



Dr. S.R. Ch. Director Institute of Speech and Hearing
 Hearing Main Road Bangalore - 560 084,
 (A unit of Bangalore Speech and Hearing Trust)
 (Aided by Lions Club of Bangalore Unit)
 T-1: 080 25460405 / 25479037 / 25163470
 E-Mail: dr_sreelakshmi@gmail.com Web: www.speechhearing.org



Staff and student deputed for the camp

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies the details of the camp is given below

Thanking you

[Signature]
 camp coordinator

Camp details

Place of camp: Ashoka Polytechnique College
 No. 42, Forest Road, Kammasondanahalli, Talleshalli West,
 Bangalore.
 Date of the camp: 01-11-17 Wed.
 Date and time of departure: 7.30 am.
 Type of camp: School/Public

Mode of transportation: Mobile by
 Date and time of arrival: 4.00 PM.
 Organizer: Ln. Shyam-sundar
 camp charge: 5000/-

Food/Accommodation: organizers/institute arrangement

Receipt no:

Deputed intern for camp work: Anson

Total cases:

Staff allotted	Name	signature	Phone number	
Speech staff	1. <u>No staff</u>			
Audio staff	2. <u>No staff</u>			
Student allotted	Name	Class	signature	Phone number
speech	1. <u>Mahesh</u>	<u>(2 BSc)</u>	<i>[Signature]</i>	<u>95654 8822</u>
	2. <u>Ashwini</u>	<u>(2 BSc)</u>	<i>[Signature]</i>	<u>9281785433</u>
Audio	1. <u>Alex</u>	<u>(intern)</u>	<i>[Signature]</i>	<u>7795 227976</u>
	2. <u>prema</u>	<u>(intern)</u>	<i>[Signature]</i>	<u>8123079340</u>
Driver:	<u>Krupavey</u>			
A tender:	<u>Shankar</u>			
System administrator:	<u>Mr. Jayaram</u>	<i>[Signature]</i>		
Administrator:	<u>Mrs. lovely george</u>	<i>[Signature]</i>		
Camp coordinator	<u>Mrs. prema kumari</u>	<i>[Signature]</i>		
Substituting students for staff:	Name	class	signature	Phone number
Audio	1. <u>Anson</u>	<u>3rd MA Sp</u>	<i>[Signature]</i>	<u>9562502032</u>
	2. <u>Sridhar</u>	<u>3rd MA Sp</u>	<i>[Signature]</i>	<u>9505147787</u>

HOD of speech and language studies:

HOD of hearing studies:

[Signature]
 Principal

[Signature]
 Director technical

[Signature]
 Chairman



Dr. S.R. Ch. Sruvashree Institute of Speech and Hearing
 Bengal: Main Road, Bangalore - 560 024
 (A Unit of Bangalore Speech and Hearing Trust)
 (Aided by Laxmi Club of Bangalore U.S.A)
 Tel: 080 23450408 / 94470037 / 25463470
 E-Mail: dr.sruvashree@gmail.com Web: www.speechhear.org



Staff and student deputed for the camp

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies the details of the camp is given below

Thanking you

camp coordinator

Camp details

Place of camp: Bangalore, Sandekoppa.

Mode of transportation: Mobile bus

Date of the camp: 2/11/17 - Thursday.

Date and time of arrival:

Date and time of departure: 7.30 am

Organizer: Rajeshwari Varanthash

Type of camp: School/Public

camp charge: 8000/-

Food/Accommodation: organizers/institute arrangement

Receipt no:

Deputed intern for camp work: Jiya.

Total cases:

Staff allotted	Name	signature	Phone number
Speech staff	1.		
Audio staff	2. NO STAFF		
Student allotted	Name	Class	signature
speech	1. Aditi		
	2. Saravampriya Sushitha		
Audio	1. ADP		
	2.		
Driver:	Kruppini		
Attender:	Pradeep/Manoj		manoj
System administrator:	Mr Jayaram		
Administrator:	Mrs. lovely george		
Camp coordinator	Mrs. prema kumari		
Substituting students for staff:	Name	class	signature
Audio	1. Anson.		
	2. Jiya		
speech			

HOD of speech and language studies:

HOD of hearing studies:

-Principal

Director technical

Chairman



Dr. S.R. Chidambaram Institute of Speech and Hearing
 Kennur, Main Road, Bangalore - 560 084,
 (A unit of Bangalore Speech and Hearing Trust)
 (Aided by Limas Club of Bangalore Ltd)
 T-1: 080 25460404/25470037/23163470
 E-Mail: dr.srchid@rediffmail.com Web: www.speechear.org



Staff and student deputed for the camp

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies the details of the camp is given below

Thanking you

[Signature]
 camp coordinator

Camp details

Place of camp: **Camp at Tumkur Agrahara.**
 Date of the camp: **05-11-17**
 Date and time of departure:
 Type of camp: School/Public
 Food/Accommodation: organizers/Institute arrangement
 Deputed intern for camp work: **Jiya - 08904260597**

Mode of transportation: **Mobile bus.**
 Date and time of arrival:
 Organizer: **Ln Shyaamsundar.**
 camp charge: **7000/-**
 Receipt no:
 Total cases:

Staff allotted	Name	signature	Phone number
Speech staff	1. No staff		
Audio staff	2. No staff		
Student allotted	Name	Class	signature
speech	1. Mahesh	II BSc	<i>[Signature]</i>
	2. Ashams	II BSc	<i>[Signature]</i>
Audio	1. Anson	INTERN	<i>[Signature]</i>
	2. Srdhar, Gopi	IMASLP	<i>[Signature]</i>
Driver:	Gajewappa		
Attender:	Pibbut		
System administrator:	Mr. Jayaram		
Administrator:	Mrs. lovely george		
Camp coordinator	Mrs. prema kumari		
Substituting students for staff:	Name	class	signature
Audio	1. T. San kiran	IMk(aun)	<i>[Signature]</i>
speech	2.		

HOD of speech and language studies:

HOD of hearing studies:

[Signature]
 3/11/17

[Signature]

[Signature]
 Principal

[Signature]
 Director Technical

[Signature]
 Chairman



Dr. S.R. Chandra Sekhri Institute of Speech and Hearing
 Centre: Main Road, Mangalore - 575 001,
 (A Unit of Bangalore Speech and Hearing Trust)
 (Aided by Lions Club Bangalore 1-09)
 T-1: 081-25468108 / 25470037 / 254603470
 E-Mail: dr_scrib@yahoo.com Web: www.speechear.org



Staff and student deputed for the camp

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies the details of the camp is given below

Thanking you

PK
camp coordinator

Camp details

Place of camp: *Malleswaram*

Mode of transportation: *Mobile bus*

Date of the camp: *8/11/17*

Date and time of arrival:

Date and time of departure:

Organizer: *Ln. Shyam Sundar*

Type of camp: *School/Public*

camp charge: *5000/-*

Food/Accommodation: *organizers/Institute arrangement*

Receipt no:

Deputed intern for camp work: *Jiya*

Total cases:

Staff allotted	Name	signature	Phone number	
Speech staff	1. <i>No Staff</i>	<i>PK</i>		
Audio staff	2. <i>NO STAFF</i>	<i>PK</i>		
Student allotted	Name	Class	signature	Phone number
speech	1. <i>Abhirami</i>	<i>intern</i>	<i>Abhirami</i>	<i>8592824669</i>
	2. <i>Dona</i>	<i>Intern</i>	<i>Dona</i>	<i>8197044643</i>
Audio	1. <i>Ann</i>	<i>Intern</i>	<i>Ann</i>	<i>8105529339</i>
	2. <i>Jason</i>	<i>Intern</i>	<i>Jason</i>	<i>8105529339</i>
Driver:	<i>Manoj</i>	<i>Comp/Intern</i>	<i>Manoj</i>	<i>9902491885</i>
A tender:	<i>Manoj</i>		<i>Manoj</i>	<i>8553842589</i>
System administrator:	Mr. Jayaram		<i>Jayaram</i>	
Administrator:	Mrs. lovely george		<i>Lovely</i>	
Camp coordinator	Mrs. prema kumari		<i>PK</i>	
Substituting students for staff:	Name	class	signature	Phone number
Audio	1. <i>Jiya</i>		<i>Jiya</i>	<i>8904260597</i>
speech	2. <i>Ansoo</i>		<i>Ansoo</i>	

HOD of speech and language studies:

HOD of hearing studies:

Principi
Principi

Director technical
Director technical

Chairman
Chairman



Dr. S.R. Ch. Saraswathi Institute of Speech and Hearing
 Hennur Main Road, Bangalore - 560 084,
 (A unit of Bangalore Speech and Hearing Trust)
 (Aided by Lions Club of Bangalore East)
 T-1: 080-25160409 / 78470037 / 25160470
 E-Mail: dr.sarelsb@gmail.com Web: www.speechear.org



Staff and student deputed for the camp

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies the details of the camp is given below

Thanking you

Pk
camp coordinator

Camp details

Place of camp: **ISKON**

Mode of transportation: **Mobile bus**

Date of the camp: **09/11/17**

Date and time of arrival:

Date and time of departure:

Organizer: **Camp unit**

Type of camp: **School/Public**

camp charge: **FREE**

Food/Accommodation: **organizers/Institute arrangement**

Receipt no:

Deputed intern for camp work: **Jiya**

Total cases: **28**

Staff allotted	Name	signature	Phone number
Speech staff	1. No. Staff	<i>[Signature]</i>	
Audio staff	2. No Staff	<i>[Signature]</i>	
Student allotted	Name	Class	signature
speech	1. Indra	(E. Tolon)	<i>[Signature]</i>
	2. Indira	(Tolon)	<i>[Signature]</i>
Audio	1. Aryalakshmi	(E. Tolon)	<i>[Signature]</i>
	2. Ann	(Tolon)	<i>[Signature]</i>
Driver:	Sanjay	<i>[Signature]</i>	9526824515
Attender:	Pratibha	<i>[Signature]</i>	9353070853
System administrator:	Mr Jayaram	<i>[Signature]</i>	8301019637
Administrator:	Mrs. lovely george	<i>[Signature]</i>	8105528339
Camp coordinator:	Mrs. prema kumari	<i>[Signature]</i>	9908191885
Substituting students for staff:	Name	class	signature
Audio	1. Jiya		
speech	2.		

HOD of speech and language studies:

HOD of hearing studies: *[Signature]*

[Signature]
Principal

[Signature]
Director technical

[Signature]
Chairman



Dr. S.R. Ch. Institute of Speech and Hearing
 Home: Main Road, Bangalore - 560 021,
 CA unit of Bangalore Speech and Hearing Trust
 (Aided by Union Circle Bangalore Ltd)
 T: + 91 984 23460405 / 26476007 / 25403470
 E: Mail: dr.sreelak@gmail.com W: www.speechhear.org



Staff and student deputed for the camp

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies the details of the camp is given below

Thanking you

Pk
camp coordinator

Camp details

Place of camp: **Balabhavana**
 Date of the camp: **11-11-17, Saturday**
 Date and time of departure:
 Type of camp: **School/Public**
 Food/Accommodation: **organizers/institute arrangement**
 Deputed intern for camp work:

Mode of transportation: **Mobile bus**
 Date and time of arrival:
 Organizer: **ISH**
 camp charge: **FREE**
 Receipt no:
 Total cases: **12**

Staff allotted	Name	signature	Phone number
Speech staff	1. No staff	<i>sk</i>	
Audio staff	2. No staff		
Student allotted	Name	Class	signature
speech	1. Annu		
	2. Jiya		
Audio	1. Jashon		<i>Jashon</i> 8904260597
	2.		9066238553
Driver:	Sanjeevappa	<i>Sanjeevappa</i>	9908491885
A.tender:	Mahaj	<i>Mahaj</i>	8553842589
System administrator:	Mr. Jayaram	<i>Jayaram</i>	
Adminstrator:	Mrs. lovely george	<i>Lovely george</i>	
Camp coordinator	Mrs. prema kumari	<i>Prema kumari</i>	
Substituting students for staff:	Name	class	signature
Audio	1.		
	2.		

HOD of speech and language studies:
[Signature]
 10/11

HOD of hearing studies:
[Signature]

[Signature]
Principal

[Signature]
Director technical

[Signature]
Chairman



Dr. S. B. Ch. Srinivasan Institute of Speech and Hearing
 Kempe Gowda Road, Bangalore - 560 021,
 (Academy of Bangalore Speech and Hearing Trust)
 (Aided by Lions Club Bangalore E. 04)
 Tel: 080 25460409 / 25470037 / 25462470
 E-Mail: drsrinib3@gmail.com Web: www.aps&shs.org



Staff and student deputed for the camp

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies the details of the camp is given below

camp coordinator

Thanking you

Camp details

Place of camp: St. Francis Xavier Cathedral Mode of transportation:
 Date of the camp: 12/11/17 Sunday Coles Park, Cleveland Town Date and time of arrival:
 Date and time of departure:
 Type of camp: School/Public Organizer: Dr. Nagasundaram
 Food/Accommodation: organizers/institute arrangement camp charge: FREE
 Deputed intern for camp work: Tiya Receipt no:
 Total cases:

Staff allotted	Name	Class	signature	Phone number
Speech staff	1. <u>No Staff</u>			
Audio staff	2. <u>NO STAFF</u>			
Student allotted	Name	Class	signature	Phone number
speech	1. <u>Anson</u>			
	2. <u>Jason</u>	<u>Intern</u>		<u>9066238553</u>
Audio	1. <u>Adi</u>	<u>Intern</u>		<u>8105528339</u>
	2. <u>Anakin</u>	<u>II Bsc</u>		<u>9947122216</u>
Driver:	<u>Kuppuswamy</u>			<u>9902900901</u>
Attender:	<u>Robert</u>			
System administrator:	<u>Mr Jayaram</u>			
Adminstrator:	<u>Mrs lovely george</u>			
Camp coordinator	<u>Mrs prema kumari</u>			
Substituting students for staff:	Name	class	signature	Phone number
Audio	1. <u>Mufeeda</u>	<u>Intern</u>		<u>9481822862</u>
	2. <u>Bhavana</u>	<u>Intern</u>		<u>9742588378</u>

HOD of speech and language studies:

HOD of hearing studies:

Principal

Director technical

Chairman



Staff and student deputed for the camp

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies the details of the camp is given below

Thanking you

Pr
camp coordinator

Camp details

Place of camp: *Malleswaram Samarashana Samithi.*

Mode of transportation: *TT*

Date of the camp: *12/11/17, Sunday.*

Date and time of arrival:

Date and time of departure:

Organizer: *Ln. Sivasundar*

Type of camp: *School/Public*

camp charge: *5000/-*

Food/Accommodation: *organizers/Institute arrangement*

Receipt no:

Deputed Intern for camp work: *Jiya*

Total cases:

Staff allotted	Name	signature	Phone number	
Speech staff	1. <i>No. Staff</i>	<i>Pr</i>		
Audio staff	2. <i>NO STAFF</i>	<i>Pr</i>		
Student allotted	Name	Class	signature	Phone number
speech	1. <i>Sasah</i>	} <i>Intern</i>	<i>Sasah</i>	<i>8884522344</i>
	2. <i>Anisha</i>		<i>Anisha</i>	<i>8884522344</i>
Audio	1. <i>T. Sridharan</i>	<i>2nd year</i>	<i>T.S.</i>	<i>95014287</i>
	2. <i>T. Sakirah</i>	<i>2nd year</i>	<i>T.S.</i>	<i>912991217</i>
Driver:	<i>S. Jayaram Prathap.</i>		<i>S. Jayaram</i>	<i>9908171885</i>
Attender:	<i>Kohoj</i>		<i>Kohoj</i>	<i>8552842589</i>
System administrator:	<i>Mr. Jayaram</i>		<i>Mr. Jayaram</i>	
Administrator:	<i>Mrs. lovely george</i>		<i>Mrs. lovely george</i>	
Camp coordinator:	<i>Mrs. prema kumari</i>		<i>Pr</i>	
Substituting students for staff:	Name	class	signature	Phone number
Audio	1. <i>Jiya</i>		<i>Jiya</i>	<i>8904260597</i>
speech	2. <i>Sushmitha (Intern)</i>		<i>Sushmitha</i>	<i>9448073854</i>

HOD of speech and language studies:

HOD of hearing studies:

Pr
-Principal

Pr
Director technical

Pr
Chairman



Dr. S.R. Ch. Institute of Speech and Hearing
 P.O. Box 1100, Bangalore - 560 051
 (A Unit of Bangalore Speech and Hearing Trust)
 (Aided by Lions Club of Bangalore L-10)
 Tel: 080-25460494/25418037/25460470
 E-Mail: dsr@issh@gmail.com Web: www.speechsh.org



Staff and student deputed for the camp

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies the details of the camp is given below

Thanking you

Pa
camp coordinator

Camp details

Place of camp: *Islecon Temple*
 Date of the camp: *16/11/17, Thursday*
 Date and time of departure:

Mode of transportation: *Mobile Bus*

Date and time of arrival:

Organizer: *Camp clinic*

camp charge: *Free*

Type of camp: *School/Public*

Receipt no:

Food/Accommodation: *organizers/institute arrangement*

Total cases:

Deputed intern for camp work: *Siya*

Staff allotted	Name	signature	Phone number
Speech staff	1. <i>No staff</i>	<i>[Signature]</i>	
Audio staff	2. <i>No staff available</i>	<i>[Signature]</i>	
Student allotted	Name	Class	signature
speech	1. <i>Aayalakehmi</i>		<i>[Signature]</i>
	2. <i>Ann</i>		<i>[Signature]</i>
Audio	1. <i>Indra</i>		<i>[Signature]</i>
	2.		
Driver:	<i>Kruppuri</i>	<i>[Signature]</i>	
Attender:	<i>Prema/prema</i>	<i>[Signature]</i>	
System administrator:	Mr. Jayaram		
Administrator:	Mrs. lovely george		
Camp coordinator	Mrs. prema kumari	<i>[Signature]</i>	
Substituting students for staff:	Name	class	signature
Audio	1.		
	2.		

HOD of speech and language studies:

HOD of hearing studies:

[Signature]
Principal

[Signature]
Director technical

[Signature]
Chairman



Principal
 1. 1000
 2. 1000
 3. 1000
 4. 1000
 5. 1000
 6. 1000
 7. 1000
 8. 1000
 9. 1000
 10. 1000



Staff and student deputied for the camp

Kendry depute one staff and two students from the department of hearing studies and department of speech and language studies the details of the camp is given below

Camp details

Place of camp:

Bangalore, Karnataka

Mode of transportation: Public bus

Date of the camp:

18/11/17 Saturday, Mysore

Date and time of arrival:

Organiser: L. Manick

Date and time of departure:

Camp charge: 6000/-

Type of camp: School/Public

Receipt no:

Food/accommodation: arranged/institute arrangement

Total cases:

Deputed intern for camp work: Sya

Staff allotted	Name	Signature	Phone number
Speech staff	1. Narkki		
Audio staff	2. No. Staff coordinator		
Student allotted	1. Sya		
Speech	2. Alencious		
Audio	1. Jenson		
	2. Indira		
D-iver:	1. Indira		
	2. Indira		
Attender:	1. Indira		
	2. Indira		
System administrator:	1. Indira		
Administator:	1. Indira		
Camp coordinator:	1. Indira		
Substituting students	1. Indira		
for staff:	1. Indira		
Audio	1. Indira		
Speech	2. Indira		

HOD of speech and language studies:

HOD of hearing studies:

[Signature]

[Signature]

[Signature]
Principal

[Signature]
Director Technical

[Signature]
Chairman



Dr. S.R. Ch. Srinivas Institute of Speech and Hearing
 Hennur Main Road, Bangalore - 560 084,
 (A unit of Bangalore Speech and Hearing Trust)
 (Aided by Lions Club of Bangalore East)
 Tel: 080 25460405 / 25470037 / 25163470
 E-Mail: dr.srinivas@gmail.com Web: www.speechhear.org



Staff and student deputed for the camp

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies the details of the camp is given below

Thanking you

Prema
camp coordinator

Camp details

Place of camp: *Avathi Rural School, Avathi
 Devarahalli Taluk*
 Date of the camp: *21-11-17 Tuesday*

Mode of transportation: *Mobile bus*

Date and time of arrival:

Date and time of departure:

Organizer: *Ms Vishalakshi*

Type of camp: *School/Public*

camp charge: *6000/-*

Food/Accommodation: *organizers/Institute arrangement*

Receipt no:

Deputed intern for camp work:

Total cases:

Staff allotted	Name	signature	Phone number	
Speech staff	1. <i>No staff</i>	<i>[Signature]</i>		
Audio staff	2. <i>NO STAFF</i>	<i>[Signature]</i>		
Student allotted	Name	Class	signature	Phone number
speech	1. <i>Ann</i>	<i>Intern</i>	<i>[Signature]</i>	<i>8105528339</i>
	2. <i>Indra</i>	<i>Intern</i>	<i>[Signature]</i>	<i>9553070853</i>
Audio	1. <i>JASON</i>	<i>Intern</i>	<i>[Signature]</i>	<i>9066238553</i>
	2. <i>ALEX Alokious</i>	<i>Intern</i>	<i>[Signature]</i>	<i>7678608550</i>
Driver:	<i>Kuppuswamy</i>		<i>[Signature]</i>	
Attender:	<i>Pavakash/Manoj</i>		<i>[Signature]</i>	<i>9964955258</i>
System administrator:	<i>Mr. Jayaram</i>		<i>[Signature]</i>	
Administrator:	<i>Mrs. lovely george</i>			
Camp coordinator	<i>Mrs. prema kumari</i>		<i>[Signature]</i>	
Substituting students for staff:	Name	class	signature	Phone number
Audio	1. <i>Jiya</i>	<i>Intern</i>	<i>[Signature]</i>	
	2. <i>Aarobh</i>	<i>Intern</i>	<i>[Signature]</i>	<i>8136906303</i>

HOD of speech and language studies:

HOD of hearing studies:

[Signature]

[Signature]

[Signature]
-Principel

[Signature]
Director technical

[Signature]
Chairman



Staff and student deputed for the camp

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies the details of the camp is given below

Thanking you

[Signature]
camp coordinator

Camp details

Place of camp: ^{Hosangoddi.} *Kanakapura Road, A.S. Engineering college*
 Date of the camp: *23/11/17, Thursday*
 Date and time of departure:
 Type of camp: School/Public
 Food/Accommodation: organizers/ institute arrangement
 Deputed intern for camp work: *Tiya*

Mode of transportation: *Mobile Bus*
 Date and time of arrival:
 Organizer: *Ln. Shyam Sundar*
 camp charge:
 Receipt no:
 Total cases:

Staff allotted	Name	signature	Phone number
Speech staff	1. <i>no staff</i>	<i>[Signature]</i>	
Audio staff	2. <i>No staff available</i>	<i>[Signature]</i>	
Student allotted	Name	Class	signature
speech	1. <i>Abhimanu</i>		<i>[Signature]</i>
	2. <i>Tooba</i>		<i>[Signature]</i>
Audio	1. <i>Dona</i>		<i>[Signature]</i>
	2. <i>Ano</i>		<i>[Signature]</i>
Driver:	<i>Kuppuraj</i>		
A:tender:	<i>Ushoj</i>		
System administrator:	Mr. Jayaram	<i>[Signature]</i>	<i>8553842589</i>
A:Administrator:	Mrs. lovely george	<i>[Signature]</i>	
C:amp coordinator	Mrs. prema kumari	<i>[Signature]</i>	
Substituting students for staff:	Name	class	signature
Audio	1.		
speech	2. <i>Anson</i>		<i>[Signature]</i>

HOD of speech and language studies:

HOD of hearing studies:

[Signature]
Principal

[Signature]
Director technical

[Signature]
Chairman



Dr. S.R. Ch. Institute of Speech and Hearing
 1st Floor, Main Road, Bangalore - 560 021,
 (A Unit of Bangalore Speech and Hearing Trust)
 (Autistic Centre, Child Centre, etc.)
 T: + 080 2346019 / 2347007 / 23460470
 E: Mail: srch@smul.com Web: www.speechear.org



Staff and student deputed for the camp

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies the details of the camp is given below

Thanking you

camp coordinator

Camp details

Place of camp: Ramanagara Sarjapura.

Mode of transportation: Mobile bus

Date of the camp: 25/11/17, Saturday

Date and time of arrival:

Date and time of departure:

Organizer: R.N. Balanaj

Type of camp: School/Public

camp charge: 6000/-

Food/Accommodation: organizers/institute arrangement

Receipt no: -

Deputed intern for camp work: Tiya

Total cases: 08

Staff allotted	Name	signature	Phone number
Speech staff	1. <u>No staff</u>		
Audio staff	2. <u>No staff available</u>		
Student allotted	Name	Class	signature
speech	1. <u>Juha</u>		
	2. <u>Huda</u>		
Audio	1. <u>Ayyalakehmi</u>		
	2. <u>Joba</u>		
Driver:	<u>Sanjayappa</u>		9900491885
A.tender:	<u>Rohana Praveen/Prasanna</u>		990290040
System administrator:	Mr. Jayaram		
Administrator:	Mrs. lovely george		
Camp coordinator	Mrs. prema kumari		
Substituting students for staff:	Name	class	signature
Audio	1. <u>Jason</u>		
speech	2. <u>-</u>		

HOD of speech and language studies:

HOD of hearing studies:

Principal

Director technical

Chairman



Dr. S.R. Ch. Chrashter Institute of Speech and Hearing
 Banner Main Road, Bangalore - 560 054,
 (A Unit of Bangalore Speech and Hearing Centre)
 (Under the Union Council of India - 1951)
 Tel: 080 25460405/2547007/25460470
 E-Mail: drsch@rediffmail.com Web: www.speechat.632



Staff and student deputed for the camp

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies the details of the camp is given below

Thanking you

camp coordinator

Camp details

Place of camp: Bangalore, Guttahalli.

