



# MANSAROVAR DENTAL COLLEGE

Mansarovar Campus, Rani Avanti Bai Marg, Village- Hinotia Aalam,  
Ward No. 84, Kolar Road, Bhopal (M.P) 462042

Tel: +91-9111777225, 761158888. Website: [www.mansarovardentalcollege.com](http://www.mansarovardentalcollege.com)

## **3.1.2 Any other relevant information- Evidence document for financial support**

## Requisition Form

Applicants Name..... DR. TRIPTY RAHANGDALE.....

Address. B-19, BARFANI DHAM..... City..... BHOPAL.....

State..... Madhya Pradesh..... Pincode..... 462026.....

Mobile No..... 8989585212.....

Departments Name..... PROSTHODONTICS AND CROWN & BRIDGE.....

### Description of Expenses & Event

|                               |                                 |  |
|-------------------------------|---------------------------------|--|
| 1.                            | Event Name                      | <u>72<sup>nd</sup> INDIAN DENTAL CONFERENCE, INDORE (M.P) 2019</u> |
| 2.                            | Conference Fees                 | <u>2000/-</u>  |
| 3.                            | Boarding & Lodging              | <u>—</u>   |
| 4.                            | Travel & Expenses               | <u>—</u>   |
| 5.                            | Miscellaneous Charges (Explain) | <u>—</u>   |
| <b>Total Amount Requested</b> |                                 | <u>2000/-</u>  |

**Documentation required** (all receipts & invoices) must be attached


  
Applicant Signature


**Approval**



**Principal's Signature:**

*forwarded to  
Accounts Section*

*Approved Rs 2000/-*  
  
*05/02/2019*

  
**Dr. B. Gurudatt Nayak**  
Principal  
Mansarovar Dental College  
BHOPAL

## Requisition Form

Applicants Name..... DR SAURABH SHRIVASTAVA.....

Address..... 60, MANDAKINI COLONY, BHOPAL.....  
KOLAR ROAD, BHOPAL

State..... MADHYA PRADESH..... Pincode..... 462042.....

Mobile No..... 9977014554.....

Departments Name..... PROSTHODONTICS, CROWN & BRIDGE.....

### Description of Expenses & Event

|                               |                                 |   |
|-------------------------------|---------------------------------|---|
| 1.                            | Event Name                      | <u>72<sup>nd</sup> INDIAN DENTAL CONFERENCE<br/>INDORE (M.P) 2019</u> |
| 2.                            | Conference Fees                 | <u>2000/-</u>   |
| 3.                            | Boarding & Lodging              | <u>—</u>  |
| 4.                            | Travel & Expenses               | <u>—</u>  |
| 5.                            | Miscellaneous Charges (Explain) | <u>—</u>  |
| <b>Total Amount Requested</b> |                                 | <u>2000/-</u>   |

**Documentation required** (all receipts & invoices) must be attached

Saurabh  
Applicant Signature

Approval

Principal's Signature:

forwarded to  
Accounts Section

Bo  
**Dr. B. Gurudatt Nayak**  
Principal  
Mansarovar Dental College  
BHOPAL

## Requisition Form

Applicants Name..... DR HIMANSHU KHANNU .....

Address H. NO. 02, BANJARI, DANISH KUNJ, KOLAR, BHOPAL City..... BHOPAL .....

State..... MADHYA PRADESH ..... Pincode..... 462042 .....

Mobile No..... 9818339669 .....

Departments Name..... PERIODONTICS .....

### Description of Expenses & Event

|                               |                                 |  |
|-------------------------------|---------------------------------|--|
| 1.                            | Event Name                      | <u>5<sup>th</sup> GLOBAL AMERICAN ACADEMY OF IMPLANT DENTISTRY CONFERENCE-2019</u> |
| 2.                            | Conference Fees                 | <u>41,300/-</u>  |
| 3.                            | Boarding & Lodging              | <u>-</u>   |
| 4.                            | Travel & Expenses               | <u>-</u>   |
| 5.                            | Miscellaneous Charges (Explain) | <u>-</u>   |
| <b>Total Amount Requested</b> |                                 | <u>41,300/-</u>  |

**Documentation required** (all receipts & invoices) must be attached

[Signature]  
Applicant Signature

Approval

[Signature]  
Principal's Signature:

forwarded to Accounts Section

Approved Rs 6000/-  
[Signature]  
12/03/19

[Signature]  
**Dr. B. Gurudatt Nayak**  
**Principal**  
**Mansarovar Dental College**  
**BHOPAL**

## Requisition Form

Applicants Name. - DR. ABHISHEK JAIN

Address. - BM-142, NEHRU NAGAR City. - BHOPAL

State. - MADHYA PRADESH Pincode - 462003

Mobile No. - 9451655117

Departments Name. - ORTHODONTICS AND DENTO FACIAL ORTHOPAEDICS

### Description of Expenses & Event

|                               |                                 |                       |
|-------------------------------|---------------------------------|-----------------------|
| 1.                            | Event Name                      |                       |
| 2.                            | Conference Fees                 | 177 POUNDS (16,638/-) |
| 3.                            | Boarding & Lodging              | -                     |
| 4.                            | Travel & Expenses               | -                     |
| 5.                            | Miscellaneous Charges (Explain) | -                     |
| <b>Total Amount Requested</b> |                                 | <b>16,638/-</b>       |

**Documentation required** (all receipts & invoices) must be attached

Applicant Signature  



Approval



Principal's Signature:

*forwarded to  
Accounts Section*

*Approved Rs 5000/-  
B88  
27/09/20*

  
**Dr. B. Gurudatt Nayak**  
**Principal**  
**Mansarovar Dental College**  
**BHOPAL**

## Requisition Form

Applicants Name..... TRIPTY RAHANADALE .....

