

TEACHERS PROVIDED
WITH FINANCIAL
SUPPORT TO ATTEND
CONFERENCES /
WORKSHOPS

2014-2015

Fr. Muller College of Nursing
Fr. Muller Road, Kankanady, Mangalore 575002

Bank Pay Voucher

No. : 238

Dated : 29-Nov-2014

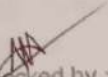
Particulars	Amount
Account : Seminars & Conferences C.O.N. 4,924.00 Dr	4,924.00
Through : Synd Bank A/c 216/25	
On Account of : Chq No. 915587 Payment to Seema Chavan towards attending National conference at Trivandrum	
Amount (in words) : Indian Rupees Four Thousand Nine Hundred Twenty Four Only	₹ 4,924.00

Receiver's Signature :

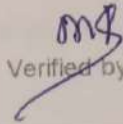


Authorised Signatory

Checked by :



Verified by



From

Ms Seema S Chavan

Assistant Professor

Department of Pediatric Nursing

FMCON

Through proper channel

To

The Director

FMCI

Subject: To kindly refund the amount spent for the scientific paper at a national conference in Trivandrum

Respected Father


I the above mentioned staff of your institute kindly request you to refund me the amount spent for the scientific paper at a "**National Conference on Qualitative Research**" on 21st & 22nd November 2014 in Trivandrum in terms of travel, registration & accommodation. The amount spent is as follows: **Travel – Rs 1,925/- , Accommodation – Rs 2,080/- & Registration – Rs 1,500/- . Total amount = Rs 5,505/- .** Kindly oblige.

Enclosure

- Bills related to accommodation , Registration & Travel
- Certificate of paper presentation

Thanking you in anticipation

Yours sincerely

 26/11/14

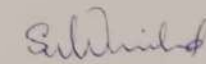
Seema S Chavan

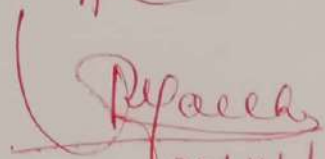
Place – Mangalore

Date – 26/11/14

PAID	
Chq. No:	915587
Date:	29.11.14
Bank A/c. No:	216/25

To be Paid Rs 4923.75/-
Forwarded to the Director


26/11/14

16
HE

26/11/14



SP Fort College of Nursing
J.P.Nagar, Vallakkadavu.
P.O.Thiruvananthapuram.


NATIONAL CONFERENCE ON Qualitative Research

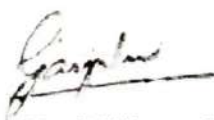

SP Fort Hospital
Setting Standards in Quality Health Care
First ISO Certified Hospital in Kerala


Certificate

This is to certify that ~~Mr./Ms.~~..... **SEEMA . S. CHAVAN**.....has participated in the National Conference on "Qualitative Research" as ~~Resource Person / Organizing Committee Member~~ / Delegate on 21st and 22nd November 2014 organized by SP Fort College of Nursing, at SP Grand Days, Thiruvananthapuram.

(KNMC allotted 15 credit hours vide order No .C.3756/14/NC-CNE)


Dr. P. Asokan
Managing Director


Prof. N. G. Vijayalekshmi
Organizing Chairperson


Mrs. Sara Wendy Salu
Organizing Secretary

112

From

Mrs Binsha Pappachan C

Assistant Professor

Department of Psychiatric Nursing

FMCON

Through proper channel

To

The Director

FMCI

Subject: To kindly refund the amount spent for the scientific paper at a national conference in Trivandrum

Respected Father

I the above mentioned staff of your institute kindly request you to refund me the amount spent for the scientific paper at a "National Conference on Qualitative Research" on 21st & 22nd November 2014 in Trivandrum in terms of travel, registration & accommodation. The amount spent is as follows: Travel – Rs 1,935/- , Accommodation – Rs 2,080/- & Registration – Rs 1,500/- . Total amount = Rs 5,515/- . Kindly oblige.

Enclosure

- Bills related to accommodation , Registration & Travel
- Certificate of paper presentation

PAID	
Sl. No.	915586
Date	29.11.14
Page No.	216/25

Thanking you in anticipation

Yours sincerely

Binsha Pappachan C

Place – Mangalore

Date – 26/11/14

To be Paid Rs 4853.75/-

Forwarded to Director

Siddhulal
26/11/14

to A/C

Pappachan
26/11/14

Fr. Muller College of Nursing
Fr. Muller Road, Karkandy, Mangalore 575002

Bank Pay Voucher

No. 237

Dated 29-Nov-2014

Particulars	Amount
Accounts	
Seminars & Conferences	4,854.00
C.O.N. 4,854.00 Dr	

Through :

Synd Bank A/c 216/25

On Account of :

Chq No. 915586 Payment to Binsha Pappachan C towards attending National conference at Trivandrum

Amount (in words) :

Indian Rupees Four Thousand Eight Hundred Fifty Four Only

₹ 4,854.00

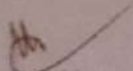
Receiver's Signature



Authorised Signatory

Verified by

Checked by



College of Nursing
SP Fort, Vallakkadavu,
Thiruvananthapuram

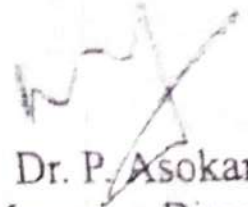


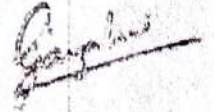
SP Fort College of Nursing
First Floor, Vallakkadavu, Thiruvananthapuram

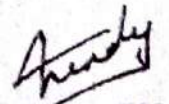
Certificate

This is to certify that ~~Mr./Ms.~~..... **BINSHA PAPPACHAN..C**..... has participated in the National
Conference on "Qualitative Research" as ~~Resource Person / Organizing Committee Member / Delegate~~ on 21st and 22nd November
2014 organized by SP Fort College of Nursing, at SP Grand Days, Thiruvananthapuram.

(KNMC allotted 15 credit hours vide order No .C.3756/14/NC-CNE)


Dr. P. Asokan
Managing Director


Prof. N. G. Vijayalekshmi
Organizing Chairperson


Mrs. Sara Wendy Salu
Organizing Secretary

2015-2016

From,

Seema S Chavan
HOD/ Assistant Professor
Father Muller College of Nursing
Kankanady, Mangalore

Through Proper Channel

To,

The Director
Father Muller Charitable Institution
Kankanady, Mangalore.

Sub: Request for Reimbursement of Expenses.

Respected Rev. Father,

I the above mentioned staff of your institute would like to thank you for granting me permission to attend and present a paper at "The 5th Asia Pacific Congress of Paediatric Nursing (APCPN)" the International Conference in Hyderabad, from 21st January 2016 to 24th January 2016. As per your permission granted in letter no ADM/HR/0874/2015, I have hereby enclosed bills of the expenses made to participate in the conference (which includes DD of registration fee, travel and accommodation expense). The total expenditure during this conference is Rs 11,801/-. I kindly requesting you to accept my claim and reimburse the same. Kindly oblige.

Thanking You,

Yours Sincerely



Seema S Chavan

Date: 08-02-2016

Place: Mangalore

Enclosure: Concerned certificates & expenditure bills

Forwarded
Subliminal
9/02/16

APC

Subliminal
9/2

Office No:	967073
Date:	17.02.16
Sl. No.:	216/25

2392220001798

Fr. Muller College of Nursing
Fr. Muller Road, Kankanady, Mangalore 575002

Bank Pay Voucher

Dated : 17-Feb-2016

No. : 303

Through : Synd Bank A/c 216/25

Particulars	Amount
Account : Seminars & Conferences C.O.N. 11,801.00 Dr	11,801.00
11,801.00	

On Account of :
Chq No. 967073 Payment to Seema S Chavan towards
expenses for attending international conference in Hyderabad
-(APCPN)
Amount (in words) :
Indian Rupees Eleven Thousand Eight Hundred One Only

Receiver's Signature :

Checked by :

Authorised Signatory

Verified by



21st - 24th January 2016 | Hyderabad, Telangana State, India.

Certificate



This is to certify that

Ms. Seema S Chavan

has participated as

Delegate

In 15th Asia Pacific Pediatrics, (APCP)
53rd Annual Conference of Indian Academy of Pediatrics (PEDICON) &
5th Asia Pacific Congress of Pediatric Nursing (APCPN)
held from **21st to 24th January 2016**, at
International Convention Centre & HITEX Exhibition Center,
Hyderabad, Telangana State, India

Awarded 12 Credit hours by Telangana Medical Council
for the Conference

Reference No. TSMC/CME/01/2016 (Dt: 18-01-2016) 12 Credit Points

Dr. E. Ravinder Reddy
Chairman-Telangana Medical Council

Dr. Naveen Thacker
Chairman-Org Committee

Dr. N. Ravi Kumar
Chief Organising Secretary

N. Narhari
Registrar-Telangana Medical Council

Dr. C. Suresh Kumar
Chairman - Scientific Committee

Dr. Ajoy Kumar
Chief Organising Secretary

A-0376

2016-2017



FATHER MULLER COLLEGE OF NURSING
Affiliated to Rajiv Gandhi University of Health Sciences, Karnataka, Bangalore
(A Unit of Father Muller Charitable Institutions)
Accredited by NAAC with 'A' Grade

To

The Director
Father Muller Charitable Institution
Kankanady
Mangaluru.

Respected Father,

Subject: Request for the Re-imbusement of Training on Health Promotion expenditure.

I Mrs.Shiji successfully attended the Training on Health Promotion at NIHF New Delhi on 17 to 21st October 2016. I express my heartfelt gratitude for the support and cooperation rendered with regard to the leave and re-imbusement facility.

The expenditure of the training is as shown below. The bills of the same are enclosed along with the approval letter, certificates and the receipts. Kindly do the needful.

Registration	Rs 5000
Train tickets	Rs 4,540 (3 Tier AC)
Total	Rs. 9,540.00

Yours Sincerely



Mrs. Shiji .P.

HOD Department of Nursing Administration

3/11/2016

h/c

PAID
858012
05-11-16
216/25


4/11/16

Forwarded
Submitted
04/11/16

Fr. Muller College of Nursing
Fr. Muller Road, Kankanady, Mangalore 575002

Bank Pay Voucher

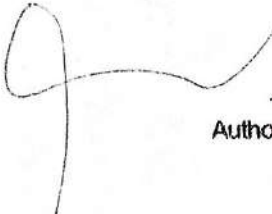
No. : 174


Dated : 5-Nov-2016

Particulars	Amount
Account :	
Seminars & Conferences	9,540.00
C.O.N. 9,540.00 Dr	
Through :	
Synd Bank A/c 216/25	
On Account of : 858012	
Chq No. 665723 Payment to Shiji P towards attending training on Health Promotion expenditure	
Amount (in words) :	
Indian Rupees Nine Thousand Five Hundred Forty Only	
	₹ 9,540.00

Receiver's Signature :


Checked by :


Authorised Signatory


Verified by



National Institute of Health and Family Welfare
New Delhi

Certificate

This is to certify that

Mrs. Shiji Pazhampallial Jose

successfully completed

Training Course on

*“Capacity Building for Health Personnel in Health Promotion”
held at NIHFV, New Delhi*

from

17th-21st, October, 2016

Dr. Poonam Khattar
Coordinator
NIHFV

Prof. Jayanta K. Das
Director
NIHFV



FATHER MULLER COLLEGE OF NURSING
Affiliated to Rajiv Gandhi University of Health Sciences, Karnataka, Bangalore
(A Unit of Father Muller Charitable Institutions)
Accredited by NAAC with 'A' Grade

To

The Director
Father Muller Charitable Institution
Kankanady
Mangaluru.

Dear Father,

Subject: Request for the Re-imbusement of conference expenditure.

I have successfully attended the conference and presented the paper during the 20th NRSI conference at Haldwani, Uttarkhand on 21 to 23rd October 2016. I express my heartfelt gratitude for the support and cooperation rendered with regard to the leave and re-imbusement facility. The expenditure of the conference is as shown below. The bills of the same are enclosed along with the approval letter, certificates and the receipts. Kindly do the needful.

Registration	Rs 3000
Accomodation	Rs. 1800
Train tickets	Rs 193+213 +6000
Bus fare	Rs 500
Total	Rs. 11,706

Yours Sincerely

Dr. Savitha Pramilda Cut

Professor OBG Nursing Department

2/11/2016

PAID	
Chq. / Bill No:	858008
Date:	03-11-16
Bank A/c. No:	216/25

ForWARDED
Subscribed
03/11/16

AFC

Subscribed
3/11

Fr. Muller College of Nursing
Fr. Muller Road, Kankanady, Mangalore 575002

Bank Pay Voucher


No. : 170

Dated : 3-Nov-2016

Particulars	Amount
Account :	
Seminars & Conferences	11,706.00
C.O.N. 11,706.00 Dr	
Through :	
Synd Bank A/c 216/25	
On Account of :	
Chq No. 858008 Payment to Savitha Pramilda Cutinho towards attending conference at Uttarkhand	
Amount (in words) :	
Indian Rupees Eleven Thousand Seven Hundred Six Only	
	₹ 11,706.00 ✓

02392180039069

Receiver's Signature :


Authorised Signatory


Checked by :

Verified by

PAL COLLEGE OF NURSING & MEDICAL SCIENCES

(A Unit of Brij Lal Hospital & Research Centre, Haldwani)
Anandi Tower, Nainital Road, Haldwani-263139 (Uttarakhand)



NRSICON 2016

21st to 23rd October

20th ANNUAL NATIONAL CONFERENCE OF NURSING RESEARCH SOCIETY OF INDIA

This is to certify that Dr./Mr./Ms. Savitha Pramilda cutinho

..... has attended NRSICON 2016 on the theme "Interdisciplinary Research Collaboration: A Key Strategy for High Quality Patient Care". He/she has participated as

a Delegate in the Conference held at Pal College of Nursing & Medical Sciences and presented Paper ✓
Effect of Yoga on Maternal & Fetal outcome Among the Antenatal
/ Poster titled women of selected maternity Hospital of Dakshina Kannada
District, Mangalore.

Mr. Ramesh Pal
Chairman
Brij Lal Hospital & Research Centre, Haldwani

Dr. Ajay Pal
Director
Brij Lal Hospital & Research Centre, Haldwani

Mr. Ashok Pal
Director
Pal College of Nursing & Medical Sciences, Haldwani

Dr. Usha Ubanda
President
Nursing Research Society of India

Prof. Amarjeet Kaur Sandhu
Secretary
Nursing Research Society of India

Dr. Ratna Prakash
Principal & Organizing Chairperson
Pal College of Nursing, Haldwani

Mr. Anil Parashar
Associate Professor & Organizing Secretary
Pal College of Nursing & Medical Sciences, Haldwani

Ms. Muthuvankateshaleem S.
Associate Professor & Organizing Secretary
Pal College of Nursing & Medical Sciences, Haldwani



From,

Victoria D Almeida
Professor & Vice Principal
Fther Muller college of Nursing
Kankanady, Mangalore

To

The Director
FMCI

Through the Proper Channel

Respected Father,

I, Victoria D Almeida have presented a scientific paper on " Perception of students regarding Chalk and Talk vs PowerPoint presentation in a selected Nursing college, Mangalore" and a Poster on " community Engagement in Research" in the NRSI South Regional Conference organized by Shri B. M. Patil Institute of Nursing Sciences, Vijayapur on 17.02.2017. I would be extremely grateful if you could kindly reimburse the expenses incurred for the same. Copy of the abstract, poster and other details are enclosed.

The details of the expenditure is as follows

Sl. No	Content	Amount
1	Travel: Mangalore- Bijapur	1000.00
	Bijapur-Mangalore	750.00
2	Registration	1000.00
3	Poster Printing	1350.00
Total		4100.00

Thanking you in anticipation,

Victoria D Almeida
Victoria D Almeida
Professor
Date: 23.02.2017

Forwarded
24/02/17

PAID	
Chq./DD/PO No: 065572	
Date: 27-02-17	
Bank A/c. No:	216 25

HPC

As per rules

Signature
24/2/17

Fr Muller College of Nursing
Fr Muller Road Kankarady Mangalore 575002

Bank Pay Voucher

No 265

Dated 27-Feb-2017

Particulars	Amount
Account	
Seminars & Conferences	4,100.00
C.C.N. 4,100.00 Dr	

Through :

Synd Bank A/c 216/25

On Account of :

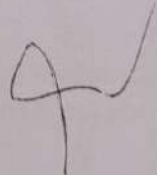
Ch No. 065672 Payment to Victoria D Almedida towards attending conference at Bijapur

Amount (in words) :

Indian Rupees Four Thousand One Hundred Only

₹ 4,100.00 ✓

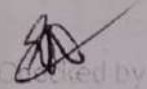
Receiver's Signature



Authorised Signatory



Checked by



Verified





B.L.D.E Association's
SHRI B.M. PATIL INSTITUTE OF NURSING SCIENCES,
Solapur Road, Vijayapur-586103



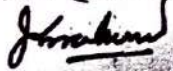
17th & 18th February 2017

"Nursing Research Innovations: Towards Precision Health Care"

CERTIFICATE

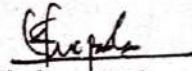
This is to certify that Dr/ Mr/ Miss /Mrs/ VICTORIA D. ALMEIDA (II PRIZE) PAPER PRESENTATION

.....was ~~Organizer /Resource person/Chairperson for the session/Delegate/~~ Presented paper/poster in the
NRSI South Regional Conference held on 17th & 18th February 2017 at BLDEA's Shri B. M. Patil Institute of Nursing Sciences,
Vijayapur. *The credit points of 8 (Eight only) awarded from TNAI KSB NRSI
Conference (2 credit point for chairperson)*


Dr. Assuma Beevi I.M.
Vice President NRSI


Sr. Doris
Regional President


Dr. Angela Gnanadurai
Regional Secretary


Prof. Shalmon S Chopade
Organizing Chairperson



FATHER MULLER COLLEGE OF NURSING
Affiliated to Rajiv Gandhi University of Health Sciences, Karnataka, Bangalore
(A Unit of Father Muller Charitable Institutions)
Accredited by NAAC with 'A' Grade

To

The In-charge Director
Father Muller Charitable Institution
Kankanady
Mangaluru.

Dear Father,

Subject: Request for the Re-imbusement of National Seminar expenditure.

I have successfully attended the seminar and presented the poster during the National Seminar on Academic and Administrative Audits (AAA) at JSS Medical College, Mysuru on 27th and 28th March 2017. I express my heartfelt gratitude for the support and cooperation rendered with regard to the leave and re-imbusement facility. The expenditure of the conference is as shown below. The bills of the same are enclosed along with the approval letter, certificates and the receipts. Kindly do the needful.

