

RAAK ARTS AND SCIENCE COLLEGE Affiliated to Thiruvalluvar University, Vellore. Recognized under section 2(f) of the UGC Act, 1956.

Financial Assistance - Request Form

Faculty Name	Mr. S.	Cathish					
Department		ent of Ta	mil				
Designation	1 1	t Professor				11, 200	
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	Improv	ine stone	Pod com L	visib	: :1::4a		
Venue of the Event	Voludo	r Callone	of Emaine	0713000	ility and Tech	- mala hou	
Date/duration of the	- Colonia	· omog	1 2 30.0		0.44	CIOCOCO	
Event	lith,	13. +	1C4 2020				
Request Amount	28.500		8				
Sanctioned Amount	18.500						

Signature of the Faculty Member

Signature of the HOD



RAAK ARTS & SCIENCE COLLEGE VILLIANUR POST-605 110 PERAMBAL.



RAAK ARTS AND SCIENCE COLLEGE Affiliated to Thiruvalluvar University, Vellore. Recognized under section 2(f) of the UGC Act, 1956.

Financial Assistance - Request Form

Faculty Name	Dr. V.	Hazivijay	a clopa				
Department		ent of To				9	
Designation		+ Professo					
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	ImProvi	ng stour D	osearch v	نابطنعنا	tu		
Venue of the Event	valala	2 rallow	e of fina	resour	ire and r	i chnala	au /
Date/duration of the	3 \$000000		1 - 3		9		00
Event	11+4.	137h Ma	4 2020				
Request Amount	28.500		0				
Sanctioned Amount	28.500						

Signature of the Faculty Member

Signature of the HOD

Principal



PRINCIPA RAAK ARTS & SCIENCE COLLEGE VILLIANUR POST-605 110 PERAMBAL.



RAAK ARTS AND SCIENCE COLLEGE Attiliated to Thiruvalluvar University, Veillore. Recognized under section 2(f) of the UGC Act, 1956.

Financial Assistance - Request Form

Faculty Name	Dr. P. I	Shara thi					
Department	1	rent of To	mil				-
Designation		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	Permia	na 5 400 la	l	1		1	
Venue of the Event	Pandi	pa Jyyak	min Sty				
Date/duration of the	100.000	theeg o	Sincerna				
Event	11:46:	2020 , Bi	:10:2020				
Request Amount	12.400						
Sanctioned Amount	18.400						

Signature of the Faculty Member

Signature of the HOD

Principal

PRINCIPAL RAAK ARTS & SCIENCE COLLEGE VILLIANUR POST-605 110 PERAMBAL.



Affiliated to Thiruvalluvar University, Vellore, Recognized under section 2(f) of the UGC Act, 1956.

Financial Assistance - Request Form

Faculty Name	Mr. S.	Soundars	alco				
Department		und of Ta	3				
Designation	1 / 1	4					
Academic Year	Seminar	Hoolesso 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	A90 01	150 tine	2020arch	Antio	les & lung	ling Dra	Pasalo
Venue of the Event	Mamah	iv alu	Mahadat	Instr	les & funci	meelan	(0098
Date/duration of the			9 0			40	
Event	2114 1	7 cm 20	20 50		23 m	ay 2020)
Request Amount	P8.400	8				d	
Sanctioned Amount	Ps . 400						

A. Opnut

Signature of the Faculty Member

A. A.

Signature of the HOD

A. Hhand No 2.

Principal



PRINCIPAL

RAAK ARTS & SCIENCE COLLEGE

VILLIANUR POST-605 110

PERAMBAI.



Affiliated to Thiruvalluvar University, Vellore, Recognized under section 2(f) of the UGC Act, 1956.

Financial Assistance - Request Form

Faculty Name	Mg. A	k. bowt	hem Rai				
Department	DoPart		English				
Designation	desista	of Profess	lox				
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	Dutata	is of co	etch 22				
Venue of the Event	Amma		धनव वे क	ds o	and scien	nte	
Date/duration of the Event		2571	0	+ +90			
Request Amount	13.600		1		V .		
Sanctioned Amount	14.600						

Signature of the Faculty Member

Signature of the HOD

A. Harring No. 2

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PRINCIPAL

RAAK ARTS & SCIENCE COLLEGE

VILLIANUR POST-605 110

PERAMBAI.



RAAK ARTS AND SCIENCE COLLEGE Affiliated to Thirdvalldvar University, Vellore, Recognized under section 2(I) of the UGC Act, 1956.

Financial Assistance - Request Form

Faculty Name	M91.6	Privadha	rahini				
Department	De Party	, ,	English				
Designation	Assista	1 0 !	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	Dutste:	P of Co.	tch 23				
Venue of the Event	Anna	aller i	deh 232	s as	nd Icion	E.	
Date/duration of the Event		25°	TO 31 3	May	2010	×	
Request Amount	Ps. 600						
Sanctioned Amount	B.600						

Signature of the Faculty Member

Gow hom Rig

Signature of the HOD

a. Hhund No 2.

