

Affiliated to Thiruvalluvar University, Vellore.

Financial Assistance - Request Form

Faculty Name	MR.S.	SATHISH	1							
Department	TAMIL									
Designation		ASSISTANT PROFESSOR								
Academic Year	Seminar	Workshop	Conference	FDP	Professional Membership	NPTEL	Other Specify			
Financial Request to Attend (Put A Tick Mark In The Relevant Field)			/							
Name of the Event	PERS	PELTIVE	OF JAMI	, ,,	TERATURE					
Venue of the Event	1				SCIENCE					
Date/duration of the Event		1AR-2018	C O AR	13 4	PETENCE					
Request Amount	B1000/									
Sanctioned Amount	Do. 1000									

Signature of the Faculty Member

Signature of the HOD

1. Harincipal No 2

ANTS & SCIENCY, SERVICE STRUCKS OF THE SERVIC



Affiliated to Thiruvalluvar University, Vellore.

Financial Assistance - Request Form

Faculty Name	Dr. V.	Hari Vija	un al oo Pa				
Department	DePartm	and of T	amil				
Designation	A sais to	and Profes	ellor			9	
Academic Year	Seminar	Workshop	Conference	FDP	Professional Membership	NPTEL	Other Specify
Financial Request to Attend (Put A Tick Mark In The Relevant Field)			/				
Name of the Event	Porsp	octive o	of Camil	lite	no ture		
Venue of the Event	AVC	1011000	of Arts	c 8	diante		
Date/duration of the Event	27 - 3		* ****	- 4 - 2			
Request Amount	123.1000						
Sanctioned Amount	12.1000					W. J.	

Signature of the Faculty Member

Signature of the HOD

Principal No 2

WAY SCIENCY



Affiliated to Thiruvalluvar University, Vellore.

Financial Assistance - Request Form

Faculty Name	M2. A.	K. Gowt	hom gai				THE
Department		nent of t	1				
Designation		ente Pro	. 0				
Academic Year	Seminar	Workshop	Conference	FDP	Professional Membership	NPTEL	Other Specify
Financial Request to Attend (Put A Tick Mark In The Relevant Field)			V				
Name of the Event	Cultin	ro amel	Diterate	Ye !	Converge	nc 6 Di	V07@n(
Venue of the Event			UNIVERSI		0		0
Date/duration of the Event		28th Sep 2					
Request Amount	31000						
Sanctioned Amount	Ps. 1000						

Signature of the Faculty Member

Signature of the HOD

1. Hard No 2



Affiliated to Thiruvalluvar University, Vellore.

Financial Assistance - Request Form

Faculty Name	Dr. S. 1	tanikand	ลท				
Department		nort of E.					
Designation		ant Profe					
Academic Year	Seminar		Conference	FDP	Professional Membership	NPTEL	Other Specify
Financial Request to Attend (Put A Tick Mark In The Relevant Field)			Var				
Name of the Event	Cultura	and lit	erature: (DNYR'	rgence & Di	rergence	- 6
Venue of the Event		lluar un					7 - 17 W. H. C 1
Date/duration of the Event		18th Sep 20	3				
Request Amount	23.1000						
Sanctioned Amount	28.1000						

Signature of the Faculty Member

Signature of the HOD





Affiliated to Thiruvalluvar University, Vellore.

Financial Assistance - Request Form

Faculty Name	Dr. S.	Anandha	, , , , , , , , , , , , , , , , , , ,				
Department			English				
Designation	A3813		0				
Academic Year	Seminar	Workshop	Conference	FDP	Professional Membership	NPTEL	Other Specify
Financial Request to Attend (Put A Tick Mark In The Relevant Field)			~				
Name of the Event	Recent	Trende	in Langu	agl 1	and liter	rature	
Venue of the Event	Karlag	am Acaa	lomy of	Higher	and liter		
Date/duration of the	10) 1	J			
Event	6th Har	2018					
	ls. 500						
Sanctioned Amount	8.500						

Signature of the Faculty Member

Gow hou Lj Signature of the HOD A. Hard No 2





Affiliated to Thiruvalluvar University, Vellore.

Financial Assistance - Request Form

Faculty Name	Do 2 .	Ve I Museu	00.00				
Department		mond of					
Designation		and Prop					
Academic Year	Seminar	Workshop	Conference	FDP	Professional Membership	NPTEL	Other Specify
Financial Request to Attend (Put A Tick Mark In The Relevant Field)			~				
Name of the Event	Recont	Trands	In Lamas	000	and liter	24.20	
Venue of the Event	Kar Page	A.	Janes of	مع لود ل	rnd Litera	411000	
Date/duration of the	10.10	an acac	remy of	July	you carrow	7	
Event	6th Mor	2018					
Request Amount	Rh. 500					-	
Sanctioned Amount	Rs. 500						

Signature of the Faculty Member

Gowhan a. H. Ma 2 Signature of the HOD

RAAK ARTS & SCIENCE COLLEGE PERAMBAI.



Affiliated to Thiruvalluvar University, Vellore.