Accommodation Rs. 600

Bus fare Rs 522+617

Total Rs. 1,739 ✓

To A/C
Approved

Yours Sincerely

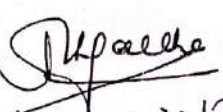

Dr. Savitha Pramilda Cutinho

IQAC Coordinator

Father Muller College of Nursing

30/03/2017

PAID	
Chq./DD/Inv. No:	065604
Date:	31-03-17
Account No.:	216/25


31.3.17

ForWARDED
Submitted
30/3/17

Bank Pay Voucher

No. : 298

Dated : 31-Mar-2017

Particulars	Amount
Account :	
Seminars & Conferences C.O.N. 1,739.00 Dr	1,739.00
Through :	
Synd Bank A/c 216/25	
On Account of :	
Chq No. 065604 Payment to Savitha Pramilda Cutnho towards National Seminar on Academic and Administrative Audits at JSS Medical College Mysuru	
Amount (in words) :	
Indian Rupees One Thousand Seven Hundred Thirty Nine Only	
	₹ 1,739.00

Receiver's Signature :

Checked by :


Authorised Signatory


Verified by

Jagadguru Sri Shivarathreeshwara University

Accredited 'A' Grade by NAAC

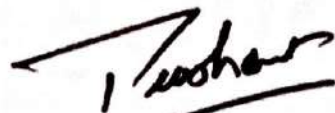
NATIONAL SEMINAR ON ACADEMIC AND ADMINISTRATIVE AUDITS
(NAAC Sponsored)

CERTIFICATE OF PARTICIPATION

This is to certify that

Dr. SAVITHA PRAMILDA CUTINHO

Father Muller College of Nursing, Mangluru has participated as Delegate/
Presented Poster in National Seminar on Academic and Administrative Audit
held at JSS Medical College, Mysuru on 27th and 28th of March 2017.



Dr. Prashant Vishwanath
IQAC Coordinator



Dr. B. Manjunatha
Registrar

From
Ms Seema S Chavan
Assistant Professor
Department of Pediatric Nursing
FMCON

Through proper channel

To
The Director
FMCI

Subject: To kindly refund the amount spent for the scientific paper at "54th Conference of Indian Academy of Pediatrics" in Bangalore

Respected Father,

I the above mentioned staff of your institute kindly request you to refund me the amount spent for the scientific paper at "54th Conference of Indian Academy of Pediatrics" on 18th to 22nd January 2017 in Bangalore in terms of travel, registration & accommodation. The amount spent is as follows: Travel – Rs 600/- , Accommodation – Rs 8,965/- & Registration – Rs 7,000/- . Total amount = Rs 16,565/- . Kindly oblige.

Enclosure

- Bills related to accommodation , Registration & Travel
- Certificate of paper presentation

Thanking you in anticipation

Yours sincerely



Seema S Chavan

Place – Mangalore

Date – 30/01/17

PAID	
Chq./DD/PO No:	65560
Date:	8.2.17
A/c. No:	216/25

1/ HC
Putkondjow
30/1/17

Forwarded to the Director

Chalwada
30.1.2017

Bank Pay Voucher

No : 251

Dated : 2-Feb-2017

Particulars	Amount
Account : Seminars & Conferences CON 16,565.00 Dr	16,565.00
Through : Synd Bank A/c 216/25	
On Account of : Chq No. 063560 Payment to Seema S Chavan towards attending conference at Bangalore 54th conference of Indian Academy of Pediatrics	
Amount (in words) : Indian Rupees Sixteen Thousand Five Hundred Sixty Five Only	
	₹ 16,565.00

Receiver's Signature :


Checked by :




Authorised Signatory


Verified by



IAP Bangalore (BPS)

54th Annual Conference of Indian Academy of Pediatrics

Dates: 18th - 22nd, January 2017 Venue: Gayathri Vihar, Palace Ground, Bengaluru
www.pedicon2017.in

pedicon

BENGALURU-2

NURTURE THE GIRL CHILD · NURTURE NA

CERTIFICATE OF PARTICIPATION

This is to certify that Dr.**SEEMA CHAVAN**.....

Bearing Reg.No. **RN - 1154**..... has participated as **Delegate** in the 54th Annual Conference of Indian Academy of Pediatrics held from 19th - 22nd January 2017 and has been awarded 8 credit hours by Karnataka Medical Council for CME and Conference.

Vide letter No K.M.C. / C.M.E. / 962 / 953 / 2016 Dated 27/12/16 and 31/12/16



Dr. Pralhad V Kanchi
Vice President-K.M.C. Bangalore

Dr. Anupam Sachdev
President-IAP

Dr. Basavaraj G.V.
Org. Secretary-Scientific

Dr. Govindaraj M
Chief Org. Chairman

Dr. Karunakara B.P
Chief Org. Secretary

2017-2018

0234222 0001190

FATHER MULLER'S INSTITUTE OF HEALTH SCIENCES
 (A Unit of Fr. Muller's Charitable Institutions)
 Form for claiming Reimbursement for the Full Time Teaching Staff

NAME: Ms SEEMA S. CHAVAN
 DESIGNATION: ASSOCIATE PROF / HOD DEPARTMENT: PEDIATRIC NURSING

SANCTION ORDER (Office Order) NUMBER: ADM / HR / 0374 / 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 / TALK / SESSION: QUALITY OF LIFE & LIVED EXPERIENCE & MOTHERS FELT NEED OF CHILDREN WITH CANCER IN A SELECTED HOSPITAL MANGALORE - A PILOT STUDY REPORT

ORGANISERS: MANGALORE PEDICON [YENEBOYA MEDICAL COLLEGE]

FROM: 24/3/18 TO: 25/3/18 NO. OF DAYS: 2 PLACE: MANGALORE

Please fill only 'Amount Claimed' by you in the boxes provided below		For office use only	
	Amount Claimed (Rs.)		Amount Sanctioned (Rs.)
1. Registration fees (Original receipt to be attached)	Rs 3,000/-		Rs 3,000/-
2. Travel Allowance (Proof of Travel to be attached)	Rs 1,037/-		Rs 1,037/-
3. Daily Allowance / Accommodation	Mode of Travel / Class: <u>AUTO TAXI</u>		
	Amount per Day: <u>Bus fare @ Rs 5/- for 9x5 x 4 =</u>		Rs. 180/-
	No. of Days: <u>4</u>		
	TOTAL: <u> </u>		
4. Others			
	GRAND TOTAL : <u>Rs 4,037/-</u>		<u>Rs 4,037/-</u>
			<u>Rs. 3,180/-</u>

- Enclosures:
- Original Registration Fee Receipt
 - Travel Proof
 - Original Accommodation Bills
 - Photo Copy of Attendance Certificate Attested By HOD
 - Brief Report of The Conference

PAID
 Ch. No: 109753
 Date: 18-04-18
 A/c. No: 216/25

SIGNATURE OF THE H.O.D. _____ SIGNATURE OF THE STAFF _____

CHECKED BY: [Signature]
 MANAGER - HRD

APPROVED/SANCTIONED BY: [Signature]
 DEAN / PRINCIPAL
 DIRECTOR

Fr. Muller College of Nursing
(A Unit of Fr. Muller Charitable Institutions)
Fr. Muller Road, Kankanady,
Mangalore-575002
E-Mail : accounts@fathermuller.in

Bank Pay Voucher

No. : 11

Dated : 18-Apr-2018

Particulars	Amount
Account : Staff -Conference Expenses	3,180.00
Through : Synd Bank A/c 216/25 On Account of : Chq No. 109753 Payment to Seema S chavan towards conference Amount (In words) : Indian Rupees Three Thousand One Hundred Eighty Only	<u>₹ 3,180.00</u>

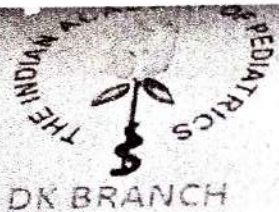
Receiver's Signature :


Checked by




Authorized Signatory


Verified by

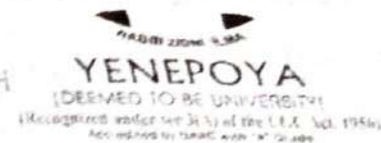


DR. M R SHENOY ORATION - 2018

ANNUAL STATE LEVEL CONFERENCE OF INDIAN ACADEMY OF PAEDIATRICS, DK BRANCH

HOSTED BY

DEPARTMENT OF PAEDIATRICS, YENEPOYA MEDICAL COLLEGE, DERALAKATTE, MANGALORE



CERTIFICATE OF ATTENDANCE

MS. SEEMA S CHAVAN

3
CREDIT
HOURS

Medical Council No : _____ State : _____

has participated as **DELEGATE** in the

MANGALORE PEDICON & Dr. M. R SHENOY ORATION - 2018

held on 24th & 25th of March 2018 at Indoor Auditorium, Yenepoya Medical College, Mangalore.

Karnataka Medical Council has granted 3 Credit Hours for this conference

Vide Letter No : K.M.C. / C.M.E / 100 / 2018, Dated : 03.03.2018

Dr. Santosh T Soans
National President, IAP 2018

Dr. Kiran N Baliga
President, IAP DK Branch 2018

Dr. Abdul Bashith
Secretary, IAP DK Branch 2018

Dr. Prakash R M Saldanha
Organising Chairman, Mangalore Pedicon 2018

Dr. Sahana K. S
Organising Secretary, Mangalore Pedicon 2018

Zonal Chairman
CME Accreditation Committee

Dr. Ghulam Jeelani Qadiri
Dean, Yenepoya Medical College



FATHER MULLER COLLEGE OF NURSING
 Affiliated to Rajiv Gandhi University of Health Sciences, Karnataka, Bangalore
 (A Unit of Father Muller Charitable Institutions)
 Accredited by NAAC with 'A' Grade

FMCON/700/ 2017-18

07.11.2017

The Director
 FMCI

Dear Rev. Father,

I was a guest speaker for a state level conference on 4th Nov 2017 at Bangalore where Mr Dilip Kumar, INC President was present.

In my presentation I have done my best to market our Institution. Mr Dilip Kumar recognised our Institution and has requested to undertake a research study on the dual role we practice.

While thanking you sincerely for all your support & giving me an opportunity to attend this conference, I humbly request you also to reimburse the travel expenses incurred towards the same.

Air ticket	₹ 3622/-
Local Travel	₹ 620/-

Total	4242/-

A/c

Approved

[Signature]
 8.11.17

Kindly do the needful.

Thanking you,

Yours sincerely,

[Signature]
 Sr Jacintha D Souza
 PRINCIPAL
 Encl: Air tickets
 Boarding pass

CON.

PAID	
Ch. No.	534200
Date	15-11-17
Page	216/25

Bank Pay Voucher

No. 217

Dated 15-Nov-2017

Particulars	Amount
ACCOUNT :	
Postage and Telegrams (The Professional couriers)	1,500.00
Other Supplies & Expenses CON 402.00 Dr (Venus Bakery)	402.00
Examination Expenses (UG practical examination)	2,664.00
Travelling Expenses (Sr. Jacintha attending conference at Bangalore)	4,242.00

Through :

Synd Bank A/c 216/25

On Account of :

Chq No. 534200 Payment to Sr. Jacintha towards bills

Amount (In words) :

Indian Rupees Eight Thousand Eight Hundred Eight Only

₹ 8,808.00 ✓

Receiver's Signature :

Authorised Signatory



TRAINED NURSES' ASSOCIATION OF INDIA

H.Q:# L-17, Florence Nightingale Lane, Green Park, NEW DELHI-110016.

Phone:2656665, 26966873, Telefax:011-26858304

E-mail:tnai_2003@yahoo.com / tnai@ndf.vsnl.net.in, Website:www.tnaionline.org

K.O.: # 205, 2nd Floor, Mahaveer Nest, Vemana Charitable Trust, Devarachikkanahalli,

BENGALURU-560076. E-mail:tnaikarnataka@yahoo.in
tnaitsb@gmail.com

President:

Dr. S.S. Prabhudeva

ssprabhudeva@gmail.com, Mob: 9341226840

~~Vice~~ President: Bangalore Division

Dr A.T.S. Giri

gouthamgiri@yahoo.co.in, Mob: 9845022057

Vice President: Mysore Division

Dr. Larissa Martha Sam

vasini71@rediffmail.com, Mob: 9945303531

Vice President: Gulbarga Division

Mr.Sreekanth Savalgi

srikanthsavalg@gmail.com, Mob : 9448219919

Vice President: Belgaum Division

Prof.Dr. Nagarajappa.D

nagarajd11@gmail.com, Mob : 9481028189

Secretary:

Prof.P.Girijamba Devi

yasuchinnu@rediffmail.com, Mob: 9880592685

Treasurer:

Prof. Hemalatha.R

hemamach@gmail.com, Mob: 9980043241

SNA Advisor:

Dr.K.Ramu

Ramu5janu@gmail.com, Mob: 9448175850

Chairperson, Nursing Education & Research :

Dr. Terisa Leonilda Mandonea

leedapga@yahoo.com, Mob: 9448297010

Chairperson, Nursing Service Section

Mrs.Sarojajaykumar

Saroja.jayakumar@manipalhospitals.com, Mob: 9945061699

Chairperson, Programme Committee:

Mrs.Beena Marrel

marrel@rediffmail.com Mob: 9632053096

Chairperson, Membership Committee:

Mr.Dileep S Natekar

deelipsn@gmail.com, Mob: 9844802937

Chairperson, Economic & Welfare Committee:

Mrs.Jyothi

jyothivimscon@gmail.com, Mob: 9480065235

Chairperson, Public Health Section:

Mrs.Vrundamma

vrundacphn@gmail.com, Mob: 9945061699

Chairperson, LHV/ ANM Section

Mrs.A.M. Gowramma

Mob:8277515856

Ref:- TNAI/KSB/1018/17-18 Date... 28/10/2017

To,

Sr. Jacintha DSouza,

Principal,

Fr.Mullers College of Nursing ,
Mangalore.

Sub: Request to be a Guest Speaker for State Level Conference on 04/11/2017 with the theme "2020 Vision for the Future of Nursing Education"

Respected Madam,

Greetings from the Executive Committee of the Trained Nurses' Association of India, Karnataka State Branch (TNAI-KSB).

It's our honor and pleasure to invite you as a Guest Speaker on Dual Role –Taking It Forward for State Level Conference on 04/11/2017 with the theme "2020 Vision for the Future of Nursing Education"

Thanking you

Yours faithfully

P. Arora 28/10/17
Secretary

TNAI KARNATAKA STATE BRANCH



FATHER MULLER COLLEGE OF NURSING
(A Unit of Father Muller Charitable Institutions)
Affiliated to Rajiv Gandhi University of Health Sciences, Karnataka, Bangalore
Accredited by NAAC with 'A' Grade

FMCON/ 80 /2018-19

20.02.2018

The Director
FMCI.


Dear Rev. Father,

I request you kindly make arrangements to reimburse a sum of Rs. 2500/- (Rupees two thousand five hundred only) towards the registration fee for participating in the International conference at Manipal College of Nursing ON 16th and 17th February 2018.

Kindly do the needful.

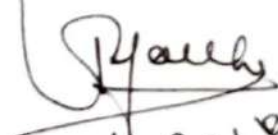
Thanking you,

Yours sincerely,


Sr Jacintha D Souza
PRINCIPAL.



AK
Approved.


21.2.18.

Fr. Muller College of Nursing
(A Unit of Fr. Muller Charitable Institutions)
Fr. Muller Road, Kankanady,
Mangalore-575002
E-Mail : accounts@fathermuller.in

Bank Pay Voucher

No. : 371

Dated : 24-Feb-2018

Particulars	Amount
Account :	
Other Supplies & Expenses	330.00
C.O.N. 330.00 Dr <i>(IQAC Core Committee meeting expenses)</i>	
Extra Curricular Expenses	3,294.00
<i>(Motivational session for Youth day)</i>	
Staff -Conference Expenses	2,500.00
<i>(REgistration fees Internaiton conference at Manipal College)</i>	

Through :

Synd Bank A/c 216/25

On Account of :

Chq No. 109706 Payment to Sr. Jacintha towards bills

Amount (In words) :

Indian Rupees Six Thousand One Hundred Twenty Four Only

₹ 6,124.00 ✓

Receiver's Signature :

Authorised Signatory



MANIPAL COLLEGE OF NURSING
MANIPAL
(A constituent unit of MAHE, Manipal)

MANIPAL
UNIVERSITY OF HEALTH SCIENCES

25
1993-2018

CERTIFICATE



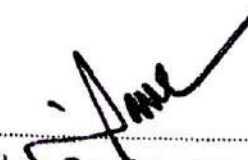
This certificate is awarded to


Sr Jacintha D'Souza

for being a participant in the International Conference on Global Challenges in Health Care

(CNE credit hours awarded by Karnataka State Nursing Council is 16 hours)

held on 16th & 17th February 2018


.....
Dr Elsa Sanatombi Devi
Organizing Secretary


.....
17/02/2018
Dr Anice George
Organizing Chairperson

FATHER MULLER'S INSTITUTE OF HEALTH SCIENCES
(A Unit of Fr. Muller's Charitable Institutions)
Form for claiming Reimbursement for the Full Time Teaching Staff

NAME
 DESIGNATION DEPARTMENT

SANCTION ORDER (Office Order) NUMBER

TYPE : (Please tick)

<input checked="" type="checkbox"/> Conference	<input type="checkbox"/> Workshop	<input type="checkbox"/> Seminar	<input type="checkbox"/> CME	<input type="checkbox"/> Others :	<input type="text" value="CONFERENCE"/>	
<input checked="" type="checkbox"/> International	<input type="checkbox"/> National	<input type="checkbox"/> Regional	<input type="checkbox"/> State Level	<input type="checkbox"/> District	<input type="checkbox"/> Local	<input type="checkbox"/> Others :

PURPOSE

TITLE OF THE PAPER / TALK / SESSION

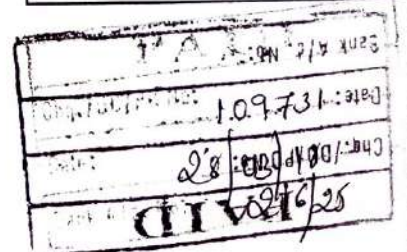
ORGANISORS

FROM TO NO. OF DAYS PLACE

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)	<input type="text" value="2500/-"/>	<input type="text" value="2500"/>
2. Travel Allowance (Proof of Travel to be attached) Mode of Travel / Class <input type="text" value="Bus"/>	<input type="text" value="132/-"/>	<input type="text" value="132"/>
3. Daily Allowance / Accommodation Amount per Day <input type="text"/> No. of Days <input type="text"/>	<input type="text" value="- Nil -"/>	<input type="text" value="—"/>
TOTAL	<input type="text" value="3,032/-"/>	<input type="text" value="2632"/>
4. Others <input type="text" value="Poster charges"/>	<input type="text" value="400/-"/>	<input type="text" value="—"/>
GRAND TOTAL	<input type="text" value="3,032/-"/>	<input type="text" value="2632"/>

- Enclosures :**
1. Original Registration Fee Receipt ✓
 2. Travel Proof ✓
 3. Original Accommodation Bills - Nil -
 4. Photo Copy of Attendance Certificate Attested By HOD ✓
 5. Brief Report of The Conference ✓



SIGNATURE OF THE H.O.D.

