

Affiliated to Annamalai University, Chidambaram || An ISO 9001:2015 Certified Institution Recognized under section 2(f) of the UGC Act, 1956,

Financial Assistance - Request Form

Faculty Name	MR. S	Sathish		e e			
Department	DePartm		amil				
Designation	Assista		gK				
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	Podd	aihu lagam					
Venue of the Event	Pandi	chorou	University				
Date/duration of the Event	16.0	9.2021					
Request Amount	Ps:2001	_					
Sanctioned Amount	Rs: 2001						

Signature of the Faculty Member

Signature of the HOD

A. Hand No. 2...
Principal





Affiliated to Annamalai University, Chidambaram || An ISO 9001:2015 Certified Institution Recognized under section 2(f) of the UGC Act, 1956.

Financial Assistance - Request Form

Faculty Name	Dr. V. 1	larivijayad	eela				
Department		end of Tan					
Designation	desista		kısor				
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	Padal	air lagam					
Venue of the Event	Panal	chorny 11	mistouritu				
Date/duration of the Event	06-06-	2021 to 13	niversity -06-2021				
Request Amount	Ps: 200	1-					At A
Sanctioned Amount	Rs: 200						

Signature of the Faculty Member

Signature of the HOD

Principal





Affiliated to Annamalai University, Chidambaram || An ISO 9001:2015 Certified Institution Recognized under section 2(f) of the UGC Act, 1956.

Financial Assistance - Request Form

Faculty Name	Dr. P. B	haraki					
Department		The state of the s	mil				
Designation	Assista		130-100-100-100-100-100-100-100-100-100-				
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	Kazinal	Kathai	kalin Th	OHAMA	Nh:		
Venue of the Event		amunivar		•	bi Studies		
Date/duration of the Event	30-05		The part of the pa				
Request Amount	B4501-						
Sanctioned Amount	Rs: 4501-						

Signature of the Faculty Member

Signature of the HOD

Principal

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Affiliated to Annamalai University, Chidambaram || An ISO 9001:2015 Certified Institution Recognized under section 2(f) of the UGC Act, 1956.

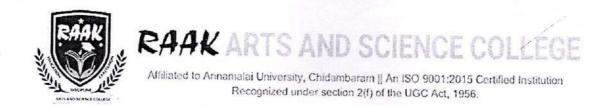
Financial Assistance - Request Form

Faculty Name	Mr. 5-	Soundho	vrajan								
Department	Depar	tment e	of Tamil								
Designation	Assist	Assistant yourserson									
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	Karis	al Nath	raik alin	Then	anadhi						
Venue of the Event	Kand				re por f	or Stuc	lies				
Date/duration of the Event	30/5	12021									
Request Amount	Rs: 4	50/-									
Sanctioned Amount	RA: 4										

Signature of the HOD

Signature of the Faculty Member

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



Financial Assistance - Request Form

Faculty Name	1/4. 1.12	Growthem	Raj		_		
Department	Depentin	. ^	English.				
Designation	Assistan		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	Langua	ge Lowen	ing The Cou	1 Alvino	livist Per	10dian	
Venue of the Event			Centre to			cocayin	
Date/duration of the Event	30/5/2		CXAIINE NO	<i>></i> 1 /10	A STUCKUS		
Request Amount	As: 200	l-					
Sanctioned Amount	Rs: 200 1-						

Signature of the Faculty Member



Affiliated to Annamalal University, Chidambaram || An ISO 9001:2015 Certified Institution Recognized under section 2(f) of the UGC Act, 1956.

Financial Assistance - Request Form

Faculty Name	Mos. 6	· Priya	d harshini								
Department											
Designation	Assis	Assistant propusor									
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	Langua	ge Learnin	7 : The	onst	instituent F	radigo	~				
Venue of the Event	Karch	2 mam u	rival 2	etre	inctivent For Po	Stude	ês				
Date/duration of the											
Event	30/5/	2021									
Request Amount	D5: 2	-00/-									
Sanctioned Amount	Ds; 2	11		52							

Signature of the Faculty Member

Gow hory

Signature of the HOD

Principal





Affiliated to Annamalal University, Chidambaram || An ISO 9001;2015 Certified Institution Recognized under section 2(f) of the UGC Act, 1956.

Financial Assistance - Request Form

Faculty Name	Mrs. A	. Kamate	he				
Department			of Eng	lish	è		
Designation	Assis	tant p	noperson				
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	Proper	ional	and com	munic	cative E	nglish	
Venue of the Event	5 res 5	Saras Wat	hi Thyon	anago	cative E		
Date/duration of the Event			To 22/0		-		
Request Amount	Ps: 3	op /~					
Sanctioned Amount	R&:3						

Signature of the Faculty Member

Gow Mou W Signature of the HOD Principal

SOUTE OF THE



Affiliated to Annamalai University, Chidambaram | An ISO 9001:2015 Certified Institution Recognized under section 2(f) of the UGC Act, 1956.

Financial Assistance - Request Form

Faculty Name	M81.7. 3	Scup nakas	h				
Department		ent 9					
Designation	Seristan		5				
Academic Year	Seminar	Workshop	Conference	FDP	Professional Membership	NPTEL	Other Specify
Financial Request to Attend				/			
(Put A Tick Mark In							
The Relevant Field)	0 1			<u> </u>			
Name of the Event	Trokes	sional (and Comm	nuni Cart	ive English	<u></u>	
Venue of the Event			Thyaganaja				
Date/duration of the Event			22 .06 · 2021		U		
Request Amount	Rs: 300	1-					
Sanctioned Amount	Ds: 300						

Signature of the Faculty Member

Signature of the HOD

Gow hones

Principal

a. Hhand No. 2.



Affiliated to Annamalai University, Chidambaram || An ISO 9001:2015 Certified Institution Recognized under section 2(f) of the UGC Act, 1956.

Financial Assistance - Request Form

Faculty Name	Ms. Gr. Po	withra					
Department	English						
Designation	Assistem	t professo	ч				
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	Rowsitin	g The Eur	con: The Su	bi letii.	o of Sultin	teling	
Venue of the Event	HKSK	Arts on	nd Sciente	Tolleag	s of Subtin		
Date/duration of the							
Event	31-05	-2021					
Request Amount	Rs:400	<i> </i> -					
Sanctioned Amount	Rs: 400						

Signature of the Faculty Member

Signature of the HOD

Gow how A. H. Principal





Affiliated to Annamalai University, Chidambaram || An ISO 9001:2015 Certified Institution Recognized under section 2(f) of the UGC Act, 1956.

Financial Assistance - Request Form

Faculty Name	Ma. A	. 500 av	our our							
Department	Depart	epart ment of Maths								
Designation	Assist	areq trust	gers or							
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	Fam	adation	Math	nema	ties					
Venue of the Event	Mail	m E	, Math ngenier	ing	college					
Date/duration of the			0							
Event	09/1	1/2021								
Request Amount	Ps: 50	∞ /-			1,10					
Sanctioned Amount	Ps: 50									

Signature of the Faculty Member

Signature of the HOD

A. H. No. 2.





Affiliated to Annamalai University, Chidambaram || An ISO 9001:2015 Certified Institution Recognized under section 2(f) of the UGC Act, 1956.

Financial Assistance - Request Form

Faculty Name	Mr. K.	PushPoxaj					
Department	De Pearlin		Haths				
Designation	Assistan	. ^ "	0.00				
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	Founda	ation Hav	hematics.				
Venue of the Event	Mailan	Engen	hlmatics.	lleage.			
Date/duration of the			/	/			
Event	9-NO	V- 2021					
Request Amount	9-100 Rs: 500	1-			III.		
Sanctioned Amount	Ks: 500						

Signature of the Faculty Member

Signature of the HOD

Principal

a. Hamil No 2.





Affiliated to Annamalai University, Chidambaram || An ISO 9001:2015 Certified Institution Recognized under section 2(f) of the UGC Act, 1956.

Financial Assistance - Request Form

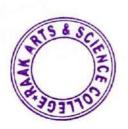
Faculty Name	Mn. <	. Rau	waivelan	_			
Department	Depar	Iment	of Mal	ws			
Designation	Assis	tant	Propers	671			
Academic Year	Seminar	Workshop	Conference	FDP	Professional	NPTEL	Other
					Membership		Specify
Financial Request to							
Attend		V					
(Put A Tick Mark In							
The Relevant Field)	=						
Name of the Event	Found	ation	Math	ema	tics		
Venue of the Event	Mailar	n en	Math genevir	مع	college		
Date/duration of the			0		•		
Event	09/11	12021					
Request Amount	Rs.	500/-					
Sanctioned Amount		500 1-					

Signature of the Faculty Member

Signature of the HOD

Hund No 20

Principal





Affiliated to Annamalai University, Chidambaram || An ISO 9001:2015 Certified Institution Recognized under section 2(f) of the UGC Act, 1956.

Financial Assistance -Request Form

Faculty Name	Mar.S.	Konthikeya	m								
Department	Departo		Matho								
Designation	1	Assistant Parofesson									
Academic Year	Seminar	Workshop	Conference	FDP	Professional Membership	NPTEL	Other Specify				
Financial Request to Attend		V					Бреспу				
(Put A Tick Mark In The Relevant Field)											
Name of the Event	FIQUE	rds firm	14 a Homa file								
Venue of the Event	Haila	m Enge	Mathematics	Mondo	70						
Date/duration of the Event		1 V - 2021	7	wiring							
Request Amount	Rs: 500	1-									
Sanctioned Amount	B: 500										

Signature of the Faculty Member

Signature of the HOD

Principal

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Affiliated to Annamalai University, Chidambaram || An ISO 9001:2015 Certified Institution Recognized under section 2(f) of the UGC Act, 1956.

Financial Assistance - Request Form

Faculty Name	Dr. Hot	an Radh	oopdhayalan				
Department	De Part		Physa's				
Designation	Assi-lan	1 0 .	4				
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	Pedagos	au A Ta	reling and	3-al.	on E-Content	2001	1 1 7
Venue of the Event	Christo		Ants & Scie	ento	Callegas	<u> Bestelymon l</u>	AOT WALL
Date/duration of the	0 000 10	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	epap = One	2110	Crear age.		
Event	5-July	to 14th Ju	ly-2021				
Request Amount	Rs:350						
Sanctioned Amount	Rs:350						

Signature of the Faculty Member

Signature of the HOD

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Affiliated to Annamalai University, Chidambaram || An ISO 9001:2015 Certified Institution Recognized under section 2(f) of the UGC Act, 1956.

Financial Assistance - Request Form

Faculty Name	Mas. R	LENUKA									
Department	Depar	sportment of PHYSCIB									
Designation		es is tant Properson									
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	Pedago	gy of Teac	hing and T	ools or	n &-content	Develope	nent go				
Venue of the Event					e college		- CVICE - C				
Date/duration of the					9						
Event	05/07	12021	to 14/	07/:	2021						
Request Amount	Ds: 31	50/-				11000					
Sanctioned Amount	Rs: 3										

Signature of the Faculty Member

Signature of the HOD

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Affiliated to Annamalai University, Chidambaram || An ISO 9001:2015 Certified Institution Recognized under section 2(f) of the UGC Act, 1956.

Financial Assistance - Request Form

Faculty Name	Ms.	G. Sen	thil nat	hour						
Department	Depa	rtne mtr	of c	HEM	19STEY					
Designation	Ansi	expartment of < HEMASTEY 1 15 is tant Propers or								
Academic Year	Seminar	Workshop	Conference	FDP	Professional	NPTEL	Other			
Financial Request to					Membership		Specify			
Attend				V						
(Put A Tick Mark In										
The Relevant Field)										
Name of the Event	Lear	n, unL	easur and	d R	e Learn	Espect	àce.			
Venue of the Event	Patri	< 500 4	e ollege o	6 a	e Learn rts and i	s cience	J			
Date/duration of the							,			
Event	22/0	6/202	, to 28	3/0	6/2021					
Request Amount	Po:	300/-								
Sanctioned Amount		300/~								

Signature of the Faculty Member

Signature of the HOD

Principal No 2

115 & SCIENCY 144 17991107



Affiliated to Annamalai University, Chidambaram || An ISO 9001:2015 Certified Institution Recognized under section 2(f) of the UGC Act, 1956.

Financial Assistance - Request Form

Faculty Name	Ha. R. F	athanisaja					
Department			CHEMISTER	7		/	
Designation		uni Professi		1		1	
Academic Year	Seminar	Workshop	Conference	FDP	Professional Membership	NPTEL	Other Specify
Financial Request to Attend				1			
(Put A Tick Mark In The Relevant Field)			- n		1 18		ē
Name of the Event	Loarn	IInlanen 1	Pa - la aria	olle	live		
Venue of the Event	Patrice	ian Croft	Re-learn	the o	Stiente		
Date/duration of the	7 100-01	Local Column	8 10	un x	OCIZMO		
Event	22 - Ja	une to 28:	June - 202	1			
Request Amount	Rs: 300/	_	17				
Sanctioned Amount	Ps: 300 1.						

Pacharja

Signature of the Faculty Member

Signature of the HOD

A. Herincipal No. 2.



Affiliated to Annamalai University, Chidambaram || An ISO 9001:2015 Certified Institution Recognized under section 2(f) of the UGC Act, 1956.

Financial Assistance - Request Form

Faculty Name	Dr.C.	Jewaratt	unam								
Department			CHEM &STEP	7							
Designation		Assilant 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	Leasen,	unlearn	l Re-lear	n EA	ective						
Venue of the Event	Postsic	cian Coll	l Ro-lear	les and	d Sciente						
Date/duration of the Event		u to28 Ji									
Request Amount	1300 1-										
Sanctioned Amount	Rs: 300 1-										

Signature of the Faculty Member

Signature of the HOD

Principal





Affiliated to Annamatai University, Chidambaram || An ISO 9001;2015 Certified Institution Recognized under section 2(f) of the UGC Act, 1956.

Financial Assistance - Request Form

Faculty Name	Hor. K. Va	engadesan									
Department	222	Pertment of CHEMISTERY									
Designation	Assista	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	deren,	Unloan &	Releasen	Elect	ive						
Venue of the Event			rage of A								
Date/duration of the Event	•		June - 202								
Request Amount	Rs:300 1										
Sanctioned Amount	Rs: 3001-										

K. Nerzal.

Signature of the Faculty Member

Signature of the HOD

thurs No. 2

Principal



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PAAK ARTS & SCIENCE COLLEGE

CLIANUP COST



Affiliated to Annamalai University, Chidambaram || An ISO 9001:2015 Certified Institution Recognized under section 2(f) of the UGC Act, 1956.

Financial Assistance - Request Form

Faculty Name	Ms. N	1. Ramax	rabha								
Department	Depa	reportment of CHEMISTERY									
Designation	ANS	Arsistant of Properson									
Academic Year	Seminar	Seminar Workshop Conference FDP Professional NP									
					Membership		Specify				
Financial Request to											
Attend				V							
(Put A Tick Mark In											
The Relevant Field)											
Name of the Event	Pedago	1y of Tea	ching and	tool	s on E-con Teach	ntent Dev	elopment				
Venue of the Event	aveH>	torsher a	irts and	50	ience co	llege					
Date/duration of the											
Event	05/07	12021	to 14/0	7/2	021						
Request Amount	Rs: 3	350/-									
Sanctioned Amount	RS.	350 /-									

M. Ramapell

Signature of the Faculty Member

Signature of the HOD

Principa





Affiliated to Annamalai University, Chidambaram || An ISO 9001:2015 Certified Institution Recognized under section 2(f) of the UGC Act, 1956.

Financial Assistance - Request Form

Faculty Name	Ms. B.	Mahalakshr	ກ່າ				
Department	De Pourlm		HEM1STERY				
Designation	Assista	. 0	/				
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	Pedagog	y of Teach	thing and	Tool	s an E-Conten	1 Develop	ment for Ter
Venue of the Event			and Science				
Date/duration of the Event		to 14 July					
Request Amount	Rs: 350) 2028 32.7 V				
Sanctioned Amount	Rs: 350						

Signature of the Faculty Member

Signature of the HOD

Principal





Affiliated to Annamalai University, Chidambaram || An ISO 9001:2015 Certified Institution Recognized under section 2(f) of the UGC Act, 1956.

Financial Assistance - Request Form

Faculty Name	MAS.	R. Sale	thidevi								
Department		reportment of cs									
Designation	100	Arris tant Propers or									
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	Emery	ng Tree	nds in [) Sigit	al Toch	molog	نعا				
Venue of the Event	51G A	c ollege	of manage	emen	al Tock	redug me	Science				
Date/duration of the Event		01/202									
Request Amount	DS: 3	00 /-									
Sanctioned Amount	Ps: 3										

Signature of the Faculty Member

Signature of the HOD

Principal





Affiliated to Annamalai University, Chidambaram | An ISO 9001:2015 Certified Institution Recognized under section 2(f) of the UGC Act, 1956.

Financial Assistance - Request Form

Faculty Name	Mar. C. K	Gushinan									
Department	DePartme	2 4	S								
Designation	21	Assistant Professor									
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	Emonsi	19 Tronds	in D; 3:1	00 5	ochnology		1				
Venue of the Event			of manag			ampuler:	Sciento				
Date/duration of the		- WIND TO	j	7,00,1							
Event	9-Jan	- १०२ ।									
Request Amount	Ps: 300					4					
Sanctioned Amount	Rs: 300										

Signature of the Faculty Member

Signature of the HOD

Principal



PAAK ARTS & SCIENCE COLLEGE VILLIANUR POST-605 110 PERAMEAL.



Affiliated to Annamalai University, Chidambaram (| An ISO 9001:2015 Certified Institution Recognized under section 2(f) of the UGC Act, 1956.

Financial Assistance - Request Form

Faculty Name	Dar. 5	. BHUL	lana								
Department		tament		5							
Designation	The second secon	Arsistant of Probesson									
Academic Year	Seminar	Workshop	Conference	FDP	Professional	NPTEL	Other				
1					Membership		Specify				
Financial Request to											
Attend		V									
(Put A Tick Mark In											
The Relevant Field)	_						-				
Name of the Event	Digit	al wor	kshop or	n ou	teme Ba	used Ed	ucation				
Venue of the Event	LH-JL	st (De	enred to 1	be l	livers ity)					
Date/duration of the											
Event	16/03	1/2021	te 17/03	3/20	221						
Request Amount	P3:	250/-									
Sanctioned Amount	Ps:										

Signature of the Faculty Member

Signature of the HOD

Principal





Affiliated to Annamalai University, Chidambaram || An ISO 9001:2015 Certified Institution Recognized under section 2(f) of the UGC Act, 1956.

Financial Assistance - Request Form

Faculty Name	Dr. R.	buchin					
Department		ent of CS	?				
Designation	Assistan						
Academic Year	Seminar	Workshop	Conference	FDP	Professional Membership	NPTEL	Other Specify
Financial Request to Attend		V					
(Put A Tick Mark In The Relevant Field)			9				
Name of the Event	Dicital	Workshi	of on	outcon	p Rused	Education	en
Venue of the Event	CHRIST	(Deemod	of on l	-/4)			
Date/duration of the Event		17.2021	v wie jeriji			1	
Request Amount	Ps: 250	1-					
Sanctioned Amount	Rs: 250						

Signature of the Faculty Member

Signature of the HOD

Principal





Affiliated to Annamalai University, Chidambaram || An ISO 9001:2015 Certified Institution Recognized under section 2(f) of the UGC Act, 1956.

Financial Assistance - Request Form

Faculty Name	Dr. Er.	Ramesh					
Department	_	nt of CS					
Designation	Assitant	0 0					
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	Dicaital	Worksho	e on out	Comp	Bessed Edu	<i>ication</i>	
Venue of the Event			to be lunio				
Date/duration of the	1 = 32,030	prov				22	
Event	16 and	17,202	1				
Request Amount	Rs: 250	1-	я.				
Sanctioned Amount	B: 250	/-					

Signature of the Faculty Member

Signature of the HOD

and No.

Principal





Affiliated to Annamalai University, Chidambaram | An ISO 9001:2015 Certified Institution Recognized under section 2(f) of the UGC Act, 1956.

Financial Assistance - Request Form

Faculty Name	Da.	R. Ps	rabhu								
Department		cs go true mtrage									
Designation	AMO	is is tant Properson									
Academic Year	Seminar	eminar Workshop Conference FDP Professional NPTE Membership									
Financial Request to Attend (Put A Tick Mark In The Relevant Field)		~									
Name of the Event	Digital	l works	hab an en	tzon	re Based	Educal	Lien				
Venue of the Event	CH2	ut (De	emed to	be	e Based Universit	(四)					
Date/duration of the Event		T.	march :								
Request Amount	Rs:	250 1-									
Sanctioned Amount	708	250/-									

Signature of the Faculty Member

Signature of the HOD Principal No. 2.





Affiliated to Annamalai University, Chidambaram | An ISO 9001:2015 Certified Institution Recognized under section 2(f) of the UGC Act, 1956.

Financial Assistance - Request Form

Faculty Name	Dr. P. S	Senthil Pana	lian								
Department	1000000	e Pasi-I man of CS									
Designation	Assistar	0 .									
Academic Year	Seminar	Workshop	Conference	FDP	Professional Membership	NPTEL	Other Specify				
Financial Request to				1							
Attend				V							
(Put A Tick Mark In											
The Relevant Field)											
Name of the Event	Examin	ations in	Wake of	COV	D-19						
Venue of the Event	Patricio	. 10		Ands		nle					
Date/duration of the	1 1412 20 20 1	201									
Event	8 May	2021									
Request Amount	Rs: 200	0 /-									
Sanctioned Amount	Rs: 200										

Signature of the Faculty Member

Signature of the HOD

A. Hand No.





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Financial Assistance - Request Form

Faculty Name	Mas.	N. Mar	~MOZHZ								
Department		Department of cs									
Designation	Ansi	Assistant properson.									
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	Fxam	ination	us in wa	he	of covi	d-20					
Venue of the Event	Patri	cian	c ollege	06	with an	nd so	iển ce				
Date/duration of the Event		5/202					1				
Request Amount	Ps:	200/-									
Sanctioned Amount	Segura Control	200/-									

Signature of the Faculty Member

Signature of the HOD





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Financial Assistance - Request Form

Faculty Name	Hus. R.	Sugarya					
Department		ment of	CS				
Designation	Assitan	_					
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	Machin	le Leavenin	g With	Pytho	γ		
Venue of the Event	9		itule 21 -	lechnol	0914		
Date/duration of the		1					
Event	5 Aug &	2021				(47	
Request Amount	Rs:200						
Sanctioned Amount	Rs: 200						

Signature of the Faculty Member

Signature of the HOD Principal No. 2...



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Financial Assistance -Request Form

Faculty Name	Mas.	5. Rav	nya				
Department	Depar	tment	of cs				
Designation	Assis	tant F	properso	١		T	
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	Mach	ine Lear	in gring	ith	PyTHON OF TO		
Venue of the Event	5t. 3	sosenh's	s Insti	tute	of Te	chnol	77
Date/duration of the Event		8/202					
Request Amount		200/-					
Sanctioned Amount		200/-					

Signature of the Faculty Member

Signature of the HOD

Property

Principal





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Financial Assistance - Request Form

Faculty Name		mrs. S	Sugura								
Department		Defautment of Computer Science									
Designation		Assistant Professor									
Academic Year	Seminar	Workshop	NPTEL	Other Specify							
Financial Request to											
Attend				/							
(Put A Tick Mark In					-						
The Relevant Field)											
Name of the Event	Exame	mabilons ir	wake of	Cou	4-19						
Venue of the Event	Patric	ial Calle	ge of Ante	and	Science						
Date/duration of the			0 0								
Event		8 - wan - 2	1021								
Request Amount		Ps. D	00								
Sanctioned Amount		Rs.	200								

Signature of the Faculty Member

Signature of the HOD

M. Hand No 2.





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Financial Assistance - Request Form

Faculty Name		Mr. F.	Sonthille	mar								
Department		Defailment of Computer Science										
Designation		Askistant Bretevar										
Academic Year	Seminar	Workshop	NPTEL	Other								
					Membership		Specify					
Financial Request to												
Attend				V								
(Put A Tick Mark In												
The Relevant Field)												
Name of the Event	Exemin	ablans en	wake of	Com	6-19							
Venue of the Event	Patrici	can Colla	ge of Ants	cond	Scalence							
Date/duration of the			0 0.									
Event		8 - may.	2021									
Request Amount		Ps. 3	200									
Sanctioned Amount		Rs-	200									

Signature of the Faculty Member

Signature of the HOD Principal





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Financial Assistance - Request Form

Faculty Name		Wh	3. R. De	idex	8						
Department		Department of Commence Assistant Properson									
Designation											
Academic Year	Seminar	Professional Membership	NPTEL	Other Specify							
Financial Request to Attend (Put A Tick Mark In The Relevant Field)			~	*							
Name of the Event		Conju	tarl rom	activo	Λ.						
Venue of the Event	Kam	A make	ste and 8	rience	Callage						
Date/duration of the Event			, June 2		0						
Request Amount		13. 30c)								
Sanctioned Amount		Rs. 38									

R. Dolaki Signature of the Faculty Member

Signature of the HOD

A. Hhand No. 2...
Principal





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Financial Assistance - Request Form

Faculty Name		Mrs	. A. Som	rceth	a						
Department		Department of commerce									
Designation		Assistant Prohesson									
Academic Year	Seminar	eminar Workshop Conference FDP Professional NPTH Membership									
Financial Request to Attend (Put A Tick Mark In The Relevant Field)			~								
Name of the Event		Conx	arl rome	toots	on.						
Venue of the Event	19amor	Iranu Art	s and sei	21/10	Collage						
Date/duration of the Event			June, 202		O						
Request Amount		Ps. 2	500								
Sanctioned Amount		-	300								

Signature of the Faculty Member

Signature of the HOD

Principal

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Financial Assistance - Request Form

Faculty Name		Dr. P.	Kalhawa	nayo	m						
Department		Defartment of Commerce									
Designation		Difficient Property									
Academic Year	Seminar										
Financial Request to Attend (Put A Tick Mark In The Relevant Field)			~								
Name of the Event	Emori	simp trans	ds in man	nggan	ont and I	onmarca					
Venue of the Event			hool of								
Date/duration of the Event	1	s to b	2 cumpant 3	1021	U						
Request Amount		123.30	00								
Sanctioned Amount		RA.3									

Signature of the Faculty Member

Signature of the HOD

Principal





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Financial Assistance - Request Form

Faculty Name		Dr. D.	Baromis	thave	SM)						
Department		Defailment of Commerce									
Designation		A serstant Protector									
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	T				and Com	mores					
Venue of the Event Date/duration of the	Sai &	Jornauln S	chool of	ma	magazont						
Event	2	to 6.5	om. 2021								
Request Amount		B. 3	500								
Sanctioned Amount	-	Rs. ?	300								

Signature of the Faculty Member

Signature of the HOD

mand No. Zu

Principal





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Financial Assistance - Request Form

Faculty Name		Mrs. F	Sugant	īνų							
Department		DePartment of Commerce									
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	Re	rant tro	nds in F	+ccoe	ntime						
Venue of the Event			nd seience								
Date/duration of the					0						
Event	É	240 pm	arch 202	4							
Request Amount		Pa.	200								
Sanctioned Amount		120.200	200.								

Signature of the Faculty Member

Signature of the HOD

Principal

415 & 5CIL-2CA



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Financial Assistance - Request Form

Faculty Name		Mr. S.	Lobert K	juma	חל						
Department		Defautment of Commence									
Designation		Allistant Projesson									
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	Row	t brands t	in Accou	entine	3						
Venue of the Event	E.S	Ants om	d Scienco	Coll	2006						
Date/duration of the					U						
Event	5	F0 6 W0	nch 2021								
Request Amount		Rs.20	00								
Sanctioned Amount		Rs. 21	00				win its all				

Signature of the Faculty Member

Signature of the HOD

Principal





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Financial Assistance - Request Form

Faculty Name		Ms. K.	Thora J	jaya,	fu						
Department			ment of	_							
Designation		Assistant Professor									
Academic Year	Seminar	Workshop	Professional Membership	NPTEL	Other Specify						
Financial Request to Attend (Put A Tick Mark In The Relevant Field)			V								
Name of the Event		Conque	ouism in	mI	lia						
Venue of the Event		Kimci									
Date/duration of the Event		8 to 9	NOU JOH								
Request Amount		Rs. 2	000								
Sanctioned Amount		Rs. 9									

Signature of the Faculty Member

Signature of the HOD

a. Hhand No 2. Principal





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Financial Assistance - Request Form

Faculty Name		wx. w	1. Rambo	llala	n						
Department		DePartment of Commerce									
Designation		Assistant Prajoson									
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	C	siramerkno	oI nú m	dia							
Venue of the Event			CPOIS								
Date/duration of the Event			1. NOV. 202	-1							
Request Amount		Ps.	300								
Sanctioned Amount		Rs.300									

Signature of the Faculty Member

Signature of the HOD

Principal



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Financial Assistance - Request Form

Faculty Name		Dr. V. Gromezh Kumar									
Department		DePartment of Commerce									
Designation		Assignant 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	Ew	erging f	Surgners +	brog	s in the 2	x conti	īW				
Venue of the Event	V		onal Coll		2 011 00 2	Solution	0				
Date/duration of the Event		26-1	Feb. 2021	U							
Request Amount		Ps.	400								
Sanctioned Amount		Ps.	400								

Signature of the Faculty Member

Signature of the HOD

a. Himd No 2.

Principal





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Financial Assistance - Request Form

Faculty Name		Mr. R. Prodap									
Department		BBA									
Designation		Assistant Professor									
Academic Year	Seminar	Seminar Workshop Conference FDP Professional Membership									
Financial Request to Attend (Put A Tick Mark In The Relevant Field)		~									
Name of the Event		Transuraki	ion Busin	2018							
Venue of the Event			lar Ants		science Col	Doese					
Date/duration of the Event		27. Aug				0					
Request Amount		Ps-2	-60								
Sanctioned Amount		_	-200								

Signature of the Faculty Member

Signature of the HOD

Principal





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Financial Assistance - Request Form

Faculty Name		.rG,	c. vela	udho	1000					
Department		BRA								
Designation		Assistant Professor								
Academic Year	Seminar									
Financial Request to Attend (Put A Tick Mark In The Relevant Field)										
Name of the Event		Tunn	publian Bu	ngwan	\					
Venue of the Event	Srif		ints and si	0						
Date/duration of the Event		27. AUC					- 18.4.0			
Request Amount		Ps. 2	reo							
Sanctioned Amount		R8-2	_00							

Ch

Signature of the Faculty Member

Signature of the HOD

Principal

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Financial Assistance - Request Form

Faculty Name		Dr.	S. Arunl	birma	91						
Department		BBA									
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		Imnou	ation Bu	Leimor	<u> </u>		L				
Venue of the Event	Sri A	andrainas	Asks am	1 8%	ome Colle	30					
Date/duration of the				<i>x</i> 0 <i>x</i>		y .					
Event	2	F. AUCH. F	1021								
Request Amount		Pa	200								
Sanctioned Amount			-200								

Signature of the Faculty Member

Signature of the HOD

A. Hund No 2.

AND SCIENCE



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Financial Assistance -Request Form

Faculty Name		, Dr. R. Sudhagan									
Department		BBA									
Designation		Assistant Protessor									
Academic Year	Seminar	Seminar Workshop Conference FDP Professional Membership									
Financial Request to Attend (Put A Tick Mark In The Relevant Field)											
Name of the Event	7	mounti	on Buzim	280							
Venue of the Event			9		acollar a						
Date/duration of the Event		27. AUG		.,,							
Request Amount		Ps.2	LD10								
Sanctioned Amount		5000	200								

Signature of the Faculty Member

Signature of the HOD

A. Hhand No. 2.





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Financial Assistance - Request Form

Faculty Name		Dr. M.	Sarova	m			21				
Department			BBA	1001							
Designation		Assistant Prajerson									
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		Project	Marragem	ont C	owopts.						
Venue of the Event		ICT AC	codemy of	Tomal	North						
Date/duration of the Event			24 month								
Request Amount		12.30	10								
Sanctioned Amount		DJ. 3	9N								

Signature of the Faculty Member

Signature of the HOD

Principal



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Financial Assistance - Request Form

Faculty Name		Dr.	Rameils.		1							
Department		BBA										
Designation		Assilont 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	Prai	ject man	agement (Sonal)ts							
Venue of the Event Date/duration of the			my of Tor									
Event		23 to 21	1 month 2	021								
Request Amount		Rs.	900									
Sanctioned Amount		Rs.	200									

VS

Signature of the Faculty Member

Signature of the HOD

Principal



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VILLIANUR POST-605 110

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Financial Assistance - Request Form

Faculty Name	Dr. Mohan						
Department	BBA						
Designation	A ssighent Professor						
Academic Year	Seminar	Workshop	Conference	FDP	Professional Membership	NPTEL	Other Specify
Financial Request to Attend (Put A Tick Mark In The Relevant Field)	4			V			
Name of the Event	Project recommendant Convert						
Venue of the Event	ICT Dondomy of Tomal rodu						
Date/duration of the Event	23 to 24 march 2021						
Request Amount	Rs-300						
Sanctioned Amount	23-300						

Signature of the Faculty Member

Signature of the HOD

Principal