Principal



RAAK ARTS & SCIENCE COLLEGE VILLIANUR POST-605 110 PERAMBAL.



Faculty Name	Dr. S. A	nandhar	· ·				
Department		nent of E.	J.,				
Designation	ASSINT	1 0	J				
Academic Year	Seminar	Workshop	Conference	FDP	Professional	NPTEL	Other
					Membership		Specify
Financial Request to							
Attend							
(Put A Tick Mark In							
The Relevant Field)							
Name of the Event	Ella. Le	of loved	19 020 Grad	آ مدن	2danu / P	Part Str	tou
Venue of the Event	NITET	- TFA	Collous	ر بریم	Busines & P	T Forhi	is in
Date/duration of the	,,,,,,		The Later of the L	6	W. Charles	- POZERCI	Sec.
Event	0120	6. 2020	TO 02:	063	2020		
Request Amount	B. 300						
Sanctioned Amount	Ps. 300						

Signature of the Faculty Member

Gowman Ry J. Hand No. 20. Signature of the HOD

Principal



Faculty Name	Dr. 2. V	elmuxuge	N				
Department	DeParlm	ont of Ene	lish				
Designation	Assista						
Academic Year	Seminar	Workshop	Conference	FDP	Professional	NPTEL	Other
					Membership		Specify
Financial Request to							
Attend				V			
(Put A Tick Mark In							
The Relevant Field)							
Name of the Event	Elherts	of lovid-	19 on Indi	an Bu	miners (. Po.	8t Stra	togu
Venue of the Event	WT F7	T-TEA	callons	ol kr	nituer	Fashian	n n
Date/duration of the				4			
Event	01:00	\$2020 T	0 02:86:2	020	1		
Request Amount	18.300					K	
Sanctioned Amount	R. 300						

Signature of the Faculty Member

Signature of the HOD

Principal



RAAK ARTS & SCIENCE COLLEGE VILLIANUR POST-605 110 PERAMBAL.



RAAK ARTS AND SCIENCE COLLEGE Affiliated to Thiruvallover University, Vellore. Recognized under section 2(f) of the UGC Act, 1956.

Financial Assistance - Request Form

Faculty Name	Dr. K. 1	ugesh Pil	lai				
Department		unt of En					
Designation	1 ' 1	1 Proposic					¥
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	Eblect a	ovid-19	y on Irclia	n Bus	iners & Por	s4 Stra	tegy
Venue of the Event	NIFT	- TEA	Lallage	of the	mitured	Fashian	\
Date/duration of the							
Event	01:0	6: 2020	70 02	.06:	2020		
Request Amount	Ps. 300						
Sanctioned Amount	Rs. 500						

Signature of the Faculty Member

Gow hould Signature of the HOD

A. Hamil No. 2...
Principal



RAAK ARTS & SCIENCE COLLEGE VILLIANUR POST-605 110



Affiliated to Thiruvalluvar University, Vellore. Recognized under section 2(f) of the UGC Act, 1956.

Financial Assistance - Request Form

Faculty Name	so.	r. K. A	yh Parai								
Department	Service of a contract	Department of mathematics									
Designation		Assistant Projection									
Academic Year	Seminar	NPTEL	Other Specify								
Financial Request to Attend (Put A Tick Mark In The Relevant Field)				✓							
Name of the Event	Recont	Advances	in grath	Thos	ony and No	walno	tworks				
Venue of the Event			ptitule of								
Date/duration of the Event			July. 202	,	J						
Request Amount		NS.5	00								
Sanctioned Amount		rs.5	00								

Signature of the Faculty Member

Signature of the HOD

Principal



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RAAK ARTS & SCIENCE COLLEGE

VILLIANUR POST-605 110

PERAMBAI.



RAAK ARTS AND SCIENCE COLLEGE

Affiliated to Thiruvalluvar University, Vellore.

Recognized under section 2(f) of the UGC Act, 1956.

Financial Assistance - Request Form

Faculty Name		Mr. D.	arationem								
Department		Department of mathematics									
Designation		Assistant Professor / HOD									
Academic Year	Seminar	Workshop	Conference	FDP	Professional	NPTEL	Other				
					Membership		Specify				
Financial Request to											
Attend				1							
(Put A Tick Mark In											
The Relevant Field)	*										
Name of the Event	Rom	ont Adim	ros Procesapi	n Thor	ond ne	una O niet	un be				
Venue of the Event			stitute of			DICE TOUR	, moor				
Date/duration of the			(J						
Event	14	to 16, 5	uly. 2020								
Request Amount		ls.50	0								
Sanctioned Amount		Ny.500									

Signature of the Faculty Member

Signature of the HOD

Principal



RAAK ARTS & SCIENCE COLLEGE VILLIANUR POST-605 110 PERAMBAL.