SIGNATURE OF THE STAFF

CHECKED BY :

APPROVED/SANCTIONED BY :

Fr. Muller College of Nursing
(A Unit of Fr. Muller Charitable Institutions)
Fr. Muller Road, Kankanady,
Mangalore-575002
E-Mail: accounts@frathermuller.in

Bank Pay Voucher

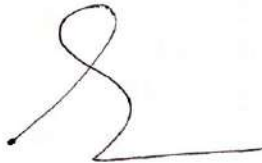
No. : 399

Dated : 28-Mar-2018

Particulars	Amount
Account : Staff -Conference Expenses	2,632.00
Through : Synd Bank A/c 216/25 On Account of : (Chq no...109731 Payment to Shiji P J towards attending conference at Manipal Amount (in words) : Indian Rupees Two Thousand Six Hundred Thirty Two Only	₹ 2,632.00 ✓

Receiver's Signature :


Checked by




Authorized Signatory


Verified by



MANIPAL COLLEGE OF NURSING
MANIPAL
(A constituent unit of MAHE, Manipal)

MANIPAL
MAHE

25
1983-2018

CERTIFICATE




This certificate is awarded to


Ms. Shiji P J

for being a participant in the International Conference on Global Challenges in Health Care

(CNE credit hours awarded by Karnataka State Nursing Council is 16 hours)

held on 16th & 17th February 2018


Dr Elsa Sanatombi Devi
Organizing Secretary


12/02/2018
Dr Anice George
Organizing Chairperson

FATHER MULLER'S INSTITUTE OF HEALTH SCIENCES
 (A Unit of Fr. Muller's Charitable Institutions)
 Form for claiming Reimbursement for the Full Time Teaching Staff

NAME: SONIA KAREN LIZ SEQUERA
 DESIGNATION: ASSISTANT PROFESSOR DEPARTMENT: NURSING

SANCTION ORDER (Office Order) NUMBER: _____

TYPE : (Please tick)

<input checked="" type="checkbox"/> Conference	<input type="checkbox"/> Workshop	<input type="checkbox"/> Seminar	<input type="checkbox"/> CME	<input type="checkbox"/> Others :		
<input type="checkbox"/> International	<input type="checkbox"/> National	<input type="checkbox"/> Regional	<input type="checkbox"/> State Level	<input type="checkbox"/> District	<input type="checkbox"/> Local	<input type="checkbox"/> Others :

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

TITLE OF THE PAPER / TALK / SESSION: CLIENT SATISFACTION AND PREFERENCES TOWARDS NON VERBAL COMMUNICATION OF HEALTH CARE PROVIDER.

ORGANISORS: MANIPAL COLLEGE OF NURSING

FROM: 16/02/18 TO: 17/02/18 NO. OF DAYS: 2 PLACE: MANIPAL

Please fill only ' Amount Claimed ' by you in the boxes provided below				For office use only	
		Amount Claimed (Rs.)		Amount Sanctioned (Rs.)	
1. Registration fees (Original receipt to be attached)		Rs 2,500/-		Rs 2500/-	
2. Travel Allowance (Proof of Travel to be attached)		Rs 175/-		Rs 175/-	
Mode of Travel / Class	BUS				
3. Daily Allowance / Accommodation					
Amount per Day	No. of Days				
	2	TOTAL	Rs 2675/-		
4. Others					
		GRAND TOTAL	Rs 2675/-	Rs. 2675/-	

- Enclosures :**
1. Original Registration Fee Receipt
 2. Travel Proof
 3. Original Accommodation Bills
 4. Photo Copy of Attendance Certificate Attested By HOD
 5. Brief Report of The Conference

SIGNATURE OF THE H.O.D. _____ SIGNATURE OF THE STAFF _____
 CHECKED BY: _____ APPROVED/SANCTIONED BY: _____

Fr. Muller College of Nursing
(A Unit of Fr. Muller Charitable Institutions)
Fr. Muller Road, Kankanady,
Mangalore-575002
E-Mail : accounts@fathermuller.in

Bank Pay Voucher

No. : 395

Dated : 21-Mar-2018

Through : Synd Bank A/c 216/25

Particulars	Amount
Account :	
Staff -Conference Expenses	2,675.00

On Account of :

Ch.No: 109727 Payment to Sonia Karen Liz Sequera
towards conference expenses

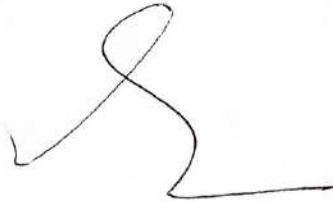
Amount (In words) :

Indian Rupees Two Thousand Six Hundred Seventy Five Only

2,675.00

Receiver's Signature :


Checked by




Authorized Signatory


Verified by



MANIPAL COLLEGE OF NURSING
MANIPAL
(A constituent unit of MAHE, Manipal)

MANIPAL
ACADEMY OF HIGHER EDUCATION

25
1993-2018

CERTIFICATE




This certificate is awarded to


Ms. Sonia Karen Liz

for being a participant in the International Conference on Global Challenges in Health Care

(CNE credit hours awarded by Karnataka State Nursing Council is 16 hours)

held on 16th & 17th February 2018


.....
Dr Elsa Sanatombi Devi
Organizing Secretary


.....
Dr Anice George
Organizing Chairperson

2018-2019

FATHER MULLER'S INSTITUTE OF HEALTH SCIENCES
 (A Unit of Fr. Muller's Charitable Institutions)
 Form for claiming Reimbursement for the Full Time Teaching Staff

52506

NAME: **PRIYA SWEETY PEREIRA** ID: **023921800**
 DESIGNATION: **LECTURER** DEPARTMENT: **COMMUNITY HEALTH NURSING, FMCON**

SANCTION ORDER (Office Order) NUMBER: **ADM/DIR/229/2018**

TYPE: (Please tick)

<input checked="" type="checkbox"/> Conference	<input type="checkbox"/> Workshop	<input type="checkbox"/> Seminar	<input type="checkbox"/> CME	<input type="checkbox"/> Others:		
<input checked="" type="checkbox"/> International	<input type="checkbox"/> National	<input type="checkbox"/> Regional	<input type="checkbox"/> State Level	<input type="checkbox"/> District	<input type="checkbox"/> Local	<input type="checkbox"/> Others:

PURPOSE: **PAPER / POSTER PRESENTATION / GUEST SPEAKER / CHAIR PERSON**

TITLE OF THE PAPER / TALK / SESSION: **Knowledge and Practice on Breast Self Examination among Women at a selected Hospital, Mangalore in a view to prepare Informational Leaflet.**

ORGANISORS: **KAHER INSTITUTE OF NURSING SCIENCES**

FROM: **23/11/18** TO: **24/11/18** NO. OF DAYS: **02** PLACE: **BELAGAVI**

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)	2,500/-		1000/-	
2. Travel Allowance (Proof of Travel to be attached) Mode of Travel / Class BUS, NON AC	1,170/-		1170/-	
3. Daily Allowance / Accommodation Amount per Day 100 No. of Days 2 → TOTAL	200/-		200/-	
4. Others Nil	Nil		-	
GRAND TOTAL	3,870/-		2370/-	

- Enclosures : 1. Original Registration Fee Receipt
 2. Travel Proof
 3. Original Accommodation Bills
 4. Photo Copy of Attendance Certificate Attested By HOD
 5. Brief Report of The Conference

472872
 14/12/18
 P. Prs 216/25

SIGNATURE OF THE H.O.D.

SIGNATURE OF THE STAFF

CHECKED BY :

APPROVED/SANCTIONED BY :

MANAGER - HRD

DEAN/PRINCIPAL

13/12/18
 DIRECTOR

FATHER MULLER CHARITABLE INSTITUTIONS

Fr Muller Road, Kankanady, Mangalore

Ref.No.:ADM/DIR/229/2018

08.10.2018

Mrs Priya Sweety Pereira
Lecturer
Department of Community Health Nursing
F. M. C. O. N.

Dear Mrs Priya Pereira,

Ref : Your letter dated 04.10.2018

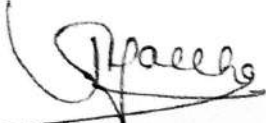
Sub : Permission to present a paper at an International Conference, Belagavi

With reference to the above, you are permitted to attend the International Conference at Belagavi, to present a paper. You may avail 2 days of special casual leave on 23rd and 24th November 2018 for this purpose. You are not eligible for any other benefits or TA/DA from the Institutions.

Congratulations for having got a chance to present a paper.

Wishing you all the best,

Yours sincerely,



Rev. Fr Richard A. Coelho
DIRECTOR

c.c. : Principal, FMCON / HR-Manager / file

re/tr

As per Principal's oral information towards reimbursement, of Mrs Priya S Pereira, submitting the documents.



KLE ACADEMY OF HIGHER EDUCATION & RESEARCH
(Deemed-to-be-University)



Re-Accredited "A" Grade by NAAC (2nd Cycle) Placed in 'Category A' by MHRD, (GOI)



INSTITUTE OF NURSING SCIENCES, BELAGAVI
INTERNATIONAL NURSING CONFERENCE



"Is our Nursing Practice Evidence Based?
A Review of Essential Skills in Healthcare & Nursing Education"
23rd & 24th November, 2018

RECEIPT

322

Received with thanks from Mr/Ms.

Priya S. Pereira

Address

Father Muller Con, Mangalore

₹ (in words)

cheque / DD / NEFT / Cash

100

[Signature]

Receiver's Signature

SH BILL

idget's Convent

Nagar, BELGAUM - 590 010.

Date: 24/11/2018

754

Prिया S. Pereira

No.	Particulars	Amount
	Boarding fee -	200.00
	<u>Solenee.</u>	TOTAL 200.00

VRL VIJAYANAND TRAVELS

DIVISION OF VRL LOGISTICS LTD

24 X 7 CUSTOMER CARE : 0836 2307300

TR # 14580312

30-10-2018 12:29:31

MODE : FB

Corporate Office : Giriraj Annexe Circuit House Road, HUBBALLI - 580 029(KARNATAKA) |
feedback@vrllogistics.com | www.vrllogistics.in

CIN NO :

L60210KA1983PLC005247E

PAN NO :

AABCV3609C

www.vrlbus.in

TOUR CONTRACT RECEIPT / TAX INVOICE

ORIGIN	DESTINATION	TOUR DATE & TIME	COACH
MANGALURU	BELAGAVI	22-11-2018 09:00:00 PM	SLEEPER COACH(32)

REPORTING DATE & TIME	BOOKED BY
22-11-2018 08:45:00 PM	JITHIN PC

BOARDING ADDRESS
HAMPANKATTE SAGAR
TOURIST9342430319,08244275177,
SAGAR TOURISTBALAMATA
ROADMANGALORE

DROPING POINT
HOTEL TRIVENI (M) 9343993254, HOTEL
TRIVENI, OPP RTO OFFICE, SHIVAJINAGAR,
BELAGAVI

PASSENGER DETAILS

PNR	SEAT NO	NAME	CONTACT	GENDER	AGE	FARE
18842376	U16	MRS PRIYA SWEETY	7996595269	Fe-Male	32	585.00

TOTAL BOOKING AMOUNT : 585.00 + 0.00(GST) = 585.00
VRL GSTIN (KA) : 29AABCV3609C1ZJ

VRL GST	SAC	Passenger GST	Company Name	Taxable Value	GST%	IGST	CGST	SGST	PLACE
29AABCV3609C1ZJ	996422			0.00	0.00	0.00	0.00	0.00	KA

[AFTER DISCOUNT]

This Ticket Booked under Fe-male Discount Scheme. Special Fe-male Discount Amount : 32.5

TERMS AND CONDITIONS :

- The ticket is valid for the particular journey to which it is issued.
- The company undertaken no liability in case of cancellation of trips due to breakdown or for reasons beyond the control of the management. However, proportionate refund of fare will be allowed in case no alternate arrangement is made.
- Tickets are not transferable. The management reserves the right to off-load passengers who are travelling on incorrect tickets, disturbing the co-passengers and also drunken passengers, without refund.
- The management reserves the right to cancel, postpone, change or delay the vehicle without assigning any reason and to change the sitting arrangements in case of emergency.
- The management is not responsible for your luggage / baggage / belongings inside the bus / office and disputed value should be within Rs.1000/-. If passenger carries any luggage or parcel worth more than Rs.1000/- will be at passenger's risk.
- Passengers are requested to report 15 minutes in advance. The bus will not wait for passengers who are late. No Refund for untravelled ticket.
- Passengers are required to produce Govt. issued ID proof compulsory while boarding the bus.



VIJAYANAND TRAVELS

DIVISION OF VRL LOGISTICS LTD
24 X 7 CUSTOMER CARE : 0836 2307300

TR # 14580313

30-10-2018 12:29:31
MODE : FB

Corporate Office : Giriraj Annexe Circuit House Road, HUBBALLI - 580 029(KARNATAKA) |
feedback@vrllogistics.com | www.vrllogistics.in

CIN NO : L60210KA1983PLC005247E PAN NO : AABCV3609C www.vrlbus.in

TOUR CONTRACT RECEIPT / TAX INVOICE

ORIGIN	DESTINATION	TOUR DATE & TIME	COACH
BELAGAVI	MANGALURU	24-11-2018 07:30:00 PM	SLEEPER COACH(32)

REPORTING DATE & TIME
24-11-2018
07:15:00 PM

BOOKED BY
JITHIN PC

BOARDING ADDRESS
HOTEL TRIVENI (M) 9343993254,
HOTEL TRIVENI, OPP RTO OFFICE,
SHIVAJINAGAR, BELAGAVI

DROPPING POINT
VRL MAIN OFFICE PVS KODIYAL BAIL
MANGALORE PH 9342430319, 0824 - 2493536,
VRL MAIN OFFICE PVS KODIYAL BAIL
MANGALORE

PASSENGER DETAILS

PNR	SEAT NO	NAME	CONTACT	GENDER	AGE	FARE
18842377	U16	MRS PRIYA SWEETY	7996595269	Fe-Male	32	585.00

TOTAL BOOKING AMOUNT : 585.00 + 0.00(GST) = 585.00
VRL GSTIN (KA) : 29AABCV3609C1ZJ

VRL GST	SAC	Passenger GST	Company Name	Taxable Value	GST%	IGST	CGST	SGST	PLACE
29AABCV3609C1ZJ	996422			0.00	0.00	0.00	0.00	0.00	KA

[AFTER DISCOUNT]

This Ticket Booked under Fe-male Discount Scheme. Special Fe-male Discount Amount : 32.5

TERMS AND CONDITIONS :

1. The ticket is valid for the particular journey to which it is issued.
2. The company undertaken no liability in case of cancellation of trips due to breakdown or for reasons beyond the control of the management. However, proportionate refund of fare will be allowed in case no alternate arrangement is made.
3. Tickets are not transferable. The management reserves the right to off-load passengers who are travelling on incorrect tickets, disturbing the co-passengers and also drunken passengers, without refund.
4. The management reserves the right to cancel, postpone, change or delay the vehicle without assigning any reason and to change the sitting arrangements in case of emergency.
5. The management is not responsible for your luggage / baggage / belongings inside the bus / office and disputed value should be within Rs.1000/-. If passenger carries any luggage or parcel worth more than Rs.1000/- will be at passenger's risk.



KLE ACADEMY OF HIGHER EDUCATION & RESEARCH

(Deemed-to-be-University)

Re-Accredited "A" Grade by NAAC (2nd Cycle)

Placed in 'Category A' by MHRD, (GOI)

INSTITUTE OF NURSING SCIENCES, BELAGAVI

INTERNATIONAL NURSING CONFERENCE

**"Is our Nursing Practice Evidence Based?
A Review of Essential Skills in Healthcare & Nursing Education"**

Certificate Of Participation

KSNC Credit points 16

This is to certify that

~~Dr/Prof/Mr/Ms/Mrs~~ PRIYA · SWEETY · PEREIRA

has participated as ~~Organizer / Delegate / Resource Person / Chairperson / Paper-Poster Presenter~~ in the International Conference

held on 23rd & 24th November, 2018 at Institute of Nursing Sciences, KAHER, Belagavi, Karnataka, India

Dr. Sangeeta Kharde (India)
HOD, OBG Nursing
Institute of Nursing Sciences,
KAHER, Belagavi

Mr. Rajeev Metri (Overseas)
BCUHB Medical Devices Officer
Cardiac Care Charge Nurse
University Health Board,
NHS Trust, Northwales. UK

Dr. Sudha A. Raddi (India)
Dean, Faculty of Nursing
Principal,
INS, KAHER, Belagavi

Sr. Jacintha D'Souza, M.Sc(N), M.Phil(N)
PRINCIPAL
Lead Nurse, Allergology Clinical Immunology Services,
Department of Respiratory Medicine
Homerton University Hospital,
NHS Trust, Homerton Row, London. UK

Dr. V. D. Patil
Registrar
KAHER, Belagavi

Organizing Secretaries

Organizing Chairpersons

Fr. Muller College of Nursing
(A Unit of Fr. Muller Charitable Institutions)
Fr. Muller Road, Kankanady,
Mangalore-575002
E-Mail : accounts@fathermuller.in

Bank Pay Voucher

No. : 220²¹⁹

Dated : 14-Dec-2018

Particulars	Amount
Account : Staff -Conference Expenses	26,683.00
Through : Synd Bank A/c 216/25	
On Account of : (Ch.No 472872 Payment to Syndicate Bank towards attending conference credited to bank account	
Amount (in words) : Indian Rupees Twenty Six Thousand Six Hundred Eighty Three Only	
	₹ 26,683.00

Receiver's Signature :

✓
Checked by


Authorised Signatory


Verified by

Date of joining - 01/07/18

FATHER MULLER'S INSTITUTE OF HEALTH SCIENCES
 (A Unit of Fr. Muller's Charitable Institutions)
 Form for claiming Reimbursement for the Full Time Teaching Staff

✓

NAME BRIGIT A P NEE SISTER DEEPA PETER 02392180038477

DESIGNATION Associate Professor DEPARTMENT FMCON / Nursing Foundation Dept

SANCTION ORDER (Office Order) NUMBER ADM/DIR/239/2018

TYPE : (Please tick)

Conference	Workshop	Seminar	CME	Others :	
<input checked="" type="checkbox"/> International	<input type="checkbox"/> National	<input type="checkbox"/> Regional	<input type="checkbox"/> State Level	<input type="checkbox"/> District	<input type="checkbox"/> Local
					<input type="checkbox"/> Others :

PURPOSE PAPER / POSTER PRESENTATION / GUEST SPEAKER / CHAIR PERSON

TITLE OF THE PAPER / TALK / SESSION Comparative study on recording of temperature by clinical mercury thermometer and digital thermometer among student nurses in selected college at Mangalore.

ORGANISORS KLE Institute of Nursing sciences

FROM 23/11/18 TO 24/11/2018 NO. OF DAYS 2 PLACE Belagavi

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

For office use only

	Amount Claimed (Rs.)	Amount Sanctioned (Rs)
1. Registration fees (Original receipt to be attached)	<u>Rs 2500/-</u>	<u>2000/-</u>
2. Travel Allowance (Proof of Travel to be attached) Mode of Travel / Class <u>Bus - Non A/C</u>	<u>Rs 615/-</u> <u>Rs 585/-</u>	<u>1202/-</u>
3. Daily Allowance / Accommodation Amount per Day <u>Rs 100/-</u> No. of Days <u>2</u> → TOTAL	<u>200/-</u>	<u>200/-</u>
4. Others	<u>-</u>	<u>-</u>
GRAND TOTAL	<u>Rs 3900/-</u>	<u>3402/-</u>

- Enclosures :
1. Original Registration Fee Receipt
 2. Travel Proof
 3. Original Accommodation Bills
 4. Photo Copy of Attendance Certificate
 5. Brief Report of The Conference

PAID
 Attested By HOD 472872
 Chq. No. 14/12/18
 Date: 21/6/25
 SIGNATURE OF THE STAFF

SIGNATURE OF THE H.O.D.

CHECKED BY :

APPROVED/SANCTIONED BY :

[Signature]
 MANAGER - HRD

[Signature]
 DEAN/PRINCIPAL

[Signature]
13/12/18
 DIRECTOR

FATHER MULLER CHARITABLE INSTITUTIONS

Fr Muller Road, Kankanady, Mangalore

Ref.No.:ADM/DIR/239/2018

08.10.2018 ✓

Ms Brigit A.P. nee Sr Deepa Peter
Associate Professor
Department of Nursing Foundation
F. M. C. O. N.