Mode of transportation: Mobile Bus

Date of the camp: 26/11/17, Sunday.

Date and time of arrival:

Date and time of departure:

Organizer:

Type of camp: School/Public

camp charge:

Food/Accommodation: organizers/institute arrangement

Receipt no:

Deputed intern for camp work: Jiya

Total cases:

Staff allotted	Name	signature	Phone number
Speech staff	1. <u>No staff</u>	<u>[Signature]</u>	
Audio staff	2. <u>No staff available</u>	<u>[Signature]</u>	
Student allotted	Name	Class	signature
speech	1. <u>Abhirami</u>		
	2. <u>Dona</u>		
Audio	1. <u>T. Sambiran</u>	<u>[Signature]</u>	8592824669
	2. <u>Sridhar Alencious</u>	<u>[Signature]</u>	8197044643
Driver:	<u>Kuppener</u>	<u>[Signature]</u>	9113974213
Attender:	<u>Robert</u>	<u>[Signature]</u>	9113974213 9738354810
System administrator:	Mr. Jayaram	<u>[Signature]</u>	9902900901
Administrator:	Mrs. lovely george	<u>[Signature]</u>	
Camp coordinator	Mrs. prema kumari	<u>[Signature]</u>	
Substituting students for staff:	Name	class	signature
Audio	1. <u>Jiya</u>		
speech	2. <u>Anson</u>		

HOD of speech and language studies:

HOD of hearing studies:

[Signature]
Principal

[Signature]
Director technical

[Signature]
Chairman



Dr. S. P. Lakshminarayana Institute of Speech and Hearing
 11th Main Road, Mangalore-575005
 (A unit of Bangalore Speech and Hearing Trust)
 (Aided by Infosys Charitable Trusts Ltd)
 Tel: 0824 2546046/2547908/2546047
 E-Mail: scsh@gmail.com Web: www.speechhear.org



Staff and student deputed for the camp

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies the details of the camp is given below

Thanking you

camp coordinator

Camp details

Place of camp: Iskeon Temple

Mode of transportation: Mobile Bus

Date of the camp: 30/11/17

Date and time of arrival:

Date and time of departure:

Organizer: Camp Unit

Type of camp: School/Public

camp charge: Free

Food/Accommodation: organizers/Institute arrangement

Receipt no:

Deputed intern for camp work:

Total cases: 23

Staff allotted	Name	signature	Phone number
Speech staff	1. <u>No staff</u>		
Audio staff	2. <u>No staff</u>		
Student allotted	Name	Class	signature
speech	1. <u>Anp</u>		
	2. <u>Indra</u>		
Audio	1. <u>Akash</u>		
	2.		
Driver:	<u>Kypprag</u>		
Attender:	<u>Manoj</u>	<u>manoj</u>	<u>8553842589</u>
System administrator:	Mr. Jayaram		
Administrator:	Mrs. lovely george		
Camp coordinator	Mrs. prema kumari		
Substituting students for staff:	Name	class	signature
Audio	1.		
	2.		
speech			

HOD of speech and language studies:

HOD of hearing studies:

Principal

Director technical

Chairman



Staff and student deputed for the camp

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies the details of the camp is given below

Thanking you

PK
camp coordinator

Camp details

Place of camp: *Bangalore, Yashwanthpur.*

Mode of transportation: *Mobile Bus.*

Date of the camp: *31/12/17. Sunday.*

Date and time of arrival:

Date and time of departure: *8 AM.*

Organizer: *Ln. Shyam Suresh.*

Type of camp: *School/Public* ✓

camp charge: *5000/-*

Food/Accommodation: *organizers/Institute arrangement* ✓

Receipt no:

Deputed intern for camp work: *Tiya.*

Total cases: *57*

Staff allotted	Name	signature	Phone number
Speech staff	1. <i>Shashi Rekha.</i> <i>SH</i>	<i>[Signature]</i>	<i>9916959785.</i>
Audio staff	2. <i>—</i>		
Student allotted	Name	Class	signature
speech	1. <i>Indea</i>	<i>INTERN</i>	
	2. <i>Bibika.</i>	<i>INTERN</i>	
Audio	1. <i>Absarous</i>	<i>INTERN</i>	<i>PK</i> <i>9846355810</i>
	2. <i>AKASH</i>	<i>INTERN</i>	<i>9900450067</i>
Driver:	<i>[Signature]</i>	<i>[Signature]</i>	<i>9902491885</i>
Attender:	<i>[Signature]</i>	<i>[Signature]</i>	<i>9902900901</i>
System administrator:	Mr. Jayaram	<i>[Signature]</i>	
Administrator:	Mrs. lovely george	<i>[Signature]</i>	
Camp coordinator	Mrs. prema kumari	<i>PK</i>	
Substituting students for staff:	Name	class	signature
Audio	1. <i>Ansor</i>		<i>[Signature]</i>
speech	2. <i>Ansom Sridar</i>	<i>MSc</i>	<i>[Signature]</i> <i>9505142280</i>

HOD of speech and language studies:

HOD of hearing studies:

[Signature]
Principal

[Signature]
Director technical

[Signature]
Chairman



Staff and student deputed for the camp

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies the details of the camp is given below

Thanking you

PK
camp coordinator

Camp details

Place of camp: Freedom Park Gout Mode of transportation: Mobile Bus
 Date of the camp: 3/12/17 Sunday Programme Date and time of arrival:
 Date and time of departure: Organizer: Office, ISH, Mr. Muniraj
 Type of camp: School/Public camp charge: FREE.
 Food/Accommodation: organizers/Institute arrangement Receipt no:
 Deputed intern for camp work: *Tiya* Total cases: .03 .

Staff allotted	Name	signature	Phone number
Speech staff	1. NO Staff		
Audio staff	2. NO Staff		
Student allotted	Name	Class	signature
speech	1. Keerthana		
	2.		
Audio	1.		
	2.		
Driver:	<i>Kuppuraj</i>		
Attender:	<i>Manoj</i>	<i>MANOJ</i>	8553842589
System administrator:	Mr. Jayaram	<i>[Signature]</i>	
Administrator:	Mrs. lovely george	<i>[Signature]</i>	
Camp coordinator	Mrs. prema kumari	<i>PK</i>	
Substituting students for staff:	Name	class	signature
Audio	1.		
speech	2.		

HOD of speech and language studies:

HOD of hearing studies: *PK*

[Signature]
Principal

[Signature]
Director technical

[Signature]
Chairman



Dr. S.R. Ch. Adrasekhar Institute of Speech and Hearing
 Hennur Main Road, Bangalore - 560 084,
 (A unit of Bangalore Speech and Hearing Trust)
 (Aided by Lions Club of Bangalore East)
 Tel: 080-25460405/25470037/25468470
 E Mail: dr.srcish@gmail.com Web: www.speechhear.org
 Staff and student deputed for the camp



Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies the details of the camp is given below

Thanking you

PL
 camp coordinator

Camp details

Place of camp: St. Joseph School.

Mode of transportation: Mobile bus.

Date of the camp: 5/12/17 Tuesday.

Date and time of arrival:

Date and time of departure:

Organizer: Camp unit.

Type of camp: School/Public

camp charge: 1260/-

Food/Accommodation: organizers/Institute arrangement

Receipt no:

Deputed intern for camp work: Leave.

Total cases: 63 20 Rs / child.

Staff allotted	Name	signature	Phone number
Speech staff	1. <i>Staff Aileen</i>	<i>[Signature]</i>	
Audio staff	2.		
Student allotted	Name	Class	signature
speech	1. <i>Nethu Rose</i>		<i>[Signature]</i>
	2. <i>Anson</i>		<i>[Signature]</i>
Audio	1. <i>P. Abhishek Raja</i>		<i>[Signature]</i>
	2. <i>Abhy</i>		<i>[Signature]</i>
Driver:	<i>[Signature]</i>		
Attender:	<i>[Signature]</i>		
System administrator:	Mr. Jayaram	<i>[Signature]</i>	
Administrator:	Mrs. lovely george		
Camp coordinator	Mrs. prema kumari	<i>[Signature]</i>	
Substituting students for staff:	Name	class	signature
Audio	1. —		
speech	2. —		

HOD of speech and language studies:

HOD of hearing studies:

Principal

[Signature]
 5/12/17
[Signature]
 Director technical

[Signature]
 Chairman



Dr. S.R. Ch. adrasekhar Institute of Speech and Hearing
 Hennur Main Road, Bangalore - 560 084,
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 E Mail-dr.srcish@gmail.com Web: www.speechhear.org
 Staff and student deputed for the camp



Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies the details of the camp is given below

Thanking you

Camp details

Place of camp: St. Joseph School

Date of the camp: 6/12/17 Wednesday

Date and time of departure:

Type of camp: School/Public

Food/Accommodation: organizers/Institute arrangement

Deputed intern for camp work: Jija

St. Joseph's Indian Prvy School
 U.B. city

Mode of transportation: Mobile bus.

Date and time of arrival:

Organizer: Camp unit

camp charge: 1800/-

Receipt no:

Total cases: 90 20 Rs/child

Staff allotted	Name	signature	Phone number
Speech staff	1. No staff		
Audio staff	2. No staff.		
Student allotted	Name	Class	signature
speech	1. Anson		
	2. Nimisha		
Audio	1. Jason		7406967308
	2. Benya		9066238553
Driver:			8156806365
Attender:			8558842589
System administrator:	Mr. Jayaram		
Administrator:	Mrs. lovely george		
Camp coordinator	Mrs. prema kumari		
Substituting students for staff:	Name	class	signature
Audio	1. Jija		
speech	2.		

HOD of speech and language studies:

HOD of hearing studies:

Principal

Director technical


Chairman



Staff and student deputed for the camp

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies the details of the camp is given below

Thanking you


camp coordinator

Camp details

Place of camp: St. Joseph School.

Mode of transportation: Mobile Bus.

Date of the camp: 7/12/17, Thursday.

Date and time of arrival:

Date and time of departure:

Organizer: Camp Unit.

Type of camp: School/ Public


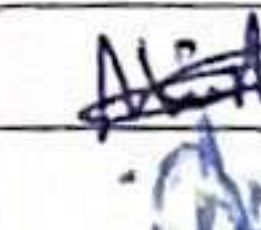
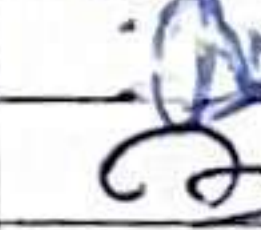
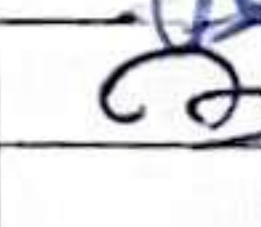
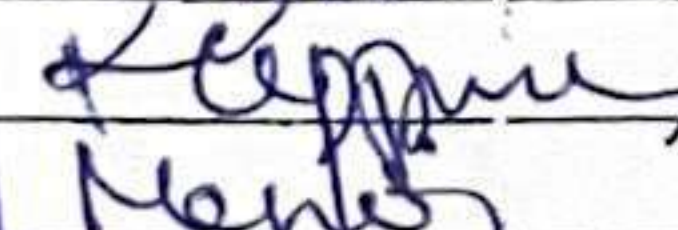
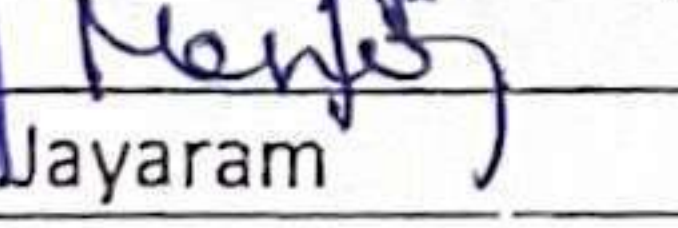
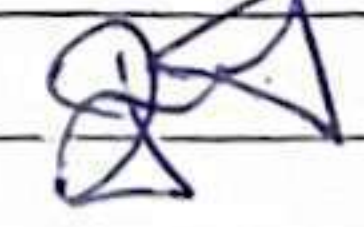


camp charge: 1640/-

Food/Accommodation: organizers/ Institute arrangement

Receipt no:

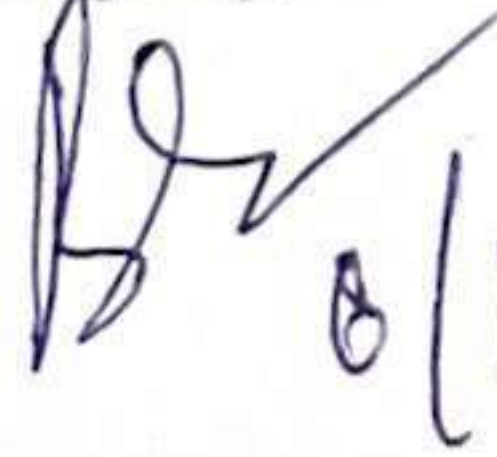
Deputed intern for camp work: Jiya

Total cases: 82
20 Rs / child

Staff allotted	Name	signature	Phone number	
Speech staff	1. <u>no staff</u>			
Audio staff	2. <u>No staff</u>			
Student allotted	Name	Class	signature	Phone number
speech	1. <u>Jason</u>			
	2. <u>Nemisha</u>			7406967308
Audio	1. <u>ADD</u>	<u>Interd</u>		8105528339
	2. <u>Osheen</u>	"		7907634811
Driver:	<u>OT</u>			
Attender:	<u>Mony</u>		<u>MONO J</u>	8553842589
System administrator:	Mr Jayaram			
Administrator:	Mrs. lovely george			
Camp coordinator	Mrs. prema kumari			
Substituting students for staff:	Name	class	signature	Phone number
Audio	1.			
speech	2.			

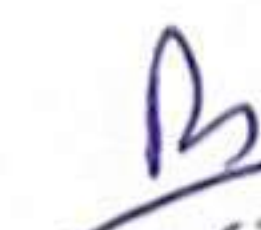
HOD of speech and language studies:

HOD of hearing studies:


8/12/17

for H.O.D 
6/12/17

-Principal


Director technical


Chairman




Dr. S.R. Ch. Adrasekhar Institute of Speech and Hearing
 Hennur Main Road, Bangalore - 560 084,
 (A unit of Bangalore Speech and Hearing Trust)
 (Aided by Lions Club of Bangalore East)
 Tel: 080-25460405/25470037/25463470
 E Mail: dr.s.r.cish@gmail.com Web: www.speechear.org



Staff and student deputed for the camp

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies the details of the camp is given below

Thanking you


camp coordinator

Camp details

Place of camp: Rajajinagar

Mode of transportation: Mobile bus

Date of the camp: 10-12-17 Sunday

Date and time of arrival:

Date and time of departure:

Organizer: Ln Shyam Soodar

Type of camp: School/Public








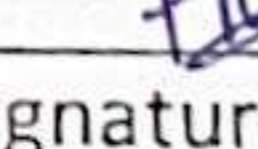
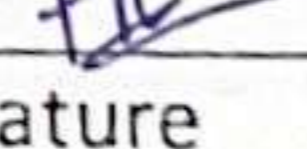
camp charge: 5000/-

Food/Accommodation: organizers/Institute arrangement

Receipt no:

Deputed intern for camp work: Jiya


Total cases: 97

Staff allotted	Name	signature	Phone number
Speech staff	1. <u>NO staff available</u>		
Audio staff	2. <u>NO staff available</u>		
Student allotted	Name	Class	signature
speech	1. <u>Julia</u>	<u>Intern</u>	
	2. <u>AKASHA</u>		
			<u>9900450067</u>
Audio	1. <u>Ann</u>	<u>Intern</u>	
	2. <u>Indra</u>	<u>Intern</u>	
			<u>8105528339</u>
Driver:	<u>Sanjeevappa</u>		
Attender:	<u>Robert</u>		
			<u>9486355810</u>
System administrator:	<u>Mr Jayaram</u>		
Administrator:	<u>Mrs. lovely george</u>		
Camp coordinator	<u>Mrs .prema kumari</u>		
			<u>9886699404</u>
Substituting students for staff:	Name	class	signature
Audio	1. <u>Bibika</u>	<u>Intern</u>	
speech	2. <u>Abhishek</u>	<u>Intern</u>	
			<u>8892551427</u>

HOD of speech and language studies:

HOD of hearing studies:

-Principal


Director technician


Chairman



Staff and student deputed for the camp

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies the details of the camp is given below

Thanking you


camp coordinator

Camp details

Place of camp: ISKCON TEMPLE

Mode of transportation: Mobile Bus

Date of the camp: 14/12/17

Date and time of arrival:

Date and time of departure:

Organizer: Camp Unit

Type of camp: School/Public


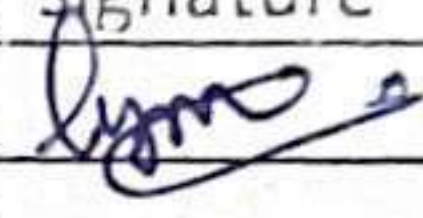
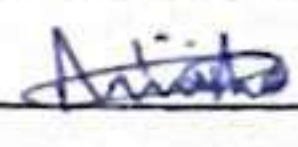
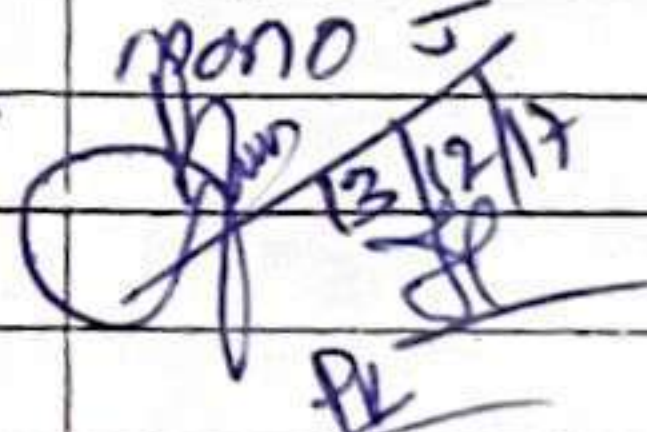

camp charge: FREE

Food/Accommodation: organizers/Institute arrangement

Receipt no:

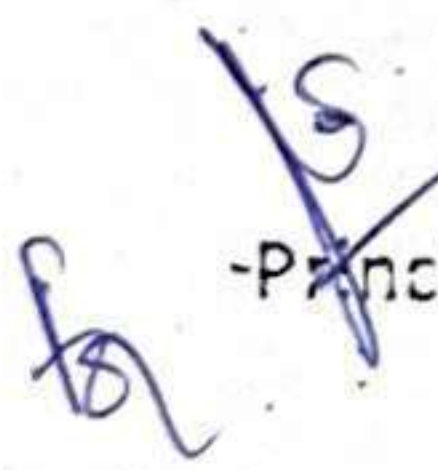
Deputed intern for camp work: Jiya


Total cases: 11

Staff allotted	Name	signature	Phone number	
Speech staff	1. <u>No Staff</u>			
Audio staff	2. <u>No Staff</u>			
Student allotted	Name	Class	signature	Phone number
speech	1. <u>Abhy</u>			<u>9113060462</u>
	2.			
Audio	1. <u>Nimisha Anee Mathew</u>			<u>7406967308</u>
	2.			
Driver:	<u>Kuppulajju</u>			
Attender:	<u>Manoj Kumar</u>			
System administrator:	<u>Mr. Jayaram</u>	<u>for</u>		
Administrator:	<u>Mrs. lovely george</u>			
Camp coordinator	<u>Mrs. prema kumari</u>			<u>9886699404</u>
Substituting students for staff:	Name	class	signature	Phone number
Audio	1. <u>Jiya</u>			
speech	2.			

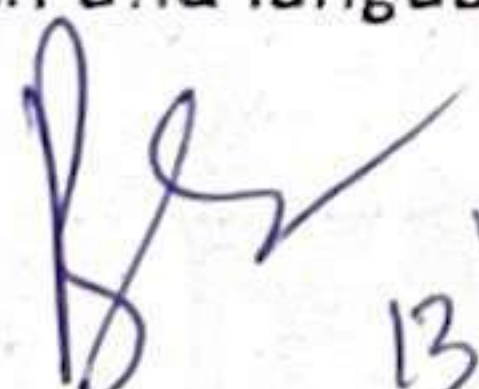
HOD of speech and language studies:

HOD of hearing studies:


Principal


Director technical


Chairman


13/12/17





Staff and student deputed for the camp

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies the details of the camp is given below

Thanking you

PK
camp coordinator

Camp details

Place of camp: *Vidyasagar School, BCC Layout* Mode of transportation: *Mobile bus*
Gangondara halli, Main
 Date of the camp: *15-12-17 Friday, Bangalore.* Date and time of arrival:
 Date and time of departure: Organizer: *Ln. Shyamsundar*
 Type of camp: *School/Public* camp charge: *6000/-*
 Food/Accommodation: *organizers/Institute arrangement* Receipt no:
 Deputed intern for camp work: *Jiya* Total cases: *105*

Staff allotted	Name	signature	Phone number
Speech staff	1. <i>No staff</i>		
Audio staff	2. <i>No staff</i>		
Student allotted	Name	Class	signature
speech	1. <i>Bhinya Bero</i>		<i>Bero</i>
	2. <i>Ahmy</i>		<i>Ahmy</i>
Audio	1. <i>ASNA SHERIN.KV.</i>		<i>Sherin</i>
	2. <i>Neethu Rosa</i>		<i>Neethu</i>
Driver:	<i>Kundapur / Conjeevaram</i>		<i>Kundapur</i>
Attender:	<i>Mahesh / Praveesh</i>		<i>Mahesh</i>
System administrator:	<i>Mr. Jayaram</i>		<i>Jayaram</i>
Administrator:	<i>Mrs. lovely george</i>		<i>Lovely</i>
Camp coordinator	<i>Mrs. prema kumari</i>		<i>PK</i>
Substituting students for staff:	Name	class	signature
Audio	1. <i>Ann Susan Thomas</i>		<i>Ann</i>
speech	2. <i>Julia</i>		<i>Julia</i>

HOD of speech and language studies:

HOD of hearing studies:

fa -Principal

Ms Director technical

PK Chairman




Dr. S.R. Ch. Srinivasiah Institute of Speech and Hearing
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 (Aided by Lions Club of Bangalore East)
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 E Mail: dr.sr.chs@gmail.com Web: www.speechhear.org



Staff and student deputed for the camp



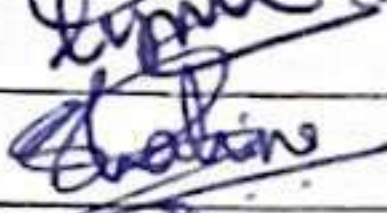

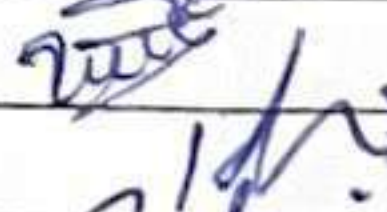
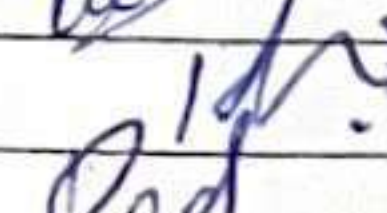




Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies the details of the camp is given below

Thanking you


camp coordinator


Camp details


Place of camp: Malur. Mode of transportation: Mobile Bus
 Date of the camp: 16/12/17, Saturday Date and time of arrival:
 Date and time of departure: Organizer: Ln. Shyaam Sankar
 Type of camp: School/Public camp charge: 7000/-
 Food/Accommodation: organizers/Institute arrangement Receipt no:
 Deputed intern for camp work: Puja Total cases: 104

Staff allotted	Name	signature	Phone number	
Speech staff	1. <u>No staff.</u>			
Audio staff	2. <u>No staff</u>			
Student allotted	Name	Class	signature	Phone number
speech	1. <u>AKASH</u>			<u>9900450067</u>
	2. <u>Abhy</u>			<u>913060462</u>
Audio	1. <u>SHAHINA.K.I</u>			<u>8943012962</u>
	2. <u>Preetha.Ds</u>			<u>9204740516</u>
Driver:	<u>Kuppunaj / Srinivasappa</u>			
Attender:	<u>Dobant / Preetha</u>			<u>9902900901</u>
System administrator:	Mr. Jayaram			
Administrator:	Mrs. lovely george			
Camp coordinator	Mrs. prema kumari			
Substituting students for staff:	Name	class	signature	Phone number
Audio	1.			
speech	2.			