Financial Assistance - Request Form

Faculty Name	Dr. k N	lugeshpill	a:				
Department	DoPorty	nent of	Foolish				
Designation		int Poole		131 15			
Academic Year	Seminar	Workshop	Conference	FDP	Professional Membership	NPTEL	Other Specify
Financial Request to Attend (Put A Tick Mark In The Relevant Field)		/					
Name of the Event	Literat	ure and	Social C	hange			
Venue of the Event	12		Arts & Sc			men.	
Date/duration of the Event	8th June		710 4 00		y wo	LISY).	
Request Amount	Ps. 300						
Sanctioned Amount	Ps.300	LVE, C					

Signature of the Faculty Member

Signature of the HOD



Affiliated to Thiruvalluvar University, Vellore.

Financial Assistance - Request Form

Faculty Name	Dr. M.	a thyaraj					
Department		nond of Ex	- 1:01				
Designation	A 28:110	nt Profes	lax	7			
Academic Year	Seminar	Workshop	Conference	FDP	Professional Membership	NPTEL	Other Specify
Financial Request to Attend (Put A Tick Mark In The Relevant Field)		/					
Name of the Event	Litera	adure Ano	L Social C	Lange			
Venue of the Event	Bhan	athidas	an sets of	and i	CALDER CA	llone o	110man
Date/duration of the Event		106/			musue to	- Igu	~ or wh
Request Amount	128.300						
Sanctioned Amount	Pe. 200						

Signature of the Faculty Member

Glow to m

Signature of the HOD

Hhand No 2

ANTS & SCIENCE



Affiliated to Thiruvalluvar University, Vellore.

Financial Assistance - Request Form

Faculty Name	Mr. A.	Savavana	m				
Department	La contractor de la con	ont of M					
Designation		ant Profes					
Academic Year	Seminar		Conference	FDP	Professional, Membership	NPTEL	Other Specify
Financial Request to Attend (Put A Tick Mark In The Relevant Field)			1				
Name of the Event	Recent	Trend in	Tuzzy mot	nemali	es and its A	pplicotion	3
Venue of the Event	The second secon				and Toche		
Date/duration of the Event			/10/2			• • • • • • • • • • • • • • • • • • • •	
Request Amount	Rs. 500	•					
Sanctioned Amount	PJ.500						

Signature of the Faculty Member

Signature of the HOD



Affiliated to Thiruvalluvar University, Vellore.

Financial Assistance - Request Form

Faculty Name	the L S	PushParaj					
Department		ent of Ma	odla d	300			7//
Designation	The state of the s	mt Bodes			41		
Academic Year	Seminar	Workshop	Conference	FDP	Professional Membership	NPTEL	Other Specify
Financial Request to Attend (Put A Tick Mark In The Relevant Field)			✓				
Name of the Event	Recont	Tromle	IN FUZZIA	Noti	inematics (1	to Anni.	L
Venue of the Event	SRM	in etitute	Al Lines	ما	technology	O	efico
Date/duration of the Event		27 /10,		unii	centraly	, kantof	wram)
Request Amount	8,500		A STATE OF		Jan 15		
Sanctioned Amount	13.500						

Signature of the Faculty Member

Signature of the HOD

a. Hhand No 2





Affiliated to Thiruvalluvar University, Vellore.

Financial Assistance - Request Form

Faculty Name	Wr. (.	Karunai.	volace				FUH -
Department		und of t	A TOTAL CONTRACTOR OF THE PARTY				
Designation		nt Propes					
Academic Year	Seminar	Workshop	Conference	FDP	Professional- Membership	NPTEL	Other Specify
Financial Request to Attend (Put A Tick Mark In The Relevant Field)			1				
Name of the Event	Progres	u in Ma	themadia	Town	ards indexe	tain A	00/10 11
Venue of the Event	SRM	'att.	of scien	210	and techn	1 100 1	r/uca+ak
Date/duration of the Event	1995 765	7 /11/2				ougy	
Request Amount	Ps.400			Ne le			
Sanctioned Amount	Ps.400						78 8 D

C. Commoday
Signature of the Faculty Member

Signature of the HOD

1. Hand No. 2





Affiliated to Thiruvalluvar University, Vellore.

Financial Assistance - Request Form

Faculty Name	Mr. Ra	macha no	lyon				
Department		nent of					
Designation		mt Profe					
Academic Year	Seminar	Workshop	Conference	FDP	Professional- Membership	NPTEL	Other Specify
Financial Request to Attend (Put A Tick Mark In The Relevant Field)			\sim				
Name of the Event	Progres	is in Math	nematics T	OWAY	ey inclustr	ial Appl	cotions
Venue of the Event	SRM 3	nstitute	of scien	te a	oly inclustr	ology	
Date/duration of the Event		74/				00	
Request Amount	B. 400						
Sanctioned Amount	28.400						

Signature of the Faculty Member

Signature of the HOD

Principal



VILLIANUR POST-605 110 PERAMBAL.



Affiliated to Thiruvalluvar University, Vellore.