Dear Sr Deepa Peter,

Ref : Your letter dated 04.10.2018

Sub : Permission to present a paper at an International Conference, Belagavi

With reference to the above, you are permitted to attend the International Conference at Belagavi, to present a paper. You may avail 2 days of special casual leave on 23rd and 24th November 2018 for this purpose. You are not eligible for any other benefits or TA/DA from the Institutions.

Congratulations for having got a chance to present a paper.

Wishing you all the best,

Yours sincerely,



Rev. Fr Richard A. Coelho
DIRECTOR

c.c. : Principal, FMCON / HR-Manager / file

rc/r

As per the Principal's oral message, I am submitting
the documents.

for Dep.
28/11/2018

KLE ACADEMY OF HIGHER EDUCATION & RESEARCH
(Deemed-to-be-University)

Re-Accredited "A" Grade by NAAC (2nd Cycle) Placed in 'Category A' by MHRD, (GOI)



INSTITUTE OF NURSING SCIENCES, BELAGAVI
INTERNATIONAL NURSING CONFERENCE



"Is our Nursing Practice Evidence Based?"
A Review of Essential Skills in Healthcare & Nursing Education"

23rd & 24th November, 2018

RECEIPT

323

Received with thanks from Mr/Ms. Brigit AP (Sr-Deeya)

Address Favier Muller CON, Mangalore

₹ (in words) _____

By Cheque / DD / NEFT / Cash _____

₹ 2500/-

Slaco
Receiver's Signature

CASH BILL

Bridget's Convent

Vaibhav Nagar, BELGAUM - 590 010.

748

Date : 24/11/2018

To Sr. Deepa Peter

S. No.	Particulars	Amount
	Boarding charge	200.00
	<u>Solemnly</u> TOTAL	200.00



VIJAYANAND TRAVELS

DIVISION OF VRL LOGISTICS LTD
24 X 7 CUSTOMER CARE : 0836 2307300

TR # 14577941

30-10-2018 09:08:27

MODE: FB



Corporate Office: Ginnraj Annexe Circuit House Road, HUBBALLI - 580 029(KARNATAKA) | feedback@vrllogistics.com

CIN NO: L60210KA1983PLC005247E

PAN NO: AABCV3609E

www.vrllogistics.in

TOUR CONTRACT RECEIPT / TAX INVOICE

ORIGIN	DESTINATION	TOUR DATE & TIME	COACH
MANGALURU	BELAGAVI	22-11-2018 09:00:00 PM	SLEEPER COACH(32)

REPORTING DATE & TIME	BOOKED BY
22-11-2018 08:45:00 PM	IBIBO GROUP PRIVATE LIMITED. (FORMERLY AS PILANI SOFT LABS PVT LTD--REDBUS.IN), Redbus Redbus

BOARDING ADDRESS	DROPPING POINT
HAMPANKATTE SAGAR TOURIST9342430319,08244275177, SAGAR TOURISTBALAMATA ROADMANGALORE	GOAVES HEGDE TRAVELS (VAN PICK UP) 8884494351, HEGADE TRAVELS CORPORATION COMPLEX, BELAGAVI, PH 9482548383

PASSENGER DETAILS

PNR	SEAT NO	NAME	CONTACT	GENDER	AGE	FARE
18839278	L2	Sr+DEEPA+PETER ✓	9995486564	Fe-Male	47	617.00

TOTAL BOOKING AMOUNT : 617.00 + 0.00(GST) = 617.00 [AFTER DISCOUNT]

VRL GSTIN (KA) : 29AABCV3609C1ZJ

VRL GST	SAC	Passenger GST	Company Name	Taxable Value	GST%	IGST	CGST	SGST	PLACE
29AABCV3609C1ZJ	996422			0.00	0.00	0.00	0.00	0.00	KA

This Ticket Booked under Fe-male Discount Scheme. Special Fe-male Discount Amount : 32.5

TERMS AND CONDITIONS :

- The ticket is valid for the particular journey to which it is issued.
- The company undertaken no liability in case of cancellation of trips due to breakdown or for reasons beyond the control of the management. However, proportionate refund of fare will be allowed in case no alternate arrangement is made.
- Tickets are not transferable. The management reserves the right to off-load passengers who are travelling on incorrect tickets, disturbing the co-passengers and also drunken passengers, without refund.
- The management reserves the right to cancel, postpone, change or delay the vehicle without assigning any reason and to change the sitting arrangements in case of emergency.
- The management is not responsible for your luggage / baggage / belongings inside the bus / office and disputed value should be within Rs.1000/-. If passenger carries any luggage or parcel worth more than Rs.1000/- will be at passenger's risk.
- Passengers are requested to report 15 minutes in advance. The bus will not wait for passengers who are late. No Refund for untravelled ticket.
- Passengers are required to produce Govt. issued ID proof compulsory while boarding the bus.
- One passenger is allowed to carry the baggage upto 20 kg and ticket will be charged for child above 1 year of age.
- Co-Seats of lady passenger to be confirmed to lady passenger only, no accommodation given to male passenger.
- Pets, Contraband and explosive articles are not allowed in the coach.
- Smoking and consumption of alcohol is strictly prohibited in the coach.
- No cancellation is allowed for pre-poned / postponed.
- The coaches and the passengers are covered by insurance. In the event of accidents and consequential injury, loss of life and other damages, such contingencies are covered by the insurance.
- No tips shall be paid to operating crew and No video service between 11.00 PM to 6.00 AM.
- For ticket cancellation and any other changes the customer has to visit nearest company office / agency with copy of govt.issued id proof and respective ticket copy. Telephonic request / mail will not be entertained.
- Blankets will be provided in A/c coaches only.
- All disputes are subject to exclusive jurisdiction of the courts at HUBBALLI ONLY.

CANCELATION CHARGES (ON VALUE OF TICKETS)

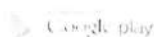
HOURS BEFORE DEPARTURE	CHARGES	
24 TO 48 HRS. AND ABOVE	15%	* NO CANCELATION / PREPONEMENT / POSTPONEMENT ALLOWED 4 HOURS PRIOR TO DEPARTURE OF BUS.
12 TO 24 HRS.	20%	**FOR ONLINE TICKET REFUNDS BANK CHARGES AS APPLICABLE.
BELOW 12 HRS.	25% *	WISH YOU A HAPPY JOURNEY



A mobile app to help you to search missing individuals - Missed Person

Social Cause Networking

Free Download on





Search mail

2 of 200

Compose

Inbox

Starred

Snoozed

Important

Chats

Sent

Drafts

Categories

Maps/Trash

SEARCH

JITHIN

Apps Etc

ESB

Royal of Alas

msd - no + gang?

BELAGAVI		MANGALURU		24-11-2018 07:30:00 PM		SLEEPER COACH(32)			
REPORTING DATE & TIME		BOOKED BY							
24-11-2018 07:15:00 PM		JITHIN PC							
BOARDING ADDRESS				DROPPING POINT					
HOTEL TRIVENI (M) 9343993254, HOTEL TRIVENI, OPP RTO OFFICE, SHIVAJINAGAR, BELAGAVI				VRL MAIN OFFICE PVS KODIYAL BAIL MANGALORE PH 9342430319, 0824 - 2493536, VRL MAIN OFFICE PVS KODIYAL BAIL MANGALORE					
PASSENGER DETAILS									
PNR	SEAT NO	NAME	CONTACT	GENDER	AGE	FARE			
18841516	L2	SR DEEPA PETER	7996595269	Fe-Male	47	585.00			
TOTAL BOOKING AMOUNT : 585.00 + 0.00(GST) = 585.00 VRL GSTIN (KA) : 29AABCV3609C1ZJ									
VRL GST	SAC	Passenger GST	Company Name	Taxable Value	GST%	IGST	CGST	SGST	PLACE
29AABCV3609C1ZJ	995422			0.00	0.00	0.00	0.00	0.00	KA
[AFTER DISCOUNT]									
This Ticket Booked under Female Discount Scheme. Special Female Discount Amount : 32.5									



KLE ACADEMY OF HIGHER EDUCATION & RESEARCH

(Deemed-to-be-University)

Re-Accredited "A" Grade by NAAC (2nd Cycle)

Placed in 'Category A' by MHRD, (GOI)

INSTITUTE OF NURSING SCIENCES, BELAGAVI

INTERNATIONAL NURSING CONFERENCE

**"Is our Nursing Practice Evidence Based?
A Review of Essential Skills in Healthcare & Nursing Education"**

Certificate Of Participation

KSNC Credit points 16

This is to certify that

Dr/Prof/Mr/Ms/Mrs BRIGIT A.P [SR. DEEPA PETER]

has participated as ~~Organizer~~ / Delegate / Resource Person / Chairperson / ~~Paper-Poster Presenter~~ in the International Conference held on 23rd & 24th November, 2018 at Institute of Nursing Sciences, KAHER, Belagavi, Karnataka, India

Dr. Sangeeta Kharde (India)
HOD, OBG Nursing
Institute of Nursing Sciences,
KAHER, Belagavi

Mr. Rajeev Metri (Overseas)
BCUHB Medical Devices Officer
Cardiac Care Charge Nurse
University Health Board,
NHS Trust, Northwales, UK

Dr. Sudha A. Raddi (India)
Dean, Faculty of Nursing
Principal,
INS, KAHER, Belagavi

Dr. Sushma D'Souza, M.Sc(N), M.Phil(N)
PRINCIPAL
Father Muller College of Nursing,
Kankanady, Mangaluru-575002

Mr. Thippeswamy Billahalli (Overseas)
Lead Nurse, Intensive & Clinical Immunology Services,
Dept. of Respiratory Medicine
Homerton University Hospital,
NHS Trust, Homerton Row, London, UK

Dr. V. D. Patil
Registrar
KAHER, Belagavi

Organizing Secretaries

Organizing Chairpersons

Tab of joint g - 23-10-18 ✓

FATHER MULLER'S INSTITUTE OF HEALTH SCIENCES
 (A Unit of Fr. Muller's Charitable Institutions)
 Form for claiming Reimbursement for the Full Time Teaching Staff

NAME Mrs PRIYA JANIFER FERNANDES 023921900 24265

DESIGNATION Asst Professor DEPARTMENT Fm con / Child Hlth

SANCTION ORDER (Office Order) NUMBER Adm/DIR/281/2018

TYPE (Please tick)

Conference <input checked="" type="checkbox"/>	Workshop	Seminar	CME	Others :	
International <input checked="" type="checkbox"/>	National	Regional	State Level	District	Local Others :

PURPOSE PAPER / POSTER PRESENTATION / GUEST SPEAKER / CHAIR PERSON

TITLE OF THE PAPER / TALK / SESSION A study on awareness of chemical allergy among health care professi personnel in selected hospital at Mangalore

ORGANISORS KLE, Institute of Neg Sciences, BERAHAVI

FROM 23/11/18 TO 24/11/18 NO. OF DAYS 2 days PLACE BERAHAVI

Please fill only ' Amount Claimed ' by you in the boxes provided below			For office use only	
	Amount Claimed (Rs.)		Amount Sanctioned (Rs)	
1. Registration fees(Original receipt to be attached)	<u>2500.00</u>		<u>1000/-</u>	
2. Travel Allowance (Proof of Travel to be attached)	<u>1,170.00</u>		<u>1170/-</u>	
Mode of Travel / Class <u>Bus non A/c</u>				
3. Daily Allowance / Accommodation				
Amount per Day <u>100</u>	No. of Days <u>2 days</u>	TOTAL <u>200.00</u>	<u>200/-</u>	
4. Others <u>Nil</u>	<u>Nil</u>		<u>-</u>	
GRAND TOTAL	3,870.00		2370/-	

- Enclosures :
1. Original Registration Fee Receipt
 2. Travel Proof
 3. Original Accommodation Bills
 4. Photo Copy of Attendance Certificate Attested By HOD
 5. Brief Report of The Conference

STAMP

Ch: 472872
 Date: 14/12/18
216/25


 SIGNATURE OF THE H.O.D.


 SIGNATURE OF THE STAFF

CHECKED BY :

 MANAGER - HRD

APPROVED/SANCTIONED BY :

 DEAN/PRINCIPAL


13/12/18
 DIRECTOR

✓

FATHER MULLER CHARITABLE INSTITUTIONS

Fr Muller Road, Kankanady, Mangalore

Ref.No.: ADM/DIR/231/2018

08.10.2018

Mrs Priya J. Fernandes
Assistant Professor
Department of Child Health Nursing
F. M. C. O. N.

Dear Mrs Priya Fernandes,

Ref : Your letter dated 04.10.2018

Sub : Permission to present a paper at an International Conference, Belagavi

With reference to the above, you are permitted to attend the International Conference at Belagavi, to present a paper. You may avail 2 days of special casual leave on 23rd and 24th November 2018 for this purpose. You are not eligible for any other benefits or TA/DA from the Institutions.

Congratulations for having got a chance to present a paper.

Wishing you all the best,

Yours sincerely,



Rev. Fr Richard A. Coelho
DIRECTOR

c.c. : Principal, FMCON / HR-Manager / file

rc/r

*As per Principal's oral information regarding reimbursement with receipt
submitting the documents.*



VIJAYANAND TRAVELS

DIVISION OF VRL LOGISTICS LTD
24 X 7 CUSTOMER CARE : 0836 2307300

TR # 14579774
30-10-2018 11:39:24
MODE : FB

Corporate Office : Giriraj Annexe Circuit House Road, HUBBALLI - 580 029(KARNATAKA) |
feedback@vrllogistics.com | www.vrllogistics.in

CIN NO : L60210KA1983PLC005247E PAN NO : AABCV3609C www.vrlbus.in

TOUR CONTRACT RECEIPT / TAX INVOICE

ORIGIN	DESTINATION	TOUR DATE & TIME	COACH
MANGALURU	BELAGAVI	22-11-2018 09:00:00 PM	SLEEPER COACH(32)

REPORTING DATE & TIME	BOOKED BY
22-11-2018 08:45:00 PM	JITHIN PC

BOARDING ADDRESS	DROPPING POINT
HAMPANKATTE SAGAR TOURIST9342430319,08244275177, SAGAR TOURISTBALAMATA ROADMANGALORE	HOTEL TRIVENI (M) 9343993254, HOTEL TRIVENI, OPP RTO OFFICE, SHIVAJINAGAR, BELAGAVI

PASSENGER DETAILS

PNR	SEAT NO	NAME	CONTACT	GENDER	AGE	FARE
18841675	L9	MRS PRIYA FERNANDES	9986969035	Fe-Male	34	585.00

TOTAL BOOKING AMOUNT : 585.00 + 0.00(GST) = 585.00
VRL GSTIN (KA) : 29AABCV3609C1ZJ

VRL GST	SAC	Passenger GST	Company Name	Taxable Value	GST%	IGST	CGST	SGST	PLACE
29AABCV3609C1ZJ	996422			0.00	0.00	0.00	0.00	0.00	KA

[AFTER DISCOUNT]

This Ticket Booked under Fe-male Discount Scheme. Special Fe-male Discount Amount : 32.5

TERMS AND CONDITIONS :

- The ticket is valid for the particular journey to which it is issued.
- The company undertaken no liability in case of cancellation of trips due to breakdown or for reasons beyond the control of the management. However, proportionate refund of fare will be allowed in case no alternate arrangement is made.
- Tickets are not transferable. The management reserves the right to off-load passengers who are travelling on incorrect tickets, disturbing the co-passengers and also drunken passengers, without refund.
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- Passengers are requested to report 15 minutes in advance. The bus will not wait for passengers who are late. No Refund for untravelled ticket.
- Passengers are required to produce Govt. issued ID proof compulsory while boarding the bus.

VRL VIJAYANAND TRAVELS
DIVISION OF VRL LOGISTICS LTD
 24 X 7 CUSTOMER CARE : 0836 2307300

T R # 14579775
 30-10-2018 11:39:25
 MODE : FB

Corporate Office : Giriraj Annexe Circuit House Road, HUBBALLI - 580 029(KARNATAKA) |
 feedback@vrllogistics.com | www.vrllogistics.in

CIN NO : L60210KA1983PLC005247E PAN NO : AABCV3609C www.vrlbus.in

TOUR CONTRACT RECEIPT / TAX INVOICE

ORIGIN	DESTINATION	TOUR DATE & TIME	COACH
BELAGAVI	MANGALURU	24-11-2018 07:30:00 PM	SLEEPER COACH(32)

REPORTING DATE & TIME	BOOKED BY
24-11-2018 07:15:00 PM	JITHIN PC

BOARDING ADDRESS	DROPPING POINT
HOTEL TRIVENI (M) 9343993254, HOTEL TRIVENI, OPP RTO OFFICE, SHIVAJINAGAR, BELAGAVI	VRL MAIN OFFICE PVS KODIYAL BAIL MANGALORE PH 9342430319, 0824 - 2493536, VRL MAIN OFFICE PVS KODIYAL BAIL MANGALORE

PASSENGER DETAILS

PNR	SEAT NO	NAME	CONTACT	GENDER	AGE	FARE
18841676	L21	MRS PRIYA FERNANDES	9986969035	Fe-Male	34	585.00

TOTAL BOOKING AMOUNT : 585.00 + 0.00(GST) = 585.00
 VRL GSTIN (KA) : 29AABCV3609C1ZJ

VRL GST	SAC	Passenger GST	Company Name	Taxable Value	GST%	IGST	CGST	SGST	PLACE
29AABCV3609C1ZJ	996422			0.00	0.00	0.00	0.00	0.00	KA

[AFTER DISCOUNT]
 This Ticket Booked under Fe-male Discount Scheme. Special Fe-male Discount Amount : 32.5

TERMS AND CONDITIONS :

- The ticket is valid for the particular journey to which it is issued.
- The company undertaken no liability in case of cancellation of trips due to breakdown or for reasons beyond the control of the management. However, proportionate refund of fare will be allowed in case no alternate arrangement is made.
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- Passengers are required to produce Govt. issued ID proof compulsory while boarding the



KLE ACADEMY OF HIGHER EDUCATION & RESEARCH
(Deemed-to-be-University)

Re-Accredited "A" Grade by NAAC (2nd Cycle) Placed in 'Category A' by MHRD, (GOI)



INSTITUTE OF NURSING SCIENCES, BELAGAVI
INTERNATIONAL NURSING CONFERENCE



"Is our Nursing Practice Evidence Based?"

A Review of Essential Skills in Healthcare & Nursing Education"

23rd & 24th November, 2018

321

RECEIPT

Received with thanks from Mr/Ms. Priya. J. Fernandes

Address Father Muller CON, Mangalore

₹ (in words) _____

By Cheque / DD / NEFT / Cash ✓ _____

₹ 2500/-

[Signature]
Receiver's Signature

CASH BILL

St. Bridget's Convent

Vaibhav Nagar, BELGAUM - 590 010.