HOD of speech and language studies:

HOD of hearing studies:


Principal


Director technician



Chairman



Staff and student deputed for the camp

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies the details of the camp is given below

Thanking you


camp coordinator

Camp details

Place of camp: Hebbal

Mode of transportation: Mobile Bus

Date of the camp: 17-12-17 Sunday

Date and time of arrival:

Date and time of departure:

Organizer: Ln. Shyamsunder

Type of camp: School/Public

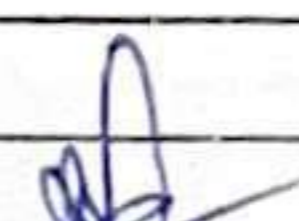

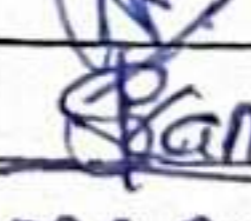

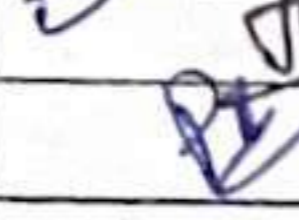
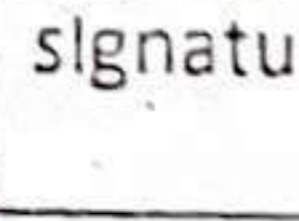


camp charge: 7000/-

Food/Accommodation: organizers/Institute arrangement

Receipt no:

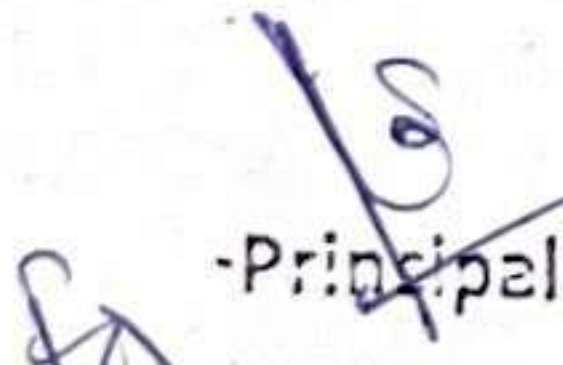
Deputed intern for camp work: Sija

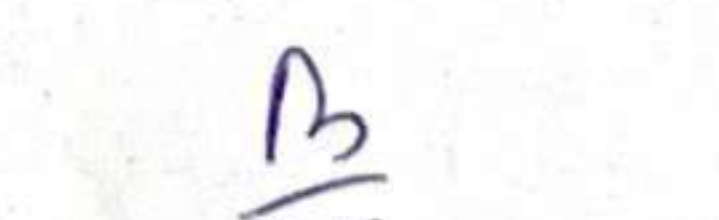
Total cases: 36

Staff allotted	Name	signature	Phone number	
Speech staff	1. <u>Shashi Reddy</u>			
Audio staff	2. <u>No staff</u>			
Student allotted	Name	Class	signature	Phone number
speech	1. <u>Julia</u>	<u>Intern</u>		
	2. <u>Amsutha</u>	<u>Intern</u>		
Audio	1. <u>Indra</u>	<u>Intern</u>		<u>9353070853</u>
	2. <u>Adi</u>	<u>Intern</u>		<u>8105508339</u>
Driver:	<u>Srinivasappa</u>			<u>9902491885</u>
Attender:	<u>Mahoj</u>		<u>manoj</u>	<u>8553842589</u>
System administrator:	Mr. Jayaram			
Administrator:	Mrs. lovely george			
Camp coordinator	Mrs. prema kumari			
Substituting students for staff:	Name	class	signature	Phone number
Audio	1. <u>Bibika Neethu</u>	<u>Intern</u>		<u>8892551427</u>
speech	2. <u>AICASH</u>			<u>9900450067</u>

HOD of speech and language studies:

HOD of hearing studies:


Principal


Director technical


Chairman

13/12/17

Staff and student deputed for the camp

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies the details of the camp is given below

Thanking you


camp coordinator

Camp details

Place of camp: St. Joseph School.

Mode of transportation: Mobile Bus

Date of the camp: 18/12/17; MONDAY

Date and time of arrival:

Date and time of departure:

Organizer: Camp unit

Type of camp: School/Public






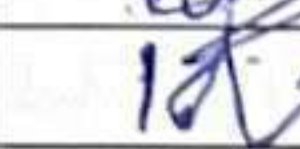
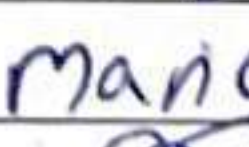





camp charge: To be collected.

Food/Accommodation: organizers/Institute arrangement

Receipt no: 1840/-

Deputed intern for camp work: Jiya

Total cases: 92
2000/child.

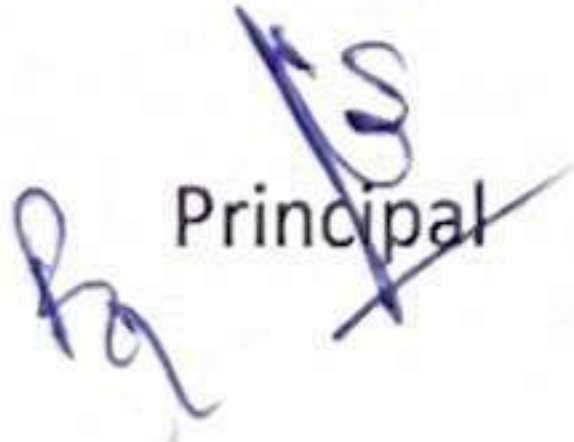
Staff allotted	Name	signature	Phone number
Speech staff	1. <u>No staff</u>		
Audio staff	2. <u>No staff</u>		
Student allotted	Name	Class	signature
speech	1. <u>Nimisha Anee Mathew</u>		
	2. <u>Neethu Rose</u>		
Audio	1. <u>ASNA SHERIN .KV</u>		
	2. <u>SHAHINA .KD</u>		
Driver:	<u>Kuppusamy/Sanjayapavan</u>		
Attender:	<u>Prathish/Menon</u>		
System administrator:	Mr. Jayaram		
Administrator:	Mrs. lovely george		
Camp coordinator	Mrs .prema kumari		
Substituting students for staff:	Name	class	signature
Audio	1. <u>Indra</u>	<u>Intern</u>	
	2. <u>Jiya</u>		
speech			

HOD of speech and language studies:

HOD of hearing studies:


18/12/17




Principal


Director technical


Chairman



Staff and student deputed for the camp

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies the details of the camp is given below

Thanking you

PK
camp coordinator

Camp details

Place of camp: *Magadi* Mode of transportation: *Mobile Bus*
 Date of the camp: *19/12/17, Tuesday* Date and time of arrival:
 Date and time of departure: Organizer: *Ln. Shyam Sunder*
 Type of camp: *School/Public* camp charge: *7000/-*
 Food/Accommodation: *organizers/Institute arrangement* Receipt no:
 Deputed intern for camp work: *Teja* Total cases: *44*

Staff allotted	Name	signature	Phone number	
Speech staff	1. <i>No staff</i>	<i>PK</i>		
Audio staff	2. <i>No staff</i>	<i>PK</i>		
Student allotted	Name	Class	signature	Phone number
speech	1. <i>Nimisha</i>		<i>Nimisha</i>	<i>7406967308</i>
	2. <i>Neethu</i>		<i>Neethu</i>	<i>9902774509</i>
Audio	1. <i>Biniya</i>	<i>Ex-Intern</i>	<i>Biniya</i>	<i>7907634811</i>
	2. <i>App</i>	<i>Intern</i>	<i>App</i>	<i>8105528339</i>
Driver:	<i>Kulpara/Sanyal</i>		<i>Kulpara</i>	<i>9902491225</i>
Attender:	<i>Prakash/Ramaj</i>		<i>Prakash</i>	<i>8553842589</i>
System administrator:	Mr. Jayaram			
Administrator:	Mrs. lovely george			
Camp coordinator	Mrs. prema kumari			
Substituting students for staff:	Name	class	signature	Phone number
Audio	1. <i>Indra</i>		<i>Indra</i>	<i>9353070853</i>
speech	2.			

HOD of speech and language studies:

HOD of hearing studies:

for
Principal

PK
14/12/17
Director technical

PK
Chairman



Staff and student deputed for the camp

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies the details of the camp is given below

Thanking you

camp coordinator

Camp details

Place of camp: St. Joseph's school.

Mode of transportation: Mobile Bus

Date of the camp: 20/12/17, Wednesday.

Date and time of arrival:

Date and time of departure:

Organizer: Camp unit

Type of camp: School/Public

camp charge: 1360/-

Food/Accommodation: organizers/Institute arrangement

Receipt no:

Deputed intern for camp work: Tejra

Total cases: 68
20 Rs/child.

Staff allotted	Name	signature	Phone number
Speech staff	1. <u>NO STAFF</u>		
Audio staff	2. <u>NO STAFF</u>		
Student allotted	Name	Class	signature
speech	1. <u>Nimisha</u>		
	2. <u>Preethu</u>		
Audio	1. <u>Asra Shaan K.V</u>		
	2. <u>Shahina KI</u>		
Driver:	<u>Kuppuraj/Sanyasappa</u>		
Attender:	<u>Pradeesh/Manoj</u>		
System administrator:	Mr. Jayaram		<u>9902491885</u>
Administrator:	Mrs. lovely george		<u>8553542589</u>
Camp coordinator	Mrs. prema kumari		
Substituting students for staff:	Name	class	signature
Audio	1.		
speech	2.		

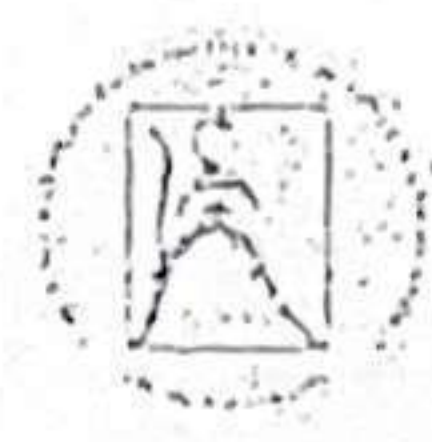
HOD of speech and language studies:

HOD of hearing studies:

Principal

Director technical

Chairman



Staff and student deputed for the camp

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies the details of the camp is given below

Thanking you

camp coordinator

Camp details

Place of camp: Iskcon Temple
 Date of the camp: 21/12/17, Thursday
 Date and time of departure:
 Type of camp: School/Public
 Food/Accommodation: organizers/Institute arrangement
 Deputed intern for camp work: Jiya

Mode of transportation: Mobile Bus
 Date and time of arrival:
 Organizer: Camp unit
 camp charge: FREE
 Receipt no:
 Total cases: 12

Staff allotted	Name	signature	Phone number	
Speech staff	1. <u>No staff</u>			
Audio staff	2. <u>No staff</u>			
Student allotted	Name	Class	signature	Phone number
speech	1.			
	2.			
Audio	1. <u>ASNA SHERIN</u>		<u>9526254872</u>	
	2. <u>SHARINA KI</u>		<u>8943012962</u>	
Driver:	<u>Kuppina / Sunjayappa</u>		<u>9902492885</u>	
Attender:	<u>Honoj / Pralish</u>		<u>8553842589</u>	
System administrator:	<u>Mr. Jayaram</u>			
Administrator:	<u>Mrs. lovely george</u>			
Camp coordinator	<u>Mrs. prema kumari</u>			
Substituting students for staff:	Name	class	signature	Phone number
Audio	1.			
speech	2.			

HOD of speech and language studies:

HOD of hearing studies:

Principal

Director technical

Chairman



Staff and student deputed for the camp




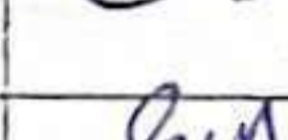
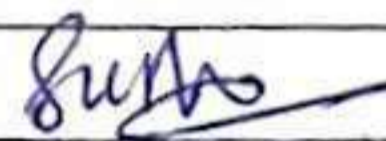
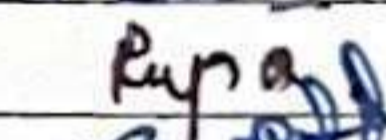

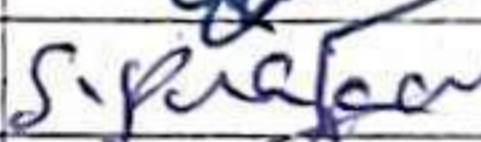




Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies the details of the camp is given below

Thanking you


camp coordinator

Camp details

Place of camp: Prakashnagar Mode of transportation: Mobile Bus
 Date of the camp: 24/12/17 Sunday Date and time of arrival:
 Date and time of departure: Organizer: Ln. Shyam Sundar
 Type of camp: School/Public camp charge: 5000/-
 Food/Accommodation: organizers/Institute arrangement Receipt no:
 Deputed intern for camp work: Joya Total cases: (47)

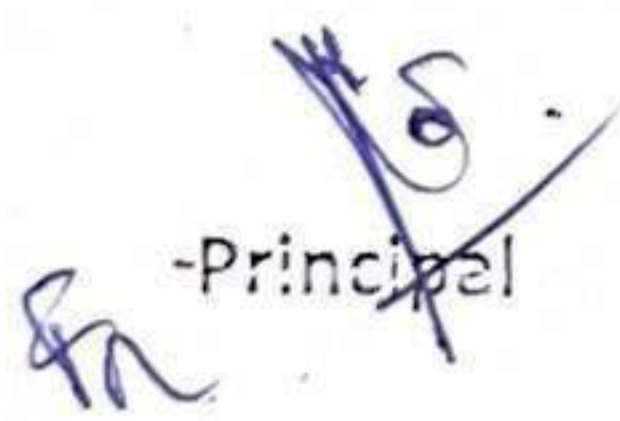
Staff allotted	Name	signature	Phone number
Speech staff	1. <u>NO STAFF</u>		
Audio staff	2. <u>NO STAFF</u>		
Student allotted	Name	Class	signature
speech	1. <u>AICASH</u>		
	2. <u>Bibika</u>		
Audio	1. <u>Sushmita</u>	<u>Intern</u>	
	2. <u>Rupa</u>	<u>II nd BSc.</u>	
Driver:	<u>Kulppung Srinidheya</u>		
Attender:	<u>Prakash/Maraj</u>		
System administrator:	Mr. Jayaram		
Administrator:	Mrs. lovely george		
Camp coordinator	Mrs. prema kumari		
Substituting students for staff:	Name	class	signature
Audio speech	1. <u>Abhiram</u>	<u>II BSC</u>	
	2.		

HOD of speech and language studies:

HOD of hearing studies:






Principal


Director technical


Chairman



Staff and student deputed for the camp

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies the details of the camp is given below

Thanking you


camp coordinator

Camp details

Place of camp: Mathikere. Mode of transportation: Mobile Bus
 Date of the camp: 25/12/17 Monday. Date and time of arrival:
 Date and time of departure: Organizer: Ln. Shyam Sundar.
 Type of camp: School/Public camp charge: 5000/-
 Food/Accommodation: organizers/Institute arrangement Receipt no:
 Deputed intern for camp work: Jiya Total cases: (83)

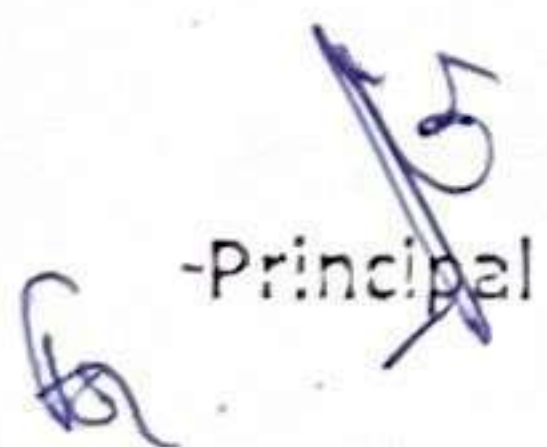
Staff allotted	Name	signature	Phone number
Speech staff	1. <u>NO staff</u>	<u>Be</u>	
Audio staff	2.		
Student allotted	Name	Class	signature
speech	1. <u>AKASH</u>		<u>(Signature)</u>
	2. <u>Keerthana</u>		
Audio	1. <u>Bibika</u>		<u>8892551427</u>
	2. <u>Sushmita</u>		<u>9448073854</u>
Driver:	<u>Krupa / Sanyasini</u>	<u>(Signature)</u>	
Attender:	<u>Manoj / Prakash</u>	<u>S. Prakash</u>	<u>9964955258</u>
System administrator:	Mr. Jayaram	<u>(Signature)</u>	
Administrator:	Mrs. lovely george	<u>(Signature)</u>	
Camp coordinator	Mrs. prema kumari	<u>(Signature)</u>	
Substituting students for staff:	Name	class	signature
Audio	1. <u>Rupa</u>	<u>7th BSC</u>	<u>Rupa</u>
speech	2.		

HOD of speech and language studies:

HOD of hearing studies:






Principal


Director technical


Chairman



Staff and student deputed for the camp

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies the details of the camp is given below

Thanking you

PK
camp coordinator

Camp details

Place of camp: Behind Pillana Garden Mode of transportation: TT
 Date of the camp: 31-12-17 Sunday. Date and time of arrival:
 Date and time of departure: Organizer: Ln Shanthavada
 Type of camp: School/Public camp charge: FREE
 Food/Accommodation: organizers/institute arrangement As permission given by
 Receipt no: Ln. Shanthavada
 Deputed intern for camp work: Jiya Total cases: 28

Staff allotted	Name	signature	Phone number	
Speech staff	1. <u>No staff</u>	<i>[Signature]</i>		
Audio staff	2. <u>No staff</u>	<i>[Signature]</i>		
Student allotted	Name	Class	signature	Phone number
speech	1. <u>Anson</u>	<u>Intern</u>	<i>[Signature]</i>	<u>7560867032</u>
	2. <u>AKASH</u>	<u>Intern</u>	<i>[Signature]</i>	<u>9900450067</u>
Audio	1. <u>Riya Roy</u>	<u>I MASLP</u>	<i>[Signature]</i>	<u>8547815249</u>
	2. <u>Mahesh Kumar</u>	<u>II BSc</u>	<i>[Signature]</i>	<u>456656882</u>
Driver:	<u>Srinivasan</u>	<i>[Signature]</i>	<u>9902491885</u>	
Attender:	<u>Robert</u>	<i>[Signature]</i>	<u>9902960901</u>	
System administrator:	<u>Mr. Jayaram</u>	<i>[Signature]</i>		
Administrator:	<u>Mrs. lovely george</u>	<i>[Signature]</i>		
Camp coordinator	<u>Mrs. prema kumari</u>			
Substituting students for staff:	Name	class	signature	Phone number
Audio	1. <u>NEESHMA V</u>	<u>I MSc AUDIO</u>	<i>[Signature]</i>	<u>8904494829</u>
speech	2.			

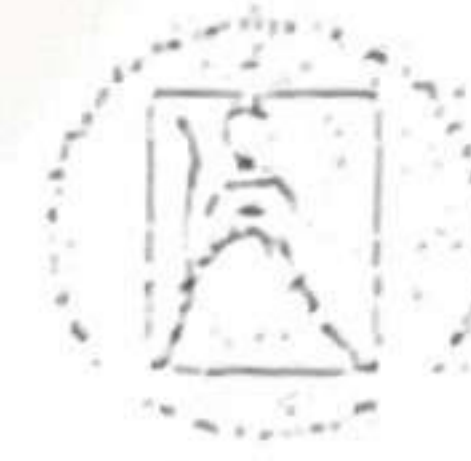
HOD of speech and language studies:

HOD of hearing studies:

-Principal

B
Director technician

[Signature]
Chairman



Staff and student deputed for the camp

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies the details of the camp is given below

Thanking you

PK
camp coordinator

Camp details

Place of camp: Bidadi (Ramanally) Mode of transportation: Mobile bus
 Date of the camp: 03-01-18 (Wednesday) Date and time of arrival:
 Date and time of departure: Organizer: Camp unit
 Type of camp: School/Public camp charge: 2000/-
 Food/Accommodation: organizers/institute arrangement Receipt no:
 Deputed intern for camp work: - Total cases: 201

Staff allotted	Name	signature	Phone number
Speech staff	1. <u>NO staff</u>		
Audio staff	2. <u>NO staff</u>		
Student allotted	Name	Class	signature
speech	1. <u>Hirsi Abraham</u>	<u>External intern</u>	<u>[Signature]</u>
	2. <u>Maria Alias</u>	<u>External intern</u>	<u>[Signature]</u>
Audio	1. <u>Hafsana</u>	<u>Internal intern</u>	<u>[Signature]</u>
	2. <u>Anson bly</u>	<u>intern</u>	<u>[Signature]</u>
Driver:	<u>Sanjivappa</u>	<u>[Signature]</u>	<u>990249188</u>
Attender:	<u>Robert</u>	<u>[Signature]</u>	<u>9902900901</u>
System administrator:	Mr. Jayaram		
Administrator:	Mrs. lovely george		
Camp coordinator	Mrs. prema kumari		
Substituting students for staff:	Name	class	signature
Audio speech	1. <u>Akash</u>	<u>Intern</u>	
	2.		

HOD of speech and language studies:

[Signature]

HOD of hearing studies:

-Principal

Director technical

Chairman



Dr. S. C. Chitrakumar Institute of Speech and Hearing
 Banner Main Road, Bangalore - 560 094,
 (A unit of Bangalore Speech and Hearing Trust)
 (Aided by Lions Club of Bangalore E. 151)
 T-1: 080-25460405 / 25470037 / 25463470
 E-Mail: dr.scsish@gmail.com Web: www.speechhear.org



Staff and student deputed for the camp

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies the details of the camp is given below

Thanking you


camp coordinator

Camp details

Place of camp: USILCON

Mode of transportation: mobile bus

Date of the camp: 4/1/2018 [Thursday]

Date and time of arrival:

Date and time of departure: 9:30 AM

Organizer: Camp unit

Type of camp: School/Public




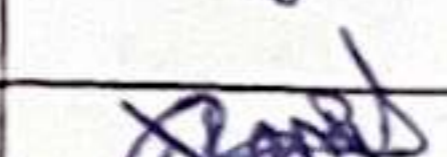
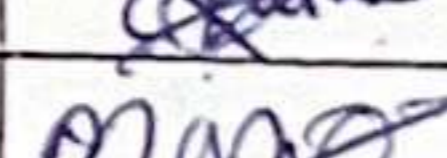

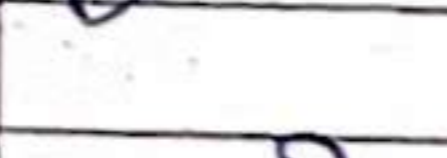
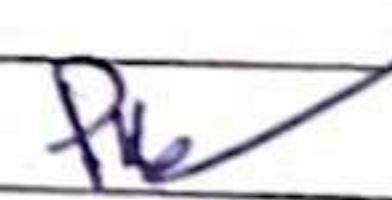
camp charge: base camp

Food/Accommodation: organizers/Institute arrangement

Receipt no:

Deputed intern for camp work:

Total cases:

Staff allotted	Name	signature	Phone number
Speech staff	1. <u>NO staff</u>		
Audio staff	2. <u>NO staff</u>		
Student allotted	Name	Class	signature
speech	1. <u>sreeraj</u>	<u>intern</u>	
	2. <u>Lini</u>	<u>ex-lit</u>	
Audio	1. <u>jegmal</u>	<u>2nd year</u>	
	2.		
Driver:	<u>Sanjeevaraj</u>		
Attender:	<u>mohanog</u>		
System administrator:	Mr. Jayaram		
Administrator:	Mrs. lovely george		
Camp coordinator	Mrs. prema kumari		
Substituting students for staff:	Name	class	signature
Audio	1.		
speech	2.		

HOD of speech and language studies:

HOD of hearing studies:






-Principal

Director technical


Chairman



Staff and student deputed for the camp

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies the details of the camp is given below

Thanking you

PK
camp coordinator

Camp details

Place of camp: *Basaweshwar nagar*

Mode of transportation: *Mobile bus*

Date of the camp: *7/1/2018 Sunday*

Date and time of arrival:

Date and time of departure: *7:30 AM*

Organizer: *L. Shyam Suneela*

Type of camp: *School/Public*

camp charge: *8000/-*

Food/Accommodation: *organizers/Institute arrangement*

Receipt no: *14549*
9-1-2018

Deputed intern for camp work :

Total cases: *101*

Staff allotted	Name	signature	Phone number	
Speech staff	1. <i>ms. keshavate (CH)</i>	<i>[Signature]</i>	<i>9573005975</i>	
Audio staff	2. <i>No staff</i>	<i>[Signature]</i>		
Student allotted	Name	Class	signature	Phone number
speech	1. <i>Jason</i>		<i>[Signature]</i>	<i>9066238553</i>
	2. <i>Leena</i>		<i>[Signature]</i>	<i>8890693655</i>
Audio	1. <i>Breenny</i>		<i>[Signature]</i>	
	2. <i>Aleash</i>		<i>[Signature]</i>	<i>9900450067</i>
Driver:	<i>Sunjeerappa OT</i>		<i>[Signature]</i>	
Attender:	<i>Robert OT</i>		<i>[Signature]</i>	
System administrator:	<i>Mr. Jayaram</i>		<i>[Signature]</i>	
Administrator:	<i>Mrs. lovely george</i>			
Camp coordinator	<i>Mrs. prema kumari</i>		<i>PK</i>	<i>9886699404</i>
Substituting students for staff:	Name	class	signature	Phone number
Audio	1. <i>mahesh</i>		<i>[Signature]</i>	
speech	2. <i>Ashwini</i>		<i>[Signature]</i>	

HOD of speech and language studies:

HOD of hearing studies:

PK

[Signature]

Hope
-Principal

Director technical

Chairman



Dr. S. S. Lakshminarayana Institute of Speech and Hearing
 Banner Main Road, Bangalore - 560 034,
 (A unit of Bangalore Speech and Hearing Trust)
 (Aided by Lions Club of Bangalore 1, 1st)
 T-1: 080 25460405 / 25470037 / 25463470
 E-Mail: dr.sstish@gmail.com Web: www.speechhear.org



Staff and student deputed for the camp

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies the details of the camp is given below

Thanking you


 camp coordinator

Camp details

Place of camp: Pavagadde

Mode of transportation: From TT

Date of the camp: 8-01-18, 9/1/18, 10/1/2018
Mon to Wed.

