6.1.1C

RELEVANT INFORMATION FOR INSTITUTIONAL EXCELLENCE

AQAR 2021-22
RAJARAJESWARI DENTAL COLLEGE AND HOSPITAL

3/9/21

To
ED

Sir
We have granted 50% fees reduction to our staff Persuing Phd. (Rs 25000/-)
The same may be given as chairman's scholarship which will benefit us in NAAC.
Kindly approve the scholarship for 4 of our staff.

Edwin

Rte

Date:11.08.2021

A/o pl give 50% concession for these 4 people:
Edwin
3/2/21

Sir,

Following of our staff members have cleared the PhD entrance test and has registered for PhD course at Rajiv Gandhi University of Health Sciences and have selected our Institution to pursue the course.

In order to encourage staff enrolment in PhD we give 50% fees as scholarship for serving staff.

We have done it before for Dr. Suma. I request you to kindly consider 50% scholarship for our staff doing In-house PhD.

Normal Annual fees is Rs. 50,000/- (Rupees Fifty Thousand only).

Names of the Staff:

Sl. No.	Name	Designation	Department
1	Dr. Mamatha. N. S.	Professor	Oral and Maxillofacial Surgery
2	Dr. Nalini. M. S.	Professor	Periodontology
3	Dr. Midhula. V	Sr. Lecturer	Prosthodontics
4	Dr. Narahari. R	Reader	Oral and Maxillofacial Surgery

Thanking you,

50% concession can be given
11/08/2021

Edwin 11-8-21
Dr. Edwin Devadoss
DEAN

RAJARAJESWARI DENTAL COLLEGE & HOSPITAL

No.14, Ramohalli Cross, Kumbalgodu Mysore Road, Bangalore – 560074.

Application for Chairman's Scholarship

Year of Admission: 2021 Course: PhD

Name of the Candidate: MIDHULA V

D.O.B. D 2 1 M 0 5 Y 1 9 9 2

Father's /Guardian's Name MURALEEDHARAN PILLAI R

Mother's Name VIJAYALAKSHMI

Permanent Address: KOCHUTHRAYIL (HOUSE) PAZHAKULAM (P.O)
ADOOR, PATHANAMTHITTA (DIST) KERALA
PIN :- 691554

	Candidate	Father /Guardian
Mobile No.	8147443694	9496108614
Email:	midhulamusali6@gmail.com,	Pazhakolammusali@gmail.com
Annual Income of :	240000/-	
Profession/ Designation	SENIOR LECTURER	

Write in Short Justification of your request

Respected sir, My self Dr. Midhula, working as a senior lecturer in the dept of prosthodontics, in our esteemed institution. Kindly consider for scholarship

Signature of Candidate

Principal
Rajarajeswari Dental College & Hospital
#14, Ramohalli Cross, Mysore Road,
Kambipura, Bangalore - 560 074.

OFFICE USE

Chairman's Scholarship: Granted / ~~Not Granted~~ / Pending

Amount:Rs. _____ (_____) Period: _____

Signature of Chairman

Details: Paid through Cheque: _____ Bank Transfer _____ Date: _____

Received with Thanks

Candidates Signature
Date: 3/02/22

RAJARAJESWARI DENTAL COLLEGE & HOSPITAL

No.14, Ramohalli Cross, Kumbalgodu Mysore Road, Bangalore – 560074.

Application for Chairman's Scholarship

Year of Admission: 2021 Course: PhD

Name of the Candidate: Dr. NALINI. M.S

D.O.B. D 2 6 M 0 5 Y 1 9 7 9

Father's /Guardian's Name SATHYA KUMAR. M.S.

Mother's Name DEVAKI. K

Permanent Address: NO 44 OM SAI RAM JHBCS LAYOUT SUBRAMANYAPURA MAIN ROAD. GUBBALALA BANGALORE - 560061

	Candidate	Father /Guardian
Mobile No.	9986396654	
Email:	drnalinims79@gmail.com	
Annual Income of :	860.000	
Profession/ Designation	Professor.	