4752

Date : 24/11/2018

Mrs. Priya Fernandes

S. No.	Particulars	Amount
	Boarding fee.	200 - 00
	<u>S. L. L.</u> TOTAL	200 - 00



**KLEINS
ICON 2018**



KLE ACADEMY OF HIGHER EDUCATION & RESEARCH

(Deemed-to-be-University)

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Certificate Of Participation

KSNC Credit points 16

This is to certify that

~~Dr/Prof/Mr/Ms/Mrs~~ PRIYA JANIFER FERNANDES

has participated as ~~Organizer~~ / Delegate / ~~Resource Person~~ / ~~Chairperson~~ / ~~Paper-Poster Presenter~~ in the International Conference

held on 23rd & 24th November, 2018 at Institute of Nursing Sciences, KAHER, Belagavi, Karnataka, India

S. Kharde

Dr. Sangeeta Kharde (India)
HOD, OBG Nursing
Institute of Nursing Sciences,
KAHER, Belagavi

R. Metri

Mr. Rajeev Metri (Overseas)
BCUHB Medical Devices Officer
Cardiac Care Charge Nurse
University Health Board,
NHS Trust, Northwales, UK

Sudha

Dr. Sudha A. Raddi (India)
Dean, Faculty of Nursing
Principal,
INS, KAHER, Belagavi

J. D. Souza
Dr. J. D. Souza, M.Sc(N), M.Phil(N)
PRINCIPAL
Father Muller College of Nursing
Kankanady, Mangalore

W. Thippeswamy
Dr. Thippeswamy Billahalli (Overseas)
Nurse - Allergy & Clinical Immunology Services,
Dept. of Respiratory Medicine
Homerton University Hospital,
NHS Trust, Homerton Row, London, UK

V. D. Patil

Dr. V. D. Patil
Registrar
KAHER, Belagavi

J. J. J.

Organizing Secretaries

Organizing Chairpersons

FATHER MULLER'S INSTITUTE OF HEALTH SCIENCES
 (A Unit of Fr. Muller's Charitable Institutions)
 Form for claiming Reimbursement for the Full Time Teaching Staff

NAME: SANDRA J. SARDANHA ^{Tyothi} 023921800 49341

DESIGNATION: LECTURER / ANS DEPARTMENT: Child Health Nursing

SANCTION ORDER (Office Order) NUMBER: ADM/DIR/232/2018

TYPE (Please tick)

<input checked="" type="checkbox"/> Conference	<input type="checkbox"/> Workshop	<input type="checkbox"/> Seminar	<input type="checkbox"/> CME	<input type="checkbox"/> Others :		
<input checked="" type="checkbox"/> International	<input type="checkbox"/> National	<input type="checkbox"/> Regional	<input type="checkbox"/> State Level	<input type="checkbox"/> District	<input type="checkbox"/> Local	<input type="checkbox"/> Others :

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

TITLE OF THE PAPER / TALK / SESSION: Effectiveness of Situation, Background, Assessment and Recommendation (SBAR) among Students in clinical setting.

ORGANISORS: KAHER INSTITUTE OF NURSING SCIENCES

FROM: 23/11/18 TO: 24/11/18 NO. OF DAYS: 2 PLACE: BELAGAVI

Please fill only ' Amount Claimed ' by you in the boxes provided below				For office use only	
				Amount Sanctioned (Rs.)	
1. Registration fees(Original receipt to be attached)	Amount Claimed (Rs.)			Amount Sanctioned (Rs.)	
	2500/-			1000/-	
2. Travel Allowance (Proof of Travel to be attached)	Amount Claimed (Rs.)			Amount Sanctioned (Rs.)	
Mode of Travel / Class	Bus Non AC			1170/-	
3. Daily Allowance / Accommodation	Amount Claimed (Rs.)			Amount Sanctioned (Rs.)	
Amount per Day	No. of Days	TOTAL		200/-	
100	2	200/-		200/-	
4. Others	Nil			Nil	
GRAND TOTAL				2370/-	

- Enclosures :
- Original Registration Fee Receipt
 - Travel Proof
 - Original Accommodation Bills
 - Photo Copy of Attendance Certificate Attested By HOD
 - Brief Report of The Conference
 - Ethical clearance.

PAID
 472872
 Certificate Attested By HOD
 Date: 14/12/18
 No: 216/25

SIGNATURE OF THE H.O.D. _____ SIGNATURE OF THE STAFF: SARDANHA

CHECKED BY:
 MANAGER - HRD

APPROVED/SANCTIONED BY:
 DEAN/PRINCIPAL

13/12/18
 DIRECTOR

FATHER MULLER CHARITABLE INSTITUTIONS

Fr Muller Road, Kankanady, Mangalore

Ref.No.: ADM/DIR/232/2018

08.10.2018

Mrs Sandra Jyothi Saldanha
Assistant Professor
Department of Child Health Nursing
F. M. C. O. N.

Dear Mrs Sandra Saldanha,

Ref : Your letter dated 04.10.2018

Sub : Permission to present a paper at an International Conference, Belagavi

With reference to the above, you are permitted to attend the International Conference at Belagavi, to present a paper. You may avail 2 days of special casual leave on 23rd and 24th November 2018 for this purpose. You are not eligible for any other benefits or TA/DA from the Institutions.

Congratulations for having got a chance to present a paper.

Wishing you all the best,

Yours sincerely,



Rev. Fr Richard A. Coelho
DIRECTOR

c.c. : Principal, FMCON / HR-Manager / file

re/tr

As per Principal's oral information regarding reimbursement, I, Ms. Sandra Saldanha, am submitting the documents.

KLE ACADEMY OF HIGHER EDUCATION & RESEARCH
(Deemed-to-be-University)

Re-Accredited "A" Grade by NAAC (2nd Cycle) Placed in 'Category A' by MHRD, (GOI)



INSTITUTE OF NURSING SCIENCES, BELAGAVI
INTERNATIONAL NURSING CONFERENCE



"Is our Nursing Practice Evidence Based?
A Review of Essential Skills in Healthcare & Nursing Education"
23rd & 24th November, 2018

RECEIPT

326

Received with thanks from Mr/Ms. Sandra. J. S.

Address Father Muller CON, Mangalore

₹ (in words) _____

By Cheque / DD / NEFT / Cash _____

₹

2500/-

Kolaco

Receiver's Signature

CASH BILL

Bridget's Convent

Vaibhav Nagar, BELGAUM - 590 010.

4751

Date : 24/11/2018

Mrs. Sandra Saldanha

Sl. No.	Particulars	Amount
	Boarding fee.	200-00
	<u>Saldanha</u> - TOTAL	200-00

(Handwritten signature/initials)

VRL VIJAYANAND TRAVELS

DIVISION OF VILLOGISTICS LTD
24 X 7 CUSTOMER CARE : 0836 2307300

TR # 14579956
30-10-2018 11 57 49
MODE : FB

Corporate Office : Giriraj Annexe Circuit House Road, HUBBALLI - 580 029(KARNATAKA) |
feedback@vrllogistics.com | www.vrllogistics.in

CIN NO : L60210KA1983PLC005247E PAN NO : AABCV3609C www.vrlbus.in

TOUR CONTRACT RECEIPT / TAX INVOICE

ORIGIN	DESTINATION	TOUR DATE & TIME	COACH
MANGALURU	BELAGAVI	22-11-2018 09:00:00 PM	SLEEPER COACH(32)

REPORTING DATE & TIME	BOOKED BY
22-11-2018 08:45:00 PM	JITHIN PC

BOARDING ADDRESS	DROPPING POINT
HAMPANKATTE SAGAR TOURIST9342430319,08244275177, SAGAR TOURISTBALAMATA ROADMANGALORE	HOTEL TRIVENI (M) 9343993254, HOTEL TRIVENI, OPP RTO OFFICE, SHIVAJINAGAR, BELAGAVI

PASSENGER DETAILS

PNR	SEAT NO	NAME	CONTACT	GENDER	AGE	FARE
18841928	U10	MRS.SANDRA J SALDANA	9900412965	Fe-Male	34	585.00

TOTAL BOOKING AMOUNT : 585.00 + 0.00(GST) = 585.00
VRL GSTIN (KA) : 29AABCV3609C1ZJ

VRL GST	SAC	Passenger GST	Company Name	Taxable Value	GST%	IGST	CGST	SGST	PLACE
29AABCV3609C1ZJ	996422			0.00	0.00	0.00	0.00	0.00	KA

[AFTER DISCOUNT]
This Ticket Booked under Fe-male Discount Scheme. Special Fe-male Discount Amount : 32.5

- TERMS AND CONDITIONS :**
1. The ticket is valid for the particular journey to which it is issued.
 2. The company undertaken no liability in case of cancellation of trips due to breakdown or for reasons beyond the control of the management. However, proportionate refund of fare will be allowed in case no alternate arrangement is made.
 3. Tickets are not transferable. The management reserves the right to off-load passengers who are travelling on incorrect tickets, disturbing the co-passengers and also drunken passengers, without refund.
 4. The management reserves the right to cancel, postpone, change or delay the vehicle without assigning any reason and to change the sitting arrangements in case of emergency.
 5. The management is not responsible for your luggage / baggage / belongings inside the bus / office and disputed value should be within Rs.1000/-. If passenger carries any luggage or parcel worth more than Rs.1000/- will be at passenger's risk.
 6. Passengers are requested to report 15 minutes in advance. The bus will not wait for passengers who are late. No Refund for untravelled ticket.



VIJAYANAND TRAVELS

DIVISION OF VRL LOGISTICS LTD

24 X 7 CUSTOMER CARE : 0836 2307300

T R # 14579957

30-10-2018 11:57:49

MODE : FB

Corporate Office : Giriraj Annexe Circuit House Road, HUBBALLI - 580 029(KARNATAKA) |
feedback@vrllogistics.com | www.vrllogistics.in

CIN NO : L60210KA1983PLC005247E PAN NO : AABCV3609C www.vrlbus.in

TOUR CONTRACT RECEIPT / TAX INVOICE

ORIGIN	DESTINATION	TOUR DATE & TIME	COACH
BELAGAVI	MANGALURU	24-11-2018 07:30:00 PM	SLEEPER COACH(32)

REPORTING DATE & TIME: 24-11-2018 07:15:00 PM
BOOKED BY: JITHIN PC

BOARDING ADDRESS: HOTEL TRIVENI (M) 9343993254, HOTEL TRIVENI, OPP RTO OFFICE, SHIVAJINAGAR, BELAGAVI
DROPPING POINT: VRL MAIN OFFICE PVS KODIYAL BAIL MANGALORE PH 9342430319, 0824 - 2493536, VRL MAIN OFFICE PVS KODIYAL BAIL MANGALORE

PASSENGER DETAILS

PNR	SEAT NO	NAME	CONTACT	GENDER	AGE	FARE
18841929	U10	MRS.SANDRA J SALDANA	9900412965	Fe-Male	34	585.00

TOTAL BOOKING AMOUNT : 585.00 + 0.00(GST) = 585.00
VRL GSTIN (KA) : 29AABCV3609C1ZJ

VRL GST	SAC	Passenger GST	Company Name	Taxable Value	GST%	IGST	CGST	SGST	PLACE
29AABCV3609C1ZJ	996422			0.00	0.00	0.00	0.00	0.00	KA

[AFTER DISCOUNT]

This Ticket Booked under Fe-male Discount Scheme. Special Fe-male Discount Amount : 32.5

TERMS AND CONDITIONS :

- The ticket is valid for the particular journey to which it is issued.
- The company undertaken no liability in case of cancellation of trips due to breakdown or for reasons beyond the control of the management. However, proportionate refund of fare will be allowed in case no alternate arrangement is made.
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- Passengers are requested to report 15 minutes in advance. The bus will not wait for passengers who are late. No Refund for untravelled ticket.
- Passengers are required to produce Govt. issued ID proof compulsory while boarding the



KLE ACADEMY OF HIGHER EDUCATION & RESEARCH

(Deemed-to-be-University)

Re-Accredited "A" Grade by NAAC (2nd Cycle)

Placed in 'Category A' by MHRD, (GOI)

INSTITUTE OF NURSING SCIENCES, BELAGAVI

INTERNATIONAL NURSING CONFERENCE

**"Is our Nursing Practice Evidence Based?
A Review of Essential Skills in Healthcare & Nursing Education"**

Certificate Of Participation

KSNC Credit points 16

This is to certify that

Dr/Prof/Mr/Ms/Mrs SANDRA · JYOTHI · SALDANHA

has participated as ~~Organizer~~ / Delegate / ~~Resource Person~~ / ~~Chairperson~~ / ~~Paper-Poster Presenter~~ in the International Conference

held on 23rd & 24th November, 2018 at Institute of Nursing Sciences, KAHER, Belagavi, Karnataka, India

Dr. Sangeeta Kharde (India)
HOD, OBG Nursing
Institute of Nursing Sciences,
KAHER, Belagavi

Mr. Rajeev Metri (Overseas)
BCUHB Medical Devices Officer
Cardiac Care Charge Nurse
University Health Board,
NHS Trust, Northwales, UK

Dr. Sudha A. Raddi (India)
Dean, Faculty of Nursing
Principal,
INS, KAHER, Belagavi

Mr. Thiya Ramy Billahalli (Overseas)
Lead Nurse
Allergy & Clinical Immunology Services,
Dept. of Respiratory Medicine
Homerton University Hospital,
NHS Trust, Homerton Row, London, UK

Dr. V. D. Patil
Registrar
KAHER, Belagavi

Organizing Secretaries

Organizing Chairpersons

Sr. Jacintha D'SOUZA M.Sc(N), M.Phil(N)
Principal
Falmes Muller College
Mangalore, Karnataka

Date of joining - 03/09/2012

FATHER MULLER'S INSTITUTE OF HEALTH SCIENCES
 (A Unit of Fr. Muller's Charitable Institutions)
 Form for claiming Reimbursement for the Full Time Teaching Staff

NAME: MRS. WILMA S. NORONHA 0239219000 1597
 DESIGNATION: ASST. PROFESSOR DEPARTMENT: FMCON / Child H. Nsg

SANCTION ORDER (Office Order) NUMBER: ADM/DIR/230/2018

TYPE: (Please tick)

<input checked="" type="checkbox"/> Conference	<input type="checkbox"/> Workshop	<input type="checkbox"/> Seminar	<input type="checkbox"/> CME	Others:	
<input checked="" type="checkbox"/> International	<input type="checkbox"/> National	<input type="checkbox"/> Regional	<input type="checkbox"/> State Level	<input type="checkbox"/> District	<input type="checkbox"/> Local

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

TITLE OF THE PAPER / TALK / SESSION: A STUDY ON KNOWLEDGE AND ATTITUDE REGARDING DIET AMONG ANTENATAL WOMEN IN A SELECTED HOSPITAL OF MANGALURU IN A VIEW TO PREPARE INFORMATIONAL PAMPHLET

ORGANISORS: KLE, INSTITUTE OF NURSING SCIENCES, BELAGAVI

FROM: 23-11-18 TO: 24-11-2018 NO. OF DAYS: 2 days PLACE: BELAGAVI

Please fill only ' Amount Claimed ' by you in the boxes provided below			For office use only	
	Amount Claimed (Rs.)		Amount Sanctioned (Rs)	
1. Registration fees (Original receipt to be attached)	2500.00		1000/-	
2. Travel Allowance (Proof of Travel to be attached)	1,170.00		1170/-	
Mode of Travel / Class	<u>BUS non A/C</u>			
3. Daily Allowance / Accommodation				
Amount per Day	100.00	No. of Days	2 days	
		TOTAL	200.00.	200/-
4. Others	NIL		NIL	-
GRAND TOTAL	3,870.00		2370/-	

- Enclosures :
1. Original Registration Fee Receipt
 2. Travel Proof
 3. Original Accommodation Bills
 4. Photo Copy of Attendance Certificate Attested By HOD
 5. Brief Report of The Conference

472872
 Date: 14/12/18
 26/25
 W. Noronha
 SIGNATURE OF THE STAFF

SIGNATURE OF THE H.O.D.

CHECKED BY :

 MANAGER HRD

APPROVED/SANCTIONED BY :

 DEAN/PRINCIPAL

APPROVED/SANCTIONED BY :

 13/12/18
 DIRECTOR



KLE ACADEMY OF HIGHER EDUCATION & RESEARCH

(Deemed-to-be-University)

Re-Accredited "A" Grade by NAAC (2nd Cycle) Placed in 'Category A' by MHRD, (GOI)



INSTITUTE OF NURSING SCIENCES, BELAGAVI
INTERNATIONAL NURSING CONFERENCE



"Is our Nursing Practice Evidence Based?
A Review of Essential Skills in Healthcare & Nursing Education"

23rd & 24th November, 2018

RECEIPT

Received with thanks from Mr/Ms. ³²⁰ Wilma S. Noronha.

Address Father Muller CON, Mangalore

₹ (in words) _____

By Cheque / DD / NEFT / Cash _____

₹ 2500/-

Salaco
Receiver's Signature

VRL VIJAYANAND TRAVELS
DIVISION OF VRL LOGISTICS LTD
 24 X 7 CUSTOMER CARE : 0836 2307300

T R # 14579835
 30-10-2018 11:45:31
 MODE : FB

Corporate Office : Giriraj Annexe Circuit House Road, HUBBALLI - 580 029(KARNATAKA) |
 feedback@vrllogistics.com | www.vrllogistics.in

CIN NO : L60210KA1983PLC005247E PAN NO : AABCV3609C www.vrlbus.in

TOUR CONTRACT RECEIPT / TAX INVOICE

ORIGIN	DESTINATION	TOUR DATE & TIME	COACH
MANGALURU	BELAGAVI	22-11-2018 09:00:00 PM	SLEEPER COACH(32)

REPORTING DATE & TIME	BOOKED BY
22-11-2018 08:45:00 PM	JITHIN PC

BOARDING ADDRESS	DROPING POINT
HAMPANKATTE SAGAR TOURIST9342430319,08244275177, SAGAR TOURISTBALAMATA ROADMANGALORE	HOTEL TRIVENI (M) 9343993254, HOTEL TRIVENI, OPP RTO OFFICE, SHIVAJINAGAR, BELAGAVI

PASSENGER DETAILS

PNR	SEAT NO	NAME	CONTACT	GENDER	AGE	FARE
18841762	L8	MRS.WILMA NORONHA	9481765777	Fe-Male	44	585.00

TOTAL BOOKING AMOUNT : 585.00 + 0.00(GST) = 585.00
 VRL GSTIN (KA) : 29AABCV3609C1ZJ

VRL GST	SAC	Passenger GST	Company Name	Taxable Value	GST%	IGST	CGST	SGST	PLACE
29AABCV3609C1ZJ	996422			0.00	0.00	0.00	0.00	0.00	KA

[AFTER DISCOUNT]
 This Ticket Booked under Fe-male Discount Scheme. Special Fe-male Discount Amount : 32.5

- TERMS AND CONDITIONS :**
- The ticket is valid for the particular journey to which it is issued.
 - The company undertaken no liability in case of cancellation of trips due to breakdown or for reasons beyond the control of the management. However, proportionate refund of fare will be allowed in case no alternate arrangement is made.
 - Tickets are not transferable. The management reserves the right to off-load passengers who are travelling on incorrect tickets, disturbing the co-passengers and also drunken passengers, without refund.
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 - The management is not responsible for your luggage / baggage / belongings inside the bus / office and disputed value should be within Rs.1000/-. If passenger carries any luggage or parcel worth more than Rs.1000/- will be at passenger's risk.
 - Passengers are requested to report 15 minutes in advance. The bus will not wait for passengers who are late. No Refund for untravelled ticket.
 - Passengers are required to produce Govt. issued ID proof compulsory while boarding the

VIJAYANAND TRAVELS

DIVISION OF VRL LOGISTICS LTD

24 X 7 CUSTOMER CARE : 0836 2307300

T R # 14579836

30-10-2018 11:45:32

MODE : FB

Corporate Office : Giriraj Annexe Circuit House Road, HUBBALLI - 580 029(KARNATAKA) |
feedback@vrllogistics.com | www.vrllogistics.in

CIN NO :

L60210KA1983PLC005247E

PAN NO :

AABCV3609C

www.vrlbus.in

TOUR CONTRACT RECEIPT / TAX INVOICE

ORIGIN	DESTINATION	TOUR DATE & TIME	COACH
BELAGAVI	MANGALURU	24-11-2018 07:30:00 PM	SLEEPER COACH(32)

REPORTING DATE & TIME	BOOKED BY
24-11-2018 07:15:00 PM	JITHIN PC

BOARDING ADDRESS
HOTEL TRIVENI (M) 9343993254,
HOTEL TRIVENI, OPP RTO OFFICE,
SHIVAJINAGAR, BELAGAVI

DROPPING POINT
VRL MAIN OFFICE PVS KODIYAL BAIL
MANGALORE PH 9342430319, 0824 - 2493536,
VRL MAIN OFFICE PVS KODIYAL BAIL
MANGALORE

PASSENGER DETAILS

PNR	SEAT NO	NAME	CONTACT	GENDER	AGE	FARE
18841763	L20	MRS.WILMA NORONHA	9481765777	Fe-Male	44	585.00

TOTAL BOOKING AMOUNT : 585.00 + 0.00(GST) = 585.00

VRL GSTIN (KA) : 29AABCV3609C1ZJ

VRL GST	SAC	Passenger GST	Company Name	Taxable Value	GST%	IGST	CGST	SGST	PLACE
29AABCV3609C1ZJ	996422			0.00	0.00	0.00	0.00	0.00	KA

[AFTER DISCOUNT]

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TERMS AND CONDITIONS :

1. The ticket is valid for the particular journey to which it is issued.
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3. Tickets are not transferable. The management reserves the right to off-load passengers who are travelling on incorrect tickets, disturbing the co-passengers and also drunken passengers, without refund.
4. The management reserves the right to cancel, postpone, change or delay the vehicle without assigning any reason and to change the sitting arrangements in case of emergency.