Date and time of arrival:

Date and time of departure:

Organizer: W. Suresh Babu

Type of camp: School/ Public

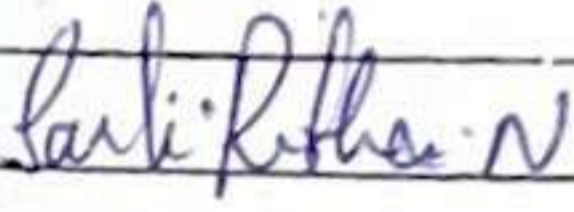
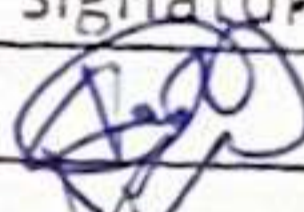

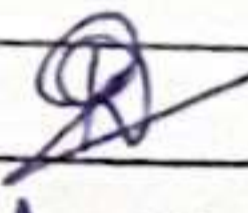
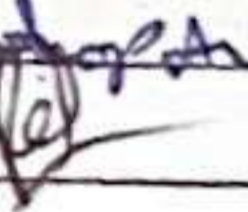
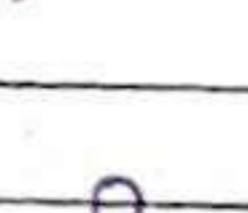


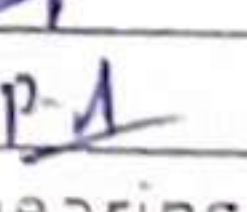
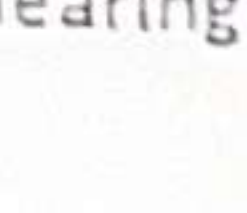
camp charge: None

Food/Accommodation: organizers/ Institute arrangement

Receipt no:


Deputed intern for camp work: Sreeraj

Total cases: 159

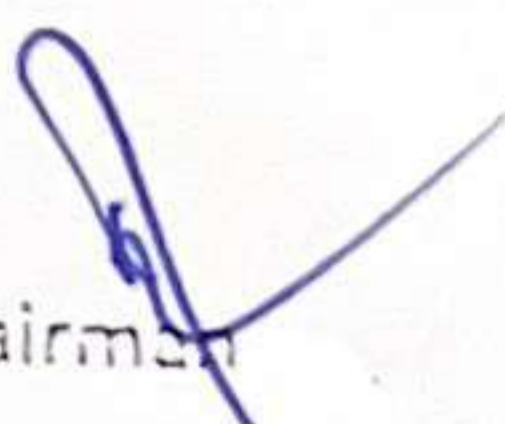
Staff allotted	Name	signature	Phone number
Speech staff	1. <u>Shashirekha (OT)</u>		<u>9916959785</u>
Audio staff	2.		
Student allotted	Name	Class	signature
speech	1. <u>Aakash</u>		
	2. <u>Anson</u>		
Audio	1. <u>Prabesh</u>		
	2. <u>Levarn</u>		
Driver:	<u>Anath P (OT)</u>		<u>8890693655</u>
Attender:	<u>Robert (OT)</u>		<u>9902900901</u>
System administrator:	Mr. Jayaram		<u>41</u>
Administrator:	Mrs. lovely george		
Camp coordinator	Mrs. prema kumari		
Substituting students for staff:	Name	class	signature
Audio	1. <u>Sreeraj</u>		
speech	2. <u>Alonciy</u>		

HOD of speech and language studies:

HOD of hearing studies:


 -Principal

Director technical


 Chairman



Staff and student deputed for the camp


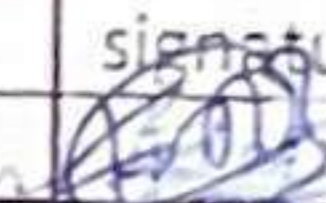
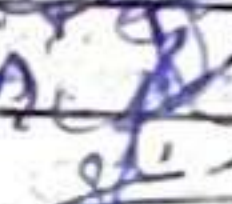
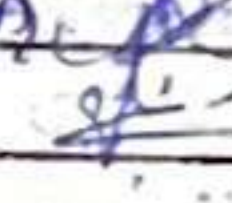
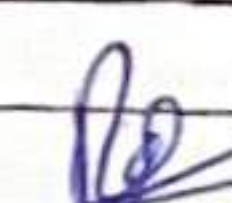

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies the details of the camp is given below

Thanking you


 camp coordinator

Camp details

Place of camp: Pavagada near Tumkur Mode of transportation: TT
 Date of the camp: 8th, 9th, 10th of Jan. Date and time of arrival:
 Date and time of departure: Organizer: Chairman
 Ln. Suresh Babu.
 Type of camp: School/Public camp charge: FREE
 Food/Accommodation: organizers/Institute arrangement Receipt no:
 Deputed intern for camp work: Sriraj. Total cases:

Staff allotted	Name	signature	Phone number
Speech staff	1. <u>shashirekha</u>		<u>9916959785</u>
Audio staff	2. <u>no staff</u>		
Student allotted	Name	Class	signature
speech	1. <u>AKASH. Alok</u>	<u>Jrison</u>	
	2. <u>Karan</u>	<u>Jrison</u>	
Audio	1. <u>SREERAJ-UW</u>		
	2. <u>Aurion baby</u>		
Driver:	<u>Suresh Babu Anath</u>		
Attender:	<u>Robert</u>		<u>9902900901</u>
System administrator:	<u>Mr. Jayaram</u>		
Administrator:	<u>Mrs. lovely george</u>		
Camp coordinator	<u>Mrs. prema kumari</u>		
Substituting students for staff:	Name	class	signature
Audio speech	1. <u>Prakash</u>	<u>DSE</u>	
	2.		

HOD of speech and language studies:

HOD of hearing studies:



-Principal

Director technical

Chairman



Dr. S. Ch. Institute of Speech and Hearing
 Banner Main Road, Bangalore - 560 034,
 (A unit of Bangalore Speech and Hearing Trust)
 (Aided by Lions Club of Bangalore East)
 T-1: 080 25460405 / 25470037 / 25463470
 E-Mail: dr.stcish@gmail.com Web: www.speechhear.org



Staff and student deputed for the camp

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies the details of the camp is given below

Thanking you

camp coordinator

Camp details

Place of camp: St. Joseph Indiacy Primary School

Mode of transportation: mobile bus

Date of the camp: 11/12/2018 Thursday

Date and time of arrival:

Date and time of departure: 9

Organizer: camp visit

Type of camp: School/Public

camp charge: 1720/-

Food/Accommodation: organizers/Institute arrangement

Receipt no: 475320 (checked)

Deputed intern for camp work:

Total cases: 86

Staff allotted	Name	signature	Phone number
Speech staff	1. No staff		
Audio staff	2.		
Student allotted	Name	Class	signature
speech	1. Digan		
	2. Ashu		
Audio	1. Anu		
	2. Rani		
Driver:	Sujeevappa		
Attender:	Pradeesh		
System administrator:	Mr. Jayaram		9964951258
Administrator:	Mrs. lovely george		
Camp coordinator	Mrs. prema kumari		
Substituting students for staff:	Name	class	signature
Audio	1. anisha		
speech	2.		

HOD of speech and language studies:

HOD of hearing studies:

Principal

Director technical

Chairman



Staff and student deputed for the camp

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies the details of the camp is given below

Thanking you


camp coordinator

Camp details

Place of camp: Melamangalur, Kollalur.

Mode of transportation: Mobile bus

Date of the camp: 16-01-2018 Tuesday

Date and time of arrival:

Date and time of departure: 7:30 AM

Organizer: L. Shyam Sundar

Type of camp: School/Public

camp charge: 7000/-

Food/Accommodation: organizers/Institute arrangement

Receipt no: 14549

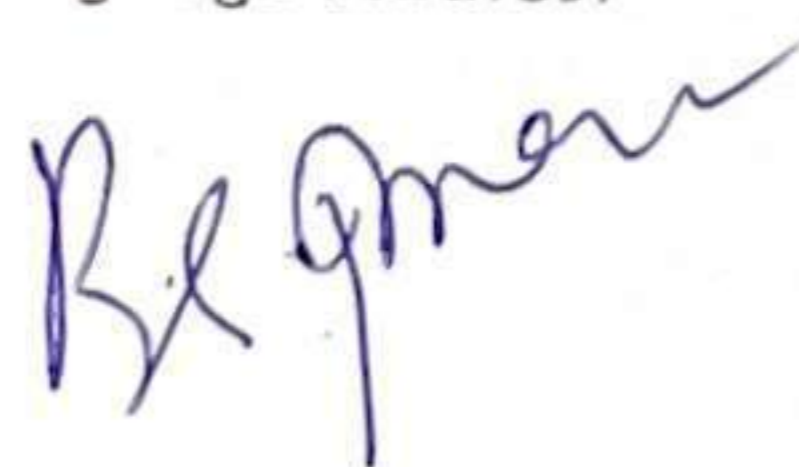
Deputed intern for camp work:

Total cases: 82

Staff allotted	Name	signature	Phone number
Speech staff	1. NO staff		
Audio staff	2. NO staff		
Student allotted	Name	signature	Phone number
speech	1. shobin		
	2. Ansoor		
Audio	1. Anish		
	2. Anu		
Driver:	Kuppuraju		
Attender:	Robert		
System administrator:	Mr. Jayaram		
Administrator:	Mrs. lovely george		
Camp coordinator	Mrs. prema kumari		
Substituting students for staff:	Name	signature	Phone number
Audio	1. -		
speech	2. -		

HOD of speech and language studies:

HOD of hearing studies:






-Principal

Director technical


Chairman



Staff and student deputed for the camp

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies the details of the camp is given below

Thanking you

Pr
camp coordinator

Camp details

Place of camp: ISKCON

Mode of transportation: Mobile bus.

Date of the camp: 18-01-18 Thursday.

Date and time of arrival:

Date and time of departure: 9.30 AM.

Organizer: Camp unit.

Type of camp: School/Public

camp charge: FREE.

Food/Accommodation: organizers/Institute arrangement

Receipt no:

Deputed intern for camp work :

Total cases:

Staff allotted	Name	signature	Phone number
Speech staff	1. NO staff		
Audio staff	2. NO staff		
Student allotted	Name	Class	signature
speech	1. Mariya	Ext Int	<i>[Signature]</i>
	2. Asna	Ext Int	<i>[Signature]</i>
Audio	1. Shahina	Ext Int.	<i>[Signature]</i>
	2. Ilya	Int Int	<i>[Signature]</i>
Driver:	Keppurajju		
Attender:	Mangij		
System administrator:	Mr. Jayaram		
Administrator:	Mrs. lovely george		
Camp coordinator	Mrs. prema kumari		
Substituting students for staff:	Name	class	signature
Audio	1.		
	2.		

HOD of speech and language studies:

HOD of hearing studies:

Keppurajju
-Principal

[Signature]
Director technician

[Signature]
Chairman



Staff and student deputed for the camp

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies the details of the camp is given below

Thanking you

camp coordinator

Camp details

Place of camp: Nelamangala, Kanasavadi, [Chikkamadhure]
 Mode of transportation: Mobile bus
 Date of the camp: 21-01-18 Sunday
 Date and time of arrival:
 Date and time of departure: 7:00 AM
 Organizer: Ln. Shyaan sundar
 Type of camp: School/Public
 camp charge: 7000/-
 Food/Accommodation: organizers/Institute arrangement
 Receipt no:
 Deputed intern for camp work:
 Total cases:

Staff allotted	Name	signature	Phone number	
Speech staff	1. <u>Kaushalya</u>		<u>9573005975</u>	
Audio staff	2. <u>no staff</u>			
Student allotted	Name	Class	signature	Phone number
speech	1. <u>Akhay</u>	<u>Int-Int</u>		<u>8606428984</u>
	2. <u>Vinitha</u>	<u>Int-Int</u>		<u>9916385793</u>
Audio	1. <u>Bibika</u>	<u>Int-Int</u>		<u>8892551427</u>
	2. <u>Indira</u>	<u>Int-Int</u>		<u>8610282457</u>
Driver:	<u>Kuppina</u>	<u>OT</u>		
Attender:	<u>Robert</u>	<u>OT</u>		<u>9902900901</u>
System administrator:	<u>Mr. Jayaram</u>			
Administrator:	<u>Mrs. lovely george</u>			
Camp coordinator	<u>Mrs. prema kumari</u>			
Substituting students for staff:	Name	class	signature	Phone number
Audio	1. <u>Akash</u>	<u>Int-Intern</u>		<u>9900450067</u>
speech	2. <u>Anson</u>	<u>Int-Intern</u>		<u>7560867032</u>

HOD of speech and language studies:

HOD of hearing studies:

19/1/18

-Principal

Director technical

Chairman



Staff and student deputed for the camp

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies the details of the camp is given below

Thanking you

camp coordinator

Camp details

Place of camp: Vijayanagar Mode of transportation: Mobile bus
 Date of the camp: 26-01-18 Friday Date and time of arrival:
 Date and time of departure: 8:30AM Organizer: Bunts Sangha
 Type of camp: School/Public Bangalore
 camp charge: 6000/-
 Food/Accommodation: organizers/Institute arrangement Receipt no:
 Deputed intern for camp work: Sreeraj Total cases:

Staff allotted	Name	signature	Phone number
Speech staff	1. <u>No staff</u>		
Audio staff	2. <u>Not available</u>		
Student allotted	Name	Class	signature
speech	1. <u>Alib</u>	<u>Intern</u>	
	2. <u>Aleash</u>		
Audio	1. <u>Alex Mathew</u>		
	2. <u>Pransy</u>		
Driver:	<u>Superna pr</u>	<u>OT</u>	
Attender:	<u>Manoj</u>	<u>OT</u>	
System administrator:	Mr. Jayaram		
Administrator:	Mrs. lovely george		
Camp coordinator	Mrs. prema kumari		
Substituting students for staff:	Name	class	signature
Audio	1. <u>AKASH</u>		
speech	2. <u>Asham</u>		

HOD of speech and language studies:

HOD of hearing studies:

Principal

23/1/18
Director technical

Chairman



Staff and student deputed for the camp

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies the details of the camp is given below

Thanking you

PK
camp coordinator

Camp details

Place of camp: Bangalore, Basaweshanra nagar - Mode of transportation: Mobile bus

Date of the camp: 28-01-18 Sunday

Date and time of arrival:

Date and time of departure: 7:30 AM

Organizer: Ln. Shyam Sunder

Type of camp: School/Public

camp charge: 5000/-

Food/Accommodation: organizers/Institute arrangement

Receipt no:

Deputed intern for camp work: steeraj

Total cases:

Staff allotted	Name	signature	Phone number
Speech staff	1. <u>NO staff</u>		
Audio staff	2. <u>NO staff</u>		
Student allotted	Name	Class	signature
speech	1. <u>Japhil James</u>	<u>3rd year</u>	<u>[Signature]</u>
	2. <u>Prakash</u>	<u>Med.</u>	
Audio	1. <u>AKASH</u>	<u>Int. Intern</u>	<u>[Signature]</u>
	2. <u>Anson</u>	<u>Intern</u>	<u>[Signature]</u>
Driver:	<u>Sanjappa</u>	<u>OT</u>	<u>[Signature]</u>
Attender:	<u>Prakash</u>	<u>OT</u>	<u>[Signature]</u>
System administrator:	Mr. Jayaram		
Administrator:	Mrs. lovely george		
Camp coordinator	Mrs. prema kumari		
Substituting students for staff:	Name	class	signature
Audio	1.		
speech	2.		

HOD of speech and language studies:

HOD of hearing studies:

Baner
24/1/18

B

Ky
-Principal

Director technical

[Signature]
Chairman



Dr. S. S. CA. Institute of Speech and Hearing
 Honour Main Road, Bangalore - 560 034,
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 (Aided by Lions Club of Bangalore E. 101)
 T-1: 050 25460405 / 25470037 / 25460470
 E-Mail: ds.stslsh@gmail.com Web: www.speechhear.org



Staff and student deputed for the camp

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies the details of the camp is given below

Thanking you

camp coordinator

Camp details

Place of camp: Rajajinagar
 Date of the camp: 04/02/2018 Sunday
 Date and time of departure: 8.00 AM
 Type of camp: School/Public
 Food/Accommodation: organizers/Institute arrangement
 Deputed intern for camp work :

Mode of transportation: TT
 Date and time of arrival:
 Organizer: Ln. Shyam sundar
 camp charge: 5000/-
 Receipt no:
 Total cases:

Staff allotted	Name	signature	Phone number
Speech staff	1. <u>No staff</u>		
Audio staff	2. <u>NO staff</u>		
Student allotted	Name	Class	signature
speech	1. <u>Alakash</u>	<u>Int Int</u>	
	2. <u>Greeny</u>	<u>Int Int</u>	
Audio	1. <u>Rinky</u>	<u>1st BSc</u>	
	2.		
Driver:	<u>Sujeerappa</u>		<u>9902491888</u>
Attender:	<u>Prashant</u>		<u>9902900901</u>
System administrator:	Mr. Jayaram		
Administrator:	Mrs. lovely george		
Camp coordinator	Mrs. prema kumari		
Substituting students for staff:	Name	class	signature
Audio	1. <u>Anees</u>	<u>II MSc</u>	
speech	2.		

HOD of speech and language studies:

HOD of hearing studies:

-Principal

Director technical

Chairman



Bangalore Institute of Speech and Hearing
 Banner Main Road, Bangalore - 560 084,
 (A unit of Bangalore Speech and Hearing Trust)
 (Aided by Lions Club of Bangalore 1, 151)
 T-1: 080-25460405 / 25470037 / 25463470
 E-Mail: dr.stoish@gmail.com Web: www.speechhearing.org



Staff and student deputed for the camp

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies the details of the camp is given below.

Thanking you

Pu
camp coordinator

Camp details

Place of camp: Bangalore, Kurubarahalli.

Mode of transportation: Mobile bus

Date of the camp: 11-02-18 Sunday.

Date and time of arrival:

Date and time of departure: 8-00 AM.

Organizer: Ln. Shyamsundar

Type of camp: School/Public

camp charge: 5000/-

Food/Accommodation: organizers/Institute arrangement

Receipt no:

Deputed intern for camp work:

Total cases:

Staff allotted	Name	signature	Phone number
Speech staff	1. No staff		
Audio staff	2. No staff		
Student allotted	Name	Class	signature
speech	1. Akash	Int Int	
	2. Anand	III BSLPA	
Audio	1. Nishad		
	2. Areen		
Driver:	Srinivasappa		
Attender:	Manoj		
System administrator:	Mr. Jayaram		
Administrator:	Mrs. lovely george		
Camp coordinator	Mrs. prema kumari		
Substituting students for staff:	Name	class	signature
Audio	1. Anees	II MBSLP	
speech	2. Anson	Int. Int	

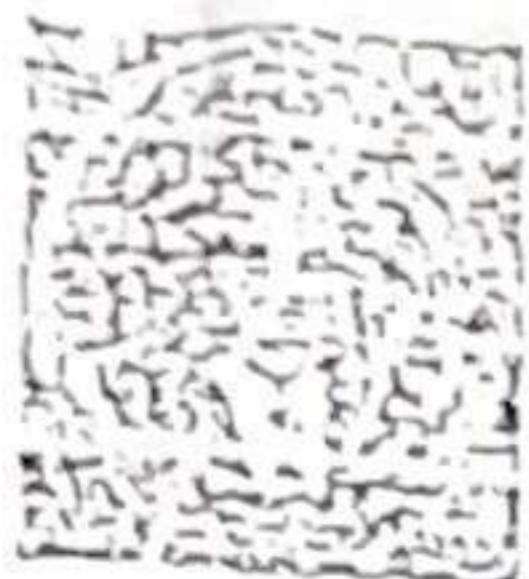
HOD of speech and language studies:

HOD of hearing studies:

-Principal

Director technical

Chairman



Dr. S. S. Srinivasan Institute of Speech and Hearing
 Banner Main Road, Bangalore - 560 024,
 (A unit of Bangalore Speech and Hearing Trust)
 (Aided by Lions Club of Bangalore, USA)
 T-0: 080-25460405/25470037/25460470
 E-Mail: dr.sstish@gmail.com Web: www.speechhear.org



Staff and student deputed for the camp

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies the details of the camp is given below

Thanking you

Pu
camp coordinator

Camp details

Place of camp: *Bangalore*

Mode of transportation: *Mobile bus*

Date of the camp: *16/2/18*

Date and time of arrival:

Date and time of departure:

Organizer: *Ln. Shyam Sunder*

Type of camp: *School/Public*

camp charge: *5000/-*

Food/Accommodation: *organizers/Institute arrangement*

Receipt no:

Deputed intern for camp work:

Total cases:

Staff allotted	Name	signature	Phone number
Speech staff	1. <i>No Staff</i>	<i>[Signature]</i>	
Audio staff	2. <i>NO staff</i>	<i>[Signature]</i>	
Student allotted	Name	Class	signature
speech	1. <i>Afreen</i>		<i>[Signature]</i>
	2. <i>Anmol</i>	<i>II BSc</i>	<i>[Signature]</i>
Audio	1. <i>Mohammed Nishad P</i>		<i>[Signature]</i>
	2. <i>Hana</i>		<i>[Signature]</i>
Driver:	<i>Sanjeevappa</i>		
Attender:	<i>Robert</i>		
System administrator:	<i>Mr. Jayaram</i>		
Administrator:	<i>Mrs. lovely george</i>		
Camp coordinator	<i>Mrs. prema kumari</i>		
Substituting students for staff:	Name	class	signature
Audio	1. <i>AKASH</i>		<i>[Signature]</i>
speech	2. <i>JISA</i>		<i>[Signature]</i>

HOD of speech and language studies:

HOD of hearing studies:

[Signature]
12/2/18

[Signature]
12/2/18

-Principal

Director technical

[Signature]
Chairman



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 Banner Main Road, Bangalore - 560 084,
 (A unit of Bangalore Speech and Hearing Trust)
 (Aided by Lions Club of Bangalore E. 101)
 Tel: 080-25460405/25470037/25463470
 E-Mail: dr.speech@gmail.com Web: www.speechhear.org



Staff and student deputed for the camp

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies the details of the camp is given below

Thanking you

camp coordinator

Camp details

Place of camp: Bangalore, Gayathrinagar Mode of transportation: Mobile bus
 Date of the camp: 18/2/18 Sunday Date and time of arrival:
 Date and time of departure: Organizer: Ln. Shyamundar
 Type of camp: School/Public camp charge: 5000/-
 Food/Accommodation: organizers/Institute arrangement Receipt no:
 Deputed intern for camp work: Total cases:

Staff allotted	Name	signature	Phone number	
Speech staff	1. <u>NO staff</u>			
Audio staff	2. <u>NO staff</u>			
Student allotted	Name	Class	signature	Phone number
speech	1. <u>Anath Paul Dand</u>	<u>II Bsc</u>		<u>9947122216</u>
	2. <u>Mahesh Kumar</u>	<u>II Bsc</u>		<u>9566568882</u>
Audio	1. <u>Ashant Thomas</u>	<u>II Bsc</u>		<u>9566568882</u>
	2. <u>Nadia Khateja</u>	<u>II BSC</u>		<u>7975325846</u>
Driver:	<u>Sanjeevappa</u>	<u>II BSC</u>		<u>9946701116</u>
Attender:	<u>Robert</u>			<u>9902900901</u>
System administrator:	<u>Mr. Jayaram</u>			
Administrator:	<u>Mrs. lovely george</u>			
Camp coordinator	<u>Mrs. prema kumari</u>			
Substituting students for staff:	Name	class	signature	Phone number
Audio speech	1. <u>AKASH</u>	<u>III BS</u>		<u>9900450067</u>
	2. <u>Akshay S.</u>	<u>II BSc</u>		

HOD of speech and language studies:

HOD of hearing studies:

12/2/18

12/2/18

-Principal

Director technical

Chairman



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 E-Mail: ds.steish@gmail.com Web: www.speechhearing.org



Staff and student deputed for the camp

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies the details of the camp is given below

Thanking you

camp coordinator

Camp details

Place of camp: **ISKCON**

Mode of transportation: **Mobile bus**

Date of the camp: **22-02-18**

Date and time of arrival:

Date and time of departure: **8.30 AM**

Organizer: **Camp unit**

Type of camp: School/Public

camp charge: **FREE**

Food/Accommodation: organizers/Institute arrangement

Receipt no:

Deputed intern for camp work:

Total cases: **18**

Staff allotted	Name	signature	Phone number
Speech staff	1. No staff		
Audio staff	2. WU staff		
Student allotted	Name	Class	signature
speech	1. AKASH		
	2. Afreen Najeeb		
Audio	1. Mohammed Nishad P		
	2. Hana Thajuddin		
Driver:	Kuppusamy		
Attender:	Robert		
System administrator:	Mr. Jayaram		
Administrator:	Mrs. lovely george		
Camp coordinator	Mrs. prema kumari		
Substituting students for staff:	Name	class	signature
Audio	1.		
speech	2.		