Address. B-19, BARFANI DHAM City. BHOPAL .....

State. Madhya Pradesh Pincode 462026 .....

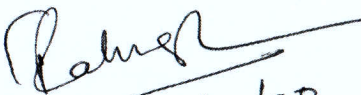
Mobile No. 8989585212 .....

Departments Name..... PROSTHODONTICS AND CROWN & BRIDGE. .....

### Description of Expenses & Event

|                               |                                 |   |
|-------------------------------|---------------------------------|---|
| 1.                            | Event Name                      | 48 IPS NATONAL VIRTUAL CONFERENCE 2020 - NAGPUR |
| 2.                            | Conference Fees                 | RS, 3500  |
| 3.                            | Boarding & Lodging              | -   |
| 4.                            | Travel & Expenses               | -   |
| 5.                            | Miscellaneous Charges (Explain) | -   |
| <b>Total Amount Requested</b> |                                 | RS, 3500  |

**Documentation required** (all receipts & invoices) must be attached

  
Applicant Signature 11/12/20


**Approval**



**Principal's Signature:**

*forwarded to  
Accounts Section*

*Approved Rs 3500/-  
Bw  
11/12/20*

  
**Dr. B. Gurudatt Nayak**  
Principal  
Mansarovar Dental College  
BHOPAL

## Requisition Form

Applicants Name..... RASHMI SINGH .....

Address..... Lalalajpat Rai Colony City..... Bhopal .....

State..... Madhya Pradesh ..... Pincode..... 462023 .....

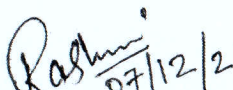
Mobile No..... 9008920701 .....

Departments Name..... PROSTHODONTICS AND CROWN & BRIDGE .....

### Description of Expenses & Event


|                               |                                 |  |
|-------------------------------|---------------------------------|--|
| 1.                            | Event Name                      | 49 IPS NATIONAL VIRTUAL CONFERENCE 2021. |
| 2.                            | Conference Fees                 | RS, 2657                                 |
| 3.                            | Boarding & Lodging              | -  |
| 4.                            | Travel & Expenses               | -  |
| 5.                            | Miscellaneous Charges (Explain) | -  |
| <b>Total Amount Requested</b> |                                 | RS, 2657                                 |

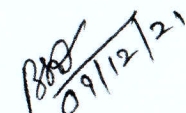
**Documentation required** (all receipts & invoices) must be attached


  
07/12/21  
Applicant Signature

**Approval**

**Principal's Signature:**

  
Forwarded to  
Accounts Section

Approved Rs 2657/-  
  
09/12/21

  
**Dr. B. Gurudatt Nayak**  
Principal  
Mansarovar Dental College  
BHOPAL

## Requisition Form

Applicants Name - DR. ABHISHEK JAIN

Address - BM-142, NEHRU NAGAR City - BHOPAL

State - MADHYA PRADESH Pincode -

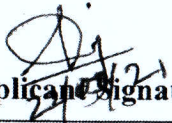
Mobile No - 9451655117

Departments Name - ORTHODONTICS AND DENTOFACIAL ORTHOPAEDICS


### Description of Expenses & Event

|                               |                                 |                                 |
|-------------------------------|---------------------------------|---------------------------------|
| 1.                            | Event Name                      | 55 <sup>th</sup> IDC CONFERENCE |
| 2.                            | Conference Fees                 | 4100/-                          |
| 3.                            | Boarding & Lodging              | -                               |
| 4.                            | Travel & Expenses               | -                               |
| 5.                            | Miscellaneous Charges (Explain) | -                               |
| <b>Total Amount Requested</b> |                                 | 4100/-                          |

**Documentation required** (all receipts & invoices) must be attached


  
Applicant's Signature

**Approval**

  
**Principal's Signature:**

Forwarded to  
Accounts Section

Approval Rs 4100/-  
1888  
24/08/21

  
**Dr. B. Gurudatt Nayak**  
Principal  
Mansarovar Dental College,  
BHOPAL



## Requisition Form

Applicants Name..... TRIPTY RAHANGDALE.....

Address..... B-19, BARFANI DHAM,..... City..... Bhopal.....

State..... Madhya Pradesh..... Pincode..... 462026.....

Mobile No..... 8989585212.....

Departments Name..... PROSTHODONTICS AND CROWN & BRIDGE.....

### Description of Expenses & Event

|                               |                                 |  |
|-------------------------------|---------------------------------|--|
| 1.                            | Event Name                      | <u>49 IPS NATIONAL VIRTUAL CONFERENCE 2021</u> |
| 2.                            | Conference Fees                 | <u>Rs, 2657</u>                                |
| 3.                            | Boarding & Lodging              | <u>-</u>                                       |
| 4.                            | Travel & Expenses               | <u>-</u>                                       |
| 5.                            | Miscellaneous Charges (Explain) | <u>-</u>                                       |
| <b>Total Amount Requested</b> |                                 | <u>Rs, 2657</u>                                |

**Documentation required** (all receipts & invoices) must be attached

Applicant Signature

*[Handwritten Signature]*  
08/12/21

**Approval**

Principal's Signature:

*[Handwritten Signature]*  
forwarded to Accounts Section

*[Handwritten Signature]*  
Approval Rs 2657  
10/12/21

*[Handwritten Signature]*  
**Dr. B. Gurudatt Nayak**  
**Principal**  
**Mansarovar Dental College**  
**BHOPAL**