Financial Assistance - Request Form

Faculty Name	Dr. Mo	han Rad	hlopdona	dlay	elan		
Department		rond of		,			0 8 5 5
Designation		nt Prope					
Academic Year	Seminar	Workshop	Conference	FDP	Professional. Membership	NPTEL	Other Specify
Financial Request to Attend (Put A Tick Mark In The Relevant Field)				\wedge			
Name of the Event	FXPER	imontal T	Teachine 6	loax	nine in 1	ab viet	D
Venue of the Event	coim	batore	institu	to	of techn	ology	
Date/duration of the Event	8 to	12 /0	19/2018			00	
Request Amount	B.250						
Sanctioned Amount	Ps.250						

Signature of the Faculty Member

Signature of the HOD

A. Hhand No 2

AND BILLION



Affiliated to Thiruvalluvar University, Vellore.

Financial Assistance - Request Form

Faculty Name	Mrs. R	enuba					
Department		ment of	Physics				
Designation		nd Profes	0				
Academic Year	Seminar	Workshop	Conference	FDP	Professional Membership	NPTEL	Other Specify
Financial Request to Attend (Put A Tick Mark In The Relevant Field)				\wedge			
Name of the Event	FXPOX	mental	Teachine o	and i	learning ly	n Lob vi	(QLA)
Venue of the Event	coint	nitore	institute	o/	technology		
Date/duration of the Event		12 th /		-0-			
Request Amount	28.250						
Sanctioned Amount	21.250						

Signature of the Faculty Member

Signature of the HOD

Herincipal No 2

PARTS & SCIENCE AND SCIENCE AN



Affiliated to Thiruvalluvar University, Vellore.

Financial Assistance - Request Form

Faculty Name	42 B	Senthilno	than				
Department	The same of the last		2 homistry			- 14/54	
Designation		ant Prope	/	HI I		H. Carl	
Academic Year	Seminar	Workshop	Conference	FDP	Professional Membership	NPTEL	Other Specify
Financial Request to Attend (Put A Tick Mark In The Relevant Field)			1				
Name of the Event	Recont	Transla	in chem	24 2			
Venue of the Event	91. 500	enl's cal	in chesn		42.026		
Date/duration of the Event	17.7	4 3rd 10		s and	reque		
Request Amount	Ps. 400						
Sanctioned Amount	Ps. 400					F. H.	

Signature of the Faculty Member

Signature of the HOD

Q. Harring No. 2





Affiliated to Thiruvalluvar University, Vellore.

Financial Assistance - Request Form

Faculty Name	Mr. (.	Jeerara #	at man	41	Mile Line	The sales	
Department			Chemistr	TE-		J. Sel	
Designation		ant Prof.)			
Academic Year	Seminar		Conference	FDP	Professional Membership	NPTEL	Other Specify
Financial Request to Attend (Put A Tick Mark In The Relevant Field)				1			
Name of the Event	Recont	Trends	in them	istry			
Venue of the Event	Kuthi	n coll	in them	Ena	ผู้กองการเ		
Date/duration of the Event	7	3/2018		- 0			
Request Amount	Ps. 400						
Sanctioned Amount	Ps. 400						

Signature of the Faculty Member



Affiliated to Thiruvalluvar University, Vellore.

Financial Assistance - Request Form

Faculty Name	Dr. So	lia					
Department			chemistr			Face 6	
Designation		nt Propess)			
Academic Year	Seminar	Workshop	Conference	FDP	Professional Membership	NPTEL	Other Specify
Financial Request to Attend (Put A Tick Mark In The Relevant Field)				\wedge			
Name of the Event	Excell	ence in	resoarch	and	Publication		
Venue of the Event	Kathi	or col	luge of	engil	Publication reving		
Date/duration of the Event	1 24	03/201			0		
Request Amount	28.250						Sec. 100
Sanctioned Amount	23.250						

Signature of the Faculty Member

Signature of the HOD

Principal



Affiliated to Thiruvalluvar University, Vellore.

Financial Assistance - Request Form

Faculty Name	Dr. bee	Hoa.				7-41-	
Department	8.6 80.40		Chemistry	,			
Designation		nt Profes					
Academic Year	Seminar	Workshop	Conference	FDP	Professional Membership	NPTEL	Other Specify
Financial Request to Attend (Put A Tick Mark In The Relevant Field)				1			
Name of the Event	Excellen	a in ne.	Search an	d Pu	blication		
Venue of the Event	Kuthi	, colle	Search an	engi	neuring		
Date/duration of the Event		03/201		0	J		
Request Amount	128.250)			THE THE		
Sanctioned Amount	28.250						

Signature of the Faculty Member

Signature of the HOD

Principal

TATE OF STREET

PRINCIPAL
PRINCIPAL
SCIENCE COLLEGE
RAAK ARTS & SCIENCE TO THE PERANGAL



Affiliated to Thiruvalluvar University, Vellore.