HOD of speech and language studies:

HOD of hearing studies:

-Principal

Director technical

Chairman



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 Banner Main Road, Bangalore - 560 084,
 (A unit of Bangalore Speech and Hearing Trust)
 (Aided by Lions Club of Bangalore East)
 T-1: 080 25460405 / 25470037 / 25463470
 E-Mail: dr.scsish@gmail.com Web: www.speechhearing.org



Staff and student deputed for the camp

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies the details of the camp is given below

Thanking you

Pu
camp coordinator

Camp details

Place of camp: *Penningshall Nijinapura Tin factory*
 Date of the camp: *24/2/18 Saturday*
 Date and time of departure: *8:00 AM*
 Type of camp: *School/Public*
 Food/Accommodation: *organizers/Institute arrangement*
 Deputed intern for camp work:

Mode of transportation: *Mobile bus*
 Date and time of arrival:
 Organizer: *Dr. Shanthavada*
 camp charge: *Dr. Ramesh*
 Receipt no: *FREE*
 Total cases: *63*

Staff allotted	Name	signature	Phone number	
Speech staff	1. <i>No Staff</i>			
Audio staff	2. <i>NO staff</i>			
Student allotted	Name	Class	signature	Phone number
speech	1. <i>Mahesh Kumar</i>		<i>S. Shrinani</i>	<i>9566568882</i>
	2. <i>Nagendra</i>		<i>Nagendra</i>	<i>7975325846</i>
Audio	1. <i>Arya</i>		<i>Arya</i>	<i>7497377183</i>
	2. <i>Anmol</i>		<i>Anmol</i>	<i>9400482177</i>
Driver:	<i>Kuppuraj</i>		<i>Kuppuraj</i>	
Attender:	<i>Robert</i>		<i>Robert</i>	<i>9902900961</i>
System administrator:	Mr. Jayaram		<i>Mr. Jayaram</i>	
Administrator:	Mrs. lovely george		<i>Mrs. lovely george</i>	
Camp coordinator	Mrs. prema kumari		<i>Mrs. prema kumari</i>	
Substituting students for staff:	Name	class	signature	Phone number
Audio	1. <i>A. Shwari</i>		<i>A. Shwari</i>	
speech	2. <i>A. K. S. H.</i>		<i>A. K. S. H.</i>	<i>9900430062</i>

HOD of speech and language studies:

HOD of hearing studies:

[Signature]
24/2/18

[Signature]
24/2/18

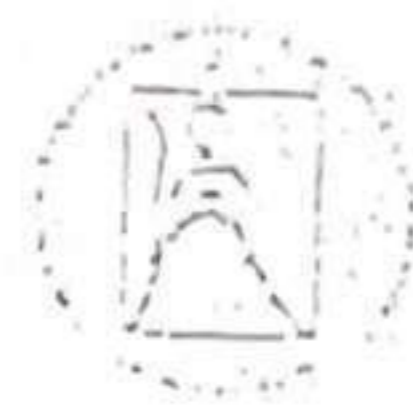
-Principal

Director technical

Chairman



Institute of Speech and Hearing
 Honor Main Road, Bangalore - 560 024,
 (A unit of Bangalore Speech and Hearing Trust)
 (Aided by Lions Club of Bangalore Trust)
 T-1: 080-25460405 / 25470037 / 25463470
 E-Mail: dr.stojish@gmail.com Web: www.speechhear.org



Staff and student deputed for the camp

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies the details of the camp is given below

Thanking you

camp coordinator

Camp details

Place of camp: Bangalore, Basaweshwara Mode of transportation: Mobile bus
 Date of the camp: 25/2/18 Sunday Date and time of arrival:
 Date and time of departure: 7.30 AM Organizer: Ln. Shyamsundar
 Type of camp: School/Public camp charge: 5000/-
 Food/Accommodation: organizers/Institute arrangement Receipt no:
 Deputed intern for camp work: Total cases:

Staff allotted	Name	signature	Phone number
Speech staff	1. <u>No staff</u>		
Audio staff	2. <u>No staff</u>		
Student allotted	Name	Class	signature
speech	1. <u>Maresh Kumar</u>		
	2. <u>Noadla</u>		
Audio	1. <u>Hana</u>		
	2. <u>Afreen</u>		
Driver:	<u>Kupparaju</u>		
Attender:	<u>Manoj</u>		
System administrator:	Mr. Jayaram		8553842589
Administrator:	Mrs. lovely george		
Camp coordinator	Mrs. prema kumari		
Substituting students for staff:	Name	class	signature
Audio	1. <u>AVASH</u>		
speech	2. <u>Ashamas Thomas</u>		

HOD of speech and language studies:

12/2/18

HOD of hearing studies:

12/2/18

-Principal

Director technical

Chairman



Central Institute of Speech and Hearing
 Banner Main Road, Bangalore - 560 084,
 (A Unit of Bangalore Speech and Hearing Trust)
 (Aided by Lions Club of Bangalore 2, 40)
 Tel: 080-25460405 / 25470037 / 25460470
 E-Mail: dr.steish@gmail.com Web: www.speechhearing.org



Staff and student deputed for the camp

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies the details of the camp is given below

Thanking you

PK
camp coordinator

Camp details

Place of camp: Tapavan School, Bannergetta Road, Bannergetta Rd Mode of transportation: Mobile bus
 Date of the camp: 3-03-18 Saturday Date and time of arrival:
 Date and time of departure: 7:30 AM Rajakivara Rd Suguna Hospital Organizer: Ln. Shyamsunder
 Type of camp: School/Public camp charge: 5000/-
 Food/Accommodation: organizers/Institute arrangement Receipt no:
 Deputed intern for camp work: Total cases:

Staff allotted	Name	signature	Phone number
Speech staff	1. <u>No staff</u>		
Audio staff	2. <u>Deena Priya</u>	<i>DP</i>	<u>8951528332</u>
Student allotted	Name	Class	signature
speech	1. <u>Ajayan</u>	<u>Sx Int</u>	<i>AJ</i>
	2. <u>Riya</u>	<u>IIIrd BSc</u>	<i>RI</i>
Audio	1. <u>AIOK</u>	<u>3 Int</u>	<i>AI</i>
	2. <u>Hayya</u>	<u>Sx Int</u>	<i>HA</i>
Driver:	<u>Sarjeshwara</u>	<i>SA</i>	<u>9544916395</u>
Attender:	<u>Prakash</u>	<i>PK</i>	<u>9962908592</u>
System administrator:	Mr. Jayaram	<i>JY</i>	
Administrator:	Mrs. lovely george	<i>LG</i>	
Camp coordinator	Mrs. prema kumari	<i>PK</i>	
Substituting students for staff:	Name	class	signature
Audio	1. <u>AKASH</u>	<u>Int</u>	<i>AK</i>
speech	2. <u>Nishaad</u>	<u>Sx Int</u>	<i>NS</i>

HOD of speech and language studies: *PK*
23/2

HOD of hearing studies: *LS*

Myra
23/18
-Principal

Director technical

PK
Chairman



Central Institute of Speech and Hearing
 Venue: Main Road, Bangalore - 560 087,
 (A part of Bangalore Speech and Hearing Trust)
 (Aided by Lions Club of Bangalore A. 111)
 T-1: 080 25480475 / 25470037 / 25460470
 E-Mail: ds.stcis@gmail.com Web: www.speechhear.org



Staff and student deputed for the camp

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies the details of the camp is given below

Thanking you

camp coordinator

Camp details

Place of camp: Bangalore, ^{Rajajinagara} Dr. Rajkumar Road

Mode of transportation: Mobile bus

Date of the camp: 4-03-18 Sunday ^{Seguna} hospital Behind

Date and time of arrival:

Date and time of departure: 7:30 AM

Organizer: Dr. Shyamsunder

Type of camp: School/Public

camp charge: 5000/-

Food/Accommodation: organizers/Institute arrangement

Receipt no:

Deputed intern for camp work:

Total cases:

Staff allotted	Name	signature	Phone number
Speech staff	1. <u>no staff</u>		
Audio staff	2. <u>Manasa</u>		8904084778
Student allotted	Name	Class	signature
speech	1. <u>Anson</u>	Intern	
	2. <u>Rupa</u>	2nd BSc	
Audio	1. <u>Julia</u>	Intern	
	2. <u>Amrutha</u>	Intern	
Driver:	<u>Srinivas</u>		9682174750
Attender:	<u>S. Prakash</u>		8156870187
System administrator:	Mr. Jayaram		9964955258
Administrator:	Mrs. lovely george		
Camp coordinator	Mrs. prema kumari		
Substituting students	Name	class	signature
for staff:			
Audio	1. <u>Durga</u>	1 st BSc	
speech	2. <u>Jesmin</u>	Intern	

HOD of speech and language studies:

HOD of hearing studies:

8/3/18

-Principal

27/2

Director technical

Chairman

Manoj could not go. Mr. Prakash deputed suddenly.



Department of Speech and Hearing
 Hennes Main Road, Bangalore - 560 004,
 (A unit of Bangalore Speech and Hearing Trust)
 (Aided by Lions Club of Bangalore, USA)
 T: 080 25460405 / 25470037 / 25460470
 E: Mail: dsst@ish@gmail.com Website: www.speechhearing.org



Staff and student deputed for the camp

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies the details of the camp is given below

Thanking you

Pr
camp coordinator

Camp details

Place of camp: *NR Kodolap Road*

Mode of transportation: *Mobile Bus*

Date of the camp: *08/3/18 Tuesday*

Date and time of arrival:

Date and time of departure: *8:00*

Organizer: *Vishalakshi (Lioness)*

Type of camp: *School/Public*

camp charge: *6000/-*

Food/Accommodation: *organizers/Institute arrangement*

Receipt no:

Deputed intern for camp work:

Total cases:

Staff allotted	Name	signature	Phone number	
Speech staff	1. <i>No staff</i>			
Audio staff	2. <i>No staff</i>			
Student allotted speech	Name	Class	signature	Phone number
	1. <i>Anson</i>	<i>intern</i>	<i>AN</i>	<i>7560867032</i>
	2. <i>Nishaad</i>	<i>22 int</i>	<i>NS</i>	<i>9544916395</i>
Audio	1. <i>Afreen</i>	<i>22 int</i>	<i>AF</i>	<i>9995328575</i>
	2. <i>Hana</i>	<i>22 int</i>	<i>HA</i>	<i>9147997033</i>
Driver:				
Attender:	<i>Robert KUPPUY</i>			
System administrator:	<i>Mr. Jayaram</i>			<i>9902900901</i>
Administrator:	<i>Mrs. lovely george</i>			
Camp coordinator	<i>Mrs. prema kumari</i>			
Substituting students for staff:	Name	class	signature	Phone number
Audio	1. <i>Jeemin</i>	<i>Int.</i>	<i>JE</i>	<i>9742696709</i>
speech	2. <i>AKASH</i>	<i>Int</i>	<i>AK</i>	<i>9900450067</i>

HOD of speech and language studies:

HOD of hearing studies:

1/11/18
25/2/18

1/3

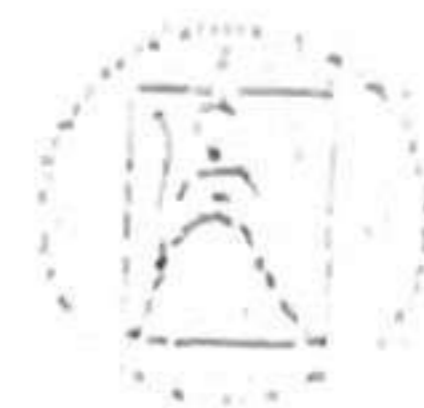
Pr
Principal

Director technical

Pr
Chairman



Department of Speech and Hearing
 25/10/18, 25/10/18, 25/10/18
 (A unit of Bangalore Speech and Hearing Trust)
 (Aided by Union Council of Bangalore Trust)
 T: 080-25460475, 25470067/25460470
 E: Mail: dsr@bshs.org, W: www.speechhearing.org



Staff and student deputed for the camp

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies the details of the camp is given below

Thanking you

Pr
 camp coordinator

Camp details

Place of camp: **ISKON**
 Date of the camp: **8/3/18 Thursday**
 Date and time of departure: **8:30**
 Type of camp: **School/Public** ✓
 Food/Accommodation: **organizers/institute arrangement** ✓
 Deputed intern for camp work:

Mode of transportation: **Mobile Bus**
 Date and time of arrival:
 Organizer: **Camp unit**
 camp charge: **FREE**
 Receipt no:
 Total cases:

Staff allotted	Name	signature	Phone number
Speech staff	1. no staff		
Audio staff	2. No staff		
Student allotted	Name	signature	Phone number
speech	1. sreeraj Intern	<i>[Signature]</i>	807803281
	2. Aheen	<i>[Signature]</i>	9995328575
Audio	1. Hana not required	<i>[Signature]</i>	9747997033
	2. Nishad	<i>[Signature]</i>	9544916395
Driver:	Kuppusamy		
Attender:	Mony		
System administrator:	Mr. Jayaram		
Administrator:	Mrs. lovely george	<i>[Signature]</i>	
Camp coordinator	Mrs. prema kumari	<i>[Signature]</i>	
Substituting students for staff:	Name	class	signature
Audio	1. Aakash		<i>[Signature]</i>
speech	2. Anson		<i>[Signature]</i>

HOD of speech and language studies:

HOD of hearing studies:

[Signature]
 05/03/18

[Signature]

[Signature]
 -Principal

Director technical

[Signature]
 Chairman



Center for Research Institute of Speech and Hearing
 Kumar Mada Road, Bangalore - 560 021,
 (A part of Bangalore Speech and Hearing Trust)
 (Aided by Union Council Bangalore 2, 1st)
 T: + 080 25460405/25470037/25468470
 E: Mail: ds.rosalba@gmail.com Web: www.speechhearing.org



Staff and student deputed for the camp

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies the details of the camp is given below

Thanking you

PK
camp coordinator

Camp details

Place of camp: Bangalore, East West College.

Mode of transportation: Mobile bus

Date of the camp: 9/03/18 Friday

Date and time of arrival:

Date and time of departure:

Organizer: Dr. Shashank Kumar

Type of camp: School/Public

camp charge: 6000/-

Food/Accommodation: organizers/Institute arrangement

Receipt no:

Deputed intern for camp work:

Total cases:

Staff allotted	Name	signature	Phone number
Speech staff	1. <u>No staff</u>		
Audio staff	2. <u>No staff</u>		
Student allotted	Name	Class	signature
speech	1. <u>AMRUTHA K</u>		<u>[Signature]</u>
	2. <u>ANSON</u>	<u>Intern</u>	<u>[Signature]</u>
Audio	1. <u>JASON</u>	<u>Intern</u>	<u>[Signature]</u>
	2. <u>Sreesya</u>	<u>Intern</u>	<u>[Signature]</u>
Driver:	<u>Kuppary</u>		<u>9964955258</u>
Attender:	<u>Prakash S. Prasad</u>	<u>[Signature]</u>	<u>9964955258</u>
System administrator:	Mr. Jayaram		
Administrator:	Mrs. lovely george		
Camp coordinator	Mrs. prema kumari		
Substituting students for staff:	Name	class	signature
Audio	1. <u>AKASH</u>	<u>Intern</u>	<u>[Signature]</u>
speech	2. <u>Neethu Anna Sunny</u>		<u>[Signature]</u>

HOD of speech and language studies:

HOD of hearing studies:

[Signature]
05/03/18

[Signature]

[Signature]
-Principal

Director technical

[Signature]
Chairman

-Two Extra students for this Mega Camp.

1. Tiya - *[Signature]*

2. Aneetha - *[Signature]*

[Signature] [Mr. Prashasthi]



Department of Speech and Hearing
 Banner Main Road Bangalore - 560 024,
 (A Unit of Bangalore Speech and Hearing Trust)
 (Aided by Lions Club of Bangalore 1431)
 T-9 080 25460405 / 25470037 / 25460470
 E-Mail: dsst@rediffmail.com Web: www.speechhearing.org



Staff and student deputed for the camp

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies the details of the camp is given below

Thanking you

PK
 camp coordinator

Camp details

Place of camp: *Bangalore, Vijayanagara*

Mode of transportation: *Mobile bus*

Date of the camp: *10-03-18 Saturday*

Date and time of arrival:

Date and time of departure:

Organizer: *Ln. Shyamsundar*

Type of camp: *School/Public*

camp charge: *5000/-*

Food/Accommodation: *organizers/Institute arrangement*

Receipt no:

Deputed intern for camp work:

Total cases:

Staff allotted	Name	signature	Phone number
Speech staff	1. <i>no staff</i>		
Audio staff	2. <i>no staff</i>		
Student allotted	Name	Class	signature
speech	1. <i>Purna</i>	<i>7nd BSc</i>	<i>[Signature]</i>
	2. <i>Ashwin</i>	<i>intern</i>	<i>[Signature]</i>
Audio	1. <i>Jason</i>	<i>Intern</i>	<i>[Signature]</i>
	2. <i>Sreenidhi</i>	<i>Intern</i>	<i>[Signature]</i>
Driver:	<i>Keppur</i>		<i>[Signature]</i>
Attender:	<i>S. Prakash</i>		<i>[Signature]</i>
System administrator:	Mr. Jayaram	<i>S. Prakash</i>	<i>[Signature]</i>
Administrator:	Mrs. lovely george		<i>[Signature]</i>
Camp coordinator	Mrs. prema kumari		<i>[Signature]</i>
Substituting students for staff:	Name	class	signature
Audio	1. <i>AKASH</i>		<i>[Signature]</i>
speech	2. <i>fermin</i>		<i>[Signature]</i>

HOD of speech and language studies:

HOD of hearing studies:

[Signature]
 05/03/18

[Signature]

[Signature]
 -Principal

Director technical

[Signature]
 Chairman



Center for Media Studies, Bangalore - 560 075,
 (Center for Bangalore Systems and Hearing Trust)
 Faculty of Language Studies, Bangalore
 Tel: 080 25460405 / 25477037 / 25463470
 E-Mail: csms@small.com Web: www.csmsbbs.org



Staff and student deputed for the camp

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies the details of the camp is given below

Thanking you

camp coordinator

Camp details

Place of camp: Bangalore, Shanicara eye hospital
Varthur Main Road
 Mode of transportation: Mobile Bus.
 Date of the camp: 16/3/18
 Date and time of arrival:
 Date and time of departure: 7-30 AM.
 Organizer: Shanicara eye hospital
Manashanki Trust.
 Type of camp: School/Public
 camp charge: FREE.
 Food/Accommodation: organizers/Institute arrangement
Dr. Shobhana.
9972817654.
 Receipt no:
 Deputed intern for camp work:
 Total cases:

Staff allotted	Name	signature	Phone number	
Speech staff	1. <u>Jakir Hossain Alam</u>		<u>9036181897</u>	
Audio staff	2. <u>SUJAY DASGUPTA</u>		<u>9886721053</u>	
Student allotted	Name	Class	signature	Phone number
speech	1. <u>Anson.</u>	<u>intern</u>		<u>7560867032</u>
	2. <u>Sreeraj</u>	<u>Intern</u>		<u>807808281</u>
Audio	1. <u>JASON</u>	<u>INTERN</u>		<u>8788863429</u>
	2. <u>CYNTHIA-S</u>	<u>INTERN</u>		<u>7411088272</u>
Driver:	<u>Kuppusamy</u>			
Attender:	<u>Jayaram</u>			
System administrator:	<u>Mr. Jayaram</u>		<u>996495258</u>	
Administrator:	<u>Mrs. lovely george</u>			
Camp coordinator	<u>Mrs. prema kumari</u>			
Substituting students for staff:	Name	class	signature	Phone number
Audio	1. <u>AKASH</u>			<u>0900450067</u>
speech	2. <u>Amritha-S (Intern)</u>			

HOD of speech and language studies:

HOD of hearing studies:

Principal

Director technical

Chairman



Department of Speech and Hearing
 Main Road, Bangalore - 560 001,
 (A unit of Bangalore Speech and Hearing Trust)
 (Funded by Lions Club of Bangalore E. 101)
 T: 080 25460405 / 25470037 / 25460470
 E: Mail: dr.stroish@gmail.com Web: www.speechhear.org



Staff and student deputed for the camp

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies the details of the camp is given below

Thanking you

camp coordinator

Camp details

Place of camp: Bangalore, Shankara eye hospital.
 Date of the camp: 17/3/18
 Date and time of departure: 17/3/18
 Type of camp: School/Public Senior Citizens Mela.
 Food/Accommodation: organizers/institute arrangement
 Deputed intern for camp work: 9739332672/9972817654

Varthur Main Road Kundarahalli Gate
 Mode of transportation: Mobile bus.
 Date and time of arrival:
 Organizer: Shankara eye hospital
Manashahalli Trust, Bangalore
 camp charge: FREE
 Receipt no:
 Total cases:

Staff allotted	Name	signature	Phone number
Speech staff	1. <u>Jahangir Alam</u>		<u>9036181897</u>
Audio staff	2. <u>SUJAY DASGUPTA</u>		<u>9886721053</u>
Student allotted	Name	Class	signature
speech	1. <u>Sreeja (Intern)</u>		
	2. <u>Anshu</u>	<u>intern</u>	
Audio	1. <u>T. Sai Kiran</u>	<u>M.Sc 7th</u>	<u>T. Sai</u>
	2. <u>Amritha Surash (Intern)</u>		
Driver:	<u>Rupunji</u>		
Attender:	<u>Robert Prakash</u>	<u>S. Prakash</u>	<u>9964955258</u>
System administrator:	Mr. Jayaram		
Administrator:	Mrs. lovely george		
Camp coordinator	Mrs. prema kumari		
Substituting students for staff:	Name	class	signature
Audio	1. <u>Julia (Intern)</u>		
speech	2. <u>AKASH</u>		

HOD of speech and language studies:

HOD of hearing studies:

Hyper 12/3
 -Principal

Director technical

Chairman



...
 ...
 ...
 ...
 ...



Staff and student deputed for the camp

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies the details of the camp is given below

Thanking you

PK
 camp coordinator

Camp details

Place of camp: - Rajajinagar/Kanakshipalya Mode of transportation: Mobile bus
 Date of the camp: 15-07-18 Sunday Date and time of arrival:
 Date and time of departure: Organizer: Ln. Shyam sundar
 Type of camp: School/Public camp charge: 5
 Food/Accommodation: organizers/institute arrangement Receipt no:
 Deputed intern for camp work: Prabish Total cases:

Staff allotted	Name	signature	Phone number	
Speech staff	1. AA Kausalya ✓	<i>[Signature]</i>	9573005975	
Audio staff	2. Taharfa Alam ✓	<i>[Signature]</i>	8217268182	
Student allotted	Name	Class	signature	Phone number
speech	1. Najiya T.P	(Ex-Intern)	<i>[Signature]</i>	9746105246
	2. Anson	Intern	<i>[Signature]</i>	6362204441
Audio	1. Tiya ✓		<i>[Signature]</i>	
	2. Fatima (Ex-Intern)		<i>[Signature]</i>	9539984083
Driver:				
Attender:				
System administrator:	Mr. Jayaram	<i>[Signature]</i>	9966955259	
Administrator:	Mrs. lovely george	<i>[Signature]</i>	920244485	
Camp coordinator	Mrs. prema kumari	<i>[Signature]</i>		
Substituting students for staff:	Name	class	signature	Phone number
Audio	1. Dilruba (Ex-Intern)		<i>[Signature]</i>	
speech	2.			

HOD of speech and language studies:

HOD of hearing studies:

[Signature]
 Principal 13/7/18

[Signature]
 13/07/18

Director technical

[Signature]

[Signature]
 20/7



Director of Technical Education
 State of Karnataka
 Bangalore
 Karnataka
 India



Staff and student deputed for the camp

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies the details of the camp is given below

Thanking you

PK
 camp coordinator

Camp details

Place of camp: Binni Mill.
 Date of the camp: 15-07-18 Sunday.
 Date and time of departure: 8:30 AM
 Type of camp: School/Public
 Food/Accommodation: organizers/institute arrangement
 Deputed intern for camp work: 1

Mode of transportation: Booked outside vehicle
MRS vehicle
Vellara Travels.
 Date and time of arrival:
 Organizer: Satya
 camp charge: 5000/-
 Receipt no:
 Total cases:

Staff allotted	Name	signature	Phone number
Speech staff	1. <u>Prabesh</u>		
Audio staff	2. <u>Racharaju</u>		
Student allotted	Name	Class	signature
speech	1. <u>Aakash</u>		
	2. <u>ISHAK</u>	<u>II BSc</u>	<u>OK</u>
Audio	1. <u>Ajisha</u>	<u>II BSc</u>	<u>OK</u>
	2. <u>Smriti</u>	<u>II BSc</u>	<u>OK</u>
Driver:			
Attender:			
System administrator:	Mr. Jayaram		
Administrator:	Mrs. lovely george		
Camp coordinator	Mrs. prema kumari		
Substituting students for staff:	Name	class	signature
Audio	1. <u>Raees</u>	<u>II BSc</u>	<u>PK</u>
speech	2. <u>Unnimaya</u>	<u>II BSc</u>	<u>PK</u>

HOD of speech and language studies:

HOD of hearing studies:

Thank you
 Principal 13/7/18

Director technical

Chairman
13/7



Government of Karnataka
 Department of Higher Education
 Government of Karnataka
 Department of Higher Education
 Government of Karnataka
 Department of Higher Education
 Government of Karnataka
 Department of Higher Education



Staff and student deputed for the camp

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies the details of the camp is given below

Thanking you

PK
camp coordinator

Camp details

Place of camp: **NIMHANS CONVENTION HALL** Mode of transportation: **Mobile bus**
 Date of the camp: **22-07-18 Sunday** Date and time of arrival:
 Date and time of departure: **2:00 PM to 8:30 PM** Organizer: **Ln. Shanthavadan**
 Type of camp: School/Public camp charge:
 Food/Accommodation: organizers/institute arrangement Receipt no:
 Deputed intern for camp work: Total cases:

Staff allotted	Name	signature	Phone number
Speech staff	1. No staff		
Audio staff	2. No staff		
Student allotted	Name	Class	signature
speech	1. Arash		
	2. Anson		
Audio	1. Tiya		636222441
	2. Prabhash		
Driver:	Gayeeappa		09946121130
Attender:	Robert		9902441885
System administrator:	Mr. Jayaram		9902900901
Administrator:	Mrs. lovely george		
Camp coordinator	Mrs. prema kumari		
Substituting students for staff:	Name	class	signature
Audio	1.		
speech	2.		

