming Reimbursement for the Full Time Teaching Staff

Name: JAIDEV M.D.

Designation: ASST. PROFESSOR Department: PAEDIATRICS

Santion Order (Office Order) Number: FMMC/EST/CON/069/2017 16.6.2017

Type : (Please Tick)

✓ Conference	Workshop	Seminar	CME	Others:		
International	National	Regional	State Level	District	Local	Others:

Purpose : PAPER / POSTER PRESENTATION / GUEST SPEAKER / CHAIR PERSON

Title of the Paper / Poster Talk / Session : UNDER 5 WHEEZER

Organisors : KAR-RESPICON 2017 - Annual Conference of STATE IAP RESPIRATORY CHAPTER

From: 24.6.2017 To: 25.6.2017 No. of Days: 2 Place: DAVANGERE

Please fill only **"Amount Claimed"** by you in the boxes provided below

	Amount Claimed (Rs.)	For Office Use Only Amount Santioned (Rs.)
1. Registration Fees : (Original receipt to be attached)	2000	2000
2. Travel Allowances: (Proof of Travel to be attached) Mode of Travel/Class: BUS	1850	1,698
3. Daily Allowances/Accomodation: Amount per Day / No. of Days / Total:		
4. Others:		
Grand Total:		3,698/-

Enclosures:
1. Original Registration Fee Receipt
2. Travel Proof
3. Original Accommodation Bills
4. Photo copy of the Attendance Certificate Attested by HOD
5. Brief Report of the Conference

Signature of the Staff

Signature of the HOD

Checked by: Incharge-EST Section-FMMC

Recorded by: Incharge-FMRC-FMMC

Approved/Sanctioned By: DEAN-FMMC / DIRECTOR-RMCI

OFFICE COPY FOR THE FILE

Name of the Staff :
Department :
Designation:

Purpose:
Dates:
Amount Sanctioned:

FATHER MULLER MEDICAL COLLEGE, MANGALORE
(A Unit of Father Muller Charitable Institutions)

Form for claiming Reimbursement for the Full Time Teaching Staff

Name: Dr. K. Shreedhara Avabrathe

Designation: Professor Department: Pediatrics

Sanction Order (Office Order) Number: FMMC/EST/CON/165/2017

Type: (Please Tick)

Conference (circled)	Workshop	Seminar	CME	Others:		
International	National	Regional	State Level (circled)	District	Local	Others

Purpose: PAPER / POSTER PRESENTATION / GUEST SPEAKER (circled) / CHAIR PERSON

Title of the Paper / Poster / Talk / Session: Issues in connective tissue disorder

Organisers: KMC Manipal & IAP Udupi Dist Branch

From: 2nd Dec To: 3rd Dec No. of Days: 2 Place: Koteshwara Kundapur

Please fill only "Amount Claimed" by you in the boxes provided below

	Amount Claimed (Rs.)	For Office Use Only Amount Sanctioned (Rs.)
1. Registration Fees: (Original receipt to be attached)	2,000/-	2,000/-
2. Travel Allowances: (Proof of Travel to be attached) Mode of Travel/Class: 96 km x 2 @ Rs 5/-	960/-	960/-
3. Daily Allowances/~~Accommodation~~: Amount per Day: ___ No. of Days: 2 Total:	—	—
4. Others:		
Gross Total	2,960/-	2,960.00

Enclosures:
1. ✓ Original Registration Fee Receipt
2. Travel Proof —
3. Original Accommodation Bills —
4. ✓ Photo copy of the Attendance Certificate Attested by HOD
5. ✓ Brief Report of the Conference

Signature of the HOD

Signature of the Staff 7/12/17

Checked by:

Incharge-EST, Father Muller-FMMC

Recorded by:

Approved/Sanctioned By:

Accounts Officer, FMMC

DEAN-FMMC

DIRECTOR-FMCI 13/12/17

OFFICE COPY FOR THE FILE

Name of the Staff:
Department:
Designation:
Purpose:
Order:
Amount Sanctioned:

FATHER MULLER MEDICAL COLLEGE, MANGALORE
(A Unit of Father Muller Charitable Institutions)

Form for claiming Reimbursement for the Full Time Teaching Staff

Name: DR. PAVAN HEGDE

Designation: Professor & HOD Department: Paediatrics

Sanction Order (Office Order) Number: FMMC/EST/CON/184/2017 18.12.2017

Type : (Please Tick)

Conference	Workshop	Seminar	CME	Others:		
International	National ✓	Regional	State Level	District	Local	Others:

Purpose : PAPER / POSTER PRESENTATION / GUEST SPEAKER ✓ / CHAIR PERSON

Title of the Paper / Poster Talk / Session : MANAGEMENT OF ANAPHYLAXIS

Organisors : IAP NATIONAL CONFERENCE 2018

From: 04.01.18 To: 07.01.18 No. of Days: 4 Place: Nagpur

Please fill only "**Amount Claimed**" by you in the boxes provided below

	Amount Claimed (Rs.)	For Office Use Only Amount Sanctioned (Rs.)
1. Registration Fees : (Original receipt to be attached)	PAID BY ORGANISORS	-
2. Travel Allowances: (Proof of Travel to be attached) Mode of Travel/Class: AIR	12849/-	12,849
3. Daily Allowances/Accomodation: Amount per Day / No. of Days / Total:	-	-
4. Others:	-	-
Grand Total:	12,849/-	12,849/-

Enclosures:
1. Original Registration Fee Receipt
2. Travel Proof
3. Original Accommodation Bills
4. Photo copy of the Attendance Certificate Attested by HOD
5. Brief Report of the Conference

Signature of the Staff

Signature of the HOD

Checked by: Lovely
Incharge-EST Section-FMMC

Recorded by:
Incharge-FMRC-FMMC

Approved/Sanctioned By:
DIRECTOR-FMCI

DEAN-FMMC

16.1.18

OFFICE COPY FOR THE FILE

Name of the Staff :
Department :
Designation:

Purpose:
Dates:
Amount Sanctioned:

FATHER MULLER MEDICAL COLLEGE, MANGALORE

(A Unit of Father Muller Charitable Institutions)

Form for claiming Reimbursement for the Full Time Teaching Staff

Name: DR. K. SHREEDHARA AVABRATHA

Designation: PROFESSOR Department: PEDIATRICS

Sanction Order (Office Order) Number: FMMC/EST/CON/001/2018

Type : (Please Tick)

Conference	Workshop	Seminar	CME	Others:		
International	National	Regional	State Level	District	Local	Others:

Purpose : PAPER / POSTER PRESENTATION / GUEST SPEAKER / CHAIR PERSON

Title of the Paper / Poster Talk / Session : Breast feeding issues during initial post natal days

Organisors : Indian Academy of Pediatrics

From: 4/1/18 To: 7/1/18 No. of Days: 4 Place: NAGPUR MAHARASHTRA

Please fill only **"Amount Claimed"** by you in the boxes provided below

	Amount Claimed (Rs.)	For Office Use Only Amount Sanctioned (Rs.)
1. Registration Fees : (Original receipt to be attached)	6,500/-	Rs. 6,500/-
2. Travel Allowances: (Proof of Travel to be attached) Mode of Travel/Class: AIR	14,688/- 13,678+1010	Rs. 14,688/-
3. Daily Allowances/Accomodation: Amount per Day: 2,000/- No. of Days: 4 Total:	Rs. 2,000 x 3 days 8,000/-	Rs. 6,000/-
4. Others:		
Grand Total:	29,188/-	27,188/-

Enclosures:
1. Original Registration Fee Receipt
2. Travel Proof – Flight ticket, Boarding pass + cell cab
3. Original Accommodation Bills
4. Photo copy of the Attendance Certificate Attested by HOD
5. Brief Report of the Conference