Write in Short Justification of your request

I am Working in this esteemed Institution Since 2012 and actively involved in college and department responsibilities

Kindly consider for the Scholarship

Dr. Nalini is a good teacher.

Signature of Candidate

OFFICE USE

Principal
Rajarajeswari Dental College & Hospital
14, Ramohalli Cross, Mysore Road,
Kambipura, Bangalore - 560 074.

Chairman's Scholarship: Granted / Not Granted / Pending

Amount:Rs. _____ (_____) Period: _____

Signature of Chairman

Details: Paid through Cheque: _____ Bank Transfer _____ Date: _____

Received with Thanks

Candidates Signature

Date: 3/02/2022

RAJARAJESWARI DENTAL COLLEGE & HOSPITAL

No.14, Ramohalli Cross, Kumbalgodu Mysore Road, Bangalore – 560074.

Application for Chairman's Scholarship

Year of Admission: 2021 Course: PhD

Name of the Candidate: Dr. NARAHARI RANGANATHA

D.O.B. D 1 4 M 0 5 Y 1 9 8 7

Father's /Guardian's Name B. RANGANATHA

Mother's Name H. R. JAGADAMBA

Permanent Address: #131, SRIHARI NILAYA, I^st FLOOR, 4th CROSS BUDHHA JYOTHI LAYOUT, NEAR PRESTIGE JINDAL CITY BANGALORE - 560073

	Candidate	Father /Guardian
Mobile No.	9342519662	9449806146
Email:	narahari2012@yahoo.com	
Annual Income of :	5,88,000/-	
Profession/ Designation	READER, PROCH, Dept	of OMFS

Write in Short Justification of your request

I request to grant chairman's scholarship and oblige. Since, i am working as Reader in the department of oral & Maxillofacial Surgery since 2015. Thanking You. Your Faithfully.

Kindly consider for the Scholarship

Principal
Rajarajeswari Dental College & Hospital
14, Ramohalli Cross, Mysore Road,
Kambipura, Bangalore - 560 074.

Signature of Candidate

OFFICE USE

Chairman's Scholarship: Granted / Not Granted / Pending

Amount:Rs. _____ (_____) Period: _____

Signature of Chairman

Details: Paid through Cheque: _____ Bank Transfer _____ Date: _____

Received with Thanks

Candidates Signature

Date: _____

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Institution for
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two progress

RAJARAJESWARI DENTAL COLLEGE & HOSPITAL

No.14, Ramohalli Cross, Kumbalgodu Mysore Road, Bangalore – 560074.

Application for Chairman's Scholarship

Year of Admission: 2021 Course: Ph.D

Name of the Candidate: Dr. N.S. MAMATHA

D.O.B. D 1 6 M 0 2 Y 1 9 7 6

Father's /~~Guardian~~'s Name: N. SIDDALINGAPPA

Mother's Name: GANGAMMA

Permanent Address: NO: 1159, 43rd CROSS, KUMARA SWAMY LAYOUT 1st STAGE, BANGALORE 560078

	Candidate	Father /Guardian
Mobile No.	9880194412	
Email:	drmamathans@gmail.com	
Annual Income of :	13,79,343/-	
Profession/ Designation	Professor, Head of Implantology	

Write in Short Justification of your request

I am working in this esteemed institution for 16 years and actively involved in the college and department responsibilities.

Kindly consider for the Scholarship. As Dr. Mamatha is a worthy Candidate

N.S. Mamatha
Signature of Candidate

OFFICE USE

Chairman's Scholarship: Granted/ Not Granted/ Pending

( ) Period:

Principal
RajaRajeswari Dental College & Hospital
14, Ramohalli Cross, Mysore Road,
Kambipura, Bangalore - 560 074.

Signature of Chairman

Details: Paid through Cheque: Bank Transfer Date:

Received with Thanks
N.S. Mamatha
Candidates Signature
Date: 3/2/22

Principal
RajaRajeswari Dental College & Hospital
14, Ramohalli Cross, Mysore Road,
Kumbalgodu, Bangalore - 560 074