HOD of speech and language studies:

HOD of hearing studies:

Myre
Principal 20/7/18

Bejames
20/07/18

Director technical

PK

Chairman
25/7



Director Technical
 Director of Technical Studies
 Director of Language Studies
 Director of Hearing Studies
 Director of Speech Studies
 Director of Sign Language Studies
 Director of Braille Studies
 Director of Orientation and Mobility Studies
 Director of Assistive Technology Studies
 Director of Research and Development
 Director of Quality Assurance
 Director of Extension and Outreach
 Director of Student Welfare
 Director of Staff Welfare
 Director of Physical Education
 Director of Sports
 Director of Cultural Activities
 Director of Information and Public Relations
 Director of Library and Documental Services
 Director of Computer Services
 Director of Maintenance and Estate Management
 Director of Health and Safety
 Director of Finance and Accounts
 Director of Administration
 Director of General Services
 Director of Security
 Director of Legal Services
 Director of External Relations
 Director of Alumni Services
 Director of Placement and Career Guidance
 Director of Quality Improvement
 Director of Innovation and Entrepreneurship
 Director of Social Responsibility
 Director of Environmental Sustainability
 Director of Gender Equality
 Director of Disability Inclusion
 Director of Digital Literacy
 Director of Life Skills Education
 Director of Values Education
 Director of Character Education
 Director of Leadership Education
 Director of Entrepreneurship Education
 Director of Innovation Education
 Director of Creativity Education
 Director of Critical Thinking Education
 Director of Problem Solving Education
 Director of Decision Making Education
 Director of Teamwork Education
 Director of Communication Education
 Director of Conflict Resolution Education
 Director of Negotiation Education
 Director of Mediation Education
 Director of Arbitration Education
 Director of Restorative Justice Education
 Director of Restorative Practices Education
 Director of Restorative Justice Programs Education
 Director of Restorative Justice Training Education
 Director of Restorative Justice Research Education
 Director of Restorative Justice Evaluation Education
 Director of Restorative Justice Implementation Education
 Director of Restorative Justice Monitoring Education
 Director of Restorative Justice Reporting Education
 Director of Restorative Justice Review Education
 Director of Restorative Justice Improvement Education
 Director of Restorative Justice Innovation Education
 Director of Restorative Justice Leadership Education
 Director of Restorative Justice Advocacy Education
 Director of Restorative Justice Policy Education
 Director of Restorative Justice Practice Education
 Director of Restorative Justice Theory Education
 Director of Restorative Justice Research Education
 Director of Restorative Justice Evaluation Education
 Director of Restorative Justice Implementation Education
 Director of Restorative Justice Monitoring Education
 Director of Restorative Justice Reporting Education
 Director of Restorative Justice Review Education
 Director of Restorative Justice Improvement Education
 Director of Restorative Justice Innovation Education
 Director of Restorative Justice Leadership Education
 Director of Restorative Justice Advocacy Education
 Director of Restorative Justice Policy Education
 Director of Restorative Justice Practice Education
 Director of Restorative Justice Theory Education



Staff and student deputed for the camp

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies the details of the camp is given below

Thanking you

Pr
camp coordinator

Camp details

Place of camp: Govagentepalya Junction Mode of transportation: Mobile bus
 Date of the camp: 23-07-18 Monday Date and time of arrival:
 Date and time of departure: 9:00 AM to 5:30 PM Organizer: Ln. Shyam sundar
 Type of camp: School/Public camp charge: 5000/-
 Food/Accommodation: organizers/institute arrangement Receipt no:
 Deputed intern for camp work: Total cases:

Staff allotted	Name	signature	Phone number
Speech staff	1. <u>No staff</u>		
Audio staff	2. <u>Jahangeer</u>	<i>[Signature]</i>	<u>8217268182</u>
Student allotted	Name	Class	signature
speech	1. <u>Prabesh</u>		<i>[Signature]</i>
	2. <u>Farhan</u>		<i>[Signature]</i>
Audio	1. <u>Dilruba P</u>		<i>[Signature]</i>
	2. <u>Najiya T.P</u>		<i>[Signature]</i>
Driver:	<u>Sanyappa</u>	<i>[Signature]</i>	<u>9746705246</u>
Attender:	<u>Prabesh</u>		
System administrator:	Mr. Jayaram		
Administrator:	Mrs. lovely george	<i>[Signature]</i>	
Camp coordinator	Mrs. prema kumari	<i>[Signature]</i>	
Substituting students for staff:	Name	class	signature
Audio	1.		
speech	2.		

HOD of speech and language studies:

HOD of hearing studies:

[Signature]
Principals 7/18

[Signature]

Director technical

[Signature]

[Signature]
Chairman



Staff and student details for the camp

Staff and student deputed for the camp

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies the details of the camp is given below

Thanking you

PK
camp coordinator

Camp details

Place of camp: Kalyan nagar

Mode of transportation: Mobile bus

Date of the camp: 22/07/18 Friday

Date and time of arrival:

Date and time of departure: 9AM to 2PM

Organizer: Ln. Shaanthavadan.

Type of camp: School/Public

camp charge: FREE

Food/Accommodation: organizers/institute arrangement

Receipt no:

Deputed intern for camp work: Prabesh

Total cases:

Staff allotted	Name	signature	Phone number	
Speech staff	1. <u>No staff</u>			
Audio staff	2. <u>Female No staff</u>	<i>PK</i>	<u>9539984083</u>	
Student allotted	Name	Class	signature	Phone number
speech	1. <u>Femina</u>	<u>Ext. Int</u>		
	2. <u>Christy Koruthu</u>	<u>Ajay VSSc</u>	<i>PK</i>	<u>9496371257</u>
Audio	1. <u>Juja</u>	<u>Interna.</u>	<i>PK</i>	
	2. <u>Prabesh</u>	<u>Interna.</u>	<i>PK</i>	<u>09946121130</u>
Driver:	<u>Devesh Sanyal</u>			
Attender:	<u>Prabesh</u>			
System administrator:	<u>Mr. Jayaram</u>			
Administrator:	<u>Mrs. lovely george</u>			
Camp coordinator	<u>Mrs. prema kumari</u>			
Substituting students for staff:	Name	class	signature	Phone number
Audio	1. <u>Najiya</u>	<u>Ex. Int.</u>	<i>PK</i>	<u>9746705246</u>
	2. <u>Dilruba</u>	<u>Ex. Int.</u>	<i>PK</i>	<u>9961295302</u>

HOD of speech and language studies:

HOD of hearing studies:

Prabesh
25/07/18

PK
PK

-Principal

Director technical

Chairman



...
 ...
 ...
 ...

Staff and student deputed for the camp

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies the details of the camp is given below

Thanking you

[Signature]
 camp coordinator

Camp details

Place of camp: St. Judas School, Nagayonapalya Mode of transportation: Mobile bus
 Date of the camp: 29-07-18 Sunday Date and time of arrival:
 Date and time of departure: 8.00 AM - 2.30 PM Organizer: Mr. Shanthavadan
 Type of camp: School/Public camp charge: FREE
 Food/Accommodation: organizers/institute arrangement Receipt no:
 Deputed intern for camp work: Prabish Total cases:

Staff allotted	Name	signature	Phone number
Speech staff	1. <u>No Staff</u>		
Audio staff	2. <u>Jatinder</u>		
Student allotted	Name	Class	signature
Speech	1. <u>Prabish</u>		<i>[Signature]</i>
	2. <u>Akash</u>		<i>[Signature]</i>
Audio	1. <u>Jason</u>		<i>[Signature]</i>
	2. <u>Jiya</u>		<i>[Signature]</i>
Teacher:	<u>Sujayee</u>		
Teacher:	<u>Robert</u>		
Item administrator:	Mr. Jayaram		<i>[Signature]</i>
Administrator:	Mrs. lovely george		<i>[Signature]</i>
Camp coordinator	Mrs. prema kumari		<i>[Signature]</i>
Deputing students	Name	class	signature
Staff:			
Audio	1. <u>Famina</u>		<i>[Signature]</i>
Speech	2. <u>T. Sridhar Reddy</u>		<i>[Signature]</i>

Department of speech and language studies:

HOD of hearing studies:

[Signature]
 25/07/18

[Signature]

[Signature]

Slpzi

Director technical

Chairman



Staff and student deputed for the camp

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies the details of the camp is given below

Thanking you

camp coordinator

Camp details

Place of camp: Bidadi
 Date of the camp: 08/08/18
 Date and time of departure: 8:00 AM
 Type of camp: School/Public
 Food/Accommodation: organizers/institute arrangement
 Deputed intern for camp work: ORABISH

Mode of transportation:
 Date and time of arrival:
 Organizer: Ln. Syam Sundhar
 camp charge: 7000/-
 Receipt no:
 Total cases:

Staff allotted	Name	signature	Phone number	
Speech staff	1. <u>Primo</u>			
Audio staff	2. <u>[Name]</u>		<u>[Phone Number]</u>	
Student allotted	Name	Class	signature	Phone number
speech	1. <u>Fathath</u>	<u>Intern</u>		<u>7010161851</u>
	2. <u>Famina</u>	<u>Intern</u>		<u>9539984083</u>
Audio	1. <u>Alajiya</u>	<u>Ear Intern</u>		<u>9746705046</u>
	2. <u>Dilaksh</u>	<u>Ex-Intern</u>		<u>9961295302</u>
Driver:	<u>Mohan</u>	<u>III BSc</u>		<u>9900149071</u>
Attender:	<u>Prayanka</u>	<u>III BSc</u>		
System administrator:	Mr. Jayaram			
Administrator:	Mrs. lovely george			
Camp coordinator	Mrs. prema kumari			
Substituting students for staff:	Name	class	signature	Phone number
Audio	1. <u>ORABISH</u>			
speech	2. <u>ANSON</u>			<u>09946121130</u>

HOD of speech and language studies:

HOD of hearing studies:

-Principal

Director technical

Chairman

08/08/18



Dr. S. R. Chandrasekhar Institute of Speech & Hearing
 Hennur Main Road, Bangalore - 560 084.
 Tel: 080-25460405/25470037/25468470 Fax:080-25467829
 Email: dr.srcish@gmail.com Web: www.speechear.org

STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below.

Thanking you

[CAMP DETAILS]

Camp coordinator: *Pe*

Place of camp: *Rajajinagar*
 Date of camp: *19-08-18 (Sunday)*
 Date and time of departure: *8:00 AM*

Organizer: *Ln. Shyamsundar*
 Date and time of arrival:

Type of camp: *School / Public*

Camp charges: *5000/-*

Food/Accommodation: *organizers / Institute*

Receipt no:

Deputed intern for camp work: *PRABISH*

Total cases:

Staff allotted	Name	Signature	Phone number
Speech staff	1. <i>Two Staff</i>		
Audio staff	2. <i>Jahinger, Jiya</i>	<i>[Signature]</i>	<i>8217268182</i>
Student allotted	Name: Class:	Signature	Phone number
Speech	1. <i>Famina, Najiya, T.P</i>	<i>[Signature]</i>	<i>9539984083</i>
	2. <i>[Signature] Dilsuba</i>	<i>[Signature]</i>	<i>9961295302</i>
Audio	1. <i>Prabish</i>	<i>[Signature]</i>	<i>9946121130</i>
	2. <i>Akash</i>	<i>[Signature]</i>	<i>9900450067</i>
Driver	<i>Sanjeevappa</i>	<i>[Signature]</i>	<i>9902441285</i>
Attender	<i>Robert</i>	<i>[Signature]</i>	
System administrator	Mr. Jayaram		
Administrator	Mrs. Lovely George		
Camp coordinator	Mrs. Prema Kumari	<i>[Signature]</i>	
Substituting students for staff	Name: Class:	Signature	Phone number
Audio	1.		
Speech	2.		

HOD of speech and language studies:

HOD of hearing studies:

[Signature]
18/8/18

[Signature]
18/8/18

[Signature]

Principal:

Director technical:

Chairman:



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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below.

Thanking you

Camp coordinator: *PK*

[CAMP DETAILS]

Place of camp: *J. P Nagar.*

Date of camp: *15-09-18 (Saturday)*

Organizer: *Mobility India*

Date and time of departure:

Date and time of arrival:

Type of camp: School / Public

Camp charges: *6000/-*

Food/Accommodation: organizers / Institute

Receipt no: *ON line payment*

Deputed intern for camp work: *Prabhish*

Total cases:

Staff allotted	Name	Signature	Phone number
Speech staff	1. <i>No staff</i>		
Audio staff	2. <i>No staff</i>		
Student allotted	Name:	Class:	Signature
Speech	1. <i>Rinley</i>	<i>II BSL</i>	<i>[Signature]</i>
	2. <i>AKASH</i>	<i>(Intern)</i>	<i>[Signature]</i>
Audio	1. <i>Prabhish</i>	<i>(Intern)</i>	<i>[Signature]</i>
	2. <i>Ana Rajan</i>	<i>(III BSL)</i>	<i>[Signature]</i>
Driver	<i>Surya Chappu</i>		<i>[Signature]</i>
Attender	<i>Robert</i>		<i>[Signature]</i>
System administrator	Mr. Jayaram		<i>[Signature]</i>
Administrator	Mrs. Lovely George		<i>[Signature]</i>
Camp coordinator	Mrs. Prema Kumari		<i>[Signature]</i>
Substituting students for staff	Name:	Class:	Signature
Audio	1. <i>Aleeng</i>	<i>II BSL</i>	<i>[Signature]</i>
Speech	2. <i>Lino</i>	<i>II BSL</i>	<i>[Signature]</i>

HOD of speech and language studies:

HOD of hearing studies:

Myra
13/9/18
 Principal:

[Signature]
12/09/18

[Signature]
 Chairman:



Dr. S. R. Chandrasekhar Institute of Speech & Hearing
 Hennur Main Road, Bangalore - 560 084.
 Tel: 080-25460405/25470037/25468470 Fax:080-25467829
 Email-dr.srcish@gmail.com Web: www.speechear.org

STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below.

Thanking you

[CAMP DETAILS]

Camp coordinator: *Pls*

Place of camp: *Tumkur*

Date of camp: *16-09-18 (Sunday)*

Organizer: *Ln. Shyam sudar*

Date and time of departure:

Date and time of arrival:

Type of camp: School / Public

Camp charges: *7000/-*

Food/Accommodation: organizers / Institute

Receipt no:

Deputed intern for camp work:

Total cases:

Prabhash

Staff allotted	Name	Signature	Phone number
Speech staff	1. <i>No staff</i>		
Audio staff	2. <i>Jiya</i>		
Student allotted	Name:	Class:	Signature
Speech	1. <i>Akash</i>	<i>(Intern)</i>	<i>[Signature]</i>
	2. <i>Shabnam</i>	<i>(II BSLPA)</i>	<i>[Signature]</i>
Audio	1. <i>Prabhash</i>	<i>(Intern)</i>	<i>[Signature]</i>
	2. <i>Pooja</i>	<i>(II BSLPA)</i>	<i>[Signature]</i>
Driver	<i>Kanjeeppa</i>	<i>[Signature]</i>	<i>9902491885</i>
Attender	<i>Robert</i>	<i>[Signature]</i>	
System administrator	Mr. Jayaram	<i>[Signature]</i>	
Administrator	Mrs. Lovely George	<i>[Signature]</i>	
Camp coordinator	Mrs. Prema Kumari	<i>[Signature]</i>	
Substituting students for staff	Name:	Class:	Signature
Audio	1. <i>Roshen</i>	<i>(II BSLPA)</i>	<i>[Signature]</i>
	2. <i>Sachin</i>	<i>(II BSLPA)</i>	<i>[Signature]</i>
Speech	1. <i>[Blank]</i>		
	2. <i>Alok</i>	<i>(INTERN)</i>	<i>[Signature]</i>

HOD of speech and language studies:

HOD of hearing studies:

[Signature]
13/9/18
Principal:

[Signature] 12/9/18 *[Signature]*

[Signature]
Chairman:



Dr. S. R. Chandrasekhar Institute of Speech & Hearing
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 Email-dr.sreish@gmail.com Web: www.speechear.org

STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below.

Thanking you

Camp coordinator: *PK*

[CAMP DETAILS]

Place of camp: *Govt. School, Shivajinagar*
 Date of camp: *17-09-18 (Wed)* Organizer: *Sarvashalashana Abhiyan*
 Date and time of departure: *9:00 AM to 2:30 PM* Date and time of arrival: *-*
 Type of camp: *School / Public* Camp charges: *FREE*
 Food/Accommodation: *organizers / Institute* Receipt no:
 Deputed intern for camp work: *PRABISH* Total cases:

Staff allotted	Name	Signature	Phone number
Speech staff	1. <i>No staff</i>		
Audio staff	2. <i>No staff</i>		
Student allotted	Name:	Class:	Signature
Speech	1. <i>AKASH</i>	<i>(Intern)</i>	
	2.		
Audio	1. <i>Vidya Rosario</i>	<i>II BSC</i>	<i>Vidya</i>
	2. <i>Robert</i>	<i>II BSC</i>	<i>Robert</i>
Driver	<i>Sankarappa</i>		
Attender	<i>Robert</i>		
System administrator	Mr. Jayaram	<i>Jayaram</i>	
Administrator	Mrs. Lovely George	<i>Lovely</i>	
Camp coordinator	Mrs. Prema Kumari	<i>PK</i>	
Substituting students for staff	Name:	Class:	Signature
Audio	1. <i>Prabish</i>	<i>(Intern)</i>	<i>Prabish</i>
Speech	2. <i>Febi Ann James</i>	<i>(II BSC)</i>	<i>Febi</i>

HOD of speech and language studies:

HOD of hearing studies:

17/9/18
Principal:

PK

PK
Chairman:



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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below.

Thanking you

Camp coordinator: *PK*

[CAMP DETAILS]

Place of camp: Devarajeevana halli.

Date of camp: 23-09-18 (Sunday)

Organizer: Ln. Shyaamsundar

Date and time of departure: 8.00 AM

Date and time of arrival:

Type of camp: School / Public

Camp charges: 5000/-

Food/Accommodation: organizers / Institute

Receipt no:

Deputed intern for camp work: Prabish

Total cases:

Staff allotted	Name		Signature	Phone number
Speech staff	1. Kaushalya		<i>[Signature]</i>	9573005975
Audio staff	2. Manasa		<i>[Signature]</i>	
Student allotted	Name:	Class:	Signature	Phone number
Speech	1. Akhil dinesh	11BSC	<i>[Signature]</i>	7012743153
	2. Pritha . B'E	11BSC	<i>[Signature]</i>	299 4409983
Audio	1. Akshaya . M	11BSC	<i>[Signature]</i>	7994469983
	2. Haseeb Anfal	11BSC	<i>[Signature]</i>	9867655521
Driver	Sanyasirama		<i>[Signature]</i>	9902900901
Attender	Hobart		<i>[Signature]</i>	
System administrator	Mr. Jayaram		<i>[Signature]</i>	
Administrator	Mrs. Lovely George		<i>[Signature]</i>	
Camp coordinator	Mrs. Prema Kumari		<i>[Signature]</i>	
Substituting students for staff	Name:	Class:	Signature	Phone number
Audio	1.			
Speech	2.			

HOD of speech and language studies:

HOD of hearing studies:

Principal:

[Signature]
20/9/18.

Director technical:

Chairman:

[Signature]



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 Email-dr.srcish@gmail.com Web: www.speechhear.org

STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below.

Thanking you

[CAMP DETAILS]

Camp coordinator: *PK*

Place of camp: Bangalore rural ALIMCO

Date of camp: 24th to 28th of Sept 2018.

Organizer: ALIMCO

Date and time of departure: (4 days)

Date and time of arrival:

Type of camp: School / Public

Camp charges: :

Food/Accommodation: organizers / Institute

Receipt no:

Deputed intern for camp work:

Total cases:

Only 2 persons are required.

Staff allotted	Name	Signature	Phone number
Speech staff	1. No staff		
Audio staff	2. No staff		
Student allotted	Name:	Class:	Signature
Speech	1. Akash Intern		
	2. Prashish Intern		
Audio	1.		
	2.		
Driver			
Attender			
System administrator	Mr. Jayaram		
Administrator	Mrs. Lovely George		
Camp coordinator	Mrs. Prema Kumari	<i>PK</i>	
Substituting students for staff	Name:	Class:	Signature
Audio	1.		
Speech	2.		

HOD of speech and language studies:

HOD of hearing studies:

Principal:

Director technical:

Chairman: *PK*

ALIMCO GOVT PROGRAMME
 ONLY AUDIOLOGY.




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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below.

Thanking you

Camp coordinator: 

[CAMP DETAILS]

Place of camp: Rajajinagara

Date of camp: 30-09-18 Sunday

Date and time of departure:

Type of camp: School / Public

Food/Accommodation: organizers / Institute

Deputed intern for camp work:

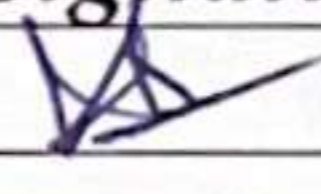
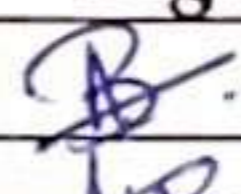


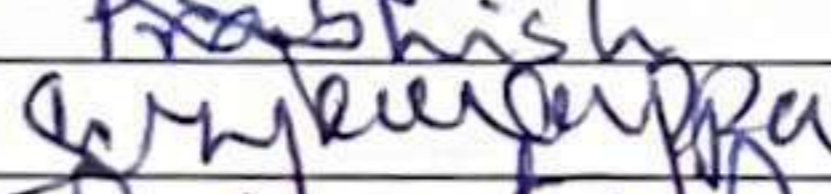





Organizer: Ln. Shyaamsundar

Date and time of arrival:

Camp charges: 5000/-

Receipt no:

Total cases:

Staff allotted	Name	Signature	Phone number	
Speech staff	1. Kausalya		9573005935	
Audio staff	2. —			
Student allotted	Name:	Class:	Signature	Phone number
Speech	1. Binitha	11 BSC		7994409983
	2. Akhil	11 BSC		7012743153
Audio	1. Akshaya	11 BSC		7593940355
	2. Prabhish			
Driver				9902141885
Attender	Robert / Prakash			9902900901
System administrator	Mr. Jayaram			
Administrator	Mrs. Lovely George			
Camp coordinator	Mrs. Prema Kumari			
Substituting students for staff	Name:	Class:	Signature	Phone number
Audio	1.			
Speech	2.			

HOD of speech and language studies:

HOD of hearing studies:

Principal: 
28/9/18

Chairman: 

Mysore
28/9/18

NSS UNIT –VISIT TO OLD AGE HOME ON 21ST SEPTEMBER, 2018



NSS officer –Mrs. Alphonsa Joseph with students.



Sr. Akula is intacting and explaining about the Home.



De weeding the Garden



Serving the residents lunch and

helping to clean up



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 Email-dr.srcish@gmail.com Web: www.speechhear.org

STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below.

Thanking you

Camp coordinator: *Pr*

[CAMP DETAILS]

Place of camp: *Kammanagondanahalli ; Ashoka polytechnic College ..*
 Date of camp: *02-10-18 Tuesday - (Youth holiday)*
 Date and time of departure: *7.30 AM*
 Type of camp: *School / Public*
 Food/Accommodation: *organizers / Institute*
 Deputed intern for camp work: *PRABISH*

Organizer: *Ln. Shyamsunder*
 Date and time of arrival: *4.30 P.M.*
 Camp charges: *5000/-*
 Receipt no:
 Total cases:

Staff allotted	Name	Signature	Phone number
Speech staff	1. NO staff		
Audio staff	2. <i>Jija</i>	<i>[Signature]</i>	
Student allotted	Name: Class:	Signature	Phone number
Speech	1. <i>Shruti Aditya BP DBCI</i>	<i>[Signature]</i>	<i>860667742</i>
	2. <i>Unimaya Venkthodadh.</i>	<i>[Signature]</i>	<i>9495503960.</i>
Audio	1. <i>AVIATH</i>	<i>[Signature]</i>	<i>9900450067</i>
	2. <i>Prabish Christy DBCI</i>	<i>[Signature]</i>	<i>7496371257</i>
Driver	<i>Sentendrappe</i>	<i>[Signature]</i>	<i>9902492888</i>
Attender	<i>Manoj</i>	<i>[Signature]</i>	<i>8553842589</i>
System administrator	Mr. Juyaram	<i>[Signature]</i>	
Administrator	Mrs. Lovely George	<i>[Signature]</i>	
Camp coordinator	Mrs. Prema Kumari	<i>[Signature]</i>	
Substituting students for staff	Name: Class:	Signature	Phone number
Audio	1. <i>Prabish</i>		
Speech	2. <i>-</i>		

HOD of speech and language studies:

HOD of hearing studies:

Principal:

Chairman:

[Signature]
01/10/18

[Signature]
11/10/18 (Moghad)



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 Hennur Main Road, Bangalore - 560 084.
 Tel: 080-25460405/25470037/25468470 Fax:080-25467829
 Email: dr.srcish@gmail.com Web: www.speechhear.org

STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below.