Signature of the Staff

Signature of the HOD

Checked by: Incharge-EST Section-FMMC

Recorded by: Incharge-FMRC-FMMC

Approved/Sanctioned By: DEAN-FMMC DIRECTOR-FMCI

OFFICE COPY FOR THE FILE

Name of the Staff :
Department :
Designation:

Purpose:
Dates:
Amount Sanctioned:

FATHER MULLER MEDICAL COLLEGE, MANGALORE

(A Unit of Father Muller Charitable Institutions)

Form for claiming Reimbursement for the Full Time Teaching Staff

Name: Dr PRAVEEN B.C

Designation: ASS: PROFESSOR Department: PEDIATRICS

Sanction Order (Office Order) Number: FMMC / EST / CON / 009 / 2018 15.1.18

Type : (Please Tick)

Conference	Workshop ✓	Seminar	CME	Others:		
International	National	Regional	State Level	District	Local	Others:

Purpose : PAPER / POSTER PRESENTATION / GUEST SPEAKER ✓ / CHAIR PERSON

Title of the Paper / Poster Talk / Session : KNOW YOUR ANTIBIOTICS

Organisors : KIMS HOSPITAL, TRIVANDRUM

From: 21/01/18 To: 21.01.18 No. of Days: 01 Place: Trivandrum

Please fill only "Amount Claimed" by you in the boxes provided below

	Amount Claimed (Rs.)	For Office Use Only Amount Sanctioned (Rs.)
1. Registration Fees : (Original receipt to be attached)	—	—
2. Travel Allowances: (Proof of Travel to be attached) Mode of Travel/Class: 3 TIER AC	~~RS 1840~~/- Rs 1,840/-	1840.00
3 Daily Allowances/Accomodation: Amount per Day: 500/- No. of Days: 02 Total:	500/-	—
4. Others:		
Grand Total:	2340/-	Rs. 1840.00

Enclosures:
1. Original Registration Fee Receipt
2. Travel Proof
3. Original Accommodation Bills
4. Photo copy of the Attendance Certificate Attested by HOD
5. Brief Report of the Conference

Signature of the HOD

Dr Praveen

Signature of the Staff

Checked by: Lovely

Incharge-EST Section-FMMC

Recorded by:

Incharge-FMRC-FMMC

Approved/Sanctioned By:

DEAN-FMMC

DIRECTOR-FMMC 22/1/18

OFFICE COPY FOR THE FILE

Name of the Staff :

Department :

Designation:

Purpose:

Dates:

FATHER MULLER MEDICAL COLLEGE, MANGALORE

(A Unit of Father Muller Charitable Institutions)

Form for claiming Reimbursement for the Full Time Teaching Staff

Name: DR. SHAILAJA. S

Designation: ASSOCIATE PROF Department: ANAESTHESIA

Sanction Order (Office Order) Number: FMMC/EST/CON/138/2017

Type : (Please Tick)

Conference	Workshop	Seminar	CME	Others:	Workshop + Conference	
International	National	Regional	State Level	District	Local	Others: National

Purpose : PAPER / POSTER PRESENTATION / GUEST SPEAKER / CHAIR PERSON

Title of the Paper / (Poster) Talk / Session : Training anaesthesia residents using high fidelity simulators

Organisors : Academy of Health Professionals Education India

From: 7/11/17 To: 13/11/17 No. of Days: 7 Place: Jorhat Assam

Please fill only **"Amount Claimed"** by you in the boxes provided below

	Amount Claimed (Rs.)	For Office Use Only Amount Santioned (Rs.)
1. Registration Fees : (Original receipt to be attached)	5000/-	5,000.00
2. Travel Allowances: (Proof of Travel to be attached) Mode of Travel/Class: Air + taxi	21,673/-	20,624.00
3. Daily Allowances/Accomodation: Amount per Day: Rs 500, No. of Days: 4 — Total:	2000/-	2,000.00
4. Others: Food A.G.U	375/-	375.00
Grand Total:	29,048/-	27,999.00