Financial Assistance - Request Form

Faculty Name	Dr. N.	etho i:				1 183	
Department	The second services of		Chomistry			1,500	
Designation	Assist	ant Prop	alov	47	-V		
Academic Year	Seminar	Workshop	Conference	FDP	Professional Membership	NPTEL	Other Specify
Financial Request to Attend (Put A Tick Mark In The Relevant Field)				/			
Name of the Event	Excell	ence In	30 Dogg L	1 %	History		
Venue of the Event	brith	is call	ne search	en	ry nooling	y Tring	
Date/duration of the Event		103/201			g 4 way		
Request Amount	28.250						
Sanctioned Amount	21.250						L 75

Signature of the Faculty Member

Signature of the HOD

Principal





Affiliated to Thiruvalluvar University, Vellore.

Financial Assistance - Request Form

Faculty Name	Dr. M	anivanne	h				2-0
Department		*	Chemist	ru			
Designation		ent Profe)			
Academic Year	Seminar	Workshop	Conference	FDP	Professional Membership	NPTEL	Other Specify
Financial Request to Attend (Put A Tick Mark In The Relevant Field)				/			
Name of the Event	Fxcell	once in	Rosench	E. P.	blication		
Venue of the Event	Kuthi	colles	Rosearch e of E	nain	ering		
Date/duration of the Event		03/2018		0	0		
Request Amount	13.250						
Sanctioned Amount	Rs. 250						

Signature of the Faculty Member

Signature of the HOD

Hamil No 2





Affiliated to Thiruvalluvar University, Vellore.

Financial Assistance - Request Form

Faculty Name	MYS.	R. Sokt	hidevi				
Department			Computer	Ceion			
Designation		nt Proper		- DOX			
Academic Year	Seminar		Conference	FDP	Professional Membership	NPTEL	Other Specify
Financial Request to Attend (Put A Tick Mark In The Relevant Field)			1				
Name of the Event	Recont.	odvances	in Compu	tena	4. lommun	nicetion	
Venue of the Event	Shase	in Tri	college	20/	& lommun Women		
Date/duration of the Event			4 10112				
Request Amount	18.500						
Sanctioned Amount	Ps. 500						

Signature of the Faculty Member

or the HOD Principal No 2



Affiliated to Thiruvalluvar University, Vellore.

Financial Assistance - Request Form

Faculty Name	Mr. C.	Krishnan	'n				
Department			lamputer	Scien	n Cu		
Designation		nt Proper					
Academic Year	Seminar	Workshop	Conference	FDP	Professional- Membership	NPTEL	Other Specify
Financial Request to Attend (Put A Tick Mark In The Relevant Field)			1				
Name of the Event	Record	Advances	in com	Dutine	and com	munica	tion
Venue of the Event	Show	in sai	in colli	igl .	and com	men	
Date/duration of the Event	The second second		19/2013				
Request Amount	B. 500						
Sanctioned Amount	8.500						

Signature of the Faculty Member

Signature of the HOD A. Human No. 2



PERAMBAL.



Affiliated to Thiruvalluvar University, Vellore.

Financial Assistance - Request Form

Faculty Name	m. S	Bhuvan					
Department			omputer s	7			
Designation		A Brober		cionte			
Academic Year	Seminar	Workshop	Conference	FDP	Professional Membership	NPTEL	Other Specify
Financial Request to Attend (Put A Tick Mark In The Relevant Field)			~				
Name of the Event	Applien	Colt	Computing	Tool	nlares		
Venue of the Event	Kalasal	109000	Academy	d	lesearch &	od. I	h
Date/duration of the	,	Jan	readury	of 1	estoren &	xolunc.t	ich
Event	23 rd 4	zuth of 14	or 2018				
Request Amount	Ps.400			-7.7		MERS	
Sanctioned Amount	18.400						

Signature of the Faculty Member

Signature of the HOL

A. Humid No. 2.
Principal

LATS & SCIENCE



Affiliated to Thiruvalluvar University, Vellore.

Financial Assistance - Request Form

Faculty Name	Dr. B.	lanhi.					
Department			computer o	de:			
Designation	and the second second second	of Professe		plient		11-50	
Academic Year	Seminar	0	Conference	FDP	Professional Membership	NPTEL	Other Specify
Financial Request to Attend (Put A Tick Mark In The Relevant Field)			/				
Name of the Event	Applied	l Cold	Computing	Tech	191.01	FILE	T STATE
Venue of the Event	Kalasa	Liver	Academy	od	Pesearch &	edu co	Lina
Date/duration of the Event		U	40× 2018	7	Postarch &	Zunce	
Request Amount	18.400						
Sanctioned Amount	Ps.400						

Signature of the Faculty Member

Rignature of the HOD A. Homen No. 2.

RAAK ARTS & SCIENCE COLLEGE



RAAK ARTS AND SCIENCE COLLEGE Affiliated to Thiruvalluvar University, Vellore.