CASH BILL

St. Bridget's Convent

Vaibhav Nagar, BELGAUM - 590 010.

No. **4753**

Date: 24/11/2018

To Mrs. Wilma S Aloronha

S. No.	Particulars	Amount
	Boarding fee	200.00
	<u>Smbarel</u> TOTAL	200.00

K



KLEINS
ICON 2018



KLE ACADEMY OF HIGHER EDUCATION & RESEARCH

(Deemed-to-be-University)

Re-Accredited "A" Grade by NAAC (2nd Cycle)

Placed in 'Category A' by MHRD, (GOI)

INSTITUTE OF NURSING SCIENCES, BELAGAVI

INTERNATIONAL NURSING CONFERENCE

**"Is our Nursing Practice Evidence Based?
A Review of Essential Skills in Healthcare & Nursing Education"**

Certificate Of Participation

KSNC Credit points 16

This is to certify that

~~Dr/Prof/Mr/Ms/Mrs~~ WILMA · S · NORONHA

has participated as ~~Organizer / Delegate / Resource Person / Chairperson / Paper-Poster Presenter~~ in the International Conference

held on 23rd & 24th November, 2018 at Institute of Nursing Sciences, KAHER, Belagavi, Karnataka, India

Dr. Sangeeta Kharde (India)
HOD, OBG Nursing
Institute of Nursing Sciences,
KAHER, Belagavi

Organizing Secretaries

Mr. Rajeev Metri (Overseas)
BCUHB Medical Devices Officer
Cardiac Care Charge Nurse
University Health Board,
NHS Trust, Northwales, UK

Dr. Sudha A. Raddi (India)
Dean, Faculty of Nursing
Principal,
INS, KAHER, Belagavi

Organizing Chairpersons

Mr. Thippeswamy Billa (Overseas)
Nurse, Energy & Clinical Immunology Services,
Dept of Respiratory Medicine
Homerton University Hospital,
NHS Trust, Homerton Row, London, UK

Dr. V. D. Patil
PRINCIPAL
St. Jachimtha College
Kannur, Mangalore

Dr. V. D. Patil
Registrar
KAHER, Belagavi

✓

FATHER MULLER CHARITABLE INSTITUTIONS.

Fr Muller Road, Kankanady, Mangalore

Ref.No.: ADM/DIR/230/2018

08.10.2018

Mrs Wilma S. Noronha
Assistant Professor
Department of Child Health Nursing
F. M. C. O. N.

Dear Mrs Wilma Noronha,

Ref : Your letter dated 04.10.2018

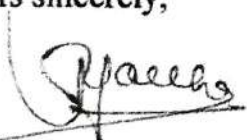
Sub : Permission to present a paper at an International Conference, Belagavi

With reference to the above, you are permitted to attend the International Conference at Belagavi, to present a paper. You may avail 2 days of special casual leave on 23rd and 24th November 2018 for this purpose. You are not eligible for any other benefits or TA/DA from the Institutions.

Congratulations for having got a chance to present a paper.

Wishing you all the best,

Yours sincerely,


Rev. Fr Richard A. Coelho
DIRECTOR

c.c.: Principal, FMCON / HR-Manager / file

sc/r

As per Principal's oral information regarding reimbursements; Since, I (Mrs. Wilma S. Noronha) Submitting the documents.

FATHER MULLER'S INSTITUTE OF HEALTH SCIENCES
 (A Unit of Fr. Muller's Charitable Institutions) ✓
 Form for claiming Reimbursement for the Full Time Teaching Staff

NAME BINSHA PAPPACHAN. C 02392180033203

DESIGNATION Assoc. Professor DEPARTMENT FMCON

SANCTION ORDER (Office Order) NUMBER ADM/HR/1105/2018

TYPE : (Please tick)

<input checked="" type="checkbox"/> Conference	<input type="checkbox"/> Workshop	<input type="checkbox"/> Seminar	<input type="checkbox"/> CME	<input type="checkbox"/> Others :		
<input checked="" type="checkbox"/> International	<input type="checkbox"/> National	<input type="checkbox"/> Regional	<input type="checkbox"/> State Level	<input type="checkbox"/> District	<input type="checkbox"/> Local	<input type="checkbox"/> Others :

PURPOSE PAPER / POSTER PRESENTATION / GUEST SPEAKER / CHAIR PERSON

TITLE OF THE PAPER / TALK / SESSION Effect of Psycho-social Intervention Package on Psychological distress and QoL of women with Breast cancer

ORGANISORS Indian Nursing Council & International Council of Nursing

FROM 29/11/18 TO 01/12/2018 NO. OF DAYS 3 PLACE New Delhi

Please fill only ' Amount Claimed ' by you in the boxes provided below				For office use only	
			Amount Claimed (Rs.)	Amount Sanctioned(Rs)	
1. Registration fees(Original receipt to be attached)			5000/-	2000/-	✓
2. Travel Allowance (Proof of Travel to be attached)			7301/-	7301/-	✓
Mode of Travel / Class	<u>Ae 3 tier / 2 tier</u>				
3. Daily Allowance / Accommodation					
Amount per Day	No. of Days				
1998.08	3	→ TOTAL	5994	4500/-	✓
4. Others					
GRAND TOTAL			18295	13801/-	✓

- Enclosures :
1. Original Registration Fee Receipt
 2. Travel Proof
 3. Original Accommodation Bills
 4. Photo Copy of Attendance Certificate
 5. Brief Report of The Conference

PAID
 Cheque No: 472872
 14/12/18
 Attested By HOD 26/25

SIGNATURE OF THE H.O.D. [Signature]

SIGNATURE OF THE STAFF [Signature]

CHECKED BY :
[Signature]
 MANAGER - HRD

APPROVED/SANCTIONED BY :
[Signature]
 DEAN/PRINCIPAL

[Signature]
 13/12/18
 DIRECTOR

From
Ms Binsha Pappachan C
Associate Professor, Dept of Mental Health Nursing
FMCON.

Through proper channel

To
Rev. Fr Richard Coelho
Director
FMCI.

Subject: To kindly refund the amount spent for the scientific paper at International conference in New Delhi.

Respected Rev. Father

I the above mentioned staff of your esteemed institution would like to thank you for giving me an opportunity to attend and present a research paper in the International conference organised by Indian Nursing Council endorsed by International Council of Nursing on the topic "Nurses and midwives for Universal Health Coverage" at New Delhi from 29th Nov to 1st Dec 2018. I am herewith submitting the registration, travel and accommodation bills and kindly request you to refund me the amount spent. The amount spent is as follows: **Travel – Rs 7301/- , Accommodation – Rs 5994/- & Registration – Rs 5000/- . Total amount = Rs 18295/- .** Kindly oblige.

Enclosure

- Bills related to accommodation , Registration & Travel
- Certificate of paper presentation
- Permission letter from Director, FMCI.

Thanking you in anticipation

Yours sincerely



Binsha Pappachan C

Place – Mangalore

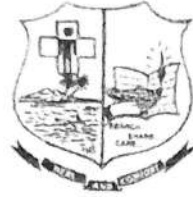
Date – 03/12/2018

Forwarded to the Director
FMCI
for needful action
3/12/18

FATHER MULLER COLLEGE OF NURSING

Affiliated to Rajiv Gandhi University of Health Sciences, Karnataka, Bangalore
(Unit of Father Muller Charitable Institutions)

2238000 (Prime number)
2238320 } College
2238324 } of
2238325 } Nursing



Fr Muller Road
Kankanady
Mangalore - 575 002
(S. India)

Tel & Fax : 2438906

E-mail : fathermullercon@rediffmail.com

Date : 14.11.2018

Ref. No : ADM/HR/1105/2018

Ms. Binsha Pappachan C
Associate Professor
FMCON

Dear Ms. Binsha,

Ref: Your letter Dtd. 02.11.2018.

The Undersigned is in receipt of your letter cited above requesting the Management to permit you to attend & present a scientific paper on the title "Nurses and Midwives for Universal Health Coverage" at the International Conference on 29th November 2018 to 1st December 2018 at New Delhi. In connection with the same, I am pleased to inform you that permission is hereby granted and you may avail special casual leave to your credit. Re-imbusement facility will be provided on submission of the required documents in original & rules and regulations of the Institutions should be fulfilled.

Yours sincerely,

Rev. Fr. Richard A. Coelho
DIRECTOR

C.C. To: Principal, FMCON / HRM / File

jp/mr

Indian Nursing Council Conference in collaboration with Jhpiego
(Endorsed by International Council of Nurses)

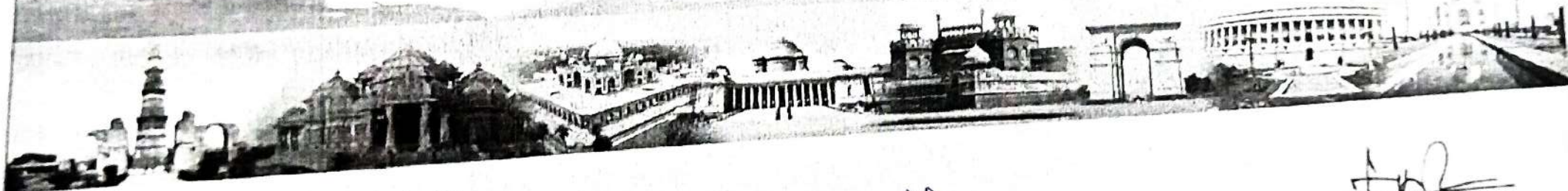
CERTIFICATE OF PRESENTATION

This is to certify that

Binsha Pappachan C.

has presented an Oral Presentation in the ✓

International Conference:
Nurses and Midwives for Universal Health Coverage
November 29 - December 1, 2018
New Delhi, India




CNE Hours Awarded: 10



Sr Jacintha D'Souza, M.Sc(N), M.Phil(N)
PRINCIPAL

Father Muller College of Nursing
Kankanady, Mangaluru-575002



Dr. T. Dileep Kumar
President, INC and
Chairperson, Organising Committee

भारतीय उपचर्या परिषद्
एनबीसीसी सेंटर, प्लॉट नं. 2, कम्युनिटी
एटर, ओखला फेज-1, नई दिल्ली - 110020



INDIAN NURSING COUNCIL
8th Floor, NBCC Centre, Plot No. 2, Community Centre
Okhla Phase-I, New Delhi - 110020

स्वास्थ्य एवं परिवार कल्याण मंत्रालय के तहत सांविधिक निकाय
Statutory Body under the Ministry of Health & Family Welfare

No. 0921

Dated.....1-12-2018.....

Received with thanks from Ms Binsha Pappachan

Regn. No. ND 0242 Tr-No. PHMP 6841465627

the sum of Rupees Five thousand only

on account of ICN con. Regn. fee.

by Cash / Cheque / Demand Draft No. online payment dated

drawn on

Rs. 5000/-

Roslin

Signature

IRCTC's e-Ticketing Service

JustClick

Electronic Reservation Slip (Agent)



Passenger can travel on e-ticket sent on SMS or take a Virtual Reservation Message (VRM) along with any one of the prescribed ID in original. Please do not print the ERS unless extremely necessary. This Ticket will be valid with an ID proof in original. Please carry original identity proof. If found traveling without original ID proof, passenger will be treated as without ticket and charged as per current Railway Rules.

2. Valid IDs to be presented during train journey by one of the passenger booked on an e-ticket :- Voter Identity Card / Passport / PAN Card / Driving license / Photo ID card issued by Central / State Govt / Public Sector Undertakings of State / Central Government / District Administrations, Municipal bodies and Panchayat Administrations which are having serial number / Student Identity Card with photograph issued by recognized School or College for their students / Nationalized Bank Passbook with photograph / Credit Cards issued by Banks with laminated photograph / Unique Identification Card "Aadhaar".

3. Service Accounting Code (SAC) 996411: Local land transport services of passengers by railways for distance upto 150 KMs
Service Accounting Code (SAC) 996416: Sightseeing transportation services by railways for Tourist Ticket Service Accounting Code (SAC) 996421: Long distance transport services of passengers through rail network by Railways for distance beyond 150 KMs

4. In case the ticket has been booked in advance before implementation of GST and the same is cancelled after implementation of GST. Refund amount due as per refund shall be refunded to passenger. However total amount of service charge charged at the time of booking shall not be refunded to passenger in cash/ shall not be transferred in the account in which transaction took place in case of e-Tickets etc.

5. Refund of service tax shall be made only after Ministry of Railways gets refund from the department. The cancelled ticket shall be treated as credit note for getting refund of service tax amount.

6. General rules/ Information for e-ticket passenger have to be studied by the customer for cancellation & refund

PNR No : 4564401748	Train No. Name : 12617-MANGALA LDWEEP	Quota : General Quota (GN)
Transaction ID : 100001549772778	Date & Time Of Booking : 26/11/2018 4:23:28 PM	Class : AC 2-tier sleeper (2A)
From : MANGALORE JN (MAJN)	Date Of Journey : 27/11/2018	To : H NIZAMUDDIN (NZM)
Boarding : MANGALORE JN (MAJN)	Date Of Boarding : 27/11/2018	Scheduled Departure : 27/11/2018 21:45:00
Resy Upto : H NIZAMUDDIN (NZM)	Scheduled Arrival : 29/11/2018 13:15:00	Adult : 1 Child : 0
Passenger Mobile No : 9964340783	Distance : 2654	

FARE DETAILS :

Ticket Fare **	3320.00	Rupees Three Thousand Three Hundred Twenty And ZeroZero Paise Only
Catering Charge	0.00	Rupees Zero Only
IRCTC Service Charge #	0.00	Rupees Zero Only
Travel Insurance Premium (Incl. of GST)	0.00	Rupees Zero Only
Travel Agent Service Charge #	40.00	Rupees Forty And ZeroZero Paise Only
PG Charges	33.20	Rupees Thirty Three And Two Paise Only
Total Fare	3393.20	Rupees Three Thousand Three Hundred Ninety Three And Two Paise Only

Service Charges (Inclusive of GST) per e-ticket irrespective of number of passengers on the ticket.

Inclusive of GST - Rs. 158.05 Only

"Eradicate corruption - Build a New India". pledge.cvc.nic.in (<http://pledge.cvc.nic.in>)

PASSENGER DETAILS :

SNo.	Name	Age	Sex	Booking Status	Current Status
1	BINSHA PAPPACHAN	35	M F	RLWL-9 (RLWL)	RLWL--7

AGENT DETAILS :

Principle Agent	JUSTCLICK TRAVELS PRIVATE LIMITED	Corporate Name	VAISHALI TOURS & TRAVELS	E-mail ID	travelsv3@gmail.com
Agent Name	MADHAVA BAGAMBILA	Contact Number	9880744056	Ticket Printing Time	26/11/2018 04:25:38 PM
Address	2-318 NEAR KS HEGDE HOSPITAL BAGAMBILA KOTEKAR VILLAGE BELMA DERLAKATTE MANGALORE DAKSHINA KANNADA KARNATAKA 575018				

IRCTC's e-Ticketing Service

JustClick

Electronic Reservation Slip (Agent)



1. Passengers can travel on e-ticket sent on SMS or take a Virtual Reservation Message (VRM) along with any one of the prescribed ID in original. Please do not print the ERS unless extremely necessary. This Ticket will be valid with an ID proof in original. Please carry original identity proof. If found traveling without original ID proof, passenger will be treated as without ticket and charged as per extent Railway Rules.

2. Valid IDs to be presented during train journey by one of the passenger booked on an e-ticket :- Voter Identity Card / Passport / PAN Card / Driving License / Photo ID card issued by Central / State Govt / Public Sector Undertakings of State / Central Government, District Administrations, Municipal bodies and Panchayat Administrations which are having serial number / Student Identity Card with photograph issued by recognized School or College for their students / Nationalized Bank Passbook with photograph / Credit Cards issued by Banks with laminated photograph/Unique Identification Card "Aadhaar"

3. Service Accounting Code (SAC) 996411: Local land transport services of passengers by railways for distance upto 150 KMS
Service Accounting Code (SAC) 996416: Sightseeing transportation services by railways for Tourist Ticket Service Accounting Code (SAC) 996421: Long distance transport services of passengers through rail network by Railways for distance beyond 150 kms

4. In case the ticket has been booked in advance before implementation of GST and the same is cancelled after implementation of GST, Refund amount due as per refund shall be refunded to passenger. However total amount of service charge charged at the time of booking shall not be refunded to passenger in cash/ shall not be transferred in the account in which transaction took place in case of e-Tickets etc.

5. Refund of service tax shall be made only after Ministry of Railways gets refund from the department. The cancelled ticket shall be treated as credit note for getting refund of service tax amount.