20,124+500 = 20,624

Enclosures:
1. Original Registration Fee Receipt
2. Travel Proof
3. Original Accommodation Bills
4. Photo copy of the Attendance Certificate Attested by HOD
5. Brief Report of the Conference

B. Ramakrishna
Signature of the HOD

Shailaja. S
Signature of the Staff

Checked by: Lovely
Incharge-EST. Section-FMMC

Recorded by:
Incharge-FMRC-FMMC

Approved/Sanctioned By:

DEAN-FMMC

DIRECTOR-FMCI

09-12-

OFFICE COPY FOR THE FILE

Name of the Staff :
Department :
Designation:

Purpose:
Dates:
Amount Sanctioned:

FATHER MULLER MEDICAL COLLEGE, MANGALORE
(A Unit of Father Muller Charitable Institutions)

Form for claiming Reimbursement for the Full Time Teaching Staff

Name: Dr. SHIVASHANKARA A.R. Department: Biochemistry

Designation: Associate Prof Sanction Order (Office Order) Number: FMMC/EST/CON/189/2018

Type : (Please Tick)

Conference	Workshop	Seminar	CME	Others:		
International	National	Regional	State Level	District	Local	Others:

Purpose : PAPER / POSTER PRESENTATION / GUEST SPEAKER / CHAIR PERSON

Title of the Paper / Poster Talk / Session : Exoglycosidase and Glycoconjugates of blood and saliva as marker

Organisers : KMC Manipal Biochemistry Dept

From: 7/12/18 To: 8/12/18 No. of Days: 2 Place: Manipal

Please fill only "Amount Claimed" by you in the boxes provided below

	Amount Claimed (Rs.)	For Office Use Only Amount Santioned (Rs.)
1. Registration Fees : (Original receipt to be attached)	2,800/-	2,800/-
2. Travel Allowances: (Proof of Travel to be attached) Mode of Travel/Class:	—	
3. Daily Allowances/Accomodation: Amount per Day — No. of Days — Total:	—	
4. Others:	—	—
Grand Total:	2,800/-	2,800/-

Enclosures:
1. Original Registration Fee Receipt
2. Travel Proof NA
3. Original Accommodation Bills NA
4. Photo copy of the Attendance Certificate Attested by HOD
5. Brief Report of the Conference

Signature of the HOD

Signature of the Staff

Checked by:
Incharge-EST. Section-FMMC

Recorded by:
Incharge-FMRC-FMMC

Approved/Sanctioned By:
DEAN-FMMC

DIRECTOR-FMCI 10/12/18

OFFICE COPY FOR THE FILE

Name of the Staff :
Department :
Designation:

Purpose:
Dates:
Amount Sanctioned:

FATHER MULLER MEDICAL COLLEGE, MANGALORE

(A Unit of Father Muller Charitable Institutions)

Form for claiming Reimbursement for the Full Time Teaching Staff

Name: DR. MACATHI. M.

Designation: Prof & Head. Department: Biochemistry

Sanction Order (Office Order) Number: FMMC | EST | CON | 135 | 2018

Type : (Please Tick)

Conference	Workshop	Seminar	CME	Others:		
International	National	Regional	State Level	District	Local	Others:

Purpose : PAPER / POSTER PRESENTATION / GUEST SPEAKER / CHAIR PERSON

Title of the Paper / Poster Talk / Session : 2 sessions (enclosed)

Organisors : AMBI - Karnataka chapter

From: 19 | 9 To: 20 | 9 No. of Days: 2 Place: Mangalore

Please fill only **"Amount Claimed"** by you in the boxes provided below

	Amount Claimed (Rs.)	For Office Use Only Amount Santioned (Rs.)
1. Registration Fees : (Original receipt to be attached)	2,800 -	2,800.00
2. Travel Allowances: (Proof of Travel to be attached)	As Permissible	340.00
Mode of Travel/Class:	17 k.m x Rs. 10 x 2 way	
3. Daily Allowances/Accomodation:		
Amount per Day / No. of Days / Total:		-
4. Others:		-
Grand Total:		3,140.00