RAAK ARTS AND SCIENCE COLLEGE Affiliated to Thiruvalluvar University, Vetlore. Recognized under section 2(f) of the UGC Act, 1956.

Financial Assistance - Request Form

Faculty Name		Mr. C	. Karuna	Dolo	M						
Department		Department of mathematiks									
Designation		Dyristant 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	E	grigeron 3	Trends	in 92	rath Theor	у					
Venue of the Event		0 ()	east col	0		U					
Date/duration of the Event			16. June 3	0							
Request Amount		18.30	ro								
Sanctioned Amount		Rs. 36									

Signature of the Faculty Member

Signature of the HOD



RAAK ARTS & SCIENCE COLLEGE VILLIANUR POST-605 110 PERAMBAI.



Financial Assistance -Request Form

Faculty Name		Mr. S. Karlhibayon								
Department		DePartment of mathematics								
Designation		Assistant Projector								
Academic Year	Seminar	minar Workshop Conference FDP Professional NPTEI Membership								
Financial Request to Attend (Put A Tick Mark In The Relevant Field)	~									
Name of the Event		Data	Amalytic	2 Om	d application	ans				
Venue of the Event		Bishop		Call	agl					
Date/duration of the Event		12.06	. 2020		Ü					
Request Amount		B-30	00							
Sanctioned Amount		Rs.?								

Signature of the Faculty Member

Signature of the HOD

a. Hound No. 2. Principal



RAAK ARTS & SCIENCE COLLEGE VILLIANUR POST-605 118 PERAMBAI.



Athliated to Thiruvalluvar University, Vellore, Recognized under section 2(f) of the UGC Act, 1956

Financial Assistance - Request Form

Faculty Name	. Tr.	Mohan	. R.D.D								
Department		Department of Physis									
Designation		Assistant Protesson									
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	Rac	liation o	and Onuis	DUMON	tal Rodi	activit	ч				
Venue of the Event			of engin				0				
Date/duration of the		0	0		U						
Event		3 Fo 2.	Sura. 20	70	W						
Request Amount		Rs-300)								
Sanctioned Amount		Rs. 30									

Signature of the Faculty Member

Signature of the HOD

Principal



PRINCIPAL
RAAK ARTS & SCIENCE COLLEGE
VILLIANUR POST-605 110



Affiliated to Thiruvalluvar University, Vellore, Recognized under section 2(f) of the UGC Act, 1956.

Financial Assistance – Request Form

Faculty Name		Mrs. R	enuka								
Department		Defautment of Physicis									
Designation		Assistant Prespector									
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	Ro	Mation	and on	rorlu	mental Ro	dio all	Enity				
Venue of the Event			allege of		Α.		0				
Date/duration of the			0	0	0						
Event		3 to	2.20mg	707	0						
Request Amount		P3-	300								
Sanctioned Amount			300.								

Signature of the Faculty Member

Signature of the HOD

Principal



PRINCIPAL

RAAK ARTS & SCIENCE COLLEGE

VILLIANUR POST-605 110

PERAMBAI.



Faculty Name	Wis	1. Cn. S	enthil w	altho	M		3			
Department	N. C.	Department of Chamelybuy								
Designation		Assistant Projector / Has								
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	S	Intheres	of Biolog	ically	Active Compre	<u>inno sbra</u>	bugen			
Venue of the Event	A	monai Ce	lage of	Arts	gerbine Compu	o Colleg	R			
Date/duration of the Event		23.5.	0 0			v				
Request Amount		ls . 25	0							
Sanctioned Amount		RS. 15	0							

Signature of the Eaculty Member

Signature-of the HOD

Principal



Faculty Name		WX. B.	Parhomb	ala						
Department		Department of Chemistry								
Designation		Assistant Professor								
Academic Year	Seminar	Workshop	Conference	FDP	Professional	NPTEL	Other			
					Membership		Specify			
Financial Request to							1			
Attend										
(Put A Tick Mark In	V									
The Relevant Field)										
Name of the Event	Cy	elic and	Liner Scu	ear ve	Hanneby Fr	o lotrarobn	PReication			
Venue of the Event	BN	rabthali	atsalam n	nomo	ial college					
Date/duration of the Event		31- may.			0					
Request Amount		Ps.200								
Sanctioned Amount		Rs. 201	0							

Pashairy Signature of the Faculty Member

Signature of the HOD





Faculty Name	Γ ,	mc. 3	palarathin	nam							
Department		Defautment of Chamistry									
Designation		Axillant Brojavor.									
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	Ro	ent Aduc	ances in!	Elook	vachamica	l					
Venue of the Event	So	thlya ba	ma Inglibu	tool 8	cience and too	mology					
Date/duration of the Event			JUNE 20								
Request Amount		Rs. 3	500		uman promiser in the literature						
Sanctioned Amount		P. 300									

Signature of the Faculty Member

signature of the HOD

Principal



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Affiliated to Thiruvalluvar University, Vettore. Recognized under section 2(f) of the UGC Act. 1956.