6. General rules/ Information for e-ticket passenger have to be studied by the customer for cancellation & refund

PNR No. : 2454619649	Train No. Name : 12284-NZM ERS DURONTO Quota : General Quota (GN)	
Transaction ID : 100001549845661	Date & Time Of Booking : 26/11/2018 4:39:48 PM	Class : AC 3 Tier (3A)
From : H NIZAMUDDIN (NZM)	Date Of Journey : 01/12/2018	To : MANGALORE JN (MAJN)
Boarding : H NIZAMUDDIN (NZM)	Date Of Boarding : 01/12/2018	Scheduled Departure : 01/12/2018 21:35:00
Resv. Upto : MANGALORE JN (MAJN)	Scheduled Arrival : 03/12/2018 08:00:00	Adult : 1 Child : 0
Passenger Mobile No : 9964340783	Distance : 2524	

FARE DETAILS :

Ticket Fare **	3435.00	Rupees Three Thousand Four Hundred Thirty Five And ZeroZero Paise Only
Catering Charge	395.00	Rupees Three Hundred Ninety Five And ZeroZero Paise Only
IRCTC Service Charge #	0.00	Rupees Zero Only
Travel Insurance Premium (Incl of GST)	0.00	Rupees Zero Only
Travel Agent Service Charge #	40.00	Rupees Forty And ZeroZero Paise Only
PG Charges	38.30	Rupees Thirty Eight And Three Paise Only
Total Fare	3908.30	Rupees Three Thousand Nine Hundred Eight And Three Paise Only

Service Charges (Inclusive of GST) per e-ticket irrespective of number of passengers on the ticket

Inclusive of GST - Rs 163.44 Only

"Eradicate corruption - Build a New India". pledge.cvc.nic.in (<http://pledge.cvc.nic.in>)

PASSENGER DETAILS :

SNo.	Name	Age	Sex	Food Type.	Booking Status	Current Status
1	BINSHA PAPPACHAN	35	F	Veg	PQWL-15 (PQWL)	PQWL---11


AGENT DETAILS :

Principle Agent	JUSTCLICK TRAVELS PRIVATE LIMITED	Corporate Name	VAISHALI TOURS & TRAVELS	E-mail ID	travelsv3@gmail.com
Agent Name	MADHAVA BAGAMBILA	Contact Number	9880744056	Ticket Printing Time	26/11/2018 04:41:52 PM
Address	2-318 NEAR KS HEGDE HOSPITAL BAGAMBILA KOTEKAR VILLAGE BELMA DERLAKATTE MANGALORE DAKSHINA KANNADA KARNATAKA 575018				



Hotel Emperor Palms

GST No: 07AERPA6142E1ZP

NAME & ADDRESS		ROOM NO	NO OF PAX	GR NO	PAGE NO			
Mrs BINSHA PAPPACHAN C		202	1	456632	1			
Bill to:		CHECK IN	CHECK OUT	BILL NO	DATE			
		29/Nov/2018 01:26:00 PM	01/Dec/2018 05:15:00 PM	3198	01/Dec/2018			
DATE	SAC:996332 ROOM SERVICE	SAC: 996311 ROOM PACKAGE	TELE CALLS	LAUNDRY	EXTRA BED	TAXI	GST	DAILY TOTAL
29/Nov/2018		1784.00					214.08	1998.08
30/Nov/2018		1784.00					214.08	1998.08
01/Dec/2018		1784.00					214.08	1998.08
TOTAL		5352.00					642.24	5994.24
CGST:321.12 SGST: 321.12				SERVICE CHARGES				
				TOTAL 5994.24				
				DISCOUNT --				
				ADVANCE RECD 5000.00				
Issue Cheque/DD in favour of Hotel Emperor Palms, Payable at New Delhi				887 (29/Nov/2018)				
				AMOUNT DUE 994.00				
RUPEES NINE HUNDRED NINETY FOUR ONLY								
E. & O.E.		Check out time 12 noon				Guest Signature		Checked
SUBJECT TO DELHI JURISDICTION								

15 A-7, W.E.A KAROL BAGH, NEW DELHI – 110005 (INDIA)

Tel: (+91) -257250 25-26-27-28 FAX: +91-45064928

e-mail: info@emperorpalmshotel.com website: www.hotelemporpalms.com

Fr. Muller College of Nursing
(A Unit of Fr. Muller Charitable Institutions)
Fr. Muller Road, Kankanady,
Mangalore-575002
E-Mail : accounts@fathermuller.in

Bank Pay Voucher

No. : 226

Dated : 22-Dec-2018

Particulars	Amount
Account :	
Staff -Conference Expenses	2,850.00
Through :	
Synd Bank A/c 216/25	
On Account of :	
Chq No. 472878 Payment to Pramila D'souza towards attending conference	
Bank Transaction Details:	
Cheque 472878 22-Dec-2018 2,850.00	
Amount (in words) :	
Indian Rupees Two Thousand Eight Hundred Fifty Only	
	₹ 2,850.00

Receiver's Signature :

Checked by


Authorized Signatory


Verified by

FATHER MULLER'S INSTITUTE OF HEALTH SCIENCES

(A Unit of Fr. Muller's Charitable Institutions)

Form for claiming Reimbursement for the Full Time Teaching Staff

NAME Mrs. Pramila D'Souza 02392200001464

DESIGNATION Asst. Professor DEPARTMENT OBC Nursing

SANCTION ORDER (Office Order) NUMBER ADM/HR/1147/2018

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 / TALK / SESSION Awareness on Go Green initiative among health care personnel.

ORGANISERS

FROM 10/12/18 TO 10/12/18 NO. OF DAYS 1 PLACE Bangalore.

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)	<u>RS 450/-</u>	<u>450/-</u>
2. Travel Allowance (Proof of Travel to be attached) Mode of Travel / Class <u>Bus</u>	<u>RS 1400/-</u>	<u>1400/-</u>
3. Daily Allowance / Accommodation Amount per Day <u>RS 1800/-</u> No. of Days <u>1</u>	<u>RS 1800/-</u>	<u>1000/-</u>
4. Others		
GRAND TOTAL	<u>RS 3650</u>	<u>2850/-</u>

- Enclosures :
- 1. Original Registration Fee Receipt ✓
 - 2. Travel Proof ✓
 - 3. Original Accommodation Bills ✓
 - 4. Photo Copy of Attendance Certificate Attested By HOD ✓
 - 5. Brief Report of The Conference ✓
 - 6. ethical clearance : ✓

PAID
Chq No. 478879
Date 22-12-18
Bank Ac. No. 216/25

Pramila
15/12/18

SIGNATURE OF THE H.O.D.

SIGNATURE OF THE STAFF

CHECKED BY
[Signature]
MANAGER - HRD

APPROVED/SANCTIONED BY :
[Signature]
DEAN/PRINCIPAL

[Signature]
18/12/18
DIRECTOR

HRD OR cleared *[Signature]*

FATHER MULLER COLLEGE OF NURSING

Affiliated to Rajiv Gandhi University of Health Sciences, Karnataka, Bangalore
(Unit of Father Muller Charitable Institutions)

Tel : 2238000 (Prime number)
2238320 } College
2238324 } of
2238325 } Nursing
Tel & Fax : 2438906
E-mail : fathermullercon@rediffmail.com



Fr Muller Road
Kankanady
Mangalore - 575 002
(S. India)

Ref. No **ADM/HR/1147/2018**

Date : **05.12.2018**

Ms. Pramila D Souza
Assistant Professor
FMCON

Dear Ms. D Souza,

Ref: Your letter Dtd. 24.11.2018.

The Undersigned is in receipt of your letter cited above requesting the Management to permit you to attend the International Conference on 10th December 2018 at Bengaluru. In connection with the same, I am pleased to inform you that permission is hereby granted and you may avail special casual leave to your credit.

If you are presenting a paper, you are required to follow the rules of the Institution.

Yours sincerely,

Rev. Fr Richard A. Coelho
DIRECTOR

C.C. To: Principal, FMCON / HRM / File

jp/mr

CASH VOUCHER

Date

10/12/2018

Rs.

Pay to

Keeranathi College of Nursing

Rs. In Words

Four hundred fifty only

Being

Pranila Souza

and debit

Authorised by

[Empty box for authorised by signature]

Recd. Above sum of Rs.

450/-

Paid by	Cash	Drawn on Bank
	or	
	Cheque	

[Handwritten signature]

Receiver's Signature

Refers


**THE
GRAND KRISHNA
ROOMS**

THE GRAND KRISHNA GROUP OF HOTELS & RESORTS

No. 77/1, Hosur Main Road, Near Ayyappa Temple, Madiwala, BENGALURU - 560 068.
Tel : 2552 5723 / 24 / 25, 2550 3535 / 36 / 37 Fax : 2552 5726

No.

7143

TEMPORARY DEPOSIT

Date 10/12/18

Received from Smt./Sri

Pramila

Room No.

125

A sum of Rupees

1800/-

(Rupees

one

thousand

Eight hundred

only)

towards Temporary Deposit

Pramila
10/12/18

Guest's Signature

Manager

Cashier/Receptionist



Sri Adinatheshwara Roadlines

Service No : **[R.No.2] Kinnigoli-Bangalore (Kinnigoli-Mulki-Mangalore-Bangalore)**
 Ticket No : **139494** Journey On : **09/12/2018**
 Received From : MISS PRAMILA D SOUZA as per trip contract
 Mobile No : 9341889198
 From : **Mangalore** to : **Bangalore**
 Seats : **1 - U11(DUB)**
 Report At : **09:32 PM** Departure : 09:47 PM
 Amount : **800.00**
 Boarding at : Kankanady Circle , Main road, Mangalore, Karnataka, Pin: 000000 Landmark : Main Road Ph: 0824-4255909 9901348777 For Sri Adinatheshwara Roadlines
 Issued On : 08/12/2018 Ananya Tours And Travels Kankanady

- Less than 2 hours from the station departure time: 100 % Cancellation Charges
- Between 2 Hrs to 3 Hrs from the station departure time: 100 % Cancellation Charges
- Between 3 Hrs to 4 Hrs from the station departure time: 100 % Cancellation Charges
- Between 4 Hrs to 24 Hrs from the station departure time: 50 % Cancellation Charges
- Between 1 to 3 days before station departure time: 25 % Cancellation Charges
- Between 3 to 7 days before station departure time: 20 % Cancellation Charges
- Between 7 to 30 days before station departure time: 15 % Cancellation Charges

Head Office: #2, Ambedkar bavan commercial complex,, PVS Circle, Mangalore, 9901348777, 575003.

OUR OTHER BRANCHES IN: MANGALORE

Sri Adinatheshwara Roadlines: #2, Ambedkar bavan commercial complex,, PVS Circle, Mangalore, 9901348777 , 575003.

Mangalore: SHOP 2, AMBEDKAR BHAVAN COMMERCIAL COMPLEX,, K.R.RAO ROAD, NEAR PVS CIRCLE, 0024 277909 , 575003.

R T Nagar: #18, opp 108b bus stop, r.t.nagar, , 08023436580 , 560032.

Bangalore: # 217, S.C.Road. Opp Brigade Plaza, Anand Rao Circle, 8041170335 , 560009.

Gandhinagar: , , 9945512009 , .

Rajajinagar: shree mb travels, #125, 1st k block dr rajkumar road, rajajinagar, 08041536940 , 560010.

Name : Ananya Tours And Travels Kankanady

MobileNo : 9900066637

Email :

Address : falnir

City : Mangalore

Pincode : 575003



Sri Adinatheshwara Roadlines

Service No : **[R.No.2] Bangalore - Kinnigoli (Bangalore-Mngalore-Mulki-Kinnigoli)**
 Ticket No : **139502** Journey On : **10/12/2018**
 Received From : MISS PRAMILA DSOUZA as per trip contract
 Mobile No : 9341889198
 From : **Bangalore** to : **Mangalore**
 Seats : **1 - L6(DLB)**
 Report At : **08:55 PM** Departure : 09:10 PM
 Amount : **600.00**
 Boarding at : Madiwala , No 13 soumya complex hosur main road, Bangalore, Karnataka, Pin: 560010 Landmark : No 13 Soumya Complex For Sri Adinatheshwara Roadlines
 Hosur Main Road Ph: 08041536940 9916136044
 Issued On : 08/12/2018 Ananya Tours And Travels Kankanady

- Less than 2 hours from the station departure time: 100 % Cancellation Charges
- Between 2 Hrs to 3 Hrs from the station departure time: 100 % Cancellation Charges
- Between 3 Hrs to 4 Hrs from the station departure time: 100 % Cancellation Charges
- Between 4 Hrs to 24 Hrs from the station departure time: 50 % Cancellation Charges
- Between 1 to 3 days before station departure time: 25 % Cancellation Charges
- Between 3 to 7 days before station departure time: 20 % Cancellation Charges
- Between 7 to 30 days before station departure time: 15 % Cancellation Charges

Head Office: #2, Ambedkar bavan commercial complex,, PVS Circle, Mangalore, 9901348777, 575003.

OUR OTHER BRANCHES IN: MANGALORE

Sri Adinatheshwara Roadlines: #2, Ambedkar bavan commercial complex,, PVS Circle, Mangalore, 9901348777, 575003.

Mangalore: SHOP 2, AMBEDKAR BHAVAN COMMERCIAL COMPLEX,, K.R.RAO ROAD, NEAR PVS CIRCLE, 0824 4277909, 575003.

R T Nagar: #18, opp 108b bus stop, r.t.nagar, , 08023436580, 560032.

Bangalore: # 217, S.C.Road. Opp Brigade Plaza, Anand Rao Circle, 8041170335, 560009.

Gandhinagar: , , 9945512009, ,

Rajajinagar: shree mb travels, #125, 1st k block dr rajkumar road, rajajinagar, 08041536940, 560010.

Name : Ananya Tours And Travels Kankanady

MobileNo : 9900066637

Email :

Address : falnir

City : Mangalore

Pincode : 575003



KRUPANIDHI COLLEGE OF NURSING

12/1, Chikkabellandur, Carmelaram Post, Varthur Hobli, Off Sarjapur Road, Bengaluru 5600 35

INTERNATIONAL CONFERENCE ON 'VOYAGE TOWARDS EXCELLENCE AND ADVOCACY'

CERTIFICATE OF PARTICIPATION

This is to certify that

PRAMILA D'SOUZA

has participated in the International conference on

'Voyage Towards Excellence and Advocacy'

Organised by Krupanidhi College of Nursing on 10 December 2018.

as a ~~Resource Person~~ / Delegate / Judge / ~~Organiser~~ and is awarded 08 KNC Credit points.

Mr. SANTOSH MAHINDRAKAR
Founder Member
IA/PH

Observer
Karnataka State Nursing Council

Prof. JASMINE JOSEPH
Principal
Krupanidhi College of Nursing

Fr. Muller College of Nursing
(A Unit of Fr. Muller Charitable Institutions)
Fr. Muller Road, Kankanady,
Mangalore-575002
E-Mail: accounts@fathermuller.in

Bank Pay Voucher

No. 232

Dated 31-Dec-2011

Particulars	Amount
Account : Staff -Conference Expenses	7,398.00
Through : Synd Bank A/c 216/25	
On Account of : Chq No. 472884 Payment to Prof Agnes E.J towards attending conference at Chetunad Academy of Research & Education, Chennai	
Amount (in words) : Indian Rupees Seven Thousand Three Hundred Ninety Eight Only	
	<u>₹ 7,398.00</u>

Receiver's Signature :

Checked by

Authorized Signatory

Verified by

18.12.18

To
The Director
FMCI
Kankanady

Through proper channel

Dear Rev. Father

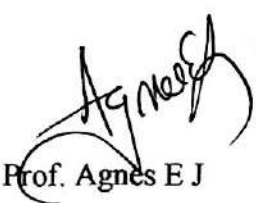
Sub: - Request for the reimbursement of the expenditure incurred for attending conference

I express sincere gratitude for deputing me for the National conference on **Quality Indicators and Bench marks for Health Sciences Institutions** on 14th & 15th of December 2018 at Chettinad Academy of Research and Education, Chennai. I assure you that the information gathered during the conference will be utilized in the functioning of IQAC of FMCON. The total expenditure was **Rs 7398/- (Seven Thousand Three Hundred and Ninety Eight only)**. As three of IQAC coordinators of FMCI attended the conference together, the expenses were shared and I have mentioned the amount which is applicable for me. I request you do the needful to reimburse the amount to me.

Attached the certificate, bills and details of the expenditure

Thanking you

Yours truly


Prof. Agnes E J

IQAC Co-ordinator

Father Muller College of Nursing



*forwarded to the Director
for needful action*

*Agnes
18/12/18*

Apprend

*Spencer
22.12.18*

design Professor

Expenditure

Sl No	Item	Amount(Rs)
1	Registration charges (by NEFT)	1180.00
2	Train fare (onward journey)	1215.00
3	Train fare- Tatkal (return journey)	1550.00
4	Hotel charges	2595.00
5	Conveyance charges (from hotel to railway station)	858.00
Total		7398.00 (Seven Thousand Three Hundred and Ninety Eight rupees only)

Ahmad.

~~Agarwal~~
20/12/18

Agarwal
18/12/18



Chettinad

Academy of Research & Education

(Deemed to be University Under Section 3 of the UGC Act 1956)

Accredited by NAAC with 'A' Grade



NAAC

NATIONAL ASSESSMENT AND
ACCREDITATION COUNCIL

(Academic Support)


This certificate is awarded to **AGNES E J**
for his/her active participation as a Delegate in the "National
Conference on Quality Indicators and Benchmarks for Health Science
Institutions" organised by Internal Quality Assurance Cell of Chettinad
Academy of Research & Education on **14th & 15th of December 2018.**

CERTIFICATE

Chettinad Academy of Research & Education
Rajiv Gandhi Salai, Kelambakkam,
Kanchipuram Dist. Tamil Nadu 603 103
T. +91 (0)44 4741 1000
www.chettinadhealthcity.com


Prof. Dr. D. C. Mathangi


Dr. Jagannath Patil


Prof. Dr. T. Balasubramanian

Transaction has been completed successfully.

Transaction with reference number 109318716123054 is in Accepted state.

NEFT - Confirm

05-12-2018 11:37:02 GMT +0530

NEFT UTR Number: P18120550180749
User Reference Number:
Source Account: 02392180026409 239 16368193

Beneficiary Details

Beneficiary Name: Chettinad Hospital Research Insti
Beneficiary Account: 20751450000028
IFSC Code: HDFC0002075
Bank Name: HDFC BANK LTD

Payment Details

Transfer amount: 1,180.00
Narrative:

OK Print

AGNES EJ, Fmron

Thursday
13 Dec
2018
BOOKED

PNR Number: **4452474679**
Train Number/Name: **12602 / CHENNAI MAIL**
From: **MANGALURU CNTL (MAQ)** 13 Dec 2018
Ticket Type: **E-ticket**
Boarding Station: **MANGALURU CNTL (MAQ)**
Booked From: **IRCTC WEBSITE**
Ticket Charge: **3645**
Quota: **GENERAL**
Total Fare Amount: **3646.47**
Bank Name: **Visa/Master Card(Powered By HDFC BANK)**
Insurance Company: **Bharti AXA General Insurance**
Travel Insurance Premium: **1.47 Including GST**

Transaction ID: **100001563801234**
Booking Date: **05 Dec 2018**
To: **CHENNAI CENTRAL (MAS)** 14 Dec 2018 05:49 Hrs
Vikalp Status: **No**
Date of Boarding: **13 Dec 2018 13:25 Hrs**

Class: **3A**
Service Charge: **0.0**
Charting Status: **Chart Prepared**
Policy Issue date: **05-Dec-2018 Hrs**
Insurance (No of Pagn): **3**

Click Insurance Company name to submit nomination details. Link will be highlighted once Policy is issued by respective insurance Company.

Name	Age	Gender	Booking Status	Berth Preference	Policy No
Hareesh Gouda	41	M	CNF/B3/54/UB	UB	IR016204039
Agnes	46	F	CNF/B3/53/MB	LB	IR016204040
Cynthia	45	F	CNF/B3/56/SU	LB	IR016204041

Dpl Vikalp Train

Change Boarding Point

Cancel Ticket

Get Pnr Status

Print E-Ticket

Get SMS

Ticket-charge → 1215.00 INR

1215
1550

Journey Date Booking Date

All Journey

Upcoming

Past

Saturday

15 Dec 2018
BOOKED

PNR Number: 4152826208

Train Number/Name: 12601 / MANGALORE MAIL

From: CHENNAI CENTRAL (MAS) 15 Dec 2018

Ticket Type: E-ticket

Boarding Station: CHENNAI CENTRAL (MAS)

Booked From: IRCTC WEBSITE

Ticket Charge: 4650

Quota: TATKAL

Total Fare Amount: 4651.47

Bank Name: Visa/Master Card (Powered By HDFC BANK)

Insurance Company: Bharti AXA General Insurance

Travel Insurance Premium: 1.47 Including GST

Transaction ID: 100001578208551

Booking Date: 14 Dec 2018

To: MANGALURU CNTL (MAQ) 16 Dec 2018 12:25 Hrs

Vikalp Status: No

Date of Boarding: 15 Dec 2018 20:20 Hrs

Class: 3A

Service Charge: 0.0

Charting Status: Chart Prepared

Policy Issue date: 14-Dec-2018 Hrs

Insurance (No of Psgn): 3

Click Insurance Company name to submit nomination details. Link will be highlighted once Policy is issued by respective Insurance Company.