Enclosures:

1. Original Registration Fee Receipt
2. Travel Proof
3. Original Accommodation Bills
4. Photo copy of the Attendance Certificate Attested by HOD
5. Brief Report of the Conference

Malathi

Signature of the HOD

Malathi

Signature of the Staff

Checked by: Lovely **Incharge-EST. Section-FMMC**	**Recorded by:** **Incharge-FMRC-FMMC**

Approved/Sanctioned By:

DEAN-FMMC **DIRECTOR-FMCI**

OFFICE COPY FOR THE FILE

Name of the Staff :

Department :

Designation:

Purpose:

Dates:

Amount Sanctioned:

FATHER MULLER MEDICAL COLLEGE, MANGALORE

(A Unit of Father Muller Charitable Institutions)

Form for claiming Reimbursement for the Full Time Teaching Staff

Name: DR. RATNESHA BHAT M

Designation: PROFESSOR Department: DERMATOLOGY, VENEREOLOGY

Sanction Order (Office Order) Number: FMMC/EST/CON/099/2018, 4th August 2018

Type : (Please Tick)

Conference	Workshop	Seminar	CME	Others:		
International	National	Regional	State Level	District	Local	Others:

Purpose : PAPER / POSTER PRESENTATION / GUEST SPEAKER / CHAIR PERSON

Title of the Paper / Poster Talk / Session : 1) JADVL Scientific Session 2) Free communication in therapy

Organisors : EUROPEAN ACADEMY OF DERMATOLOGY & VENEREOLOGY

From: 12-09-18 To: 16-09-18 No. of Days: 5 Place: PARIS (FRANCE)

Please fill only **"Amount Claimed"** by you in the boxes provided below

	Amount Claimed (Rs.)	For Office Use Only Amount Santioned (Rs.)
1. Registration Fees : (Original receipt to be attached)	~~400 EUROS~~ 33,000/-	Rs. 15,000/-
2. Travel Allowances: (Proof of Travel to be attached) Mode of Travel/Class: AIR (ECONOMY)	~~47500+4,162~~ 51,662	Rs. 38,746/-
3. Daily Allowances/Accomodation: Amount per Day: 224 EUROS; No. of Days: 5; Total:	Rs. 4,500 x 5 ~~1120 EUROS~~ Rs 89,500	Rs. 22,500/-
4. Others: VISA & TRAVEL INSURANCE	11,000	-
Grand Total:	Rs 1,84,662 (1,84,662).	Rs. 76,246/-

Enclosures:
1. Original Registration Fee Receipt
2. Travel Proof
3. Original Accommodation Bills
4. Photo copy of the Attendance Certificate Attested by HOD
5. Brief Report of the Conference

Signature of the HOD **Signature of the Staff**

Checked by:	Recorded by:
Incharge-EST Section-FMMC	Incharge-FMRC-FMMC

Approved/Sanctioned By:

DEAN-FMMC DIRECTOR-FMCI

OFFICE COPY FOR THE FILE

Name of the Staff : Purpose:

Department : Dates:

Designation:

FATHER MULLER MEDICAL COLLEGE, MANGALORE
(A Unit of Father Muller Charitable Institutions)

Form for claiming Reimbursement for the Full Time Teaching Staff

Name: Dr. Nagesh K.R.

Designation: Professor & Head | Department: Forensic Medicine

Sanction Order (Office Order) Number:

Type : (Please Tick)

Conference	Workshop	Seminar	CME	Others:		
International	National	Regional	State Level	District	Local	Others:

Purpose : PAPER / POSTER PRESENTATION / GUEST SPEAKER / CHAIR PERSON / Judge

Title of the Paper / Poster Talk / Session : Scientific Session

Organisors : Dept of Forensic Medicine, KMC, Manipal

From: 02.11.18 To: 04.11.18 No. of Days: 3 Place: Manipal

Please fill only **"Amount Claimed"** by you in the boxes provided below

	Amount Claimed (Rs.)	For Office Use Only Amount Santioned (Rs.)
1. Registration Fees : (Original receipt to be attached)	4000/-	4,000.00
2. Travel Allowances: (Proof of Travel to be attached) Mode of Travel/Class: Car 130 km x Rs.5	650/-	1,260.00.
3. Daily Allowances/Accomodation: 63 k.m x Rs. 10 x 2 ways. Amount per Day: 950/- No. of Days: 1 Total:	950/-	—
4. Others:		—
Grand Total:	5600/-	5,260.00

Enclosures:
1. Original Registration Fee Receipt
2. Travel Proof
3. Original Accommodation Bills
4. Photo copy of the Attendance Certificate Attested by HOD
5. Brief Report of the Conference

Signature of the HOD **Signature of the Staff**

Checked by: Lovely
Incharge-EST. Section-FMMC

Recorded by:
Incharge-FMRC-FMMC

Approved/Sanctioned By:
DEAN-FMMC **DIRECTOR-FMCI**

OFFICE COPY FOR THE FILE

Name of the Staff :
Department :
Designation:

Purpose:
Dates:
Amount Sanctioned:

13/11/18

FATHER MULLER MEDICAL COLLEGE, MANGALO
(A Unit of Father Muller Charitable Institutions)

Form for claiming Reimbursement for the Full Time Teaching Staff

Name: Dr. HAREESH. SHIVU. GOUDA

Designation: Asso. Prof. Department: Forensic Medicine

Sanction Order (Office Order) Number: FMMC/EST/CON/151/2018 Dt: 10-10-18

Type : (Please Tick)

✓ Conference	Workshop	Seminar	CME	Others:		
International	National	Regional	State Level	District	Local	Others:

Purpose : PAPER / POSTER PRESENTATION / GUEST SPEAKER / CHAIR PERSON / JUDGE

Title of the Paper / Poster Talk / Session : Aortic Rupture due to non-penetrating trauma to the chest
Judge - PG oral presentation

Organisors : Dept. of Forensic Medicine, KMC, Manipal

From: 02-11-18 To: 04-11-18 No. of Days: 3 Place: Manipal

Please fill only **"Amount Claimed"** by you in the boxes provided below

	Amount Claimed (Rs.)	For Office Use Only Amount Santioned (Rs.)
1. Registration Fees : (Original receipt to be attached)	4,000=00	4.000.00
2. Travel Allowances: (Proof of Travel to be attached) Mode of Travel/Class: Bus	200=00	200.00
3. Daily Allowances/Accomodation: Amount per Day / No. of Days / Total:	-	-
4. Others:		-
Grand Total:	4,200=00	4,200.00

Enclosures:
1. Original Registration Fee Receipt
2. Travel Proof
3. Original Accommodation Bills
4. Photo copy of the Attendance Certificate Attested by HOD
5. Brief Report of the Conference
6. Ethics committee approval letter.

Signature of the HOD

Checked by: Incharge-EST. Section-FMMC

Recorded by: Incharge-FMRC-FMMC

Signature of the Staff

Approved/Sanctioned By: DEAN-FMMC / DIRECTOR-FMCI

OFFICE COPY FOR THE FILE

Name of the Staff :
Department :
Designation:

Purpose:
Dates:
Amount Sanctioned:

FATHER MULLER MEDICAL COLLEGE, MANGALORE

(A Unit of Father Muller Charitable Institutions)

Form for claiming Reimbursement for the Full Time Teaching Staff

Name: Dr KAREN PRATHAP CARVALHO

Designation: ASSISTANT PROFESSOR Department: FORENSIC MEDICINE

Sanction Order (Office Order) Number:

Type : (Please Tick)

✓Conference	Workshop	Seminar	CME	Others:		
International	National	Regional	State Level	District	Local	Others:

Purpose : PAPER / POSTER PRESENTATION / GUEST SPEAKER / CHAIR PERSON

Title of the Paper / Poster Talk / Session : Fatal Intestinal Infection Caused by Mesenteric Vein Thrombosis : A Case Report