Financial Assistance - Request Form

Faculty Name	Dr. 6	Ramesh				7-10-1	
Department			Computer S	<i>,</i> .			
Designation	Assista	nt Profes	computer s	cence			
Academic Year	Seminar	Workshop	Conference	FDP	Professional Membership	NPTEL	Other Specify
Financial Request to Attend (Put A Tick Mark In The Relevant Field)				/			
Name of the Event	Fylos	imatal	Touline	0-	erning in	10 - 10	
Venue of the Event	1- labo	dans has	stitute of	4 re	land	Lab VI	·W
Date/duration of the	Commod	TOTE ITY	strue of	120	mology	Refe	
Event	8th to 1	2th, Sep. 2	กเร				
Request Amount	18.250	1211					
Sanctioned Amount	PJ. 250						

Signature of the Faculty Member

Signature of the HOD Q. How Principal



K ARTS & SCIENCE COLLEGE



Affiliated to Thiruvalluvar University, Vellore.

Financial Assistance - Request Form

Faculty Name	Dr. K.	Par bles					
Department			mputer Sci	a~1.			
Designation	1	nd Prof				4,12	
Academic Year	Seminar	Workshop	Conference	FDP	Professional. Membership	NPTEL	Other Specify
Financial Request to Attend				~			
(Put A Tick Mark In The Relevant Field)							
Name of the Event	Ex Per	imental	Teachine	4 100	erning in	Lab vis	ω
Venue of the Event	(min)	oritad	i tukur.	to al	Technol	1001	
Date/duration of the				04	1,2010,100	08	
Event	8th to 12th	h, Sep, 2018					
Request Amount	Ps.250	1011200				94 3.7	
Sanctioned Amount	8.250			T Z			

Signature of the Faculty Member

Signature of the HOD A. Hard No 2.

Principal



RAAK ARTS & SCIENCE COLLEGE



Affiliated to Thiruvalluvar University, Vellore.

Financial Assistance - Request Form

Faculty Name	D. D	Senttilpa	nol.'s				
Department			Computer !	1			
Designation		nt Profes		uena			
Academic Year	Seminar	Workshop	Conference	FDP	Professional Membership	NPTEL	Other Specify
Financial Request to Attend (Put A Tick Mark In The Relevant Field)							
Name of the Event	Adran	Comonts	in lambs	la Lima	I Sciences		
Venue of the Event						tion	The Line
Date/duration of the Event	10th, 1	19n, Nou	embers, 20	18	ha Educa	4001	
Request Amount	23.300						
Sanctioned Amount	P8.300						

Signature of the Faculty Member

Signature of the HOD

a. Hhand No 2

15 & 5CIERCE AND SOLUTION OF THE PORT OF T



Affiliated to Thiruvalluvar University, Vellore.

Financial Assistance - Request Form

Faculty Name	Mrs N	. Hanimo	ak!				
Department		CONTRACTOR OF THE PROPERTY OF THE PARTY OF T	omputer So				
Designation		nt Proper		unli			
Academic Year	Seminar		Conference	FDP	Professional Membership	NPTEL	Other Specify
Financial Request to Attend (Put A Tick Mark In The Relevant Field)			~				
Name of the Event	Advan	Common to 1.	computat	. 1	0.10		7.7
Venue of the Event					her Educat	1-5	F 46 1
Date/duration of the	wy	astron Har	many of	Huy	ver Forma	, min	
Event	INTh .	Th , NO	1 2018				
Request Amount	Ps.300	, 100	2016				
Sanctioned Amount	Ps. 200						

Signature of the Faculty Member

Signature of the HOD Q. Human No 2



VILLIANUR POST-605 110



Affiliated to Thiruvalluvar University, Vellore.

Financial Assistance - Request Form

Faculty Name	Mrs. (Romya					3 5
Department			puter Quie				
Designation	The state of the s	1 Properso		nu			
Academic Year	Seminar	Workshop	Conference	FDP	Professional Membership	NPTEL	Other Specify
Financial Request to Attend (Put A Tick Mark In The Relevant Field)		/	1				
Name of the Event	Artitico	1 intellie	onle & no	00 /00	caning		
Venue of the Event	Bone	Hor	ence & De	iti)		
Date/duration of the				9			
Event	INTO	16 SEP	2018				
Request Amount	Ps. 300						
Sanctioned Amount	12.300						

Signature of the Faculty Member

Signature of the HOD

a. Huma No





Affiliated to Thiruvalluvar University, Vellore.

Financial Assistance - Request Form

Faculty Name	MYL O	C. Can	•				
Department	De Pard	. Suganyi	Computer	1.			
Designation		+ Profess		acienc	11.20		
Academic Year	Seminar	Workshop	Conference	FDP	Professional Membership	NPTEL	Other Specify
Financial Request to Attend (Put A Tick Mark In The Relevant Field)		/					
Name of the Event	Artitic	ial into	History 6	Doop	lamine		
Venue of the Event	Bons	nott "	Migeneo &	}	200, 111.		
Date/duration of the Event		Sep 2018	THE PERSON OF TH	4			
Request Amount	Ps.300	2, 2018					
Sanctioned Amount	Ps.300						

Signature of the Faculty Member

Signature of the HOD

a. Hhand No 2

15 & 50 ENC



Affiliated to Thiruvalluvar University, Vellore.