Financial Assistance -Request Form

Faculty Name	1	nr. K.	V and adaga	m							
Department		Defastment of Chamiltry									
Designation		Assistant Proponer									
Academic Year	Seminar	Workshop	Conference	FDP	Professional Membership	NPTEL	Other Specify				
Financial Request to					Wembersinp		Specify				
Attend				V							
(Put A Tick Mark In		i.									
The Relevant Field)					_						
Name of the Event	R	arent 1) duamed	Rose	arch lin C	hamilte	У				
Venue of the Event	C. F	Abdul H	aboan Ca	2000	el origina	aring.	Ų				
Date/duration of the				0	0 0	O					
Event	١	5 to 19.	July 202	0							
Request Amount		Ps. 3	00			- 1					
Sanctioned Amount			300								

Signature of the Faculty Member

Signature of the HOD

Hamal No. 2.

PRINCIPAL

PAAK ARTS & SCIEVE COLLEGE

NIJE 1 5 110

FERAMEN,



Faculty Name		Dr.	Solia								
Department		DePartment of Chamilton									
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)	-					1					
Name of the Event	Rom	nt Adu	arred Re	forch	in Chami	jebry:					
Venue of the Event	0.1	Hobel H	aboum C	0000	ge of one	ameromiy)				
Date/duration of the						,	,				
Event		1500 10	1. July - 2								
Request Amount		Ps	. 200		Marie Land						
Sanctioned Amount		R	5. 300								

Signature of the Faculty Member

Signature of the HOD Principal

PERAMBAL



Faculty Name		Dr. (7 cetha								
Department		Department of Chamiletry									
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	Cycli	cond Lin	er Sweet V	oltov	moty Found	lementals a	Phlication				
Venue of the Event	Bhal	etavatja	lum man	orial	Collage						
Date/duration of the					0						
Event	3	1 -may -	2020								
Request Amount		Ns . 6	loo								
Sanctioned Amount		Rs -	200			MI,					

Signature of the Faculty Member

Signature of the HOD

Q. H. Principal No 2

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PRINCIPAL
RAAK ARTS & SCIENCE COLLEGE
ILLIANUR POST-605 110
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RAAK ARTS AND SCIENCE COLLEGE Affiliated to Thiruvalluver University, Veilore. Recognized under section 2(f) of the UGC Act, 1956.

Financial Assistance - Request Form

Faculty Name	K	18. R. S	culothidou	0 L						
Department		DePartment of Computer Science								
Designation		Assistant Professor								
Academic Year	Seminar	Workshop	Conference	FDP	Professional Membership	NPTEL	Other Specify			
Financial Request to										
(Put A Tick Mark In The Relevant Field)	. ~	1								
Name of the Event	IA.	& mach	ins Lewer	gni						
Venue of the Event		Sri Eshw	ar Coole	ge of	enymoori	meg				
Date/duration of the Event			ey. 2020	0	· ·	<i>U</i>				
Request Amount		Ps.	900							
Sanctioned Amount		Rs. 300								

Signature of

Signature of the HOD

D W. Hhand No. 2.



RAAK ARTS AND SCIENCE COLLEGE Affiliated to Thiruvalluvar University, Vellore. Recognized under section 2(f) of the UGC Act. 1956.

Financial Assistance - Request Form

Faculty Name		Mr. C. Koushman									
Department		Department of Computer Science									
Designation		Assistant Protesson									
Academic Year	Seminar	Seminar Workshop Conference FDP Professional NPTEL Membership									
Financial Request to Attend (Put A Tick Mark In The Relevant Field)	~										
Name of the Event	P	1 8 max	hêne Lec	andre	1						
Venue of the Event	2	iri Eshw	ar Colle	yest	Emginos	ene					
Date/duration of the Event			y-2020	. 0							
Request Amount		Rs	200								
Sanctioned Amount		RR	.300								

Signature of the Faculty Member

Signature of the HOD

- U. Hhand No Zu. Principal

RAAK ARTS & SCIENCE COLLEGE VILLIANUR POST. PERAMBAL.



RAAK ARTS AND SCIENCE COLLEGE Affiliated to Thiruvalluvar University, Vellore. Recognized under section 2(f) of the UGC Act, 1956.