Thanking you

Camp coordinator: *Pk*

[CAMP DETAILS]

Place of camp: *Palace ground Book fair Exhibition.*

Date of camp: *15-10-18 Monday* Organizer: *Chairman.*

Date and time of departure: Date and time of arrival: *1st*

Type of camp: *School / Public* *Staff*

Camp charges: *FREE*
 As permission given by Chairman
 Receipt no:

Food/Accommodation: *organizers / Institute*

Deputed intern for camp work:

Total cases: *28*

Staff allotted	Name	Signature	Phone number
Speech staff	1. <i>No Staff</i>		
Audio staff	2. <i>No staff</i>		
Student allotted	Name:	Class:	Signature
Speech	1. <i>Ajisha</i>	<i>II BSc</i>	<i>[Signature]</i>
	2. <i>Febi</i>	<i>II BSc</i>	<i>[Signature]</i>
Audio	1. <i>Akshay</i>	<i>II BSc</i>	<i>[Signature]</i>
	2. <i>Siddarth</i>	<i>II BSc</i>	<i>[Signature]</i>
Driver	<i>Enmesha Mijal</i>		
Attender	<i>Mambij</i>		
System administrator	<i>Mr. Jayaram</i>		
Administrator	<i>Mrs. Lovely George</i>		
Camp coordinator	<i>Mrs. Prema Kumari</i>		
Substituting students for staff	Name:	Class:	Signature
Audio	1. <i>Serah</i>	<i>II MSc</i>	<i>[Signature]</i>
Speech	2. <i>Vaishnavi</i>	<i>II MSc</i>	<i>[Signature]</i>

HOD of speech and language studies:

HOD of hearing studies:

[Signature]
 Principal: *[Signature]*

[Signature]
 Chairman: *[Signature]*

Note: *Alok full time - 15th to 21st Asham*



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Thanking you

Camp coordinator: *PK*

[CAMP DETAILS]

Place of camp: *Palace ground Book fair exhibition.*

Date of camp: *16-10-18 Tuesday* Organizer: *Chairman*

Date and time of departure: Date and time of arrival: *6:10*

Type of camp: *School / Public stall* Camp charges: *FREE*

Food/Accommodation: *organizers / Institute* Receipt no:

Deputed intern for camp work: Total cases: *22*

Staff allotted	Name	Signature	Phone number
Speech staff	1. <i>No staff</i>		
Audio staff	2. <i>No staff</i>		
Student allotted	Name:	Class:	Signature
Speech	1. <i>Akshay</i>	<i>II BSc</i>	<i>[Signature]</i>
	2. <i>Alok</i>	<i>II BSc</i>	<i>[Signature]</i>
Audio	1. <i>Ashwin</i>	<i>II BSc</i>	<i>[Signature]</i>
	2. <i>Akhil (boy)</i>		<i>[Signature]</i>
Driver	<i>Sanjay/Officer / S. Prakash</i>	<i>[Signature]</i>	<i>7012743153</i>
Attender	<i>Mr. Jayaram</i>	<i>[Signature]</i>	
System administrator	<i>Mrs. Lovely George</i>	<i>[Signature]</i>	
Administrator	<i>Mrs. Prema Kumari</i>	<i>[Signature]</i>	
Camp coordinator			
Substituting students for staff	Name:	Class:	Signature
Audio	1.		
Speech	2.		

HOD of speech and language studies:

HOD of hearing studies:

Principal: 24/10/18

Chairman:



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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below.

Thanking you

Camp coordinator: *PK*

[CAMP DETAILS]

Place of camp: Palace ground Book fair exhibition.

Date of camp: 17-10-18 Wednesday Organizer: Chairman

Date and time of departure: Date and time of arrival: 11

Type of camp: School / Public + staff Camp charges: FREE

Food/Accommodation: organizers / Institute Receipt no:

Deputed intern for camp work: Total cases: 15

Staff allotted	Name	Signature	Phone number
Speech staff	1. No staff		
Audio staff	2. No staff		
Student allotted	Name:	Class:	Signature
Speech	1. Alok	BSc	
	2. Aham	BSc	
Audio	1. Suresh	MSc	9148498233
	2. Vanshika	MSc	
Driver	S. Prakash		
Attender	S. Prakash		
System administrator	Mr. Jayaram		
Administrator	Mrs. Lovely George		
Camp coordinator	Mrs. Prema Kumari		
Substituting students for staff	Name:	Class:	Signature
Audio	1.		
Speech	2.		

HOD of speech and language studies:

HOD of hearing studies:

Principal
 Principal: 24/10/18

Chairman
 Chairman:



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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

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Thanking you

Camp coordinator:

[CAMP DETAILS]

Place of camp: Palace ground - Book fair Exhibition.

Date of camp: 18-10-18 Thursday. Organizer: Chairman.

Date and time of departure: Date and time of arrival: 11:11

Type of camp: School / Public Camp charges: FREE

Food/Accommodation: organizers / Institute Receipt no:

Deputed intern for camp work: Total cases: 14.

Staff allotted	Name	Signature	Phone number
Speech staff	1. Srilakshmi	[Signature]	9497814326
Audio staff	2. No staff		
Student allotted	Name:	Class:	Signature
Speech	1. Alok	U B1c	9536079935
	2. Ashwin	U B1c	
Audio	1. Sridhar	U B1c	990249688
	2. Sarah	(Camp staff)	
Driver	[Signature]	[Signature]	
Attender	S. Prakash	[Signature]	
System administrator	Mr. Jayaram	[Signature]	
Administrator	Mrs. Lovely George	[Signature]	
Camp coordinator	Mrs. Prema Kumari	[Signature]	
Substituting students for staff	Name:	Class:	Signature
Audio	1.		
Speech	2.		

HOD of speech and language studies: Naha (9142478232) HOD of hearing studies:

Principal: 24/10/18

Chairman: [Signature]



STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below.

Thanking you

Camp coordinator: *PK*

[CAMP DETAILS]

Place of camp: *Palace ground Book fair Exhibition.*

Date of camp: *19-10-18 Friday.* Organizer: *Chairman*

Date and time of departure: Date and time of arrival: *11*

Type of camp: *School / Public* Camp charges: *FREE*

Food/Accommodation: *organizers / Institute* Receipt no:

Deputed intern for camp work: Total cases: *18*

Staff allotted	Name	Signature	Phone number
Speech staff	1. <i>Srilakshmi</i>	<i>[Signature]</i>	
Audio staff	2. <i>no staff</i>		
Student allotted	Name:	Class:	Signature
Speech	1. <i>Alok</i>	<i>Intern</i>	
	2. <i>Sarala</i>	<i>1st</i>	
Audio	1. <i>Asham</i>	<i>irble</i>	
	2. <i>Bridhar</i>	<i>MSc</i>	
Driver	<i>Sampathappa/Chetty</i>	<i>[Signature]</i>	
Attender	<i>S. Prakash</i>	<i>[Signature]</i>	
System administrator	Mr. Jayaram		
Administrator	Mrs. Lovely George		
Camp coordinator	Mrs. Prema Kumari		
Substituting students for staff	Name:	Class:	Signature
Audio	1.		
Speech	2.		

HOD of speech and language studies:

HOD of hearing studies:

[Signature]
 Principal: *24/10/18*

[Signature]
 Chairman:



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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below.

Thanking you

Camp coordinator: *PL*

[CAMP DETAILS]

Place of camp: *Palace ground Book Fair Exhibition.*

Date of camp: *20-10-18 Saturday* Organizer: *Chairman.*

Date and time of departure: Date and time of arrival: *1**

Type of camp: *School / Public* ✓ Camp charges: *FREE*

Food/Accommodation: *organizers / Institute* Receipt no:

Deputed intern for camp work: Total cases: *16.*

Staff allotted	Name	Signature	Phone number
Speech staff	1. <i>No staff</i>		
Audio staff	2. <i>No staff</i>		
Student allotted	Name:	Class:	Signature
Speech	1. <i>Alok</i>	<i>Intern</i>	
	2. <i>Ashwani</i>	<i>B.Sc</i>	
Audio	1. <i>Arshaya</i>	<i>B.Sc</i>	
	2. <i>Mable</i>	<i>B.Sc</i>	
Driver	<i>Srinivas</i>	<i>Srinivas</i>	
Attender	<i>S. Prakash</i>	<i>S. Prakash</i>	
System administrator	Mr. Jayaram		
Administrator	Mrs. Lovely George		
Camp coordinator	Mrs. Prema Kumari		
Substituting students for staff	Name:	Class:	Signature
Audio	1. <i>-</i>		
Speech	2. <i>-</i>		

HOD of speech and language studies:

HOD of hearing studies:

S. R. Chandrasekhar
 Principal: *24/10/18*

PL
 Chairman:



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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

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Thanking you

[CAMP DETAILS]

Camp coordinator: *P.R.*

Place of camp: *Palace Ground . Book fair Exhibition.*

Date of camp: *21-10-18 Sunday* Organizer: *Chairman*

Date and time of departure: Date and time of arrival: *1**

Type of camp: *School / Public* *stall.* Camp charges: *FREE*

Food/Accommodation: *organizers / Institute* Receipt no:

Deputed intern for camp work: Total cases: *19.*

Staff allotted	Name	Signature	Phone number
Speech staff	1. <i>NO staff</i>		
Audio staff	2. <i>NO staff</i>		
Student allotted	Name:	Class:	Signature
Speech	1. <i>Alok</i>	<i>BSc</i>	
	2. <i>Asham</i>	<i>BSc</i>	
Audio	1. <i>Akshay</i>	<i>BSc</i>	
	2. <i>Mable Ashem</i>	<i>BSc</i>	
Driver	<i>Sanjesh/Pranav/Anjay</i>		<i>S.F. Hall</i>
Attender	<i>S. Prakash</i>		<i>S. Prakash</i>
System administrator	<i>Mr. Jayaram</i>		
Administrator	<i>Mrs. Lovely George</i>		<i>L.G.</i>
Camp coordinator	<i>Mrs. Prema Kumari</i>		<i>P.K.</i>
Substituting students for staff	Name:	Class:	Signature
Audio	1.		
Speech	2.		

HOD of speech and language studies:

HOD of hearing studies:

S. R. Chandrasekhar
 Principal: *24/10/18*

P.R.
 Chairman:



STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below.

Thanking you

Camp coordinator:

[CAMP DETAILS]

Place of camp: *Rajajinagar / Prakashnagar*

Date of camp: *28/10/18 (SUNDAY)*

Organizer: *Dr. Shyamendar*

Date and time of departure: *8:00 AM*

Date and time of arrival: *1**

Type of camp: School / Public

Camp charges: *5000/-*

Food/Accommodation: organizers / Institute

Receipt no:

Deputed intern for camp work: *PRAIBISH*

Total cases:

Staff allotted	Name	Signature	Phone number
Speech staff	1. No staff available.		
Audio staff	2. <i>Jija</i>	<i>[Signature]</i>	
Student allotted	Name: _____ Class: _____	Signature	Phone number
Speech	1. <i>Brimtha</i> IIBSC	<i>[Signature]</i>	<i>7494409983</i>
	2. <i>Ravina</i> IIBSC	<i>[Signature]</i>	<i>974244907</i>
Audio	1. <i>Alok Suman (Intern)</i>	<i>[Signature]</i>	<i>9289454327</i>
	2. _____		
Driver	<i>[Signature]</i>	<i>[Signature]</i>	<i>9902491888</i>
Attender	<i>[Signature]</i>	<i>[Signature]</i>	<i>9902900901</i>
System administrator	Mr. Jayaram	<i>[Signature]</i>	
Administrator	Mrs. Lovely George	<i>[Signature]</i>	
Camp coordinator	Mrs. Prema Kumari	<i>[Signature]</i>	
Substituting students for staff	Name: _____ Class: _____	Signature	Phone number
Audio	1. _____		
Speech	2. _____		

HOD of speech and language studies:

HOD of hearing studies:

[Signature]
Principal:

[Signature]

[Signature]
Chairman:



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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below.

Thanking you

[CAMP DETAILS]

Camp coordinator: *Pr*

Place of camp: *Devanahalli, Sunnaghatta, Govt. School.*

Date of camp: *29/10/18 Monday*

Organizer: *Ln. Shanthavadas*

Date and time of departure: *9.00 AM.*

Date and time of arrival: *11*

Type of camp: *School / Public*

Camp charges: *FREE.*
As per Treasurer permission.
 Receipt no:

Food/Accommodation: *organizers / Institute*

Deputed intern for camp work: *PRABISH*

Total cases: *125 children.*

Vehicle: *T.T.*

Staff allotted	Name	Signature	Phone number
Speech staff	1. <i>No staff</i>		
Audio staff	2. <i>No staff</i>		
Student allotted	Name:	Class:	Signature
Speech	1.		
	2. <i>Ayain</i>	<i>II BSC</i>	<i>[Signature]</i>
Audio	1. <i>Impana</i>	<i>I BSC</i>	<i>[Signature]</i>
	2. <i>Vibina</i>	<i>II BSC</i>	<i>[Signature]</i>
Driver	<i>Sanjeevappa</i>	<i>[Signature]</i>	<i>9902441885</i>
Attender			
System administrator	<i>Mr. Jayaram</i>	<i>[Signature]</i>	
Administrator	<i>Mrs. Lovely George</i>	<i>[Signature]</i>	
Camp coordinator	<i>Mrs. Prema Kumari</i>	<i>[Signature]</i>	
Substituting students for staff	Name:	Class:	Signature
Audio	1. <i>Prabish</i>		
Speech	2. <i>Alok</i>		

HOD of speech and language studies: *[Signature]*

HOD of hearing studies: *[Signature]*

Principal: *[Signature]*
21/11/18

Chairman: *[Signature]*
12/11



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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below

Thanking you

[CAMP DETAILS]

Camp coordinator: *PK*

Place of camp: *Kammagondanahalli*

Date of camp: *1/11/19 [Friday]*

Organizer: *M. Shivakumar*

Date and time of departure:

Date and time of arrival:

Type of camp: School / Public

Camp charges: *7000/-*

Food/Accommodation: organizers / Institute

Receipt no:

Deputed intern for camp work:

Total cases:

Staff allotted	Name	Signature	Phone number
Speech staff	1. <i>Bathu Betsy</i>	<i>Bathu</i>	7356323706
Audio staff	2. <i>Prabir P</i>	<i>Prabir</i>	919946121130
Student allotted	Name: Class: Signature Phone number		
Speech	1. <i>[Faded]</i>		
	2. <i>[Faded]</i>		
Audio	1. <i>Akshayan</i>	<i>Akshayan</i>	7593940355
	2. <i>Ashu</i>	<i>Ashu</i>	7012743153
Driver	<i>Srinivasappa</i>	<i>Srinivasappa</i>	9902491885
Attender	<i>Mallikarjuna</i>	<i>Mallikarjuna</i>	9964955258
System administrator	Mr. Jayaram		
Administrator	Mrs. Lovely George		
Camp coordinator	Mrs. Prema Kumari		
Substituting students for staff	Name: Class: Signature Phone number		
Audio	1. <i>Binisha</i>	<i>Binisha</i>	9380759065
Speech	2. <i>Raena</i>	<i>Raena</i>	9744844907

HOD of speech and language studies:

HOD of hearing studies:

[Signature]

[Signature] 31/10/19.

Principal:

Chairman:

[Signature]

[Signature]



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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below

Thanking you

Camp coördinator: *Pu.*

[CAMP DETAILS]

Place of camp: *Laggere*

Date of camp: *16/11/19*

Organizer: *Mr. Suresh.*

Date and time of departure:

Date and time of arrival:

Type of camp: *School / Public*

Camp charges: *6000/-*

Food/Accommodation: *organizers / Institute*

Receipt no:

Deputed intern for camp work:

Total cases: *186*

Transportation: *Rotary Bus, Mobile bus*

Staff allotted	Name	Signature	Phone number
Speech staff	1. <i>Biby S. Mathew</i>	<i>Bathu</i>	<i>7356323706</i>
Audio staff	2. <i>Sharanaya S. (Intern)</i>	<i>[Signature]</i>	<i>7353913902</i>
Student allotted	Name: Class:	Signature	Phone number
Speech	1. <i>Mahashree</i> <i>UGS</i>	<i>[Signature]</i>	<i>9535906237</i>
	2. <i>Sushmitha</i> <i>UGS</i>	<i>[Signature]</i>	<i>9611520765</i>
Audio	1. <i>Shabnam Husna</i> <i>Intern</i>	<i>Hausil</i>	<i>8086921247</i>
	2. <i>Mohan</i> <i>Inter</i>	<i>[Signature]</i>	<i>9900149071</i>
Driver	<i>Srinivasappa</i>		
Attender	<i>[Signature]</i>		
System administrator	<i>Mr. Jayaram</i>	<i>[Signature]</i>	
Administrator	<i>Mrs. Lovely George</i>		
Camp coordinator	<i>Mrs. Prema Kumari</i>	<i>[Signature]</i>	
Substituting students for staff	Name: Class:	Signature	Phone number
Audio	1. <i>Sharanaya</i> <i>Inter</i>	<i>[Signature]</i>	<i>7353913902</i>
Speech	2.		

HOD of speech and language studies:

HOD of hearing studies:

Principal: *[Signature]*

Chairman: *[Signature]*

[Signature]
14/11/19

[Signature]
14/11/2019

[Signature]

[Signature]
4/12



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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below

Thanking you

Camp coordinator: *PK*

[CAMP DETAILS]

Place of camp: *Vibhuthipure*

Date of camp: *17/11/19 [Sunday]*

Organizer: *MA. Suresh*

Date and time of departure:

Date and time of arrival:

Type of camp: School / Public ✓

Camp charges: *6000/-*

Food/Accommodation: organizers / Institute

Receipt no:

Deputed intern for camp work:

Total cases: *132*

Transportation: *Mobile bus.*

Staff allotted	Name	Signature	Phone number	
Speech staff	1. <i>Betsy S. Mahu</i>	<i>Bathu</i>	<i>7356 323706</i>	
Audio staff	2.			
Student allotted	Name:	Class:	Signature	Phone number
Speech	1. <i>Aisha Shabnam</i>	<i>Intern</i>	<i>[Signature]</i>	<i>7094899243 8086921247</i>
	2. <i>Fabi</i>		<i>[Signature]</i>	<i>7892145657</i>
Audio	1. <i>Aishwarya U</i>		<i>[Signature]</i>	<i>9745303776</i>
	2. <i>[Name]</i>		<i>[Signature]</i>	<i>9746125010</i>
Driver	<i>[Name]</i>			
Attender	<i>[Name]</i>			
System administrator	<i>Mr. Jayaram</i>		<i>[Signature]</i>	<i>853842589 996495258</i>
Administrator	<i>Mrs. Lovely George</i>			
Camp coordinator	<i>Mrs. Prema Kumari</i>		<i>PK</i>	
Substituting students for staff	Name:	Class:	Signature	Phone number
Audio	1. <i>Lino Elizabeth John</i>	<i>(III BSc)</i>	<i>[Signature]</i>	<i>9845422782</i>
Speech	2. <i>Mahesh (Intern)</i>		<i>[Signature]</i>	<i>956656888</i>

HOD of speech and language studies:

HOD of hearing studies:

[Signature]

[Signature]

[Signature]
31/10/19

Principal:

Chairman:

[Signature]



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 Email-dr.srcish@gmail.com Web: www.speechear.org

STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below

Thanking you

Camp coordinator: *Dr.*

[CAMP DETAILS]

Place of camp: *Basawanhwaranagar*

Date of camp: *17/11/19 [Sunday]*

Organizer: *Dr. Shivakumar*

Date and time of departure:

Date and time of arrival:

Type of camp: School / Public

Camp charges: *7000/-*

Food/Accommodation: organizers / Institute

Receipt no:

Deputed interns for camp work:

Total cases: *115*

Transportation *1 Rotary Bus.*

Staff allotted	Name	Signature	Phone number
Speech staff	1.		
Audio staff	2.		
Student allotted	Name:	Class:	Signature
Speech	1. <i>Kemli</i>	<i>II BSC</i>	<i>[Signature]</i>
	2. <i>Ishak</i>	<i>III BSC</i>	<i>[Signature]</i>
Audio	1. <i>Riyaz</i>	<i>II BSC</i>	<i>[Signature]</i>
	2. <i>Mohan</i>	<i>(Intern)</i>	<i>[Signature]</i>
Driver	<i>[Signature]</i>	<i>[Signature]</i>	<i>9902119071</i>
Attender	<i>[Signature]</i>	<i>[Signature]</i>	<i>9902119128</i>
System administrator	Mr. Jayaram	<i>[Signature]</i>	<i>9902119090</i>
Administrator	Mrs. Lovely George		
Camp coordinator	Mrs. Prema Kumari	<i>[Signature]</i>	
Substituting students for staff	Name:	Class:	Signature
Audio	1. <i>Ravi</i>	<i>III BSC</i>	<i>[Signature]</i>
Speech	2. <i>Animaya</i>	<i>(III BSC)</i>	<i>[Signature]</i>

HOD of speech and language studies:

HOD of hearing studies:

[Signature]

[Signature]
31/10/19

Principal: *[Signature]*

Chairman: *[Signature]*
4/12



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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below

Thanking you

Camp coordinator: *PK*

[CAMP DETAILS]

Place of camp: *Nekar Colony Guttahalli Govt School*
 Date of camp: *19/11/19 Tuesday* Organizer: *Rotary Mid-Tam*
 Date and time of departure: *9 am* Date and time of arrival: *-*
 Type of camp: *School / Public* Camp charges: *FREE*
 Food/Accommodation: *organizers / Institute* Receipt no: *permitted by chairman*
 Deputed intern for camp work: *-* Total cases: *135*

Staff allotted	Name	Signature	Phone number
Speech staff	1. <i>Prabirish</i>	<i>[Signature]</i>	9946121130
Audio staff	2. <i>[Blank]</i>		
Student allotted	Name:	Class:	Signature
Speech	1. <i>Mohan</i>		<i>[Signature]</i>
	2. <i>Anju</i>		<i>[Signature]</i>
Audio	1. <i>Athulya</i>		<i>[Signature]</i>
	2. <i>Muraisw</i>		<i>[Signature]</i>
Driver	<i>Sanjeev appa</i>		
Attender	<i>Robert</i>		
System administrator	Mr. Jayaram		
Administrator	Mrs. Lovely George		
Camp coordinator	Mrs. Prema Kumari		
Substituting students for staff	Name:	Class:	Signature
Audio	1. <i>[Blank]</i>		
Speech	2. <i>[Blank]</i>		

HOD of speech and language studies:

HOD of hearing studies:

Principal: *[Signature]*

Chairman: *[Signature]*

[Signature]
21/11/19

[Signature]
9/12/19



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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

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Thanking you

Camp coordinator: *Pr*

[CAMP DETAILS]

Place of camp:

Guttahalli School (Govt) Bannerghatta, Nekar Colony

Date of camp:

20/11/19 Wed

Organizer: Rotary Mid-Town

Date and time of departure:

9.00 AM

Date and time of arrival:

Type of camp: School / Public

Camp charges: FREE

Permitted by Chairman

Food/Accommodation: organizers / Institute

Receipt no:

Deputed intern for camp work:

Total cases: 148

Staff allotted	Name	Signature	Phone number
Speech staff	1.		
Audio staff	2. Prabhish	<i>[Signature]</i>	9946121130
Student allotted	Name: Class:	Signature	Phone number
Speech	1. Mahan Intern	<i>[Signature]</i>	7558098708
	2. Anju B.Sc	<i>[Signature]</i>	7025020810
Audio	1. Athitha B.Sc	<i>[Signature]</i>	9008933131
	2. Manisha	<i>[Signature]</i>	
Driver	Sanjayappa		
Attender	Robert	<i>[Signature]</i>	
System administrator	Mr. Jayaram		
Administrator	Mrs. Lovely George		
Camp coordinator	Mrs. Prema Kumari		
Substituting students for staff	Name: Class:	Signature	Phone number
Audio	1.		
Speech	2.		