Financial Assistance - Request Form

Faculty Name	Mr. F.	len thil ken	max-		11.55		
Department			mpeter Scien	004			
Designation		A Propes					
Academic Year	Seminar	Workshop	Conference	FDP	Professional- Membership	NPTEL	Other Specify
Financial Request to Attend		✓					
(Put A Tick Mark In The Relevant Field)							
Name of the Event	Artikica	ial Intell	igence & D	000 P	earning	A die	
Venue of the Event	Bomo	an the	inarity		3		
Date/duration of the		WH 90.	accounty.	,			
Event	14 70	16 SEF	2018				
Request Amount	Rs.300						
Sanctioned Amount	20.300						

Signature of the Faculty Member

Signature of the HOD A. H. Principal



RAAK ARTS & SCIENCE COLLEGE



Affiliated to Thiruvalluvar University, Vellore.

Financial Assistance - Request Form

Faculty Name	1124 G	Suguna					
Department		/1	competer d	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	7		
Designation	Assista	~ V.		J. J. J. C.			
Academic Year	Seminar	Workshop	Conference	FDP	Professional Membership	NPTEL	Other Specify
Financial Request to Attend (Put A Tick Mark In The Relevant Field)		1		Tank Tank			
Name of the Event	Artilie	ial intel	livence 6	Deol	learning		
Venue of the Event	Boms	the	tianional	M	learning		
Date/duration of the Event		16. SFP		Ò			
Request Amount	Ps. 200					THE	
Sanctioned Amount	Ps. 200						

Signature of the Faculty Member

Signature of the HOD

A. Hhad No 2.
Principal

15 8 5CLEN

PRINCIPAL
PRINCIPAL
RANK ARTS & SCIENCE COLLEGE
PRINCIPAL
RANK ARTS & SCIENCE COLLEGE
PRINCIPAL



Affiliated to Thiruvalluvar University, Vellore.

Financial Assistance - Request Form

Faculty Name	Mad D	Devak	·	A.F.			
Department		mont of				ž.	
Designation	, 1	of Profess				F. C. L.	/
Academic Year	Seminar		Conference	FDP	Professional Membership	NPTEL	Other Specify
Financial Request to Attend (Put A Tick Mark In The Relevant Field)			-				
Name of the Event	Recent	Tromple	i'n Man	agome	nt Studier		
Venue of the Event					md seien		10.00
Date/duration of the Event			actaba			u x Em	TANK.
Request Amount	ls. 300		- Copaz	2.		HINTER OF	
Sanctioned Amount	B.300						

Signature of the Faculty Member

Signature of the HOD

I. Hhand No 2

AND TO TENCO

PRINCIPAL

PRANCIPAL

PRANCIPAL

PRANCIPAL

PRANCIPAL

PERANCIPAL

PERANCIPAL

PERANCIPAL

PERANCIPAL

PERANCIPAL



Affiliated to Thiruvalluvar University, Vellore.

Financial Assistance - Request Form

Faculty Name	WYS.	1. Sange	the				
Department			Commorce	713		T.E.	
Designation		at Prope					F
Academic Year	Seminar	Workshop	Conference	FDP	Professional Membership	NPTEL	Other Specify
Financial Request to Attend (Put A Tick Mark In The Relevant Field)			~				
Name of the Event	Recond	Trends	in Mone	almon	of Ctualies		
Venue of the Event	Chemin	tom ia	iamal A	stor o	d Studier	1000 0	ממנא
Date/duration of the						3 (182)	7 0
Event	25 am	d 27Th	schaben	2100			
Request Amount	128.300		7				
Sanctioned Amount	Rs.300						

Signature of the Faculty Member

Signature of the HOD

a. Hund No. 2





Affiliated to Thiruvalluvar University, Vellore.

Financial Assistance - Request Form

Faculty Name	un C	Lokesh ke					V3
Department		ant of					
Designation	Assista	1					
Academic Year	Seminar	Workshop	Conference	FDP	Professional- Membership	NPTEL	Other Specify
Financial Request to Attend (Put A Tick Mark In The Relevant Field)			/				
Name of the Event	Invova	tion and	challens	u ì	n Golobal	Busin	anl
Venue of the Event	ST. To	selbs (allow d	ent.	and Call		00%
Date/duration of the Event	3201	700 201	18	nas	Arnel Sriv	81.1	
Request Amount	28.300						
Sanctioned Amount	18.300						

Signature of the Faculty Member

Signature of the HOL

. Hand No 2

44 4 3 CHENCE



Affiliated to Thiruvalluvar University, Vellore.

Financial Assistance - Request Form

Faculty Name	Mare	Kalimut	t				
Department		1377 2 2	Commerce				
Designation	421:11	and Prop	o elm				
Academic Year	Seminar	Workshop	Conference	FDP	Professional- Membership	NPTEL	Other Specify
Financial Request to Attend (Put A Tick Mark In The Relevant Field)			/				
Name of the Event	Innova	tion come	challeng	es la	a Colombal	Busine	N.
Venue of the Event	er To	seph's	Callen	e ed	a Colobel Antrand!	For i anuta	Callago
Date/duration of the		1007 201		-			anne Ba
Request Amount	P3.300			N. F		Water	
Sanctioned Amount	Ps.300						

Signature of the Faculty Member

Signature of the HOD A. Human No. 2.



Affiliated to Thiruvalluvar University, Vellore.

Financial Assistance - Request Form

Faculty Name	Dr. D	Bhasani	thomas				
Department			Commerc				
Designation	1 1	nt Profe					Net 1
Academic Year	Seminar	Workshop	Conference	FDP	Professional Membership	NPTEL	Other Specify
Financial Request to Attend (Put A Tick Mark In The Relevant Field)			V				
Name of the Event	Recent	Buliness	Research	h		WANTE A	
Venue of the Event					ruce and	i och ancil	and
Date/duration of the			man of a		20.00		0
Event	2480	and 25%	Mouer	U207	9013		
Request Amount	Ps. 500						
Sanctioned Amount	18.500			5.0			

Signature of the Faculty Member

Signature of the HOD

A. Hhad No 2



PRINCIPAL

PRINCIPAL

PRINCIPAL

PRINCIPAL

POST-805 110

PLR-88AL



Affiliated to Thiruvalluvar University, Vellore.

Financial Assistance - Request Form

Faculty Name	Dr. P.	Kathav	o No. 144.0				T /E.A
Department	DePart	ment of	Commerce				
Designation		ant Prof					
Academic Year	Seminar		Conference	FDP	Professional- Membership	NPTEL	Other Specify
Financial Request to Attend (Put A Tick Mark In The Relevant Field)			/				
Name of the Event	Recont	Rusiner	1 Researce	h			
Venue of the Event			le 4 Sel		70	chnal	s.s. h
Date/duration of the Event			Namon			13 0°10CC	and the
Request Amount	28.500	V.04 20	· comp	0.4000	7012		
Sanctioned Amount	8.500						

Signature of the Faculty Member



Affiliated to Thiruvalluvar University, Vellore.

Financial Assistance - Request Form

Faculty Name	Mat Ca	nagavlly	34.75/5				
Department		0 0					
Designation		ant Profes					
Academic Year	Seminar	Workshop	Conference	FDP	Professional Membership	NPTEL	Other Specify
Financial Request to Attend (Put A Tick Mark In The Relevant Field)			~				
Name of the Event	Advant	es in F	inancial	Mar	rets & Sa	27 VI'COL	
Venue of the Event	BUD	A And	and soi	on Fi	Callege	,,,,,	
Date/duration of the Event	3rd		muary				
Request Amount	Rs. 200	4 00	June	2016	In-III		
Sanctioned Amount	B. 200						

Signature of the Faculty Member

Signature of the HOD

Humand No Zu Principal



Affiliated to Thiruvalluvar University, Vellore.

Financial Assistance - Request Form

Faculty Name	MYA. A	Sugan	tou				
Department		ment of	Commore				
Designation	1	nt Profe					***************************************
Academic Year	Seminar	Workshop	Conference	FDP	Professional Membership	NPTEL	Other Specify
Financial Request to Attend (Put A Tick Mark In The Relevant Field)			/				
Name of the Event	Aclyan	Cab 10	Financial	Mar	rkets & s	-oude	
Venue of the Event			med scien			S. FVICE	
Date/duration of the Event	,		muary		•		
Request Amount	Ps. 200		- carry	0.7)		
Sanctioned Amount	Pg. 200						

Signature of the Faculty Member

Signature of the HOD

Homed No 2





Affiliated to Thiruvalluvar University, Vellore.

Financial Assistance - Request Form

Faculty Name	ur D	Pradap					12.00
Department	The second second		Susiness Ac		to 14.		
Designation		of Profess		uminis	1XaMBN		
Academic Year	Seminar	Workshop	Conference	FDP	Professional Membership	NPTEL	Other Specify
Financial Request to Attend (Put A Tick Mark In The Relevant Field)			V				
Name of the Event	Poront	Advancal	in Ruis	211	lanagement		
Venue of the Event	Sarras	1 41000	Calle	C10	conageme no		
Date/duration of the Event	2974	, 30 74		0			
Request Amount	18.300	1 30 1	- mean	-(0)	Y		
Sanctioned Amount	Ps.300						

So .

Signature of the Faculty Member

Signature of the HOD

1. Hhand No 2

ANTS & SCIENCES

PRINCIPAL

PRINCIPAL

RAAK ARTS & SCIENCE COLLEGE

VILLIANUR POST-605 110

FERMINAL



Affiliated to Thiruvalluvar University, Vellore.

Financial Assistance - Request Form

Faculty Name	Dr. C.	relatedho					
Department			Business	0.1	L.		Water to
Designation	Assistan			_ 670A.DD.I	ni Syraticm		
Academic Year	Seminar	Workshop	Conference	FDP	Professional Membership	NPTEL	Other Specify
Financial Request to Attend (Put A Tick Mark In The Relevant Field)			V				
Name of the Event	Recent	Advances	in Bux	ineu	Managemen t		
Venue of the Event	Sazad	Horar			- ungirium /		
Date/duration of the Event	2977		/	2018			
Request Amount	Ps. 300	-,,,	- CO-17		2		
Sanctioned Amount	lg.300						MARK II

Clu

Signature of the Faculty Member

Signature of the HOD

1. Hhand No 2

4 15 8 5C (ENC)

PRINCIPAL

PRINCIPAL

RAAK ARTS & SCIENCE COLLEGE

VILLIANUR PEST-505 110

PERAMBAL



Affiliated to Thiruvalluvar University, Vellore.

Financial Assistance - Request Form

Faculty Name	m. C	Asun kum					
Department			Business	ما مداه	and L		
Designation		of Projess		ACTION A	UIV / Lat (Can	7 77 79	
Academic Year	Seminar	Workshop	Conference	FDP	Professional Membership	NPTEL	Other Specify
Financial Request to Attend (Put A Tick Mark In The Relevant Field)			V				
Name of the Event	5 Fran	every d	Entro Dana	00118:	1 Dimens		
Venue of the Event	Pondie	herry ve	ivovertu	-	1 Dimens	1011/2	THE STATE
Date/duration of the Event		27 Th		2018			
Request Amount	Pg. 200	7.		2016		No.	
Sanctioned Amount	Ps.200						TELET

Ank S

Signature of the Faculty Member

Signature of the HOD

a. Harring No 2

ANTS & SCIENCE AND PRINCIPLE OF THE PRIN



Affiliated to Thiruvalluvar University, Vellore.

Financial Assistance - Request Form

Faculty Name	Dr. P. C	udhager					
Department			wriness Ad	دا مما م	dentina	14.5	
Designation	Assista		SSOY	F7(1711)	TEGI IOT		
Academic Year	Seminar	Workshop	Conference	FDP	Professional. Membership	NPTEL	Other Specify
Financial Request to Attend (Put A Tick Mark In The Relevant Field)			~				
Name of the Event	5. F970m	ework or	f Entrepar	MO 48	in Dimon	neimal	
Venue of the Event	Pand	sherozu	unius	wite	ial Dimon	17.10.1.5	
Date/duration of the		0		C	The second		
Event	26Th	, 27 TH	march	2 9	2018		
Request Amount	128.200	1					
Sanctioned Amount	78.200						

Signature of the Faculty Member

Signature of the HOD

a. Harmingal No 2.





Affiliated to Thiruvalluvar University, Vellore.

Financial Assistance - Request Form

Faculty Name	Da al	Sarovano					
Department	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Burness	A1. 1	\all 1		
Designation		nd Profess		Mount	NISTYCTOY		
Academic Year	Seminar	Workshop	Conference	FDP	Professional- Membership	NPTEL	Other Specify
Financial Request to Attend (Put A Tick Mark In The Relevant Field)				~	-		
Name of the Event	Contin	wine Dr	0/080:	0-1	al Dima. 1	1	1
Venue of the Event		2173	Cury PE	L For	rolopment Esimourin	- C-00.	ners
Date/duration of the Event		edabe		1 121	a House my	P CON	4×
Request Amount	Ps 200		1010				MES
Sanctioned Amount	98.200						

600

Signature of the Faculty Member

Signature of the HOD

A. Hhrind No 2

ANTS & SCIENCE



Affiliated to Thiruvalluvar University, Vellore.

Financial Assistance - Request Form

Faculty Name	Dr. Ra	mosto					
Department			Business A	dmin	istration		
Designation		and Pro					
Academic Year	Seminar		Conference	FDP	Professional Membership	NPTEL	Other Specify
Financial Request to Attend (Put A Tick Mark In The Relevant Field)			V				
Name of the Event	Value	Creetion	Through	En	tre Penour	ship	
Venue of the Event	trist	y Jayo	inti itm	lage	tre penour		
Date/duration of the Event	-71-	FFB 90		0			
Request Amount	Ps. 300						
Sanctioned Amount	B. 300						

Signature of the Faculty Member

Signature of the HOD

A. Hhand No 2

ANTS & SCIENCES



Affiliated to Thiruvalluvar University, Vellore.

Financial Assistance - Request Form

Faculty Name	Dr. Mo	L					1 1
Department			Business	A.J	in industria		
Designation		of Propos		L/cx m	DIV ASCION	-	
Academic Year	Seminar	Workshop	Conference	FDP	Professional Membership	NPTEL	Other Specify
Financial Request to Attend (Put A Tick Mark In The Relevant Field)			~				
Name of the Event	Value	Creation	Thorugh	end	ProDenni sl	:0	
Venue of the Event	treist	1 To our	ite	10000	repronush		
Date/duration of the Event	287h		018		9,		
Request Amount	18.300	1 - 0 - 4	- 10				THE
Sanctioned Amount	Ps. 300					111	

Signature of the Faculty Member

Signature of the HOD

1. Hund No 2

ARTS & SCIENCE