TAGORE DENTAL COLLEGE & HOSPITAL

RATHINAMANGALAM, CHENNAI - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.

Date 6-11-2023

CASH PAYMENT VOUCHER

V. No. .....1505.....

Debit.....Staff Welfare.....3,000.00.....Account

Rs. 3,000.00

Pay to .....Dr.P.Saikrishna.....

the Sum of Rupees .....Three Thousand Only.....

.....Being Amount paid to KLEVK INSTITUTE OF DENTAL SCIENCE BELGAM for 'IAOMP-BELGAM".

.....

towards .....

Authorised by *Accountant* *Cashier* *Payee's Signature*

TAGORE DENTAL COLLEGE & HOSPITAL

RATHINAMANGALAM, CHENNAI - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.

Date 9-7-2023

CASH PAYMENT VOUCHER

V. No. ..... 607 .....

Debit ..... Staff Welfare ..... 3,000.00 ..... Account

Rs. 3,000.00

Pay to ..... Dr.RAJESH RAMAN .....

the Sum of Rupees ..... Three Thousand Only .....

..... Being Amount paid to Asian Institute of Medicine Science & Technology for 'AIMST INTERNATIONAL CONFERENCE 2024". .....

towards .....

Authorised by *Accountant* *Cashier* *Payee's Signature*

TAGORE DENTAL COLLEGE & HOSPITAL

RATHINAMANGALAM, CHENNAI - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.

Date **24-3-2024**

CASH PAYMENT VOUCHER

V. No. .....**2389**.....

Debit.....Staff Welfare.....3,000.00.....Account

Rs. **3,000.00**

Pay to .....Dr.BHUVANESWARI.....

the Sum of Rupees .....Three Thousand Only.....

.....Being Amount paid to Asian Institute of Medicine Science & Technology for 'AIMST INTERNATIONAL CONFERENCE 2024".

towards .....

Authorised by *Accountant* *Cashier* *Payee's Signature*

TAGORE DENTAL COLLEGE & HOSPITAL

RATHINAMANGALAM, CHENNAI - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.

Date 3-12-2023

CASH PAYMENT VOUCHER

V. No. ....1732.....

Debit ....Staff Welfare.... 5,000.00 ....Account

Rs. 5,000.00

Pay to ....Dr.Asokan....

the Sum of Rupees ....Five Thousand Only....

towards ....Being Amount paid to INDIAN ASSOCIATION OF ORAL MEDICINE & RADIOLOGY for 'Indian Association of Oral Medicine & Radiology-National Conference DAVANGIRI".....

Authorised by *Accountant* *Cashier* *Payee's Signature*

TAGORE DENTAL COLLEGE & HOSPITAL

RATHINAMANGALAM, CHENNAI - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.

Date 24-3-2024

CASH PAYMENT VOUCHER

V. No. .....2389.....

Debit .....Staff Welfare..... 3,000.00 ..... Account

Rs. 3,000.00

Pay to .....Dr.S.BALAGOPAL.....

the Sum of Rupees .....Three Thousand Only.....

.....Being Amount paid to Asian Institute of Medicine Science & Technology for 'AIMST INTERNATIONAL CONFERENCE 2024".

towards .....

Authorised by *Accountant* *Cashier* *Payee's Signature*

TAGORE DENTAL COLLEGE & HOSPITAL

RATHINAMANGALAM, CHENNAI - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.

Date 9-7-2023

CASH PAYMENT VOUCHER

V. No. ..... 607 .....

Debit Staff Welfare 5,000.00 Account

Rs. 5,000.00

Pay to Dr.T.M.BALAJI

the Sum of Rupees Five Thousand Only

Being Amount paid to Asian Institute of Medicine Science & Technology for 'AIMST INTERNATIONAL CONFERENCE 2024".

towards

Authorised by

Accountant

Cashier

Payee's Signature

TAGORE DENTAL COLLEGE & HOSPITAL

RATHINAMANGALAM, CHENNAI - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.

Date 9-7-2023

CASH PAYMENT VOUCHER

V. No. ..... 607 .....

Debit ..... Staff Welfare ..... 3,000.00 ..... Account

Rs. 3,000.00

Pay to ..... Dr.Shanthini Priya .....

the Sum of Rupees ..... Three Thousand Only .....

..... Being Amount paid to Asian Institute of Medicine Science & Technology for 'AIMST INTERNATIONAL CONFERENCE 2024". .....

towards .....

Authorised by *Accountant* *Cashier* *Payee's Signature*

TAGORE DENTAL COLLEGE & HOSPITAL

RATHINAMANGALAM, CHENNAI - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.

Date 24-3-2024

CASH PAYMENT VOUCHER

V. No. .....2389.....

Debit.....Staff Welfare.....3,000.00.....Account

Rs. 3,000.00

Pay to .....Dr.Akshaya.....

the Sum of Rupees .....Three Thousand Only.....

.....Being Amount paid to Asian Institute of Medicine Science & Technology for 'AIMST INTERNATIONAL CONFERENCE 2024".

towards .....

Authorised by *Accountant* *Cashier* *Payee's Signature*

TAGORE DENTAL COLLEGE & HOSPITAL

RATHINAMANGALAM, CHENNAI - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.

Date 24-3-2024

CASH PAYMENT VOUCHER

V. No. ....2389.....

Debit Staff Welfare 3,000.00 Account

Rs. 3,000.00

Pay to Dr.SARATH

the Sum of Rupees Three Thousand Only

Being Amount paid to Asian Institute of Medicine Science & Technology for 'AIMST INTERNATIONAL CONFERENCE 2024".

towards

Authorised by Accountant Cashier Payee's Signature

TAGORE DENTAL COLLEGE & HOSPITAL

RATHINAMANGALAM, CHENNAI - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.

Date 15-3-2024

CASH PAYMENT VOUCHER

V. No. .....2338.....

Debit Staff Welfare 5,000.00 Account

Rs. 5,000.00

Pay to Dr.JAYAPRAKASH

the Sum of Rupees Five Thousand Only

Being Amount paid to ASIA PASIFIC ASSICIATION FOR DENTAL & ORAL HEALTH for 'Bioleagues 6th International Conference on Dentistry & Oral Health-2024".

towards

Authorised by Accountant Cashier Payee's Signature

TAGORE DENTAL COLLEGE & HOSPITAL

RATHINAMANGALAM, CHENNAI - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.

Date 24-3-2024

CASH PAYMENT VOUCHER

V. No. .....2389.....

Debit ..... Staff Welfare ..... 3,000.00 ..... Account

Rs. 3,000.00

Pay to ..... Dr.Charanya .....

the Sum of Rupees ..... Three Thousand Only .....

..... Being Amount paid to Asian Institute of Medicine Science & Technology for 'AIMST INTERNATIONAL CONFERENCE 2024". .....

towards .....

Authorised by *Accountant* *Cashier* *Payee's Signature*