Financial Assistance - Request Form

Faculty Name		Dr. S. Bhildhama									
Department		Defailment of Computer Science									
Designation		Assistant Prajassar									
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	CJ	bud and	Imprayo	uiter	n ara 6	gruica					
Venue of the Event	Ni H	duyltram	Collage of	one	incoming an	d tochood	logey				
Date/duration of the Event		14.05.	, () (, 0						
Request Amount	4	Ps - 30	00								
Sanctioned Amount		Rs-300									

Signature of the Faculty Member

Signature of the HOD

W. Hhand No. 2.

RAAK ARTS & SCIENCE COLLECT VILLIANUR POST-605 1:



Affiliated to Thiruvalluvar University, Vellore. Recognized under section 2(t) of the UGC Act, 1956.

Financial Assistance - Request Form

Faculty Name		Dr. B.	Crahin								
Department		DePartment of Computer science									
Designation		Assistant Projector									
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	CL	long bual	Imprayt	rustu	re as a s	onico					
Venue of the Event	Him	dustron	college of	en	re ous a S	nd tockn	alogy				
Date/duration of the Event		14.08		ر	0 0						
Request Amount		B. 36	00								
Sanctioned Amount		RS. 3	00								

ignature of the Faculty Member

Signature of the HOD



PRINCIPAL RAAK ARTS & SCIENCE COLLEGE VILLIANUR POST-605 110 PERAMBAL.



RAAK ARTS AND SCIENCE COLLEGE Affiliated to Thiruvalluvar University, Vellore. Recognized under section 2(f) of the UGC Act, 1956.

Financial Assistance - Request Form

Faculty Name		Dr. G.	Ramosh.								
Department		Department of Confeder Lience									
Designation		Assistant Projector									
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	1	webinar	on Iot								
Venue of the Event	K	chamal	Southale E	enigh	con princes	llage					
Date/duration of the Event			1-2020	Ü							
Request Amount		Rs. 3	50								
Sanctioned Amount		Rs. 3	50.								

Signature of the Faculty Member

Hon a. Hound No. 20. Principal

VILLIANUR " ST-605 1



RAAK ARTS AND SCIENCE COLLEGE Affiliated to Thiruvalluvor University, Vellore. Recognized under section 2(f) of the UGC Act. 1956.

Financial Assistance – Request Form

Faculty Name		Dr. K	. Prakh	ι							
Department		Department of Computer sierce									
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		Webina	On IOT								
Venue of the Event	ma	shormed s	Salthale E	ngin	ooung call	Dage					
Date/duration of the Event		19- may		Ü	<u> </u>						
Request Amount		ry.	350								
Sanctioned Amount		R	350.		-						

Signature of the Faculty Member

Signature of the HOD (1. HPrincipal No. 2...



RAAK ARTS & SCIENCE COLLEGE VILLIANUR POST-605 110 PERAMBAL.



RAAK ARTS AND SCIENCE COLLEGE Affiliated to Thiruvalluvar University, Vellore, Recognized under section 2(f) of the UGC Act, 1956.

Financial Assistance - Request Form

Faculty Name		Dr.	P. Senthi	I Pon	diam						
Department		Defautment of computer science Assistant Preferor									
Designation		Assistant Protesson									
Academic Year	Seminar										
					Membership		Specify				
Financial Request to											
Attend											
(Put A Tick Mark In											
The Relevant Field)											
Name of the Event	E	Hential	of Pige	than	Program	memig					
Venue of the Event	-	Tayoro E	nginoouh	a Co	100gl	\mathcal{O}					
Date/duration of the		0	0	0	0						
Event		8-06-3	2020								
Request Amount		Rs. D	00								
Sanctioned Amount		Rs. 2									

Faculty Member

Signature of the HOD

a. Hhand No 2. Principal



RAAK ARTS & SCIENCE COLLEGE VILLIANUR POST-605 11-PERAMEAI.



Affiliated to Thiruvalluvar University, Vellore, Recognized under section 2(f) of the UGC Act, 1956.

Financial Assistance – Request Form

Faculty Name		Mrs. 1	V. Manin	noshi							
Department		DePartment of Computer Science									
Designation		Assistant Protector									
Academic Year	Seminar	Workshop	Conference	FDP	Professional Membership	NPTEL	Other Specify				
Financial Request to											
Attend		V									
(Put A Tick Mark In											
The Relevant Field)											
Name of the Event	Elsen	tials of	24 Pytho	n P	humargar	ny					
Venue of the Event	-1	cugaro !	merconign	4 Co	2000	U					
Date/duration of the Event		08-06-		O							
Request Amount		Ps. Do	00								
Sanctioned Amount		RS-8	loo.								

Signature of the Faculty Member

Signature of the HOD

Principal



RAAK ARTS & SCIENCE COLLEGE VILLIANUR POST-605 110 PERAMBAL.



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Financial Assistance -Request Form

Faculty Name		Mrs. R. Steganya								
Department		Defaitment of Computer science								
Designation		Assistant Prafessor								
Academic Year	Seminar	eminar Workshop Conference FDP Professional NPTEI Membership								
Financial Request to Attend (Put A Tick Mark In The Relevant Field)				~						
Name of the Event		A nd	aniu							
Venue of the Event	W			you I	nstitute of	technologi	Jul .			
Date/duration of the Event			7.06.2020	U	, 0		0			
Request Amount		B.	300		1					
Sanctioned Amount		Re	. 300		/					

Signature of the Faculty Member

Signature of the HOD

D Principal

RAAK ARTS & SCIENCE COLLEGE VILLIANUR POST-605 110 PERAMBAI.



Faculty Name		Mrs. S	. Ramy	DL							
Department		Department of Computer science									
Designation		A Lyighton Projector Workshap Conference FDP Professional NPTEL Other									
Academic Year	Seminar	Seminar Workshop Conference FDP Professional NPT Membership									
Financial Request to Attend (Put A Tick Mark In The Relevant Field)				~							
Name of the Event		As	duino								
Venue of the Event	too	emakula	Vinayaga	Tay	titute of to	solvalog	ry				
Date/duration of the Event			7.06.20		U						
Request Amount		PJ.	300								
Sanctioned Amount		RS	, 300.								

Signature of the Faculty Member

Signature of the HOD Principal



VILLIANUR POST-605 110 PERAMBAL



Faculty Name		Mrs.	Gr. Sugu	na							
Department		Department of Computer Science									
Designation		A scietant Proposo									
Academic Year	Seminar	Workshop	NPTEL	Other Specify							
Financial Request to											
Attend				1							
(Put A Tick Mark In											
The Relevant Field)											
Name of the Event		Cloud	Impragbre	eture	and Some	icos					
Venue of the Event	Ba	A irann	mmorn In	titute	and Sound	ndlagy					
Date/duration of the Event			. August 20		0						
Request Amount		Ps. 2	50								
Sanctioned Amount		Rs.	350.								

re of the Faculty Member

Signature of the HOD Principal

RAAK ARTS & SCIENCE COLI FOR VILLIANUR POST-605 110 PERAMBAL.





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Financial Assistance – Request Form

Faculty Name		Mr. F	· Senthil	Soun	nati		*				
Department		Defartment of Computer Sciences									
Designation		Agginant Professor									
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	С	loud in	praspructe	ul O	nd sexula	<u> </u>					
Venue of the Event					tiltute of		pyla				
Date/duration of the Event			og. Aug		O		•0				
Request Amount		13.3	350								
Sanctioned Amount		P.S.	350								

Signature of the Faculty Member

Signature of the HOD

Principal



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PERAMBAL



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Financial Assistance - Request Form

Faculty Name		Mrs. R.S	Dowalsi								
Department		Defautment of Commerce									
Designation		Assistant Protego									
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	Futur	a of Exam	rimatilans: D	Loomls	faccoromy o	nd Alexand	book				
Venue of the Event	G	SLA W.T	College		farcomy.						
Date/duration of the Event		8.06.	Ü								
Request Amount		B. 50	00								
Sanctioned Amount		Rs. 5	000								

Signature of the Faculty Member

Signature of the HOD

A. Hoprincipal No. 2.



PRINCIPAL
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VILLIANUR POST

PERAMUM



Financial Assistance - Request Form

Faculty Name	de	Mrs. A. Songeotha									
Department		Department of commerce									
Designation		Assistant Protogon									
Academic Year	Seminar	Seminar Workshop Conference FDP Professional Membership									
Financial Request to Attend (Put A Tick Mark In The Relevant Field)				V							
Name of the Event	Future of	Examination	y! Blooms to	sonemy	and Alkeren	ent tool	7				
Venue of the Event	C7.7	etch M.	and colle	<u>se</u>							
Date/duration of the Event		8.06.202			= 1 _						
Request Amount		Ps.50	D				×				
Sanctioned Amount		Rs. 50	00								

Signature of the Faculty Member

Signature of the HOD

Principal



RAAK ARTS & SCIENCE COLI FOR VILLIANUR POST-ARE



Financial Assistance - Request Form

Faculty Name		Mr. S. Kalimuthu									
Department		Defautment of Commerce									
Designation		Assistant Protossar									
Academic Year	Seminar	eminar Workshop Conference FDP Professional NF Membership									
Financial Request to Attend (Put A Tick Mark In The Relevant Field)				~							
Name of the Event	IPRS 1	or Profe	vidoral In	melici	tors						
Venue of the Event	AV		tuto of 70			- 17					
Date/duration of the Event			.o. Juna.		<i>v</i> ₀						
Request Amount		Ps. de	90								
Sanctioned Amount		Rs. De									

Signature of the Faculty Member

Principal





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Financial Assistance - Request Form

Faculty Name		Ms. K. Thara Jayageri									
Department		Defautment of Commonce									
Designation		Assistant Protessor									
Academic Year	Seminar	eminar Workshop Conference FDP Professional NPT Membership									
Financial Request to											
Attend				/							
(Put A Tick Mark In											
The Relevant Field)											
Name of the Event	1	PRI Lor	indar?	anal	I mnowbo	ns					
Venue of the Event		AUIT TILLA	ngo/kute of	Toch	I mnowbo						
Date/duration of the					00						
Event		16 10 70	, June. 20	20							
Request Amount		Ps.20	00								
Sanctioned Amount		R8.2	90								

Signature of the Faculty Member

Signature of the HOD

M. Hand No. 2.



PRINCIPAL
RAAK ARTS & SCIENCE COLLEGE
VILLIANUR POST (05 110
PERAMBA).



Financial Assistance - Request Form

Faculty Name		Dr.P.	Kalthava	rayon	V							
Department		Défautment et commerce										
Designation		Assistant Protegor										
Academic Year	Seminar	Workshop	Professional Membership		Other Specify							
Financial Request to Attend (Put A Tick Mark In The Relevant Field)			4	V								
Name of the Event	Rex	easch mo	Shadology	and	ICT base TO	each dresh Loc	uning bools					
Venue of the Event	Himo	wython Ce	alloge of Ar	ts and	Selence							
Date/duration of the Event	١	blo 20.	Juna 2029	2								
Request Amount		Rs.S	00									
Sanctioned Amount		Rs. 9	500									

Signature of the HOD

Principal



RAAK ARTS & SCIENCE COLLEGE VILLIANUR POST-605 1'0



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Financial Assistance - Request Form

Faculty Name	4	Dr.D. R	aronitha	mar							
Department		Department of Commerce									
Designation		Assistant Professor									
Academic Year	Seminar	Workshop	Conference	FDP	Professional	NPTEL	Other				
					Membership		Specify				
Financial Request to											
Attend				V							
(Put A Tick Mark In											
The Relevant Field)											
Name of the Event	Reyearch	mothodolo	gyand ICT B	aged Too	arthury and Loo	son ferious	علا				
Venue of the Event	H indus	tran Coolla	of Aubs	so bon	ilence						
Date/duration of the Event		to June. 20									
Request Amount		Ps. 50	00								
Sanctioned Amount		Rs. 5	000		II.						

Signature of the Faculty Member

Signature of the HOD

Principal



PRINCIPAL

PAAK ARTS & SCIENCE COLLÉGE

VILLIANUR POST-605 110

PERAMBAI.



Financial Assistance - Request Form

Faculty Name	N	vc. D.	Suganthe	1								
Department		Defailment of Commerce										
Designation		Axistant Praterior										
Academic Year	Seminar	Seminar Workshop Conference FDP Professional NP Membership										
Financial Request to												
Attend												
(Put A Tick Mark In												
The Relevant Field)					1.8							
Name of the Event	Digita	o Skills	lan 21st (ontun	y Toochous							
Venue of the Event	/				1 and training							
Date/duration of the			V .		District Company	1.2						
Event	22	to 26	· June. 20	20								
Request Amount	F	28,500										
Sanctioned Amount		RS: 500),									

Signature of the Faculty Member

1 No 2. M. H. Principal

PRINCIPAL RAAK ARTS & SCIENCE COLLECT VILLIANUR POST-605



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Financial Assistance - Request Form

Faculty Name		WA. S	. Lobert	h Kw	Plam							
Department		Defautment of Commerce										
Designation		Assistant Protosor										
Academic Year	Seminar	Workshop	Conference	FDP	Professional Membership	NPTEL	Other Specify					
Financial Request to												
Attend				1								
(Put A Tick Mark In												
The Relevant Field)												
Name of the Event	Digita	I Shills	for 21 % Co	ntury	Teachors							
Venue of the Event	Diebic	t Implitu	to of Educa	dion	mundard boso	Q						
Date/duration of the		•	0			0						
Event	22	to 26.3	June. 202	0								
Request Amount		Ps. 500)									
Sanctioned Amount		Rs. 50										

Signature of the Faculty Member

Signature of the HOD

Principal



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VILLIANUR POST-605 110

PERAMBAI.