Organisors : Indian Academy of Forensic Medicine

From: 31/01/2019 To: 2/02/2019 No. of Days: 4 Place: Jodhpur

Please fill only **"Amount Claimed"** by you in the boxes provided below

	Amount Claimed (Rs.)	For Office Use Only Amount Sanctioned (Rs.)
1. Registration Fees : (Original receipt to be attached)	5000/-	5,000/-
2. Travel Allowances: (Proof of Travel to be attached) Mode of Travel/Class: Airways/Economy	12,274/-	12,274/-
3. Daily Allowances/Accomodation: Amount per Day 1500 × No. of Days 4 Total: Rs. 1500 x 3 days	6000/-	4,500/-
4. Others: 500 X 4.	2000/-	-
Grand Total:	25,274/-	Rs. 21,774/-

Enclosures:

1. Original Registration Fee Receipt
2. Travel Proof
3. Original Accommodation Bills
4. Photo copy of the Attendance Certificate Attested by HOD
5. Brief Report of the Conference

Professor & Head
DEPT. OF FORENSIC MEDICINE
Father Muller Medical College

Signature of the HOD **Signature of the Staff**

Checked by: Lovely
Incharge-EST. Section-FMMC

Recorded by:
Incharge-FMRC-FMMC

Approved/Sanctioned By:

DEAN-FMMC

DIRECTOR-FMCI 8/2/19

OFFICE COPY FOR THE FILE

Name of the Staff :
Department :
Designation:

Purpose:
Dates:
Amount Sanctioned:

A/C No. 02391218007089

FATHER MULLER MEDICAL COLLEGE, MANGALORE
(A Unit of Father Muller Charitable Institutions)

Form for claiming Reimbursement for the Full Time Teaching Staff

Name: PETER GEORGE

Designation: PROFESSOR

Department: GENERAL MEDICINE

Section Order (Office Order) Number: FMMC/EST/CON/102/2018

Type : (Please Tick)

✓Conference	Workshop	Seminar	CME	Others:		
International	✓National	Regional	State Level	District	Local	Others:

Purpose : ~~PAPER~~ / ~~POSTER PRESENTATION~~ / ~~GUEST SPEAKER~~ / CHAIR PERSON

Title of the Paper / Poster Talk / Session : Nations health care workforce is it not healthy: Is it really burning out gradually? Vitul K Gupta 01.09.2018 09.00 AM

Organisors : AMERICAN COLLEGE OF PHYSICIANS - INDIA CHAPTER.

From: 31/08/2018 To: 02/09/2018 No. of Days: 3 Place: LUCKNOW

Please fill only "Amount Claimed" by you in the boxes provided below

	Amount Claimed (Rs.)	For Office Use Only Amount Santioned (Rs.)
1. Registration Fees : (Original receipt to be attached)	Rs. 6180/-	Rs. 6,000/-
2. Travel Allowances: (Proof of Travel to be attached) Mode of Travel/Class: AIR	Rs. 9731/-	Rs. 9,731/-
3. Daily Allowances/Accomodation: Rs. 2,000 × 3 days. Amount per Day: Rs 3697/- No. of Days: 3 Total:	Rs. 11,092/-	Rs. 6,000/-
4. Others:		
Grand Total:	Rs 27,003/-	Rs. 21,731/-

Enclosures:
1. Original Registration Fee Receipt ✓
2. Travel Proof ✓
3. Original Accommodation Bills ✓
4. Photo copy of the Attendance Certificate Attested by HOD ✓
5. Brief Report of the Conference ✓

Signature of the Staff

Signature of the HOD

Checked by: Incharge-EST. Section-FMMC

Recorded by: Incharge-FMRC-FMMC

Approved/Sanctioned By: DIRECTOR-FMCI

DEAN-FMMC

OFFICE COPY FOR THE FILE

Name of the Staff :
Department :
Designation:

Purpose:
Dates:
Amount Sanctioned: