

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	200 1	How Incline	alasta				
Department		tlarivijay					
Designation	/ 1	t Propesso					
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	Kalang	Oa: Kad	okkum Tan		la la la l	1	
Venue of the Event	Hind	ustan da	4 and	Science	calonigel e college		
Date/duration of the	111-101	000 (000)	17 00.00	JULAC	e correge		
Event	25	Feb 202	2				
Request Amount	18.1000						
Sanctioned Amount	Pd.1000						

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	Mr.S.S.	Ahish					
Department	1	ond of To	mi l			(40)	
Designation	1 1	of 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	Solvine	P~-1 lo.	1 Mak	~ D	at 'lika		
Venue of the Event	1CT F	CADEMY	, & Maki	3	KCI/JION)	1 20	
Date/duration of the							
Event	25 Jul	2022 to	29 Jul 2	1022			
Request Amount	2150						
Sanctioned Amount	4. 1500						

Signature of the Faculty Member

Signature of the HOD

Principal





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Financial Assistance – Request Form

Faculty Name	D8. P. 1	Sharathi					
Department		nd of Tax	ni'l				
Designation	The second secon	Workshop		14			
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	Kalenko	Dai kad	akhum To	mil	kalaigal		
Venue of the Event	Hindus	tan Art	s and 9	, cience	kalaigal College		
Date/duration of the Event	25 th	FRB 203	3		A		
Request Amount	B. 1,000						
Sanctioned Amount	Ps. 1000						

Signature of the Faculty Member

Signature of the HOD

Principal

VILLIANUR POST-605 110

a. Hhund 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	N2. C C	a. nd0990	ion				
Department	DePerson	oundassig	mil				
Designation							
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	Content	writing					
Venue of the Event	Nehr		AND Sci	ence	college.		
Date/duration of the							
Event	0744	Feb 202	ኒ .				
Request Amount	B.500						
Sanctioned Amount	Ps. 500						

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	U90. A.	Pajaloksh	mi				
Department		nd of Gar					
Designation	1	Professo					
Academic Year	Seminar	Workshop	Conference	FDP	Professional Membership	NPTEL	Other Specify
Financial Request to Attend (Put A Tick Mark In		7					
The Relevant Field)							
Name of the Event	Kalonk	elai kad	akkum Ta	mil k	alaiga l		
Venue of the Event	Hindu	Han A	akkum Tan	Sce	nce College	D	
Date/duration of the Event		Feb 201			J		
Request Amount	Ps. 1000						
Sanctioned Amount	B.1000						

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	MXT. TOI	ya Prakesh					
Department		and of Ex	nglish				
Designation		Professor	3-311				
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	words	Loorth Pan	.t-I	A D			
Venue of the Event				, 5	cience 3	Commer	Ce
Date/duration of the	ct-						
Event	100	of oct.	2022				
Request Amount	Ps. 500						
Sanctioned Amount	P3.560						

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. G.	Privadha	eshini				
Department	De Partn	Priyadha	nslish				
Designation	Assistan		•				
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	Modern	ist Liters	Ature C id	la in	Huenco		
Venue of the Event	E.S	Arts a	ature & it	vce (Bollegs.		
Date/duration of the							
Event	7th, 8	th June	2022.				
Request Amount	B. 2000						
Sanctioned Amount	21.2000						

Signature of the Faculty Member

Signature of the HOD

Principal



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PAAK ARTS & SCIENT
VILLIANIT



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Financial Assistance - Request Form

Faculty Name	M&s. A. K	amatch1					
Department		nd of Eng	lish				
Designation		ProLessor					
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	Modern	ist liter	rature &	its I	n/heence		-
Venue of the Event	ES A	rts and	schure &	Colle	ge.		
Date/duration of the Event		In June					
Request Amount	18.2000						
Sanctioned Amount	Ps.2000						

Signature of the Faculty Member

Signature of the HOD

Principal



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RAAK ARTS & SCIENCE COLLEGE

VILLIANUS TOST 605 110

PERSONNAL



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. G. 7	avithea					
Department	7.140	ent of E	nglish				
Designation		Prolesso	~				
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	words	worth Par	7-5				
Venue of the Event	Poona			3 1	Siena 9	Comme	nces.
Date/duration of the Event	1 2t 0	6 oct.					
Request Amount	B.500						
Sanctioned Amount	Ps.500						

Signature of the Faculty Member

Growhow La 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	Mg. T.	Pralanth					
Department		ent of Eng					
Designation	1 1	1 Professor	,			177	
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	Radies	of Intern	4 Honololi	u - A	Literature	Survey	Gool
Venue of the Event	Mana	alman .	institute	of	Literature Ucungeme	ut tech	nology
Date/duration of the	~	•		•	•	•	,,
Event	12 ta	Feb 2022	- to 161	u fo	y 2022		
Request Amount	Ps. 15						
Sanctioned Amount	1,827 17	500					

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	Ma C. A	caliya Peru	mal				
Department		nond of					
Designation	Assistant		U				
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	Balie &	of Totoro	& mendel	24 - 6	1 Literature	Survey	Tool
Venue of the Event	Mangal	lmay e	nstitute	01	1 Literature Mamagem	ent Te	chnolog
Date/duration of the	U	0		U	•		•
Event	12 kg F	do 2022	- to 16	h Fe	6 2022		
Request Amount	Ps 1500						
Sanctioned Amount	B.1500						

Signature of the Faculty Member

Gow her by Signature of the HOD

RAAK ARTS & SCIENCE COLI FGE VILLIANUR POST-605 110 PERAMBAI.



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. A. S	aravanan	ľ				
Department	DePartmo		aths				
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	Applied	ora the mo	atica				
Venue of the Event				Mac	Luron		
Date/duration of the	, 0	9	8				
Event	7820 h	April 20	122				
Request Amount	Ps.1000						
Sanctioned Amount	Ps./000						

0,800

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	Mr. K.	Pieh Borai					
Department	DePortm	Pushparaj und of Mas	ĥs				
Designation	100	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	Applied	brothema	tic 8	1		•	
Venue of the Event			collège r	radi	บเฉเ		
Date/duration of the	0	V					
Event	19th 4	o 20th f	4pr 2022				
Request Amount	29.1000						
Sanctioned Amount	Ps. 1000						

Signature of the Faculty Member

Signature of the HOD

Principal



PRINCIPAL

AAK ARTS & SCIENCE COLLEGE

VILLIANUR POST-605 110



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Financial Assistance - Request Form

Faculty Name	Mr. C. L	Karumaire	lan				
Department	NO. S. S.	ent of Ma	74				
Designation	Assistan						y
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	Applied	Mathemati	es				
Venue of the Event		arajar		culw	å.		
Date/duration of the		٠,	•				
Event	19th ar	nd 20th	Apr 2022				
Request Amount	12. 600						
Sanctioned Amount	Ps. 1000)					

Signature of the Faculty Member

Signature of the HOD

Principal



PRINCIPAL
RAAK ARTS & SCIENCE COLLEGE
VILLIANUR FF 100 110



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. Ke	arthikeyan					
Department	1986	nd of Mar					
Designation	Assistan	0 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	Applied	Mathemati	የ ጸ				
Venue of the Event	450	- h A l a h	Polloge	mou	durci		
Date/duration of the	0	0	U				
Event	10th o	und 20th.	Apr 202	ル ・			
Request Amount	B. 1001				115		
Sanctioned Amount	Rs. 1000						

Signature of the Faculty Member

Signature of the HOD

Principal

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PRINCIPAL
RAAK ARTS & SCIFNICE CONTINE
VILLIANUF : 05 110

PENNING



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

Financial Assistance -Request Form

Faculty Name	m. Mal	an Radl	eepdeenad	l. aval	110		
Department		ent of P		<u> </u>	X VI		
Designation	Assistan	- I'	J				
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	Trends	in Compu	tation	1 Intollige	on Co	
Venue of the Event	Bon	Secour	s collec	10 A	or won	un.	
Date/duration of the			())		
Event	14 . 05	1 . 2022	40 18.	02	2022.		
Request Amount	R. 2000						
Sanctioned Amount	13.2000						

Signature of the Faculty Member

Signature of the HOD

Principal

ANA POLICE CO

PRINCIPAL

MAK ARTS & SCIENCE COLLEGE

VILLIANUR POST COLLEGE

PERAMEMIA



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	Mrs. Re	nuka					
Department		nt of ph	ylics				
Designation	Assistan	'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	Recont	trends	In Com	Putatio	mel intelli	ence	
Venue of the Event	Bon		College	for	Women.		¥
Date/duration of the							
Event	14.0	2.2022	to 18.0	2.2	022		
Request Amount	Rs. 2000)					
Sanctioned Amount	B.206						6

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	Ma. G. S	Senthil no	than				
Department		ment of	•				
Designation		Professor Workshop	,				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	Emergi	ns Bloma	teniels for	Advo	need Applic	ations	
Venue of the Event	Perugi	an Uni	correctly.		need Applic		
Date/duration of the							
Event	21.0	4.2022	3 22.0	4.2	1022.		
Request Amount	Rs. 1,000						
Sanctioned Amount	Rs. 1000						

Signature of the Faculty Member

Signature of the HOD

Principal

AN SCALE



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. R. !	Pazhani no	10				
Department	10 20hr -	nt of choi	J				
Designation		+ Prolosso	,				
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	Emergi	na Bioma	atorials for	or Ad	voonua Appl	ications	
Venue of the Event	Permi	r Vries	ersity		voonwa Appl		
Date/duration of the	3		,				
Event	21.0	4.2022	. And a	22.0	4.2012	-	
Request Amount	Rs 1000		*				
Sanctioned Amount	B. 1000						

Lashary)

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.C. I	eova9rathin	200				
Department		nd of che					
Designation			,				
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	Sustai	nable one	aterials Ac	dronce	s and App	plications	
Venue of the Event	SYM	Instituti	06.50	ince	and App	echnolo	gy,
Date/duration of the			U				
Event	22 nd	July 20	22 ,				
Request Amount	12.500						
Sanctioned Amount	8.500						

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	MA. K.V	enga desa	n				
Department	10	ent of the		(i			
Designation	assistant		_				74
Academic Year	Seminar	Workshop	Conference	FDP	Professional	NPTEL	Other
1					Membership		Specify
Financial Request to							
Attend							
(Put A Tick Mark In							
The Relevant Field)							
Name of the Event	Sustaina	ble Materi	als Advon	ces a	Application	ns	
Venue of the Event	SRM.	institu	to or	Scien	e and s	techno	logy
Date/duration of the		1. 5	U				<i>y</i> 7,
Event	22 nd	July 20	22				-
Request Amount	RJ. 500						
Sanctioned Amount	B500						

K. Vergol

Signature of the Faculty Member

Signature of the HOD

Principal

VILLIANUR POST-605 110 PERAMBAL.



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	as a.	Ramapral	ha				319
Department		nt of ch					
Designation	Allistant	~ i				,	
Academic Year	Seminar	Workshop	Conference	FDP	Professional Membership	NPTEL	Other Specify
Financial Request to Attend (Put A Tick Mark In The Relevant Field)	✓	п					
Name of the Event	Current	challen	ges & Fu	ture	Scope in and 9	Photoro	lfaics
Venue of the Event	SRM.	insfilute	0/ 5	Tien	e and 7	Fednol	ogy,
Date/duration of the			U				, .
Event	25.00	+ 2022					
Request Amount	D. 800						
Sanctioned Amount	B.800						

M. Ramapell

Signature of the Faculty Member

Signature of the HOD

Principal

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K ARTS & SCIENCE COLLEGE
VILLIANUR PC. 15 110

PERANBAL.



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.	Mahalal	Shimi				
Department		nt of cl					
Designation		t Professo					
Academic Year	Seminar	Workshop	Conference	FDP	Professional Membership	NPTEL	Other Specify
Financial Request to		-					
Attend					T.		
(Put A Tick Mark In	· ·		_				
The Relevant Field)							
Name of the Event	Current	challeng	es & Fute	ise S	Se in Phi	dovolta	ies
Venue of the Event	SRM.	institu	te 06 9	Scin	che in phi	Techn	ology.
Date/duration of the			U				7.5
Event	25.0	14. 205	12.				
Request Amount	Rs. 200						
Sanctioned Amount	B.800						

Signature of the Faculty Member

Signature of the HOD

Principal

AND SCIENCE CO



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	Mrs. R.	Sakthid	eri				
Department			emplor so	iente			
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	Amazon	Look d	enics	1			1
Venue of the Event				20lleg	?,		
Date/duration of the Event				v	th Augest	2012.	
Request Amount	Rs.1000						
Sanctioned Amount	Ps 1000						

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	Maric -	Krishno	an.				
Department	Deno	tmost.	el como.	lu Sa	101460	-	
Designation	Assis	stant he	ofelson Conference		XXII Q		
Academic Year	Seminar	Workshop	Conference	FDP	Professional	NPTEL	Other
					Membership		Specify
Financial Request to							1000
Attend		1					
(Put A Tick Mark In							
The Relevant Field)							
Name of the Event	W	eb opp	Dication.	dou	elasmout		
Venue of the Event	Gahi	An 18 .9	Scionce	callo	elopment ge		
Date/duration of the			July	CONE	g		
Event	27	Sep 20:	22				
Request Amount	R8 .c	200	- Stellin				_
Sanctioned Amount	RS .0	•					

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	D3.3	. Bhura	ha.				
Department	•			pute	Sciena		
Designation	· ·		Molesses Conference	(·			
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	w	es Appl	science	Sepl	og ment		
Venue of the Event	Gobi	arite &	science 1	'alle	g.e.		
Date/duration of the					o .		
Event	27.5	Cop. 2022	_				
Request Amount	ns. 9	00					
Sanctioned Amount	123.9	90					

Signature of the Faculty Member

Signature of the HOD

Principal

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Financial Assistance - Request Form

Faculty Name	Da B	. bohin					
Department	_	stment	of com	puter	Science		
Designation	P	Assistant	- profes				
Academic Year	Seminar	Workshop	Conference	FDP	Professional Membership	NPTEL	Other Specify
Financial Request to Attend (Put A Tick Mark In The Relevant Field)		Л					
Name of the Event	Wes	coplic	ation B	eple	yment.		
Venue of the Event	Gobi	arts and	ation D Science	coll	e ge		
Date/duration of the							
Event	RA.	305. 303					
Request Amount	R) . 9	66					
Sanctioned Amount	Rs . 90	0					

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. 60	Rame	96				
Department	Dep	entment	ompi	itu	Scionce		
Designation		Assistan	Conference	8			
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	Reco	at Tre	uch in	Com	is wations	liste	lligence
Venue of the Event	Bon 9	ernurs col	love for u	vome	y wations		
Date/duration of the			0 0				
Event	18.	2, 2027	<u> </u>				
Request Amount	B 200	<u> </u>					
Sanctioned Amount	R. 200	W					

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 .1	K. Prab	hu				
Department			of comp	ter	Scien6		
Designation	,	19915tant	Conference	94 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)							
Name of the Event	0	ut cone	lared Ec	lucat	104		
Venue of the Event			to be in				
Date/duration of the					U		
Event	at 16	122 . Jun.	2.2022				
Request Amount	RS.15	© 0					
Sanctioned Amount	P1.15						

Signature of the Faculty Member

Signature of the HOD

Principal





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Financial Assistance -Request Form

Faculty Name	Dx.P	. So ntlil	andian				
Department				mps	iter Scie	ne	
Designation	ı	1,70	t profes	-	1		
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	Ad	ance on	computé	ng o	nd infrom	motion	telinal
Venue of the Event	Ddhay	a college	of arti and	3 cie	nce for we	meh	•
Date/duration of the							
Event	23.	Dec. 201	.2				
Request Amount	es. 10	00					
Sanctioned Amount	R.100						

Signature of the Faculty Member

Signature of the HOD

Principal

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Financial Assistance - Request Form

Faculty Name	Nous.	W. Hanin	102 hi				
Department			Conpu	tu s	cience		
Designation		Assitan	t profes	801			
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	au	come	Bajed !	Edu	cation		
Venue of the Event	Jain	deemed =	to be Univ	unit	ð		
Date/duration of the							
Event	2110	22 June	2022	4			
Request Amount	Ps 15	500					
Sanctioned Amount	P. 15						

Signature of the Faculty Member

Signature of the HOD

Principal





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Financial Assistance - Request Form

Faculty Name	Hors. 8	2. Sugan	4 CA				
Department	Depar	tment	of com	pula	Science		
Designation	A	Ssistant	Moleno				
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	gn/ e	or mation	Retrieu	al			
Venue of the Event	Swad	ha Grange	Retria adharan	colleg	e		
Date/duration of the Event	15	Dec 202	2				
Request Amount	P.500						
Sanctioned Amount	Ry . 500	<u> </u>					

Signature of the Faculty Member

Signature of the HOD

Principal





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Financial Assistance - Request Form

Faculty Name	Mes. S	Ramya					
Department	Den	. ()	of compi	itu	Sciona		
Designation	l 'p		Mofuso: Conference				
Academic Year	Seminar	Workshop	Conférence	FDP	Professional	NPTEL	Other
					Membership		Specify
Financial Request to							
Attend							
(Put A Tick Mark In						1	
The Relevant Field)					_		
Name of the Event	9 w	o matine	Retreie	ual			
Venue of the Event	Sanad	tha Giango	Retreie	colle	ge		
Date/duration of the		U		(<i>J</i> .		
Event	15.	Dec. 2022					
Request Amount	R. S	500			940		
Sanctioned Amount	784	500					

Signature of the Faculty Member

Signature of the HOD

Principal





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Financial Assistance -Request Form

Faculty Name	Mrs. C	7.5.2.4.4	02				
Department	Dep	artment	d Com	nute	Science	3	
Designation	4	Spictan	t usale	1101	Jarena		
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	oute	ome la	ed Educat		0	1	
Venue of the Event	Jain	deemed to	be univer	city			
Date/duration of the			7	3 0			
Event	21 to 2	42 - June	-2022				
Request Amount	Ry .15						
Sanctioned Amount	PJ 150						*

Signature of the Faculty Member

Signature of the HOD

Principal

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Financial Assistance - Request Form

Faculty Name	HA. F.	Senthil	Leumas				
Department		partmen		mou	lu Scien	Ce	
Designation			t profess				
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	.out	come B	used Ech	icatio	0 11		
Venue of the Event			to be univ				
Date/duration of the							
Event	21 %	22 - IU	ne - 2022	-			
Request Amount	Ps.15	60					
Sanctioned Amount	Rs .15						

Signature of the Faculty Member

Signature of the HOD

Principal





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Financial Assistance - Request Form

Faculty Name	MIS D	· Devibo	. 0 _				
Department		outnest	of con	2022 16			
Designation	Assis	frant m	Conference		ice		
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	Sett	ing Goa	lianda	104-6	Char Tour		
Venue of the Event	Their	mai Am	mil colle	ge h	ging Lin or Women	12	
Date/duration of the				0 10	, , , , , , , , , , , , , , , , , , , ,		
Event	100	26.NW	. 2022				
Request Amount	Rs.1600	5					
Sanctioned Amount	R1.160						

Signature of the Faculty Member

Signature of the HOD

Principal





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Financial Assistance - Request Form

Faculty Name	Mars.	B. Perrit	larc.				
Department			t of c	own	nesce		
Designation			Δ.				
Academic Year	Seminar	Workshop	Conference	FDP	Professional Membership	NPTEL	Other Specify
Financial Request to							
Attend				1			
(Put A Tick Mark In							
The Relevant Field)			10.1				
Name of the Event	Solm	ng Prol	slem an	d n	nouketing	Desici	on
Venue of the Event	TCT A	Cademy			/		
Date/duration of the Event		29. Jul					
Request Amount	R. 15	- O D					
Sanctioned Amount	Ps.15						

B. Parithra
Signature of the Faculty Member

Signature of the HOD

Principal





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Financial Assistance -Request Form

Faculty Name	Mrs. R	. Povalei					
Department			of con	me	AC.		
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	Cus	rsent	trend in	1 Her	liplisphin courge	ay gres	earch
Venue of the Event	Sri k	rishna o	urte & 3 ci	enle	collège	/	
Date/duration of the Event		, 23 sep					
Request Amount	es.100	h				193	
Sanctioned Amount	es.10	26					

Signature of the Faculty Member

Signature of the HOD

Principal

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Financial Assistance - Request Form

Faculty Name	Mss.	1 Sang.	eethor				
Department	Dep	artment	g com	me	1 Ce		
Designation	43	su's tant	Conference	Son		NPTEL	Other
Academic Year	Seminar	Workshop	Conference	FDP	Professional Membership	NPTEL	Specify
Financial Request to							
Attend							
(Put A Tick Mark In							
The Relevant Field)							
Name of the Event	Cur	rent to	reads in	Mu	llidsuph Le collège	nout 9	research
Venue of the Event	Soci h	rishna	ante and !	scien	ice college		
Date/duration of the Event		23. Sep					
Request Amount	Ps .100	0					
Sanctioned Amount	P1.100						

Signature of the Faculty Member

Signature of the HOD

Principal





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Financial Assistance -Request Form

Faculty Name	1	Ω 1.			/		
Department		· P. Ka- B. com C	THAVAPA	YAK	/		
Designation			the Defar Conference	ztmen	t		
Academic Year	Seminar	Workshop	Conference	FDP	Professional Membership	NPTEL	Other Specific
Financial Request to Attend		-			†		
(Put A Tick Mark In The	İ		~				
Relevant Field) Name of the Event	Two-	Day Into	enstional	lonlor	nce on Contry?	crostl Mino	in Commince
Venue of the Event	7	~			age, Cheruna		
Date/duration of the Event	Harmid	San Aug	yt 2022	1 Tu	v-days		
Request Amount	P.S. 1.	500			1 1 200		
Sanctioned Amount	Ps 13	500			***************************************		

Signature of the Faculty Member

Signature of the HOD

Principal





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Financial Assistance - Request Form

Faculty Name	Bx . D.	Barani	thuran				
Department		partmen		Com	mesce		
Designation			it phofe		W MAI		
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	Conte	moralas	y isue	in Co	mperce	and me	ingenei
Venue of the Event	Laus	ichard w	annull i	nin (rollege		
Date/duration of the					o o		
Event	1 705	Aug 2	ロエ、エ				
Request Amount	R1.19	00					
Sanctioned Amount	PP .15		S				

Signature of the Faculty Member

Signature of the HOD

Principal

ats & Science



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Financial Assistance -Request Form

Faculty Name	Ds. U	Croneshk	amas				1
Department	8	crtment		me	a		
Designation	h	ssignant	Conference			Tammer.	Other
Academic Year	Seminar	Workshop	Conference	FDP	Professional Membership	NPTEL	Other Specify
Financial Request to Attend			1				
(Put A Tick Mark In The Relevant Field)		l I					
Name of the Event	Disi	tal and	Social	medi	a market	eting	
Venue of the Event	Periya	n noeniam	mai Drytit	ute &	, Science & To	echnolog	y
Date/duration of the Event		April 20:					
Request Amount	Ps.	Soo					
Sanctioned Amount	121.5	300					

Signature of the Faculty Member

Signature of the HOD

Principal

CE STANK APP.



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Financial Assistance - Request Form

Faculty Name	M4. K. TE	iora iquadr	•				
Department	Dopodne	iora jayasr	nerce				
Designation	N 790	molestor					
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	Trends on	digital T	renslo	rmotion In	Commerce	
Venue of the Event	E.S (inter and 3	cience cel	lege	rmotion In		
Date/duration of the Event		19. Havel					
Request Amount	8.2000						
Sanctioned Amount	Ps 2,000						

Signature of the Faculty Member

Principal





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Financial Assistance - Request Form

Faculty Name	ur M.	RamPrasa	ten				
Department	Doporto	end of le	los tha Kaa				
Designation	1981	-					
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	Recent	trends	on Digital	Gren	formation '	In Comme	24
Venue of the Event	E.Saro	u and scien	u collège				
Date/duration of the Event		1 - Manch					
Request Amount	18.2000						
Sanctioned Amount	ls.2000						

of the Faculty Member

Signature of the HOD

Principal

VILLIANUR POST-605 110 PERAMBAL.



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Financial Assistance - Request Form

Faculty Name	112 0 1	hilamber	C. 4.				
Department	Do Dondon	hilambara	andmost -				
Designation	Assistan	i		-M-1			
Academic Year	Seminar	Workshop	Conference	FDP	Professional Membership	NPTEL	Other Specify
Financial Request to Attend (Put A Tick Mark In			1				
The Relevant Field)							
Name of the Event	Dx:41	C Carl	Medi- Man	hati a			
Venue of the Event	Peninger	Mania haman	inglitute	al la	ence and s	i. 1	
Date/duration of the Event		pril. 2022		46 3C	ion ce and	ecrinolog	y
Request Amount	B. 500						
Sanctioned Amount	18.500						

P. Chilacury
Signature of the Faculty Member

Signature of the HOD

Principal





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Financial Assistance - Request Form

Faculty Name	Mr. R. P	radas					
Department	The state of the s	. /	Business 6	Amin	istration		
Designation	Assistant						
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	Businers	Ethics					
Venue of the Event	Soù Ma	vakula Vi	nayogan e	rgine	ring colleg	l	
Date/duration of the Event		b. 2022					
Request Amount	Ps. 600						
Sanctioned Amount	Ps. 600						

Signature of the Faculty Member

Signature of the HOD

Principal No 2





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Financial Assistance - Request Form

Faculty Name	Dr. C.V	elawalhas	n				
Department			Bubiness A	dmin	Stration		
Designation	Assistant				MI.		
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	Business	Ethics			•		
Venue of the Event	Son' Me	anakula 1	ivolyagan .	engine	ering Colleg	e	
Date/duration of the		15					
Event	8 . P.	eb. 2012					
Request Amount	13.600						
Sanctioned Amount	18.600						

Signature of the Faculty Member

Signature of the HOD

Principal



PRINCIPAL
VILLIANUR POST-605 110
PERAMBAI



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Financial Assistance - Request Form

Faculty Name	Dr. S.	A run buma	žΥ				
Department	Do Porto	ent of P	ousinos A	lmini	strotion	THE STATE OF THE S	
Designation	Assistant	nopersor				_	
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	Emergin	s Transls	in lomm	exci	6 Managem	ent - 202	2
Venue of the Event	Sona	college of	, arts and	scien	6 Managem		
Date/duration of the Event		0v. 2022					
Request Amount	R. 1000)					
Sanctioned Amount	B. 1000						

Signature of the Faculty Member

Signature of the HOD

Principal





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Financial Assistance - Request Form

Faculty Name	D~ R	Sudhager					
Department			riness Alm	ال و دروا	٠		
Designation		Professo		ورداها	reston		
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	Emergin	& Trend	in com	merte	/ Mana men	4. 4 00	0.9
Venue of the Event	dona	college of	outs and so	ianto	& Monagen	10 Ng + 20	
Date/duration of the		0	O-O-S LAW 30	Juita			
Event	9. 2001	v. 2022					
Request Amount	Ps.1000						
Sanctioned Amount	B.1000)					

Signature of the Faculty Member

Signature of the HOD

Principal





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Financial Assistance - Request Form

Faculty Name	Da. N.	Sarayana	n				
Department		-	Business A	dmin	ist ration		
Designation		1 Professo					
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	Ent200	none wario	C. Grane	tion	or a law	eer of Por	tunita
Venue of the Event	Kongu	nadu a	24 & 8cie	nce	es a lari		· ···· · J
Date/duration of the							
Event	li. Ja	ely. 2022					
Request Amount	N. 2000						
Sanctioned Amount	14.2000						

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Signature of the Faculty Member

Signature of the HOD

Principal





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Financial Assistance - Request Form

Faculty Name	Dr. Ra	mesh					
Department		200	usiners A	lmini's	Arction		
Designation	1 1	+ Profess			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	Enforce	re reversio	& Timovas	fion	AS A Cas	mer opp	or tunity
Venue of the Event	Kongu	unadu.	Arts and	science	e college		,
Date/duration of the					· ·		
Event	u. I	uly. 2022					
Request Amount	Ps. 2000						
Sanctioned Amount	Rs. 2000						

Signature of the Faculty Member

Signature of the HOD

Principal





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Financial Assistance -Request Form

Faculty Name	Dr. K.	vidhu.						
Department		J	Business	Admi	nistration			
Designation	Assistant Professor							
Academic Year	Seminar	Workshop	Conference	FDP	Professional	NPTEL	Other	
					Membership		Specify	
Financial Request to								
Attend								
(Put A Tick Mark In		1						
The Relevant Field)								
Name of the Event	Endm Da	eneurial	& Surana A	i'm a	us a Care	ex appa	stunity	
Venue of the Event	1		& Subne			Zr Sppo	0/2/11	
Date/duration of the	,		17 30 21.0	9				
Event	H. July. 2022							
Request Amount	28.2000)						
Sanctioned Amount	4.2000							

Jan

Signature of the Faculty Member

Signature of the HOD

Principal



PRINCIPAL
RAAK ARTS & SCIENCE COLLEGE
VILLIANIES