

TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



CASH PAYMENT VOUCHER

27-7-2024

Date

V.No.

Debit Account
Conference / Workshop Expenses 5,000.00

Rs. **5,000.00**

Pay to Dr. Ankith Chacko

the Sum of Rupees Five Thousand Only

..... Being amount paid towards financial support provided for Basic ilizarov
workshop everthing about tibial frame Dr. Ankith Chacko.

towards

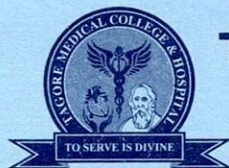
Authorised by

Accountant

Cashier

Payee's Signature

Ankith Chacko



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



31-1-2024

CASH PAYMENT VOUCHER

Date

V.No.....

Debit Conference ./ Workshop Expenses 500:00 Account

Rs. **500.00**

Pay to Dr.Prathana

the Sum of Rupees Five Hundred Only

..... Being amount paid towards financial support provided for CME & Workshop -Code Blue Dr.Prathana

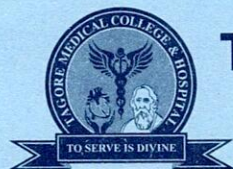
towards

Authorised by

Accountant

Cashier

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



31-1-2024

CASH PAYMENT VOUCHER

Date

V.No.....

Debit Conference ./ Workshop Expenses 500:00 Account

Rs. **500.00**

Pay to
Dr. Shabna Lakshmi

the Sum of Rupees Five Hundred Only

Being amount paid towards financial support provided for CME &
Workshop - Code Blue Dr. Shabna Lakshmi

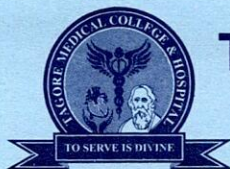
towards

Authorised by

Accountant

Cashier

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



1-2-2024

CASH PAYMENT VOUCHER

Date

V.No.....

Debit.Conference./..Workshop.Expenses.....2,000.00.....Account

Rs.

2,000.00

Pay to Dr.Sathish Kumar

the Sum of Rupees Two Thousand Only

..... Being amount paid towards financial support provided for BCBR Dr.Sathish Kumar.

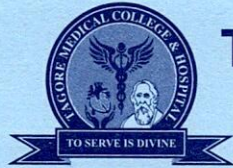
towards

Authorised by

Accountant

Cashier

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



CASH PAYMENT VOUCHER

3-6-2024

Date

V.No.

Debit Account
Conference / Workshop Expenses 500.00

Rs. **500.00**

Pay to Dr. Pranavi

the Sum of Rupees Five Hundred Only

..... Being amount paid towards financial support provided for CME on neck
Swelling Dr. Pranavi.

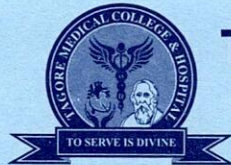
towards

Authorised by

Accountant

Cashier

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



CASH PAYMENT VOUCHER

3-6-2024

Date

V.No.....

Account

Debit

Conference / Workshop Expenses

500.00

Rs. **500.00**

Pay to Dr. Anand Karthikeyan

the Sum of Rupees Five Hundred Only

..... Being amount paid towards financial support provided for neck swellings &
CME Dr. Anand Karthikeyan.

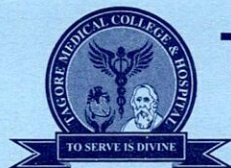
towards

Authorised by

Accountant

Cashier

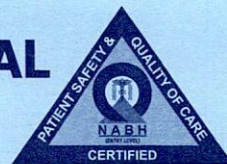
Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



1-2-2024 00-1369

CASH PAYMENT VOUCHER

Date

V.No.....

Debit Conference / Workshop Expenses 2,000.00 Account

Rs. **2,000.00**

Pay to Dr. Ankith Chacko

the Sum of Rupees Two Thousand Only

..... Being amount paid towards financial support provided for BCBR Dr. Ankith Chacko.

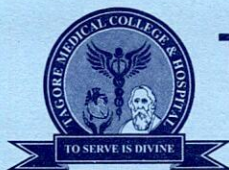
towards

Authorised by

Accountant

Cashier

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



4-2-2024

CASH PAYMENT VOUCHER

Date

V.No.....

Debit Conference / Workshop Expenses 2,000.00 Account

Rs. **2,000.00**

Pay to Dr. Anand Karthikeyan

the Sum of Rupees Two Thousand Only

..... Being amount paid towards financial support provided for crossing the
dural barrier Dr. Anand karthikeyan

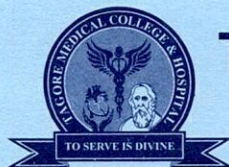
towards

Authorised by

Accountant

Cashier

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



4-2-2024

CASH PAYMENT VOUCHER

Date

V.No.....

Debit Conference / Workshop Expenses 2,000.00 Account

Rs. **2,000.00**

Pay to Dr. Kalpana

the Sum of Rupees Two Thousand Only

..... Being amount paid towards financial support provided for crossing the
dural barrier Dr. kalpana

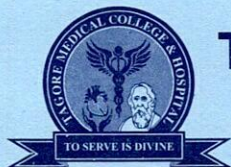
towards

Authorised by

Accountant

Cashier

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



13-2-2024

CASH PAYMENT VOUCHER

Date

V.No.....

Debit Conference / Workshop Expenses 3,000.00 Account

Rs. **3,000.00**

Pay to Dr.Rishi Kumar

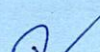
the Sum of Rupees Three Thousand Only

..... Being amount paid towards financial support provided for international
Epilepsy day Dr.Rishi Kumar.

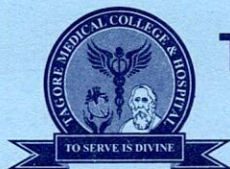
towards

Authorised by


Accountant


Cashier

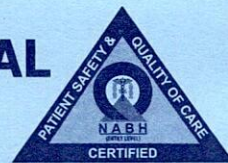

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



22-2-2024

CASH PAYMENT VOUCHER

Date

V.No.....

Debit Conference / Workshop Expenses 3,000.00 Account

Rs.

3,000.00

Pay to Dr.Rishi Kumar

the Sum of Rupees Three Thousand Only.....

Being amount paid towards financial support provided for Diabetic Foot
care management Dr.Rishi Kumar.

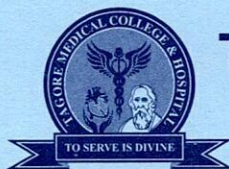
towards

Authorised by

Accountant

Cashier

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



CASH PAYMENT VOUCHER

Date

V.No.....

Debit Conference / Workshop Expenses 5,000.00 Account

Rs. **5,000.00**

Pay to DR.G.Ilangovan

the Sum of Rupees
Five Thousand Only

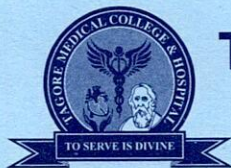
Being amount paid towards financial support provided for European
congress of radiology
towards Dr.G.Ilangovan

Authorised by

Accountant

Cashier

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



16-3-2024

CASH PAYMENT VOUCHER

Date

V.No.....

Debit.Conference / Workshop Expenses.....5,000:00.....Account

Rs.

5,000.00

Pay to Dr.Bastina Jenoffia

the Sum of Rupees Five Thousand Only.....

..... Being amount paid towards financial support provided for workshop
..... -beyond the probe-unveiling the unseen Dr.Bastina jenoffia.
.....

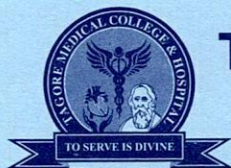
towards

Authorised by

Accountant

Cashier

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



16-3-2024

CASH PAYMENT VOUCHER

Date

V.No.....

DebitConference ./ Workshop Expenses.....5,000.00.....Account

Rs.

5,000.00

Pay to Dr.Ankith Chacko

the Sum of Rupees Five Thousand Only.....

..... Being amount paid towards financial support provided for comprehensive
ponseti clubfoot workshop Dr.Ankith Chacko.

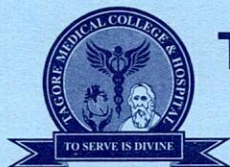
towards

Authorised by

Accountant

Cashier

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



26-3-2024

CASH PAYMENT VOUCHER

Date

V.No.....

Debit Conference / Workshop Expenses 2,000:00 Account

Rs.

2,000.00

Pay to Dr. Deepak Thakker

the Sum of Rupees Two Thousand Only.....

Being amount paid towards financial support provided for basic course in
medical education Dr. Deepak Thakker.

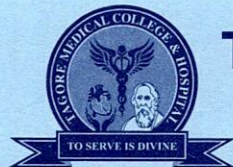
towards

Authorised by

Accountant

Cashier

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



CASH PAYMENT VOUCHER

2-7-2024

Date

V.No.....

Account

Debit

Conference / Workshop Expenses 500.00

Rs. **500.00**

Pay to Dr.Rishi Kumar

the Sum of Rupees Five Hundred Only

..... Being amount paid towards financial support provided for CME-Food
allergy Dr.Rishi Kumar.

towards

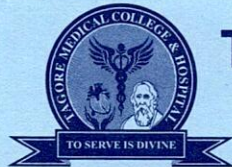
Authorised by

Accountant

Cashier

Payee's Signature

Dr. Rishi Kumar



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



8-6-2024

CASH PAYMENT VOUCHER

Date

V.No.....

Debit.....Account
Conference / Workshop Expenses 5,000.00

Rs. **5,000.00**

Pay to Dr.Ramya Ravichandran.....

the Sum of Rupees Five Thousand Only.....

..... Being amount paid towards financial support provided for BOK Dr.Ramya
ravichandran.....

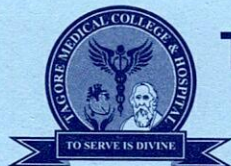
towards

Authorised by

Accountant

Cashier

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



CASH PAYMENT VOUCHER

27-6-2024

Date

V.No.

Account

Rs. 5,000.00 Debit
Conference / Workshop Expenses 5,000.00

Pay to Dr. Sathish Balaji

the Sum of Rupees Five Thousand Only

..... Being amount paid towards financial support provided for 10 th
..... anniversary edition of international arthroscopy academy Dr. sathish Balaji

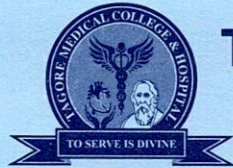
towards

Authorised by

Accountant

Cashier

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



1-7-2024

CASH PAYMENT VOUCHER

Date

V.No.....

Account

Rs. Debit.....
Conference / Workshop Expenses 2,000.00

Pay to Dr. Aishwarya

the Sum of Rupees

Two Thousand Only

..... Being amount paid towards financial support provided for BCBR Dr. Aishwarya

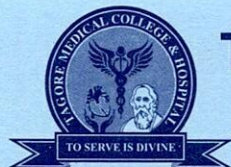
towards

Authorised by

Accountant

Cashier

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



CASH PAYMENT VOUCHER

1-7-2024

Date

V.No.....

Account

Debit

Conference / Workshop Expenses 5,000.00

Rs. **5,000.00**

Pay to Dr.Rishi Kumar

the Sum of Rupees Five Thousand Only

..... Being amount paid towards financial support provided for Dr.Mohan's
International diabetes update 2024 DR.Rishi Kumar.

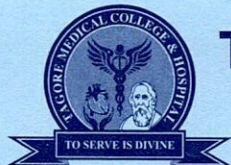
towards

Authorised by

Accountant

Cashier

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



CASH PAYMENT VOUCHER

1-7-2024

Date

V.No.....

Rs. Debit.....Account
Conference / Workshop Expenses 5,000.00

Pay toDr.Rishi.Kumar.....

the Sum of RupeesFive Thousand Only.....

.....Being amount paid towards financial support provided for CGPCON 2024.....

.....Dr.Rishi.Kumar.....

towards

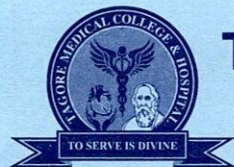
Authorised by

Accountant

Cashier

Payee's Signature





TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



CASH PAYMENT VOUCHER

1-7-2024

Date

V.No.....

Account

Debit

Conference / Workshop Expenses 2,000.00

Rs. **2,000.00**

Pay to Dr.Judy Veronica

the Sum of Rupees ~~Two Thousand Only~~

..... ~~Being amount paid towards financial support provided for BCBR Dr.Judy~~
Veronica.

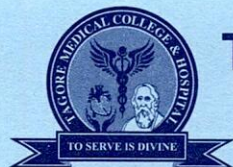
towards

Authorised by

Accountant

Cashier

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



CASH PAYMENT VOUCHER

17-4-2024

Date

V.No.....

Debit.....Account
Conference / Workshop Expenses 2,000.00

Rs. **2,000.00**

Pay toDr.Rishi.Kumar.....

the Sum of RupeesTwo Thousand Only.....

.....Being amount paid towards financial support provided for CME-approach
.....to school refusal in children and anxiety disorders.Dr.Rishi.Kumar.....

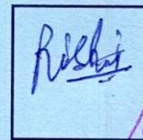
towards

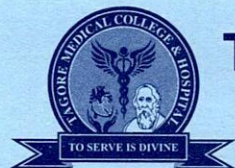
Authorised by

Accountant

Cashier

Payee's Signature





TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



CASH PAYMENT VOUCHER

20-4-2024

Date

V.No.....

Debit Account
Conference / Workshop Expenses 2,000.00

Rs. **2,000.00**

Pay to Dr. Deepak Thakker

the Sum of Rupees Two Thousand Only

..... Being amount paid towards financial support provided for good clinical
practice and new drugs and clinical trial rules Dr. Deepak Thakker.

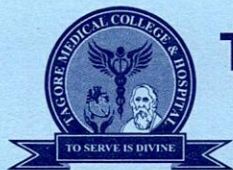
towards

Authorised by

Accountant

Cashier

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



CASH PAYMENT VOUCHER

20-4-2024

Date

V.No.

Account

Debit

Conference / Workshop Expenses 2,000.00

Rs. **2,000.00**

Pay to DR.G.Rashmi

the Sum of Rupees

Two Thousand Only

Being amount paid towards financial support provided for good clinical
practice & New drug trial rules

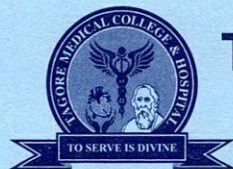
towards Dr.G.Rashmi.....

Authorised by

Accountant

Cashier

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



CASH PAYMENT VOUCHER

1-5-2024

Date

V.No.....

Debit.....Account

Rs.

Conference / Workshop Expenses 500.00

Pay toDr.Bhuvaneshwari.....

the Sum of Rupees
Five Hundred Only

.....
Being amount paid towards financial support provided for sunscreen and
beyond enhancing skincare in summer Dr.Bhuvaneshwari.
.....

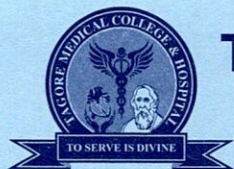
towards

Authorised by

Accountant

Cashier

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



15-5-2024

CASH PAYMENT VOUCHER

Date

V.No.

Rs. Debit.....Account
Conference / Workshop Expenses 500.00

Pay to Dr. Rishi Kumar

the Sum of Rupees
Five Hundred Only

.....
Being amount paid towards financial support provided for CME-Sunscreen
..... and beyond Dr. Rishi Kumar

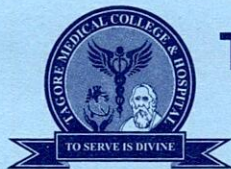
towards

Authorised by

Accountant

Cashier

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



CASH PAYMENT VOUCHER

15-5-2024

Date

V.No.....

Debit.....Account

Rs. **500.00**

Conference / Workshop Expenses 500.00

Pay toDr.Pranavi.....

the Sum of RupeesFive Hundred Only.....

.....Being amount paid towards financial support provided for Sunscreen and
beyond enhancing skincare in summer Dr.Pranavi.....

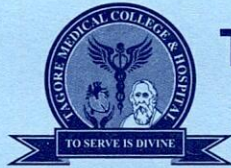
towards

Authorised by

Accountant

Cashier

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



CASH PAYMENT VOUCHER

15-5-2024

Date

V.No.....

Debit.....Account

Rs. **500.00**

Conference / Workshop Expenses 500.00

Pay to Dr.Ramya Ravichandran.....

the Sum of Rupees Five Hundred Only.....

..... Being amount paid towards financial support provided for sunscreen and
beyond enhancing skin care in summer Dr.Ramya ravichandran.....

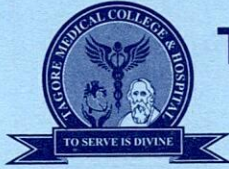
towards

Authorised by

Accountant

Cashier

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



15-5-2024

CASH PAYMENT VOUCHER

Date

V.No.....

Debit. Conference / Workshop Expenses 500.00 Account

Rs. **500.00**

Pay to Dr. Anand Karthikeyan

the Sum of Rupees Five Hundred Only

..... Being amount paid towards financial support provided for FDP-sunscreen & beyond Dr. Anand Karthikeyan.

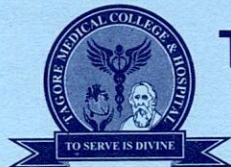
towards

Authorised by

Accountant

Cashier

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



15-5-2024

CASH PAYMENT VOUCHER

Date

V.No.....

Debit. Conference ./ Workshop Expenses.....500.00.....Account

Rs. **500.00**

Pay to Dr.Kalpana

the Sum of RupeesFive Hundred Only.....

.....Being amount paid towards financial support provided for FDP-sunscreen &.....
beyond Dr.Kalpana

towards

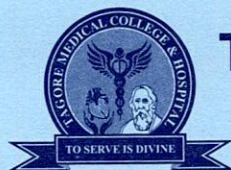
Authorised by

Accountant

Cashier

Payee's Signature

Kalpana



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



15-5-2024

CASH PAYMENT VOUCHER

Date

V.No.....

Debit. Conference ./ Workshop Expenses 500.00 Account

Rs.

500.00

Pay to Dr.Poornima

the Sum of Rupees Five Hundred Only.....

..... Being amount paid towards financial support provided for FDP-sunscreen &
beyond Dr.Poornima

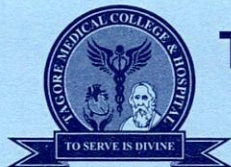
towards

Authorised by

Accountant

Cashier

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



CASH PAYMENT VOUCHER

24-4-2024

Date

V.No.....

Account

Debit

Conference / Workshop Expenses

2,000.00

Rs. **2,000.00**

Pay to Dr.K.Punnagai

the Sum of Rupees ~~Two Thousand Only~~

..... Being amount paid towards financial support provided for level training in
pharmacovigilance Dr.K.Punnagai.

towards

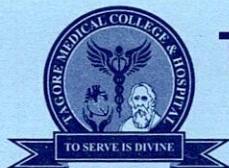
Authorised by

Accountant

Cashier

Payee's Signature

P. K. Punnagai



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



CASH PAYMENT VOUCHER

29-4-2024

Date

V.No.....

Debit.....Account
Conference / Workshop Expenses 3,840.00

Rs. **3,840.00**

Pay to Dr.Ramya rajendran

the Sum of Rupees

Three Thousand Eight Hundred Forty Only

Being amount paid towards financial support provided for curriculum
implimentation support programme Dr.Ramya Rajendran.

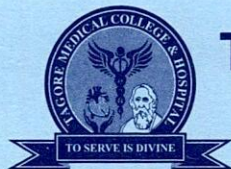
towards

Authorised by

Accountant

Cashier

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



CASH PAYMENT VOUCHER

29-4-2024

Date

V.No.....

Debit Account
Conference / Workshop Expenses 3,840.00

Rs. **3,840.00**

Pay to Dr. Ramya Ravichandran

the Sum of Rupees Three Thousand Eight Hundred Forty Only

..... Being amount paid towards financial support provided for curriculum
implimentation support programe III Dr. Ramya ravichandran.

towards

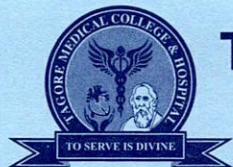
Authorised by

Accountant

Cashier

Payee's Signature

Ramya



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



1-5-2024

CASH PAYMENT VOUCHER

Date

V.No.....

Debit.....Account

Conference / Workshop Expenses 5,000.00

Rs. **5,000.00**

Pay toDr.Jenson.....

the Sum of RupeesFive Thousand Only.....

Being amount paid towards financial support provided for TNOA PG
teaching course Dr.Jenson

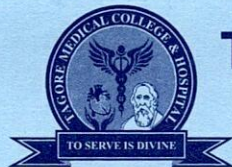
towards

Authorised by

Accountant

Cashier

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



3-6-2024

CASH PAYMENT VOUCHER

Date

V.No.....

Account

Debit.....

Conference / Workshop Expenses 500.00

Rs. **500.00**

Pay toDr.Kalpana.....

the Sum of RupeesFive Hundred Only.....

.....Being amount paid towards financial support provided for Neck swellings &
CME Dr.Kalpana.....

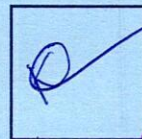
towards

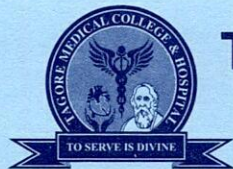
Authorised by

Accountant

Cashier

Payee's Signature





TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



CASH PAYMENT VOUCHER

3-6-2024

Date

V.No.....

Account

Debit

Conference / Workshop Expenses 500.00

Rs. **500.00**

Pay to Dr. Poornima

the Sum of Rupees Five Hundred Only

Being amount paid towards financial support provided for Neck swellings &
CME Dr. Poornima

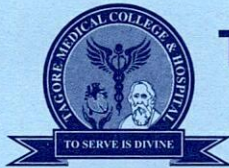
towards

Authorised by

Accountant

Cashier

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



3-6-2024

CASH PAYMENT VOUCHER

Date

V.No.....

Debit.....Account
Conference / Workshop Expenses 500.00

Rs. **500.00**

Pay to Dr.Prathana

the Sum of Rupees Five Hundred Only

..... Being amount paid towards financial support provided for Neck swellings &
CME Dr.Prathana

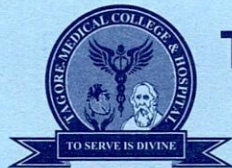
towards

Authorised by

Accountant

Cashier

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



3-6-2024

CASH PAYMENT VOUCHER

Date

V.No.....

Debit.....Account

Conference / Workshop Expenses 500.00

Rs. **500.00**

Pay toDr..Shabna.Lakshmi.....

the Sum of RupeesFive Hundred Only.....

.....Being amount paid towards financial support provided for Neck swellings &
.....CME Dr.Shabna lakshmi.....

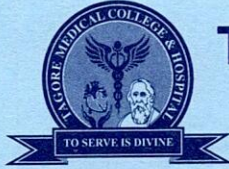
towards

Authorised by

Accountant

Cashier

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



15-5-2024

CASH PAYMENT VOUCHER

Date

V.No.....

Debit.Conference /- Workshop Expenses.....500.00.....Account

Rs.

500.00

Pay to Dr.Prathana

the Sum of RupeesFive Hundred Only.....

.....Being amount paid towards financial support provided for FDP-suncreen &.....
beyond Dr.Prathana

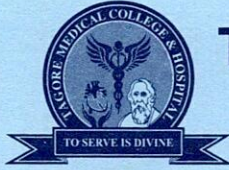
towards

Authorised by

Accountant

Cashier

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



CASH PAYMENT VOUCHER

Date **28-3-2024**

V.No.

Rs. **500.00** Debit Conference / Workshop Expenses 500.00 Account

Pay to Dr.Pranavi

the Sum of Rupees ...~~Five Hundred Only~~.....

.....~~Being amount paid towards financial support provided for world TB day~~
workshop Dr.Pranavi .

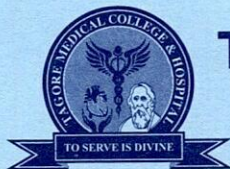
towards

Authorised by

Accountant

Cashier

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



15-5-2024

CASH PAYMENT VOUCHER

Date

V.No.....

Debit.Conference / Workshop Expenses.....500.00.....Account

Rs.

500.00

Pay to Dr.Shabna Lakshmi

the Sum of Rupees Five Hundred Only.....

..... Being amount paid towards financial support provided for FDP-sunscreen &
beyond Dr.Shabna Lakshmi

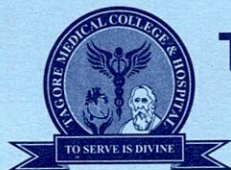
towards

Authorised by

Accountant

Cashier

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



16-5-2024

CASH PAYMENT VOUCHER

Date

V.No.....

Debit Conference ./- Workshop Expenses 5,000.00 Account

Rs.

5,000.00

Pay to Dr.Sathish Balaji

the Sum of Rupees Five Thousand Only.....

..... Being amount paid towards financial support provided for member-indian
spinal injury centre Dr.Sathish Balaji.
.....

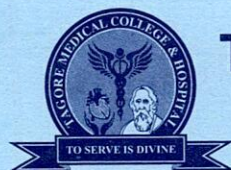
towards

Authorised by

Accountant

Cashier

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



3-6-2024

CASH PAYMENT VOUCHER

Date

V.No.....

Debit Conference ./ Workshop Expenses 500:00 Account

Rs.

500.00

Pay to Dr.Aravindan

the Sum of Rupees Five Hundred Only.....

..... Being amount paid towards financial support provided for CME-neck
swellings Dr.Aravindan

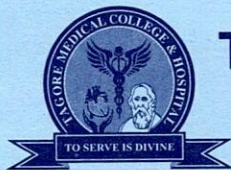
towards

Authorised by

Accountant

Cashier

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



3-6-2024

CASH PAYMENT VOUCHER

Date

V.No.....

Debit Conference ./- Workshop Expenses.....500.00.....Account

Rs. **500.00**

Pay to Dr.Rishi Kumar

the Sum of RupeesFive Hundred Only.....

.....Being amount paid towards financial support provided for CME-neck
swellings Dr.Rishi Kumar.

towards

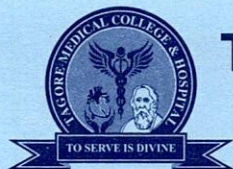
Authorised by

Accountant

Cashier

Payee's Signature

Rishi Kumar



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



CASH PAYMENT VOUCHER

Date **28-3-2024**

V.No.....

Rs. **500.00** Debit.....Account
Conference / Workshop Expenses 500.00

Pay to Dr.Krithika

the Sum of Rupees Five Hundred Only

..... Being amount paid towards financial support provided for world TB day Dr.
Krithika.

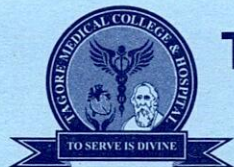
towards

Authorised by

Accountant

Cashier

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



CASH PAYMENT VOUCHER

2-7-2024

Date

V.No.....

Account

Rs. **500.00** Debit Conference / Workshop Expenses 500.00

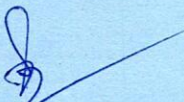
Pay to Dr.Aravindan

the Sum of Rupees Five Hundred Only

..... Being amount paid towards financial support provided for CME-Food
Allergy Dr.Aravindan.

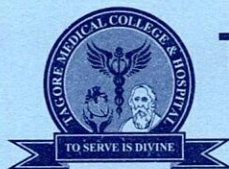
towards

Authorised by


Accountant


Cashier

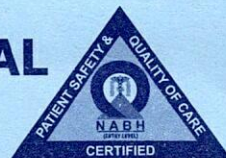

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



31-1-2024

CASH PAYMENT VOUCHER

Date

V.No.....

Debit Conference / Workshop Expenses 500:00 Account

Rs. **500.00**

Pay to Dr. Anand Karthikeyan

the Sum of Rupees Five Hundred Only

..... Being amount paid towards financial support provided for CME & workshop
code blue Dr. Anand Karthikeyan.

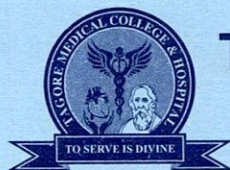
towards

Authorised by

Accountant

Cashier

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



18-1-2024

CASH PAYMENT VOUCHER

Date

V.No.....

Debit Conference / Workshop Expenses 500.00 Account

Rs. **500.00**

Pay to Dr. Pranavi

the Sum of Rupees Five Hundred Only

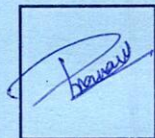
..... Being amount paid towards financial support provided for polytrauma Dr. Pranavi.

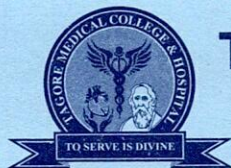
towards

Authorised by


Accountant


Cashier


Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



18-1-2024

CASH PAYMENT VOUCHER

Date

V.No.....

Debit Conference / Workshop Expenses 500:00 Account

Rs. **500.00**

Pay to Dr. Anand Karthikeyan

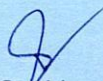
the Sum of Rupees Five Hundred Only

..... Being amount paid towards financial support provided for polytrauma &
CME Dr. Anand Karthikeyan.

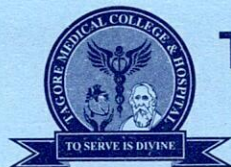
towards

Authorised by


Accountant


Cashier


Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



19-1-2024

CASH PAYMENT VOUCHER

Date

V.No.....

Rs. 3,000.00 Debit Conference ./- Workshop Expenses 3,000.00 Account

Pay to Dr. Shabna Lakshmi

the Sum of Rupees Three Thousand Only

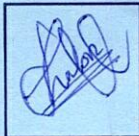
..... Being amount paid towards financial support provided for ENT- ER,
emergencies in ENT Dr. Shabna Lakshmi.

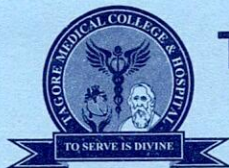
towards

Authorised by


Accountant


Cashier


Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



20-1-2024

CASH PAYMENT VOUCHER

Date

V.No.....

Debit Conference / Workshop Expenses 500.00 Account

Rs. **500.00**

Pay to Dr.Aravindan

the Sum of Rupees Five Hundred Only

..... Being amount paid towards financial support provided for Rational use of
antibiotic cme Dr.Aravindan.

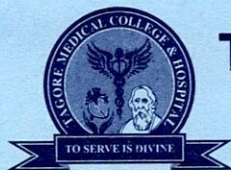
towards

Authorised by


Accountant


Cashier


Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



26-3-2024

CASH PAYMENT VOUCHER

Date

V.No.....

Debit Conference / Workshop Expenses 2,000:00 Account

Rs.

2,000.00

Dr.G.P.Rekha

Pay to

the Sum of Rupees Two Thousand Only

Being amount paid towards financial support provided for BCME Dr.G.P.Rekha

towards

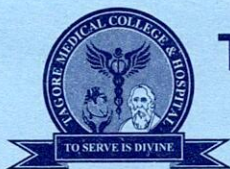
Authorised by

Accountant

Cashier

Payee's Signature

Rekha



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



31-1-2024

CASH PAYMENT VOUCHER

Date

V.No.....

Debit Conference ./ Workshop Expenses 1,000:00 Account

Rs.

1,000.00

Pay to Dr. Ankith Chaeko

the Sum of Rupees

One Thousand Only

Being amount paid towards financial support provided for code blue

workshop Dr. Ankith Chaeko:

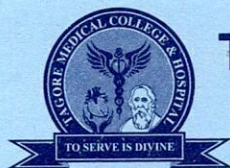
towards

Authorised by

Accountant

Cashier

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



31-1-2024

CASH PAYMENT VOUCHER

Date

V.No.....

Debit Conference ./ Workshop Expenses 500:00 Account

Rs. **500.00**

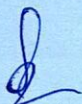
Pay to Dr.Kalpana

the Sum of Rupees Five Hundred Only

..... Being amount paid towards financial support provided for CME &
Workshop -Code Blue Dr.Kalpana

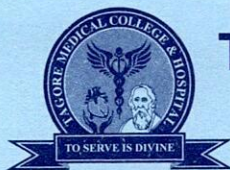
towards

Authorised by


Accountant


Cashier


Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



31-1-2024

CASH PAYMENT VOUCHER

Date

V.No.....

Debit Conference / Workshop Expenses 500:00 Account

Rs. **500.00**

Pay to Dr.Poornima

the Sum of Rupees Five Hundred Only

..... Being amount paid towards financial support provided for CME & Workshop -Code Blue Dr.Poornima

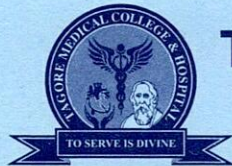
towards

Authorised by

Accountant

Cashier

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



CASH PAYMENT VOUCHER

27-7-2024

Date

V.No.

Debit Account
Conference / Workshop Expenses 5,000.00

Rs. **5,000.00**

Pay to Dr. Balaji

the Sum of Rupees Five Thousand Only

..... Being amount paid towards financial support provided for CME and
workshop on paediatric orthopaedics Dr. Balaji.

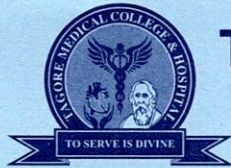
towards

Authorised by

Accountant

Cashier

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



CASH PAYMENT VOUCHER

30-7-2024

Date

V.No.

Account

Debit

Conference / Workshop Expenses

500.00

Rs. **500.00**

Pay to Dr.Kiruthikaa

the Sum of Rupees ~~Five Hundred Only~~

..... Being amount paid towards financial support provided for workshop on
mechanical ventilation Dr.Kiruthikaa.

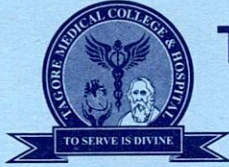
towards

Authorised by

Accountant

Cashier

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



12-10-2023

CASH PAYMENT VOUCHER

Date

V.No.....

Debit Conference / Workshop Expenses 3,600.00 Account

Rs. **3,600.00**

Pay to Dr. Ankith Chaeko

the Sum of Rupees

Three Thousand Six Hundred Only

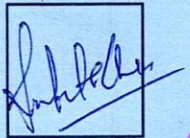
Being amount paid towards financial support provided for master course in
sports medicine Dr. Ankith Chaeko.

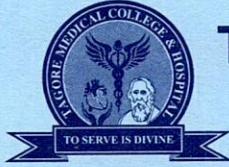
towards

Authorised by


Accountant


Cashier


Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



14-10-2023

CASH PAYMENT VOUCHER

Date

V.No.....

Debit Conference ./ Workshop Expenses 2,000:00 Account

Rs. **2,000.00**

Pay to Dr.Kalpana

the Sum of Rupees Two Thousand Only.....

..... Being amount paid towards financial support provided for solve the
swallow & cme Dr.Kalpana.
.....

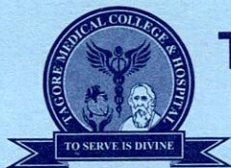
towards

Authorised by

Accountant

Cashier

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



1-12-2023

CASH PAYMENT VOUCHER

Date

V.No.....

Debit Conference ./ Workshop Expenses 2,000.00 Account

Rs.

2,000.00

Pay to Dr. Deepak Thakker

the Sum of Rupees Two Thousand Only

..... Being amount paid towards financial support provided for BCBR Dr. Deepak Thakker.

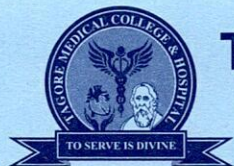
towards

Authorised by

Accountant

Cashier

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



CASH PAYMENT VOUCHER

21-9-2023

Date

V.No.....

Debit.....Account

Rs. 2,000.00

Conference / Workshop Expenses 2,000.00

Pay toDr.Kalpana.....

the Sum of RupeesTwo Thousand Only.....

.....Being amount paid towards financial support provided for surgical
.....management of deafness Dr.Kalpana.....

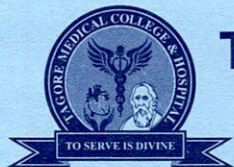
towards

Authorised by

Accountant

Cashier

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



CASH PAYMENT VOUCHER

23-9-2023

Date

V.No.....

Debit.....Account

Rs. 2,000.00

Conference / Workshop Expenses 2,000.00

Pay toDr.Premsai.....

the Sum of RupeesTwo Thousand Only.....

.....Being amount paid towards financial support provided for basic course in
.....medical education Dr.Premsai.....

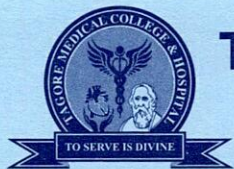
towards

Authorised by

Accountant

Cashier

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



CASH PAYMENT VOUCHER

24-9-2023

Date

V.No.....

Debit.....Account

Rs. **3,000.00**

Conference / Workshop Expenses 3,000.00

Pay to Dr. Rishi kumar

the Sum of Rupees

Three Thousand Only

Being amount paid towards financial support provided for Vaccinology Dr. Rishi Kumar.

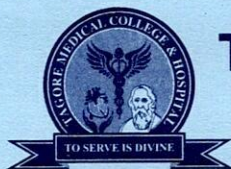
towards

Authorised by

Accountant

Cashier

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



9-1-2024

CASH PAYMENT VOUCHER

Date

V.No.....

Debit Conference / Workshop Expenses 500:00 Account

Rs. **500.00**

Pay to Dr. Anand Karthikeyan

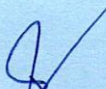
the Sum of Rupees Five Hundred Only

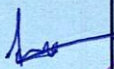
..... Being amount paid towards financial support provided for CME hair
cosmetics & platelet rich plasma Dr. Anand Karthikeyan.
.....

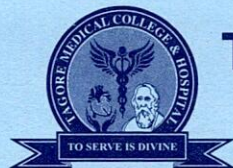
towards

Authorised by


Accountant


Cashier


Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



2-7-2024

CASH PAYMENT VOUCHER

Date

V.No.....

Account

Debit.....

Conference / Workshop Expenses 500.00

Rs. 500.00

Pay toDr.Kalpana.....

the Sum of RupeesFive Hundred Only.....

.....Being amount paid towards financial support provided for CME-food allergy.....

Dr.kalpana.....

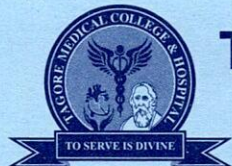
towards

Authorised by

Accountant

Cashier

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



CASH PAYMENT VOUCHER

2-7-2024

Date

V.No.

Rs. Debit.....Account
Conference / Workshop Expenses 500.00

Pay toDr.Prathana.Seles.....

the Sum of RupeesFive Hundred Only.....

.....Being amount paid towards financial support provided for CME-food allergy.....

.....Dr.prathana.seles.....

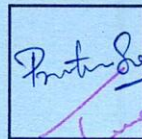
towards

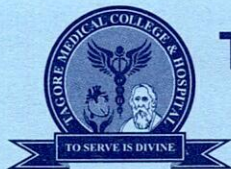
Authorised by

Accountant

Cashier

Payee's Signature





TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



2-7-2024

CASH PAYMENT VOUCHER

Date

V.No.....

Account

Debit

Conference / Workshop Expenses

500.00

Rs. **500.00**

Pay to Dr. Poornima

the Sum of Rupees Five Hundred Only

Being amount paid towards financial support provided for CME-food allergy
Dr. poornima

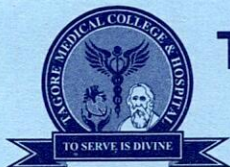
towards

Authorised by

Accountant

Cashier

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



3-12-2023

CASH PAYMENT VOUCHER

Date

V.No.....

Debit Conference / Workshop Expenses 5,000:00 Account

Rs. **5,000.00**

Pay to Dr. Rishi Kumar

the Sum of Rupees Five Thousand Only

..... Being amount paid towards financial support provided for Enrich 2023 Dr. Rishi Kumar.

towards

Authorised by

Accountant

Cashier

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



9-1-2024

CASH PAYMENT VOUCHER

Date

V.No.....

Debit Conference / Workshop Expenses 500.00 Account

Rs.

500.00

Pay to Dr.Poornima

the Sum of Rupees Five Hundred Only

..... Being amount paid towards financial support provided for CME hair
cosmetics & platelet rich plasma Dr.Poornima

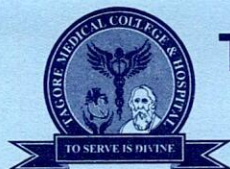
towards

Authorised by

Accountant

Cashier

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



9-1-2024

CASH PAYMENT VOUCHER

Date

V.No.....

Debit Conference /- Workshop Expenses.....500,00.....Account

Rs.

500.00

Pay to Dr.Kalpana

the Sum of Rupees Five Hundred Only.....

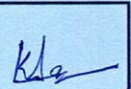
.....Being amount paid towards financial support provided for CME hair
cosmetics & platelet rich plasma Dr.kalpana

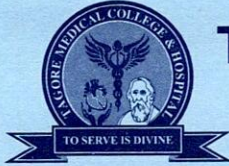
towards

Authorised by


Accountant


Cashier


Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



9-1-2024

CASH PAYMENT VOUCHER

Date

V.No.....

Debit Conference /- Workshop Expenses 500.00 Account

Rs.

500.00

Pay to Dr.Prathana

the Sum of Rupees Five Hundred Only.....

..... Being amount paid towards financial support provided for CME hair
cosmetics & platelet rich plasma Dr.Prathana.

towards

Authorised by

Accountant

Cashier

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



10-1-2024

CASH PAYMENT VOUCHER

Date

V.No.....

DebitConference ./ Workshop Expenses.....3,000:00.....Account

Rs.

3,000.00

Pay to Dr.Rishi kumar

the Sum of Rupees

Three Thousand Only

..... Being amount paid towards financial support provided for suicidal
..... overdose Dr.Rishi Kumar.....

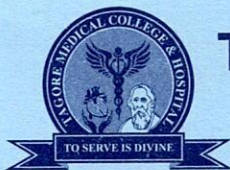
towards

Authorised by

Accountant

Cashier

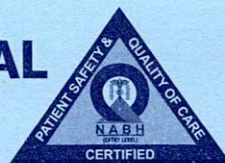
Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



18-1-2024

CASH PAYMENT VOUCHER

Date

V.No.....

Debit Conference / Workshop Expenses 500.00 Account

Rs.

500.00

Pay to Dr. Aravindan

the Sum of Rupees Five Hundred Only

..... Being amount paid towards financial support provided for Polytrauma Dr. Aravindan.

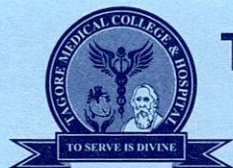
towards

Authorised by

Accountant

Cashier

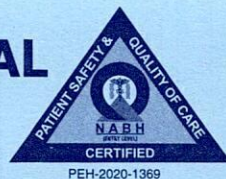
Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



CASH PAYMENT VOUCHER

Date **2-7-2024**

V.No.....

Debit.....Account
Conference / Workshop Expenses 2,000.00

Rs. **2,000.00**

Pay to Dr.Rishi Kumar

the Sum of RupeesTwo Thousand Only.....

.....Being amount paid towards financial support provided for Do's and Dont's
for registered medical practioners Dr.Rishi Kumar.....

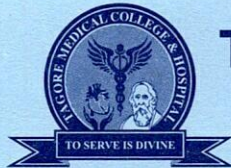
towards

Authorised by

Accountant

Cashier

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



CASH PAYMENT VOUCHER

1-8-2023

Date

V.No.....

Debit.....Account

Conference / Workshop Expenses 2,000.00

Rs. **2,000.00**

Pay toDr. Rishi kumar.....

the Sum of Rupees

Two Thousand Only.....

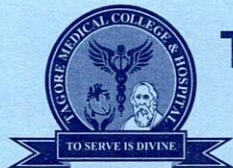
.....Being amount paid towards financial support provided for BCBR Dr. Rishi
kumar
towards

Authorised by

Accountant

Cashier

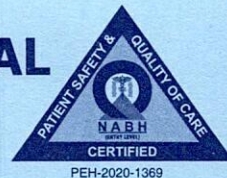
Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



CASH PAYMENT VOUCHER

Date **1-8-2023**

V.No.....

Debit.....Account

Rs. **5,000.00**

Conference / Workshop Expenses 5,000.00

Pay toDr.Geetha .R.....

the Sum of RupeesFive Thousand Only.....

.....Being amount paid towards financial support provided for hands on
training in laboratory animals hola 23 Dr.Geetha.R.....

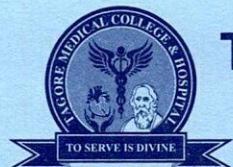
towards

Authorised by

Accountant

Cashier

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



CASH PAYMENT VOUCHER

4-8-2023

Date

V.No.....

Debit.....Account

Rs. 5,000.00

Conference / Workshop Expenses 5,000.00

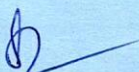
Pay toDr.Anand.Karthikeyan.....

the Sum of RupeesFive Thousand Only.....

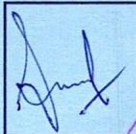
.....Being amount paid towards financial support provided for IAOHNS-
.....conference Dr.Anand.karthikeyan.....

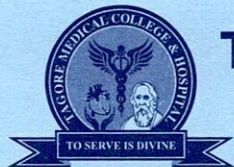
towards

Authorised by


Accountant


Cashier


Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



CASH PAYMENT VOUCHER

25-8-2023

Date

V.No.....

Debit.....Account

Rs. 2,000.00

Conference / Workshop Expenses 2,000.00

Pay toDr. Kalpana.....

the Sum of Rupees
Two Thousand Only

.....
Being amount paid towards financial support provided for national
.....conference in facial plastic & reconstructive surgery Dr. Kalpana.....

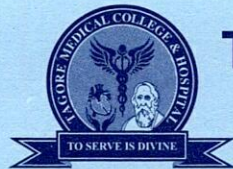
towards

Authorised by

Accountant

Cashier

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



2-7-2024

CASH PAYMENT VOUCHER

Date

V.No.....

Account

Rs. 500.00 Debit.....
Conference / Workshop Expenses 500.00

Pay to Dr. Pranavi

the Sum of Rupees
Five Hundred Only

.....
Being amount paid towards financial support provided for CME on food
allergy. Dr. Pranavi.

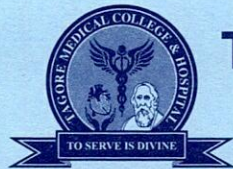
towards

Authorised by

Accountant

Cashier

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



2-7-2024

CASH PAYMENT VOUCHER

Date

V.No.....

Account

Debit

Conference / Workshop Expenses 500.00

Rs. 500.00

Pay toDr.Anand.Karthikeyan.....

the Sum of RupeesFive Hundred Only.....

Being amount paid towards financial support provided for CME-food allergy
Dr.Anand Karthikeyan.

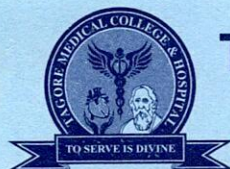
towards

Authorised by

Accountant

Cashier

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



21-12-2023

CASH PAYMENT VOUCHER

Date

V.No.....

Debit Conference / Workshop Expenses 3,000.00 Account

Rs.

3,000.00

Pay to Dr.Rishi kumar

the Sum of Rupees
Three Thousand Only

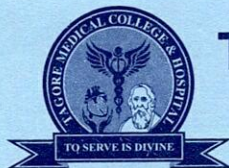
.....
Being amount paid towards financial support provided for health advisory
.....for DRS during post flood and mansoon times Dr.Rishi Kumar.
towards

Authorised by

Accountant

Cashier

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



1-1-2024

CASH PAYMENT VOUCHER

Date

V.No.....

Debit Conference ./- Workshop Expenses 2,000:00 Account

Rs. **2,000.00**

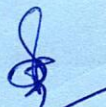
Pay to Dr.Veena.B

the Sum of Rupees Two Thousand Only.....

..... Being amount paid towards financial support provided for comprehensive
molecular diagnostics and advanced gene expression analysis Dr.Veena.B.
.....

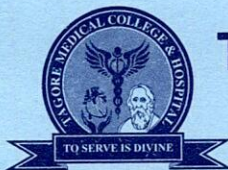
towards

Authorised by


Accountant


Cashier


Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



4-1-2024

CASH PAYMENT VOUCHER

Date

V.No.....

Debit Conference / Workshop Expenses 3,000:00 Account

Rs. **3,000.00**

Pay to Dr.Rishi kumar

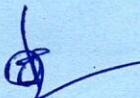
the Sum of Rupees

Three Thousand Only

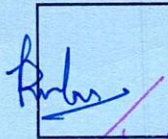
Being amount paid towards financial support provided for CME-on current
trend in diagnosis and management of AIDS Dr.Rishi Kumar.

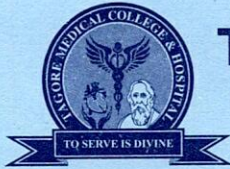
towards

Authorised by


Accountant


Cashier


Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



9-1-2024

CASH PAYMENT VOUCHER

Date

V.No.....

Debit Conference / Workshop Expenses 5,000:00 Account

Rs. **5,000.00**

Pay to Dr.Rishi kumar

the Sum of Rupees
Five Thousand Only

Being amount paid towards financial support provided for Tans CME Dr.

Rishi Kumar.

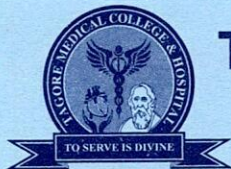
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9-1-2024

CASH PAYMENT VOUCHER

Date

V.No.....

Account

Debit Conference / Workshop Expenses 500.00

Rs. **500.00**

Pay to Dr.Rishi Kumar

the Sum of Rupees Five Hundred Only.....

..... Being amount paid towards financial support provided for CME-hair
cosmetics and platelet rich plasma Dr.Rishi Kumar.
.....

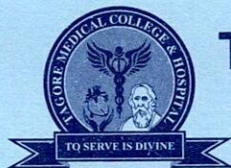
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PEH-2020-1369

9-1-2024

CASH PAYMENT VOUCHER

Date

V.No.....

Debit Conference ./ Workshop Expenses 500.00 Account

Rs.

500.00

Pay to Dr.Aravindan

the Sum of Rupees Five Hundred Only

Being amount paid towards financial support provided for CME-Hair
Cosmetics and platelet rich plasma Dr.Aravindan.

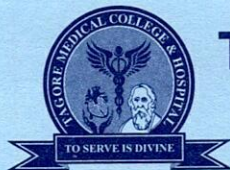
towards

Authorised by

Accountant

Cashier

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9-1-2024

CASH PAYMENT VOUCHER

Date

V.No.....

Debit Conference / Workshop Expenses 500.00 Account

Rs. **500.00**

Pay to Dr.Shabna Lakshmi

the Sum of Rupees Five Hundred Only

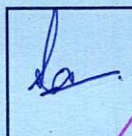
..... Being amount paid towards financial support provided for CME hair
cosmetics & platelet rich plasma Dr.Shabna Lakshmi.

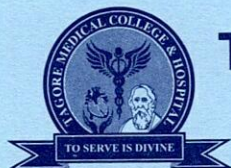
towards

Authorised by


Accountant


Cashier


Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

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30-9-2023

CASH PAYMENT VOUCHER

Date

V.No.....

Debit Conference ./- Workshop Expenses 3,000.00 Account

Rs. **3,000.00**

Pay to Dr.K.Punnagai

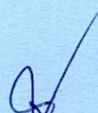
the Sum of Rupees Three Thousand Only

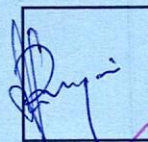
..... Being amount paid towards financial support provided for biostatistics in
dissertation Dr.K.Punnagai.

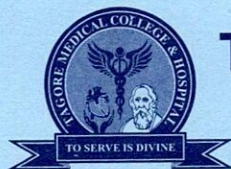
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Accountant


Cashier


Payee's Signature



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Admin. Office # 29, Thilak Street, Chennai - 600 017.



1-10-2023

CASH PAYMENT VOUCHER

Date

V.No.....

Debit Conference /- Workshop Expenses 5,000.00 Account

Rs. **5,000.00**

Pay to Dr.K.Punnagai

the Sum of Rupees Five Thousand Only

..... Being amount paid towards financial support provided for teaching & assesement skills course Dr.K.Punnagai.

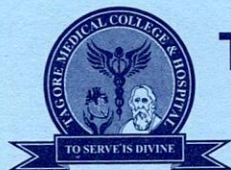
towards

Authorised by

Accountant

Cashier

Payee's Signature



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6-10-2023

CASH PAYMENT VOUCHER

Date

V.No.....

Debit Conference ./ Workshop Expenses 5,000.00 Account

Rs. **5,000.00**

Pay to Dr.Kalpana

the Sum of Rupees Five Thousand Only

..... Being amount paid towards financial support provided for conference

-SZTNAOI-KOVAI Dr.kalpana.

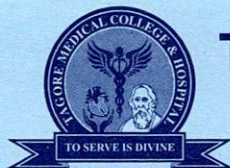
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CASH PAYMENT VOUCHER

2-7-2024

Date

V.No.....

Debit.....Account

Rs. **500.00**

Conference / Workshop Expenses 500.00

Pay toDr.Shabna.Lakshmi.....

the Sum of RupeesFive Hundred Only.....

Being amount paid towards financial support provided for CME-food allergy

Dr.shabna.lakshmi.....

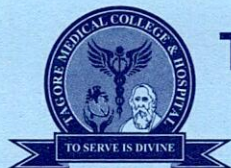
towards

Authorised by

Accountant

Cashier

Payee's Signature



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CASH PAYMENT VOUCHER

10-7-2024

Date

V.No.....

Debit Account
Conference / Workshop Expenses 5,000.00

Rs. **5,000.00**

Pay to Dr.K.Punnagai

the Sum of Rupees Five Thousand Only

..... Being amount paid towards financial support provided for current trends in
cardio pharmacology Dr.K.Punnagai.

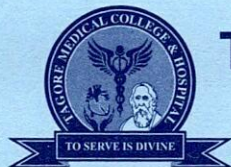
towards

Authorised by

Accountant

Cashier

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



CASH PAYMENT VOUCHER

12-7-2024

Date

V.No.....

Debit.....Account

Rs. 5,000.00

Conference / Workshop Expenses 5,000.00

Pay toDr.Gautham Sankar.....

the Sum of RupeesFive Thousand Only.....

.....Being amount paid towards financial support provided for ICRI course on
fetal ECHO Dr.Gautham Sankar.....

towards

Authorised by

Accountant

Cashier

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



CASH PAYMENT VOUCHER

17-7-2024

Date

V.No.

Account

Debit

Conference / Workshop Expenses 3,000.00

Rs. **3,000.00**

Pay to Dr.Rishi Kumar

the Sum of Rupees Three Thousand Only

..... Being amount paid towards financial support provided for psychiatric conditions in ASD and paranoid schizophrenia Dr.Rishi Kumar.

towards

Authorised by

Accountant

Cashier

Payee's Signature



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



CASH PAYMENT VOUCHER

27-7-2024

Date

V.No.....

Debit Account
Conference / Workshop Expenses 5,000.00

Rs. **5,000.00**

Pay to Dr.Thiyagarajan.....

the Sum of Rupees Five Thousand Only.....

..... Being amount paid towards financial support provided for CME and
workshop on paediatric orthopaedics Dr.Thiyagarajan.
.....

towards

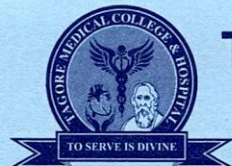
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Accountant

Cashier

Payee's Signature

Thiyagarajan



TAGORE MEDICAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

Admin. Office # 29, Thilak Street, Chennai - 600 017.



CASH PAYMENT VOUCHER

27-7-2024

Date

V.No.....

Debit Account
Conference / Workshop Expenses 5,000.00

Rs. **5,000.00**

Pay to Dr.Raghav Shankar Soundian Ravishankar

the Sum of Rupees Five Thousand Only

..... Being amount paid towards financial support provided for basic Ilizarov
workshop everything about tibial frame Dr.Raghav Shankar Soundian
..... Ravishankar

towards

Authorised by


Accountant


Cashier


Payee's Signature