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Financial Assistance - Request Form

Faculty Name		tor. R. Prodap									
Department		BBA									
Designation		Augistant Professor HOD									
Academic Year	Seminar	NPTEL	Other Specify								
Financial Request to Attend (Put A Tick Mark In The Relevant Field)				V							
Name of the Event		Boins	a Supor	1 Tee	ochon						
Venue of the Event		Bornari	Ammon	Instil	octor tute of Too	hnology					
Date/duration of the Event			12. July.			00					
Request Amount		Ps.	500								
Sanctioned Amount		Rs.	500								

Signature of the Faculty Member

Signature of the HOD

Hamad No. 2

Principal



PRINCIPAL

PARK ARTS & SCIENCE COLIFOT

VILLIANUR POST-605

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Financial Assistance - Request Form

Faculty Name		. Dr. C. Velaudham									
Department		8BA									
Designation		Agriffant Professor									
Academic Year	Seminar	Seminar Workshop Conference FDP Professional N Membership									
Financial Request to Attend (Put A Tick Mark In The Relevant Field)	is .			5							
Name of the Event		Be	simp a l	wen	Teuchon						
Venue of the Event Date/duration of the	Bann			_	of Tochnol	logy					
Event		6 to 13	L. July, 20	120							
Request Amount		ls. 500									
Sanctioned Amount		Rs.	500								

Signature of the Faculty Member

Signature of the HOD

Principal No 2



PRINCIPAL

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ARTS AND SCIENCE COLLEGE

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Financial Assistance - Request Form

Faculty Name		Dr. S. Asunkumar									
Department		BBA									
Designation		Assistant Bratevar									
Academic Year	Seminar	eminar Workshop Conference FDP Professional NPTE Membership									
Financial Request to Attend (Put A Tick Mark In The Relevant Field)	~		7								
Name of the Event		Ta	of ord	orly,	Living						
Venue of the Event	Kaa		Arts and	U	//)					
Date/duration of the Event		5.5.2	020		ŭ						
Request Amount		Rs. ?	150								
Sanctioned Amount		23.250									

Signature of the Faculty Member

Signature of the HOD

Principal



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RAAK ARTS & SCIENCE COLLEGE
VILLIANUR POST-605 1"
PERAMBAI.



Financial Assistance - Request Form

Faculty Name		Dr. R. Sudhagaer									
Department		BBA O									
Designation		Assistant Prajector									
Academic Year	Seminar	NPTEL	Other Specify								
Financial Request to Attend (Put A Tick Mark In The Relevant Field)	/										
Name of the Event		50	y of or	ىلەل	y Living						
Venue of the Event	Kaa	nad banu	Ante and	800	esce Colle	1 0					
Date/duration of the Event		5.5.				0					
Request Amount		Ps.25	50								
Sanctioned Amount		Rs. a	5								

Signature of the Faculty Member

Signature of the HOD

Principal



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Financial Assistance - Request Form

Faculty Name		Dr. N. Sarabonan										
Department		RBA										
Designation		Diriytant Braheyan										
Academic Year	Seminar	Workshop	Conference	FDP	Professional	NPTEL	Other					
	*				Membership		Specify					
Financial Request to												
Attend												
(Put A Tick Mark In												
The Relevant Field)												
Name of the Event	=		Action !	2000	las							
Venue of the Event	Tar	nilnodu	College o									
Date/duration of the	,		0	0-	0 0							
Event		13. may	. 2020									
Request Amount		Rs.	200									
Sanctioned Amount			200									

Signature of the Faculty Member

Signature of the HOD

J. Hond No. 2. Principal

RAAK ARTS & SCIENCE COLLEGE VILLIANUR POST-605 110 PERAMBAI.



Financial Assistance - Request Form

Faculty Name		Dr. Ro	merh.								
Department		$\mathcal{B}\mathcal{B}B$									
Designation		Assistant Protessor									
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	Ski	ll gap	Amalykia	and	Embalian	wiships	povelom				
Venue of the Event Date/duration of the			to seallo								
Event		13. may	1020								
Request Amount		B.50	0								
Sanctioned Amount		Ps. 50	0								

Signature of the Faculty Member

Signature of the HOD

Principal



RAAK ARTS & SCIENCE COLLEGE VILLIANUR POST-605 110 PERAMBAI.



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Financial Assistance - Request Form

Faculty Name		Dr.	m oham								
Department		BBA									
Designation		Augistant 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	Skill g	ul Amalu	rich and Er	n tral	ronouryhip,	Now On Pr	mnt				
Venue of the Event	Tami	moder Co	Mage of E	main	mina	Devecti	i jeru				
Date/duration of the	1 (31 - 0	7,0000	0	0	0						
Event	17	3. may, 2	_010								
Request Amount		Rs.500)								
Sanctioned Amount		Rs. 50									

Signature of the Faculty Member

Signature of the HOD

Principal

a. Holmad No. 2.



PRINCIPAL

RAAK ARTS & SCIENCE COLLEGE

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