Name	Age	Gender	Booking Status	Birth Preference	Policy No
Hareesh Gouda	41	M	CNF/B3/6/UB	UB	IR018501873
Cynthia	45	F	CNF/B3/8/SU	LB	IR018501874
Apnes	46	F	CNF/B3/16/SU	LB	IR018501875

Opt Vikalp Train

Change Boarding Point

Cancel Ticket

Get Pnr Status

Print E-Ticket

Get SMS

Ticket charge → 1550.00 INR



4

HOTEL SOUTHERN RESIDENCY

130, KOVALAM ROAD, OMR KELAMBAKKAM CHENNAI 603103

Phone: 044-47415000

E-Mail: reservations@southernresidency.com Web: www.southernresidency.com

GSTIN: 33AADFH3973J1ZA State: TAMIL NADU

TAX INVOICE

Guest : AGNES ELIZABETH JOSE
Dr. CYNTHIA SANTHMAYOR
FATHER MULLER MEDICAL COLLEGE, MANGALORE
KARNATAKA-575002

Invoice No : FOBILL3271
Invoice Date : 15/12/18 17:02
Arrival Date : 14/12/18 07:32
Departure Date : 15/12/18 17:02
Pax : 2 A:2 C:0
Room No : 310 Nights : 1
Reg / Reserve No : 26563 / 7069
Room Type / Plan : SRD / CP
Nationality : INDIAN

Company : FATHER MULLER MEDICAL COLLEGE, MANGALORE

Bill Instruction : Direct

Date	Ref No	SAC Code	Description	Debit	Credit	Balance
14/12/18		996311	Tariff	2,250.00		
14/12/18		G	CGST 6%	135.00		
14/12/18		G	SGST 6%	135.00		
14/12/18	INHADV130	996311	Receipt-Advance Credit Card		5,040.00	
Day Total				2,520.00	5,040.00	2,520.00Cr
15/12/18		996311	Tariff	2,250.00		
15/12/18		G	CGST 6%	135.00		
15/12/18		G	SGST 6%	135.00		
15/12/18	3814	996331	Room Service	71.00		
15/12/18	251		Mini Bar	67.80		
15/12/18	251	G	SGST 9%	6.10		
15/12/18	251	G	CGST 9%	6.10		
Day Total				2,671.00	0.00	151.00Dr
Round Off Amount					0.00	
Grand Total				5,191.00	5,040.00	151.00Dr

Amount In Words : RS one

2596

Hotel Charges: 2595.00 INR

WE HOPE YOU ENJOYED YOUR STAY AND WOULD LIKE TO WELCOME YOU BACK

Please Deposit Your ROOM KEY

Cashier Signature

Guest Signature

Fwd: Re: Your Saturday ride to Park Town

1 message

Hareesh Gouda <hareeshfmt@gmail.com>
To: agnesej2011@fathermuller.in

Sat, Dec 15, 2018 at 7:48 PM

----- Forwarded message -----
From: "Mohammed Muneer P" <pmdmuneer@gmail.com>
Date: 15-Dec-2018 7:39 PM
Subject: Re: Your Saturday ride to Park Town
To: <hareeshfmt@gmail.com>
Cc:

On Sat, Dec 15, 2018, 7:22 PM Ola <noreply@olacabs.com> wrote:

15 Dec, 2018



₹ **858**

CRN2574296271

Thanks for travelling with us, Muneer Mohammed

Ride Details

Bill Details



Base Fare	₹ 50
Distance Fare	
First 15 km	₹ 150
Last 22.8 km	₹ 342
Ride Time Fare for 112 min	₹ 140
Fare Increase ¹	₹ 29.61
Ride Fare	₹ 711.61
Play Convenience Fee (8%)	₹ 54.56
Toll/Parking Fee	₹ 27
Taxes	₹ 65.26
Total Bill (rounded off)	₹ 858



Gokula Krishnan



37.8 km 112 min


[Click here to get a copy of your invoice.](#)

Total Fare may change when you change the route or if the ride time exceeds the initial estimate.

05:29 PM • 42, Keliyammann Kovil Street, Sri Nagar, Kelambakkam

07:22 PM • Central Railway Station, NGO Annexe, Park Town, Chennai

Payment

 Paid by cash

₹858

*Fares are higher than usual when demand goes up. Your ride fare was calculated as per the revised rate card.

₹52.17
base fare

First 15 km ₹10.43/km
After 15 km ₹15.65/km

₹1.3/min
ride time fare

For T&C and fare details, visit our website

Didn't make this booking? Report it

Enjoy Special Fares & Exclusive Benefits With



OLA SELECT



Ride Without Peak
No peak pricing on Prime & Mini, 24X7



Skip Booking Queue
Your booking request gets first priority



Prime at Mini Fares
Book a Prime Sedan at Mini fares



Enjoy Free Wi-Fi
Stay connected even as you commute

VIEW ALL BENEFITS

Fr. Muller College of Nursing
(A Unit of Fr. Muller Charitable Institutions)
Fr. Muller Road, Kankanady,
Mangalore-575002
E-Mail : accounts@fathermuller.in

Bank Pay Voucher

No. : 17

Dated : 16-Apr-2019

Particulars	Amount
Account :	
Seema Chavan New Ref Conference 23,026.00 Dr	23,026.00
Through :	
Synd Bank A/c 216/25	
On Account of :	
Chq No. 230243 Payment to Seema Chavan towards attending conference at Mumbai	
Amount (in words) :	
Indian Rupees Twenty Three Thousand Twenty Six Only	
	₹ 23,026.00

Receiver's Signature :

[Intimation sent to
college of Nursing]

Checked by

ll

Authorised Signatory

Verified by

ll

From
Ms Seema S Chavan
Associate Professor
Department of Pediatric Nursing
FMCON

Through proper channel

To
The Director
FMCI

Subject: To process with refunding of bills for scientific paper at a National conference in PEDICON 2019 - Mumbai


Respected Father

I the above mentioned staff of your institute kindly request you to process with refunding of bills scientific paper at "56th National conference of Indian Academy of Pediatrics" on 6th to 10th February 2019 in Mumbai. Kindly consider the same. Kindly oblige.

Enclosure

- Certificate of paper presentation & attendance
- Refund form , Circular copy
- Ethical clearance
- Originals Bills pertaining to travel, accommodation & registration
- Report of the conference

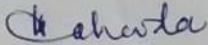
Thanking you in anticipation

Yours sincerely

Seema S Chavan

Place - Mangalore
Date - 16/02/19

Sl. No.	230243
Date:	16-04-19
Bank A/c. No:	216/25

Forwarded to the Director FMEI


Vice Principal
16.2.2019
Vice Principal

Father Muller College of Nursing
Kankanady, Mangalore-575 002

FATHER MULLER'S INSTITUTE OF HEALTH SCIENCES
 (A Unit of Fr. Muller's Charitable Institutions)
 Form for claiming Reimbursement for the Full Time Teaching Staff

NAME: SEEMA S. CHAVAN

DESIGNATION: ASSOCIATE PROFESSOR DEPARTMENT: PEDIATRIC NURSING

SANCTION ORDER (Office Order) NUMBER: ADM / HR / 0064 / 2019

TYPE: (Please tick)

Conference	Workshop	Seminar	CME	Others		
International	National <input checked="" type="checkbox"/>	Regional	State Level	District	Local	Others

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

TITLE OF THE PAPER / TALK / SESSION: QUALITY OF LIFE OF MOTHERS AND THEIR FELT NEEDS OF CHILDREN DIAGNOSED WITH CANCER IN A SELECTED HOSPITAL, MANGALURU - H(0)01(P)

ORGANISERS: IAP & PEDICON 2019 - MUMBAI

FROM: 6/2/19 TO: 10/2/19 NO. OF DAYS: 4 PLACE: MUMBAI


Please fill only 'Amount Claimed' by you in the boxes provided below		For office use only	
Amount Claimed (Rs.)		Amount Sanctioned (Rs.)	
1. Registration fees (Original receipt to be attached)	<u>Rs 10,000/-</u>	<u>8000/-</u>	
2. Travel Allowance (Proof of Travel to be attached) Mode of Travel / Class: <u>FLIGHT/ECONOMY</u>	<u>Rs 7,466/-</u>	<u>7466/-</u>	
3. Daily Allowance / Accommodation Amount per Day: <u>Rs 1,890/-</u> No. of Days: <u>4</u> → TOTAL	<u>Rs 7,560/-</u>	<u>7560/-</u>	
4. Others: <u>Rs 2915 (local travel)</u>	<u>Rs 2,915/-</u>	<u>no bills produce</u>	
GRAND TOTAL	Rs 27,941/-	23026/-	


- Enclosures:
1. Original Registration Fee Receipt
 2. Travel Proof
 3. Original Accommodation Bills
 4. Photo Copy of Attendance Certificate Attested By HOD
 5. Brief Report of The Conference
 6. Ethical Clearance

So not add

SIGNATURE OF THE H.O.D.

SIGNATURE OF THE STAFF

CHECKED BY: 
 MANAGER - HRD

APPROVED/SANCTIONED BY: 
 DEAN/PRINCIPAL
 230243
 16-04-19
 21/4/25
 DIRECTOR

FATHER MULLER COLLEGE OF NURSING

19.01.2019

ADM/HR/0064/2019

Ms. Seema Shankarsingh Chavan
Associate Professor
FMCON

Dear Ms. Seema,

Ref: Your letter Dtd. 16.01.2019.

The Undersigned is in receipt of your letter cited above requesting the Management to permit you to attend & present a paper at "56th National Conference of Indian Academy of Pediatrics" at Mumbai from 6th February to 10th February 2019. In connection with the same, I am pleased to inform you that permission is hereby granted and you may avail special casual leave to your credit.

You will be eligible for Re-imburement facility provided you fulfill all terms & conditions as per "Guidelines for Attending Academic Meets" dated 10.12.2018 and get Ethical clearance from the Ethical committee.

Yours sincerely,



Rev. Fr Richard A. Coelho
DIRECTOR

C.C. To: Principal, CON / HRM / File

jp/mr

ness to wellness

PEDICON 2019 Mumbai

11518



PL4

Spot Registration Details

IAP Membership No _____
 MCI/MMC Reg No _____
 Full Name SEEMA . S. CHAVAN
 City MANGALORE State KARNATAKA
 PIN Code 575002 Country INDIA
 Email seemachavan@father Mobile No 9480536882
muller.in

Accompanying Person Details

No. of Accompanying Person(s) —
 Full Name _____
 Age [] Gender: M [] F []
 Full Name _____
 Age [] Gender: M [] F []

Payment Details

Amount Paid for - Delegate ₹ 10,000
 Accompanying Person ₹ —
 Total Paid ₹ —
 Payment Mode Cash [] Card [] Cheque [] DD []
 Date 6/2/19

Chanda
 18.2.2019
 Vice Principal
 Father Muller College of Nursing
 Kankanady, Mangalore-575 002

20000/2

FATHER MULLER
College - Bangalore

Indian Academy of Pediatrics, Mumbai

11518

(Society Registration No 2570/2005-GBBSD)
92/4, Geeta Bld, 1st Floor, Dr. Babasaheb Ambedkar Road,
Next to H P Petrol Pump, Sion Circle, Sion (East), Mumbai -400 022
Tel/fax : 24045803 Email: mbiap@yahoo.com , mbiap1@gmail.com



No. 1088

PG

Date 6/2/19

Received ₹ 10000/- ₹ (In words) Ten Thousand
Only

From Seema Chavan
Towards Pediatric

in Cash / by Cheque / Bank draft No. _____ Dt. _____

10000/-

Chavda
18.2.2019
Vice Principal

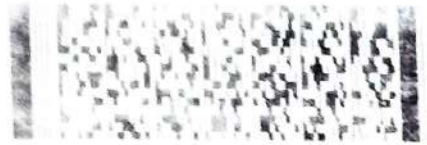
GSTIN: 27AAAT15074J1ZG

Hon. Treasurer
IAP MUMBAI

Father Muller College of Nursing

Subject to realisation of Cheque.

Kontenady, Mangalore-575 002



Name CHAVAN/SEEMA/MS
 From MUMBAI To MANGALORE
 Flight 6E 3175 Date 10 FEB 2019
 Departure Time 1555
 Class J
 Seat Number 25B

1453 चेक
 10 FEB 2019 CHECK
 को. एल. आर्. एयरपोर्ट मुंबई
 C.S.I. Airport Mumbai

1453 चेक
 10 FEB 2019 CHECK
 को. एल. आर्. एयरपोर्ट मुंबई
 C.S.I. Airport Mumbai

Seema
 Vice Principal
 Mother Muller College of Nursing
 Mangalore

to the departure time. Boarding gate numbers are subject to change,
 for latest updates.

JetKonnnect



Boarding Pass

Guest CHAVAN SEEMAMS
 From MANGALORE
 To MUMBAI

IXE HSW
 S2 434 06 FEB 1140
 CODESHARE 9W 2434
 BOARD TIME 1055 GATE 2

Mangaluru International Airport
 45
 CO-45
 45

TKT

ZONE 4

SE 52

Boarding gate closes 25 minutes prior to departure. Power banks/other prohibited items are not allowed in checked-in baggage and will be held back at the airport security. Frisking of guests and checking of hand baggage is mandatory. Please co-operate with security.

Economy

Guest CHAVAN SEEMAM
 From IXE
 To BOM



JetKonnnect
 S2 434 06 FEB 1140
 CODESHARE 9W 2434
 BOARD TIME 1055 GATE 2

Mangaluru International Airport
 45
 CO-45
 45
 Vice Principal
 K. Manjanna
 Mangalore


TKT
 SE 52
 IXE HSW
 SEQ/52
 Y'OMJX
 JET AIRWAYS

REFERENCE - PRL07ZROIKS

Generation Time 19-Jan-2019, 16:25:23 Booking Status Confirmed

Message Your ticket/s has been booked successfully.


06/02/2019 - Mangalore to Mumbai - by Air

 Jet Airways Departs 11:40, Wed 06-Feb Mangalore, IN (Bajpe - IXE)
9W-2434 Arrives 13:30, Wed 06-Feb Mumbai, IN (Chhatrapati Shivaji Intl - BOM), Terminal: 2

Passenger	Status	Class	Airline PNR	CRS PNR	Ticket No	Total Price
Ms seema chavan (Adult)	OK	Economy R	YJRLPU	8FS78A	5893473004988	3,801 INR

Baggage Limit:1PC, OPERATED BY JETCONNECT, ARRIVES BOM TERMINAL 2, *050 S2 434*, *127 JETCONNECT*
PF Acct Code: Unset (Regular Fare), Mobile: 9480536882, Miles: 444, Operating Airline: Jet Airways

10/02/2019 - Mumbai to Mangalore - by Air

 IndiGo Departs 15:55, Sun 10-Feb Mumbai, IN (Chhatrapati Shivaji Intl - BOM), Terminal: 1
6E-3175 Arrives 17:30, Sun 10-Feb Mangalore, IN (Bajpe - IXE) ig

Passenger	Status	Class	Airline PNR	CRS PNR	Ticket No	Total Price
Ms seema chavan (Adult)	OK	Economy R Rules	FGRBQG	N/A	N/A	3,665 INR

PF Acct Code: Unset (Regular Fare), Mobile: 9480536882, Operating Airline: IndiGo

Emp Code	null
Base Price	5,020 INR
Airline Taxes and Fees	(YQ800 YR175 WO398 IN292 Airline GST302 Extra80) 2,047 INR
Management Fee	0 INR
Convenience Fee	399 INR
Meal/ Seat/Baggage/ Misc Charges	0 INR
GST tax	0.0 INR
Total Price	7,466 INR (Seven Thousand Four Hundred and Sixty Six Only)

Terms and Conditions

Chandana
18.2.2019
Vice Principal
Father Muller College of Nursing
Kankanady, Mangalore-575 002



KAILASH PARK BOUTIQUE ROOMS
 Kailashpuram, Sakinaka,
 Nr. Gate No. 2, Sakinaka Metro Station,
 Mumbai - 400 072.

GSTIN: 27AASF2369Q1ZB

Kailash Puram, Near Sakinaka Metro Station, Sakinaka, Andheri (East), MUMBAI 400072
 : 022-28527373 / 7474, Email.kailashpark.16@gmail.com

MS. SEEMA SHANKARSINGH CHAVAN
 MANGALORE

Invoice No. : G/008
 Invoice Date : 10/02/2019
 Room No. : 204
 Folio No. : 8019
 Reg Card No. : 4130

Nationality. : INDIAN

Adults. : 1 Child. : 0

Arrival Date : 06/02/2019 Time : 12:30 . Departure Date : 10/02/2019 Time : 12:00

Date	Reference No	Particulars	Debit	Credit
06/02/2019	/0	ROOM CHARGES - FULL DAY	1688.00	✓
		CGST @6%	101.00	
		SGST @6%	101.00	
07/02/2019	/0	ROOM CHARGES - DAY USE	1688.00	✓
		CGST @6%	101.00	
		SGST @6%	101.00	
08/02/2019	/0	ROOM CHARGES - DAY USE	1688.00	✓
		CGST @6%	101.00	
		SGST @6%	101.00	
09/02/2019	/0	ROOM CHARGES - DAY USE	1688.00	✓
		CGST @6%	101.00	
		SGST @6%	101.00	

PAYMENT : DIRECT

Amount to be paid by Guest 7560.00

PLEASE DEPOSIT YOUR ROOM KEY
 Please issue the cheque/DD in the name of
 KAILSH PARK BOUTIQUE ROOMS'

Raid
Cherda

Cashier's Signature Guest's Signature

ALL BILLS PAYABLE ON PRESENTATION

Cherda
 18.2.2019
 Vice Principal
 Father Muller College of Nursing
 Kankanady, Mangalore-575 002



Indian Academy of Pediatrics

Secretariat: Kamdhenu Business Bay, 5th Floor, Plot No.51, Sector 1,
Near Juinagar Railway Station, Nerul, Navi Mumbai 400706, Maharashtra
Email: centraloffice@iapindia.org Website: www.iapindia.org

TO WHOMSOEVER IT MAY CONCERN

This is to certify that the paper mentioned below was presented at the 56TH National Conference of the Indian Academy of Pediatrics (PEDICON 2019) held from February 6-10, 2019 at MMRDA Ground, BKC, Mumbai, Maharashtra,
The title of the paper

HO/01 (P) QUALITY OF LIFE OF MOTHERS AND THEIR FELT NEEDS OF CHILDREN DIAGNOSED WITH CANCER IN A SELECTED HOSPITAL IN MANGALURU RGUHS FUNDED PROJECT (RS 1, 25,000/-) - ORDER NO. RGU: ADV. RES: PROPOSAL-N-334:2015-16 DATE:07-01-2016

Seema Chavan

For Indian Academy of Pediatrics

Hon. Secretary General (2018-19)
Indian Academy of Pediatrics

Place: Navi Mumbai
Date: 08 February 2019

Chherda

18-2-2019

Vice Principal

Father Muller College of Nursing
Kankanady, Mangalore-575 002