HOD of speech and language studies:

[Signature]
4/11/19

HOD of hearing studies:

[Signature]
4/12/19

Principal:

[Signature]

Chairman:

[Signature]



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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below

Thanking you

Camp coordinator: *[Signature]*

[CAMP DETAILS]

Place of camp: *Nekur Colony 2 Gout School.*
 Date of camp: *21/11/19 Thursday* Organizer: *Rotary MidTown*
 Date and time of departure: *9.00 Am* Date and time of arrival:
 Type of camp: *School / Public* Camp charges: *FREE*
 Food/Accommodation: *organizers / Institute* Receipt no:
 Deputed intern for camp work: Total cases: *122*

Staff allotted	Name	Signature	Phone number
Speech staff	1. <i>Prabhu</i>	<i>[Signature]</i>	<i>9946121130</i>
Audio staff	2.		
Student allotted	Name:	Class:	Signature
Speech	1. <i>Mohan</i>		<i>[Signature]</i>
	2. <i>Anju</i>		<i>[Signature]</i>
Audio	1. <i>Adhitya</i>		<i>[Signature]</i>
	2. <i>Shreya Bhagya</i>		<i>[Signature]</i>
Driver	<i>Sanjayappa</i>		
Attender	<i>Robert</i>		
System administrator	Mr. Jayaram		
Administrator	Mrs. Lovely George		
Camp coordinator	Mrs. Prema Kumari		
Substituting students for staff	Name:	Class:	Signature
Audio	1.		
Speech	2.		

HOD of speech and language studies: *[Signature]*

HOD of hearing studies: *[Signature]*
4/12/19

Principal: *[Signature]*

Chairman: *[Signature]*



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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below

Thanking you

Camp coordinator: *Pe*

[CAMP DETAILS]

Place of camp: *Nekar Colony Govt. School..*

Date of camp: *22/11/19 Friday..*

Organizer: *Rotary Mid Town..*

Date and time of departure: *9.00 AM..*

Date and time of arrival:

Type of camp: *School / Public*

Camp charges: *FREE.*
Permitted by Chairman.

Food/Accommodation: *organizers / Institute*

Receipt no:

Deputed intern for camp work:

Total cases: *136*

Staff allotted	Name	Signature	Phone number
Speech staff	1. <i>Prabush</i>	<i>[Signature]</i>	<i>9946121130</i>
Audio staff	2.		
Student allotted	Name:	Class:	Signature
Speech	1. <i>Anju</i>		<i>[Signature]</i>
	2. <i>Ashwini</i>		<i>[Signature]</i>
Audio	1. <i>Bhagya</i>		<i>[Signature]</i>
	2.		
Driver	<i>Sanjivappa</i>	<i>[Signature]</i>	
Attender	<i>Robert</i>	<i>[Signature]</i>	
System administrator	Mr. Jayaram	<i>[Signature]</i>	
Administrator	Mrs. Lovely George		
Camp coordinator	Mrs. Prema Kumari	<i>Pe</i>	
Substituting students for staff	Name:	Class:	Signature
Audio	1.		
Speech	2.		

HOD of speech and language studies: *[Signature]*

HOD of hearing studies: *[Signature]*

Principal: *[Signature]*

Chairman: *[Signature]*



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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below

Thanking you

Camp coordinator: *PK*

[CAMP DETAILS]

Place of camp: *Bannerghatta (Govt school) + Guttehalli school.*

Date of camp: *28/11/19*

Organizer: *Rotary Club*

Date and time of departure:

Date and time of arrival:

Type of camp: *School / Public*

Camp charges: *FREE*

Food/Accommodation: *organizers / Institute*

Receipt no:

Deputed intern for camp work:

Total cases:

Staff allotted	Name	Signature	Phone number
Speech staff	1.		
Audio staff	2. <i>Prabish</i>	<i>PK</i>	<i>9946121130</i>
Student allotted	Name:	Class:	Signature
Speech	1. <i>Anna</i>	<i>Inter</i>	<i>[Signature]</i>
	2. <i>Mohan</i>	<i>Inter</i>	<i>[Signature]</i>
Audio	1.	<i>External Intern</i>	
	2. <i>Jeyaram</i>	<i>External Intern</i>	<i>[Signature]</i>
Driver	<i>[Signature]</i>	<i>[Signature]</i>	<i>7025841437</i>
Attender	<i>[Signature]</i>	<i>[Signature]</i>	<i>9902491225</i>
System administrator	Mr. Jayaram	<i>[Signature]</i>	<i>9902900901</i>
Administrator	Mrs. Lovely George		
Camp coordinator	Mrs. Prema Kumari		
Substituting students for staff	Name:	Class:	Signature
Audio	1.		
Speech	2.		

HOD of speech and language studies:

HOD of hearing studies:

Principal:

Chairman:

PK
27/11/19
15

[Signature]
27/11/19



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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below

Thanking you

Camp coordinator: *Pte*

[CAMP DETAILS]

Place of camp: Surag Lake view Defence Colony, Shetty halli
 Ln. Dinesh Kumar

Date of camp: 12/12/19, Thursday Organizer: Mr. Suresh

Date and time of departure: 9.30AM Date and time of arrival:

Type of camp: School / Public Camp charges: 6000/-

Food/Accommodation: organizers/ Institute Receipt no:

Deputed intern for camp work: Total cases: 138

Mobile bus

Staff allotted	Name	Signature	Phone number
Speech staff	1.		
Audio staff	2. <i>Prabish</i>	<i>[Signature]</i>	+91 9946121130
Student allotted	Name:	Class:	Signature
Speech	1.		
	2. <i>Megha Dinesh</i>	ext. inter	<i>[Signature]</i>
Audio	1. <i>Lajana</i>	ext. tubu	<i>[Signature]</i>
	2. <i>Alexa</i>	ext. tubu	<i>[Signature]</i>
Driver	<i>Jayaram</i>	<i>[Signature]</i>	
Attender	<i>Dakshin</i>	<i>[Signature]</i>	9964955258
System administrator	Mr. Jayaram	<i>[Signature]</i>	
Administrator	Mrs. Lovely George		
Camp coordinator	Mrs. Prema Kumari		
Substituting students for staff	Name:	Class:	Signature
Audio	1. <i>[Signature]</i>		
Speech	2. <i>Mohan</i>	Intern	<i>[Signature]</i>

HOD of speech and language studies:

HOD of hearing studies:

[Signature]
11/12/19

[Signature]
11/12/19

Principal:

Chairman:



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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below

Thanking you

Camp coordinator: *Pr.*

[CAMP DETAILS]

Place of camp: Prakash nagara, Mariyappanapalya

Date of camp: 15/12/19. Sunday. Organizer: Mr. Suresh

Date and time of departure: 7.30 AM. Date and time of arrival:

Type of camp: School / Public Camp charges: 6000/-

Food/Accommodation: organizers / Institute Receipt no:

Deputed intern for camp work: Total cases: 38

Transportation - Mobile bus - Driver from outside

Staff allotted	Name	Signature	Phone number
Speech staff	1.		
Audio staff	2. Prabhish	<i>[Signature]</i>	+919946121130
Student allotted	Name: Class: Signature Phone number		
Speech	1. Aninmaye U. II Me <i>[Signature]</i> 8296862046		
	2. Rajasekhar II Me <i>[Signature]</i> 9445115548		
Audio	1. <i>[Signature]</i> <i>[Signature]</i>		
	2. Sonia II Me <i>[Signature]</i> 7760574287		
Driver	<i>[Signature]</i>		
Attender	Robert <i>[Signature]</i> 9902900901		
System administrator	Mr. Jayaram		
Administrator	Mrs. Lovely George		
Camp coordinator	Mrs. Prema Kumari	<i>[Signature]</i>	
Substituting students for staff	Name: Class: Signature Phone number		
Audio	1. Kexia Pasan Pore Intern <i>[Signature]</i> 9789019844		
Speech	2. Keerthana II MACEP <i>[Signature]</i> 7022328127		

HOD of speech and language studies:

HOD of hearing studies:

[Signature]
11/12/19

Principal:

[Signature]
11/12/19
Chairman:



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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below

Thanking you

[CAMP DETAILS]

Camp coordinator: *P.V.*

Place of camp: 18/12/19 (Wed)
 Date of camp: Kairalee Nilayam
 Date and time of departure: School
 Vimanaपुरa

Lions club International
 Organizer: Ln. Gopalakrishna Indivaraj
 club.
 Date and time of arrival:

Type of camp: School / Public

Camp charges: 6000/-

Food/Accommodation: organizers / Institute

Receipt no:

Deputed intern for camp work:

Total cases:

Mobile bus

180

Staff allotted	Name	Signature	Phone number
Speech staff	1.		
Audio staff	2. GRABISH	<i>[Signature]</i>	+919946121130
Student allotted	Name:	Class:	Signature
Speech	1. Roshika	(Ex-intern)	<i>[Signature]</i>
	2. Aksha	(Ex-intern)	<i>[Signature]</i>
Audio	1. Megha	(Ex-intern)	<i>[Signature]</i>
	2. Anale	(Ex-intern)	<i>[Signature]</i>
Driver	Sanjayappa	<i>[Signature]</i>	9539604689
Attender	Prabhu	<i>[Signature]</i>	9902491885
System administrator	Mr. Jayaram	<i>[Signature]</i>	990290090
Administrator	Mrs. Lovely George		
Camp coordinator	Mrs. Prema Kumari	<i>[Signature]</i>	
Substituting students for staff	Name:	Class:	Signature
Audio	1.		
Speech	2.		

HOD of speech and language studies:

HOD of hearing studies:

[Signature]
17/12

[Signature]
17/12/19

Principal:

[Signature]

Chairman:



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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below

Thanking you

[CAMP DETAILS]

Camp coordinator: *Pr*

Place of camp: *Vimanapura Kairalee Nilayam School.*

Organizer: *Ln. Gopalan. Indira Nagar club.*

Date of camp: *19/12/19 Thursday.*

Date and time of arrival:

Date and time of departure:

Camp charges: *6000/-*

Type of camp: *School / Public*

Receipt no:

Food/Accommodation: *organizers / Institute*

Total cases:

Deputed intern for camp work:

Mobile bus

Lions club International

Staff allotted	Name	Signature	Phone number
Speech staff	1.		
Audio staff	2. <i>BRABISH</i>	<i>[Signature]</i>	<i>+91 9946121130</i>
Student allotted	Name:	Class:	Signature
Speech	1. <i>Shruti</i>	<i>(Ex-intern)</i>	<i>[Signature]</i>
	2. <i>AKA</i>	<i>(Ex-intern)</i>	<i>[Signature]</i>
Audio	1. <i>Megha</i>	<i>(Ex-intern)</i>	<i>[Signature]</i>
	2. <i>Amala</i>	<i>(Ex-intern)</i>	<i>[Signature]</i>
Driver	<i>[Signature]</i>	<i>[Signature]</i>	<i>9539604689</i>
Attender	<i>[Signature]</i>	<i>[Signature]</i>	<i>9902491888</i>
System administrator	Mr. Jayaram	<i>[Signature]</i>	<i>990200901</i>
Administrator	Mrs. Lovely George		
Camp coordinator	Mrs. Prema Kumari	<i>Pr</i>	
Substituting students for staff	Name:	Class:	Signature
Audio	1.		
Speech	2.		

HOD of speech and language studies:

HOD of hearing studies:

[Signature]
HATN

[Signature]
17/12/19

Principal:

[Signature]

Chairman:



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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below

Thanking you

Camp coordinator: *[Signature]*

[CAMP DETAILS]

Place of camp: Mahadevapura, Industrial Area
 Date of camp: 20/12/19 Friday, Organizer: Ln. Ashwathnarayan
 Date and time of departure: Date and time of arrival:
 Type of camp: School / Public Industrial workers. Camp charges: FREE.
 Food/Accommodation: organizers / Institute As permission given by
 Deputed interns for camp work: Total cases: Ln. Shanthavadan

Mobile bus.

Staff allotted	Name	Signature	Phone number
Speech staff	1.		
Audio staff	2. <i>[Signature]</i>	<i>[Signature]</i>	+919946121130
Student allotted	Name:	Class:	Signature
Speech	1. <i>[Signature]</i>	(Ex-intern)	<i>[Signature]</i>
	2. <i>[Signature]</i>	(Ex-intern)	<i>[Signature]</i>
Audio	1. <i>[Signature]</i>	(Ex-intern)	<i>[Signature]</i>
	2. <i>[Signature]</i>	(Ex-intern)	<i>[Signature]</i>
Driver	<i>[Signature]</i>	<i>[Signature]</i>	9539604689
Attender	<i>[Signature]</i>	<i>[Signature]</i>	9902491885
System administrator	Mr. Jayaram	<i>[Signature]</i>	9902906901
Administrator	Mrs. Lovely George		
Camp coordinator	Mrs. Prema Kumari	<i>[Signature]</i>	
Substituting students for staff	Name:	Class:	Signature
Audio	1.		
Speech	2.		

HOD of speech and language studies:

HOD of hearing studies:

[Signature]
17/12

[Signature]
17/12/19

Principal:

[Signature]

Chairman:



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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below

Thanking you

Camp coordinator: *PK*

[CAMP DETAILS]

Place of camp:

ASR Lingarajapuram.

Date of camp: 05-01-2020 Sunday.

Organizer: Mrs. In. Vasantha

Date and time of departure: 7.30 AM.

Date and time of arrival:

Type of camp: School / Public

Camp charges: 5000/-

Food/Accommodation: organizers / Institute

Receipt no:

Deputed intern for camp work:

Total cases: 53

Mobilebus.

Lions club of Vijayanahalli

Staff allotted	Name	Signature	Phone number
Speech staff	1.		
Audio staff	2. Prathish	<i>[Signature]</i>	9946121130
Student allotted	Name: Class:	Signature	Phone number
Speech	1. Dhanya (Intern)	<i>[Signature]</i>	8722275716
	2. Agnes (Intern)	<i>[Signature]</i>	8078826206
Audio	1. J. Jagan Shafi (Intern)	<i>[Signature]</i>	8892007375
	2. Hindyid (Intern)	<i>[Signature]</i>	8465861666
Driver	Camenupper	<i>[Signature]</i>	9902441885
Attender	Robert	<i>[Signature]</i>	9902900901
System administrator	Mr. Jayaram	<i>[Signature]</i>	
Administrator	Mrs. Lovely George		
Camp coordinator	Mrs. Prema Kumari	<i>[Signature]</i>	
Substituting students for staff	Name: Class:	Signature	Phone number
Audio	1.		
Speech	2. Swathi Narayan (Intern)	<i>[Signature]</i>	8547043848

OD of speech and language studies:

HOD of hearing studies:

[Signature]
6/1/2020

[Signature]
03/01/2020

Principal:

Rashmi J. Shal

[Signature]

Chairman:



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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below

Thanking you

Camp coordinator: *P.*

[CAMP DETAILS]

Place of camp: Tumkur Helen Keller Deaf School

Date of camp: 07-01-2020 Tuesday. Organizer: Mrs. Gayathri

Date and time of departure: 7:00 AM. Date and time of arrival:

Type of camp: School / Public ✓ Camp charges:

Food/Accommodation: organizers / Institute ✓ Receipt no:

Deputed intern for camp work: Total cases: 28

Mobile bus

Staff allotted	Name	Signature	Phone number
Speech staff	1.		
Audio staff	2. <i>Prabish</i>	<i>[Signature]</i>	9946121130
Student allotted	Name: Class: Signature Phone number		
Speech	1. <i>Hindya</i> (Intern) <i>Hindya</i>	8465861666	
	2. <i>Srisal</i> (Intern) <i>[Signature]</i>	7899352131	
Audio	1. <i>Agnes</i> (Intern) <i>[Signature]</i>	8078826206	
	2. <i>Trecha</i> (Intern) <i>[Signature]</i>	7976096794	
Driver	<i>[Signature]</i>	<i>[Signature]</i>	9902491885
Attender	<i>[Signature]</i>	<i>[Signature]</i>	9902960901
System administrator	Mr. Jayaram		
Administrator	Mrs. Lovely George		
Camp coordinator	Mrs. Prema Kumari		
Substituting students for staff	Name: Class: Signature Phone number		
Audio	1.		
Speech	2. <i>AKU - IC prind</i> (Intern) <i>[Signature]</i>		

HOD of speech and language studies:

HOD of hearing studies:

82814157

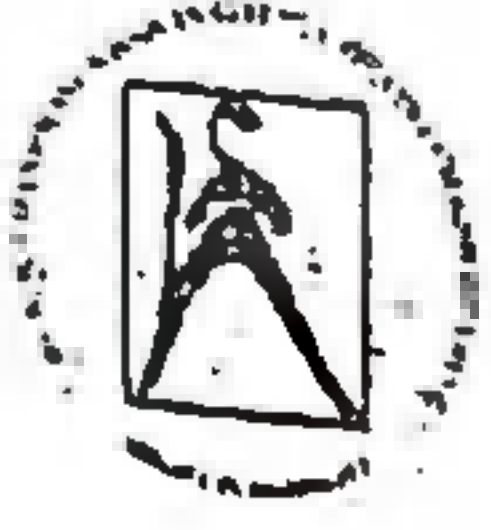
03/01/2020

Principal:

Rashmi J. Bhat

Chairman:

[Signature]



Dr. S. R. Chandrasekhar Institute of Speech & Hearing
 Hennur Main Road, Bangalore - 560 084.
 Tel: 080-25460405/25470037/25468470 Fax:080-25467829
 Email-dr.srcish@gmail.com Web: www.speechear.org

STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below

Thanking you

Camp coordinator: *P.*

[CAMP DETAILS]

Place of camp: *Kannurshipalya*

Gangamma Thimmachai Educational Trust

Date of camp: *19-01-2020 (Sunday)*

Organizer: *Mr. Suresh*

Date and time of departure:

Date and time of arrival:

Type of camp: *School / Public*

Camp charges: *6000 / -*

Food/Accommodation: *organizers / Institute*

Receipt no:

Deputed intern for camp work:

Total cases:

Transportation - Mobile bus

Staff allotted	Name	Signature	Phone number
Speech staff	1.		
Audio staff	2. <i>Pratish</i>	<i>[Signature]</i>	<i>9946121130</i>
Student allotted	Name:	Class:	Signature
Speech	1. <i>Agnes</i>		<i>[Signature]</i>
	2. <i>Jocaja</i>		<i>[Signature]</i>
Audio	1. <i>Neelima</i>		<i>[Signature]</i>
	2. <i>Felin</i>		<i>[Signature]</i>
Driver	<i>Ujja / Robert</i>		
Attender	<i>Robert prakash</i>	<i>[Signature]</i>	<i>9964955258</i>
System administrator	Mr. Jayaram		
Administrator	Mrs. Lovely George		
Camp coordinator	Mrs. Prema Kumari		
Substituting students for staff	Name:	Class:	Signature
Audio	1.		
Speech	2. <i>Meenakshi</i>		<i>[Signature]</i>

HOD of speech and language studies:

HOD of hearing studies:

Principal: *[Signature]*

[Signature]

Chairman: *[Signature]*

17/01/2020



STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below

Thanking you

Camp coordinator:

[CAMP DETAILS]

Place of camp: Satya Sai hospital, White field

Date of camp: 02/02/2020 - Sunday

Organizer: Ln. Suresh Babu. IISH

Date and time of departure: 7:30 AM

Date and time of arrival:

Type of camp: School / Public

Camp charges: FREE

Food/Accommodation: organizers / Institute

Receipt no:

Deputed intern for camp work:

Total cases:

Staff allotted	Name	Signature	Phone number
Speech staff	1. Prema		
Audio staff	2. Prabish		9946121130
Student allotted	Name:	Class:	Signature
Speech	1. Prabish	(Intern)	
	2. Prabish		
Audio	1. Prabish		9207924016
	2. Prabish		9946497370
Driver	1. Prabish		9547243848
	2. Prabish		9902491885
Attender	1. Prabish		9902900901
	2. Prabish		
System administrator	Mr. Jayaram		
Administrator	Mrs. Lovely George		
Camp coordinator	Mrs. Prema Kumari		
Substituting students for staff	Name:	Class:	Signature
Audio	1.		
	2.		

HOD of speech and language studies:

HOD of hearing studies:

31/1/2020

30/01/2020

Principal:

Chairman:

Rashmi G. Bhat
31/1/2020



STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below

Thanking you

Camp coordinator: *PK*

[CAMP DETAILS]

Place of camp: *Chamarajpet*

Date of camp: *05-02-2020 Wednesday*

Organizer: *Medical Health Association*

Date and time of departure: *7.30 AM.*

Date and time of arrival:

Type of camp: *School / Public*

Camp charges: *FREE*

Food/Accommodation: *organizers / Institute*

Receipt no:

Deputed intern for camp work:

Total cases:

Staff allotted	Name	Signature	Phone number
Speech staff	1. <i>Prema kumari</i>	<i>[Signature]</i>	
Audio staff	2. <i>Prabish P</i>	<i>[Signature]</i>	<i>9946121130</i>
Student allotted	Name:	Class:	Signature
Speech	1. <i>Agnes</i>		<i>[Signature]</i>
	2. <i>Pabish</i>		<i>[Signature]</i>
Audio	1. <i>Alexandra</i>		<i>[Signature]</i>
	2. <i>Felix</i>		<i>[Signature]</i>
Driver	<i>Scyruvalla</i>	<i>[Signature]</i>	<i>9946497370</i>
Attender	<i>Rohit</i>	<i>[Signature]</i>	<i>9497279791</i>
System administrator	Mr. Jayaram	<i>[Signature]</i>	<i>9902491285</i>
Administrator	Mrs. Lovely George	<i>[Signature]</i>	<i>9902900901</i>
Camp coordinator	Mrs. Prema Kumari	<i>[Signature]</i>	
Substituting students for staff	Name:	Class:	Signature
Audio	1. <i>Bibin George</i>		<i>[Signature]</i>
Speech	2. <i>Sandya Santhosh</i>		<i>[Signature]</i>

HOD of speech and language studies:

HOD of hearing studies:

Principal: *[Signature]*

Chairman: *[Signature]*



STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below

Thanking you

Camp coordinator: *Pa*

[CAMP DETAILS]

Place of camp: Kikkeri

Organizer: Mr. Lu. Shivakumar

Date of camp: 09/02/2020

Sunday

Date and time of arrival:

Date and time of departure:

Camp charges: 7000 + need to calculate for distance.

Type of camp: School / Public

Food/Accommodation: organizers / Institute

Receipt no:

Deputed intern for camp work:

Total cases:

Staff allotted	Name	Signature	Phone number
Speech staff	1.		
Audio staff	2. Prabish S	<i>Prabish S</i>	9946121130
Student allotted	Name:	Class:	Signature
Speech	1. Anu	1st year	<i>Anu</i>
	2. Anmol	1st year	<i>Anmol</i>
Audio	1. Anas	Intern	<i>Anas</i>
	2. Ansa	III BSC	<i>Ansa</i>
Driver	<i>Srinivasappa</i>	<i>Srinivasappa</i>	9902491887
Attender	<i>Prabish S</i>	<i>Prabish S</i>	9902908901
System administrator	Mr. Jayaram		
Administrator	Mrs. Lovely George		
Camp coordinator	Mrs. Prema Kumari		
Substituting students for staff	Name:	Class:	Signature
Audio	1. Aishwarya M	III BSC	<i>Aishwarya M</i>
Speech	2.		

HOD of speech and language studies:

HOD of hearing studies:

Principal:

Chairman:



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Thanking you

Camp coordinator: *P.*

[CAMP DETAILS]

Place of camp: *Satyasai Hospital, White field.*

Date of camp: *01-03-2020 Sunday* Organizer: *Camp.*

Date and time of departure: Date and time of arrival:

Type of camp: *School / Public* Camp charges: *FREE.*

Food/Accommodation: *organizers / Institute* Receipt no:

Deputed intern for camp work: Total cases:

Staff allotted	Name	Signature	Phone number
Speech staff	1.		
Audio staff	2. <i>Pratik P</i>	<i>[Signature]</i>	<i>9946121130</i>
Student allotted	Name:	Class:	Signature
Speech	1. <i>Anagha</i>	<i>I BSLD</i>	<i>[Signature]</i>
	2. <i>Joby</i>	<i>I BSLP</i>	<i>[Signature]</i>
Audio	1. <i>Kevin</i>	<i>II BSLT</i>	<i>[Signature]</i>
	2. <i>Anna</i>	<i>II BASLP</i>	<i>[Signature]</i>
Driver	<i>Sujayappa</i>	<i>[Signature]</i>	<i>9902491825</i>
Attender	<i>[Signature]</i>	<i>[Signature]</i>	<i>9962900901</i>
System administrator	Mr. Jayaram	<i>[Signature]</i>	
Administrator	Mrs. Lovely George	<i>[Signature]</i>	
Camp coordinator	Mrs. Prema Kumari	<i>[Signature]</i>	
Substituting students for staff	Name:	Class:	Signature
Audio	1.		
Speech	2.		

HOD of speech and language studies:

HOD of hearing studies:

Principal:

Rashmi J. Bhat

7 members

[Signature]

Chairman:



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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

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Thanking you

Camp coordinator: *Pk.*

[CAMP DETAILS]

Place of camp: *Pavagada*
 Date of camp: *03/03/2020 to Tuesday* Organizer: *Camp unit*
 Date and time of departure: Date and time of arrival:
 Type of camp: School / Public Camp charges: *FREE*
 Food/Accommodation: organizers / Institute Receipt no:
 Deputed interns for camp work: Total cases:

Staff allotted	Name	Signature	Phone number
Speech staff	1.		
Audio staff	2. <i>Prabish</i>	<i>[Signature]</i>	<i>9946121130</i>
Student allotted	Name:	Class:	Signature
Speech	1. <i>Dhanya (Intern)</i>		<i>[Signature]</i>
	2. <i>Deli (Intern)</i>		<i>[Signature]</i>
Audio	1. <i>Manuree (Intern)</i>		<i>[Signature]</i>
	2. <i>Athul James (Intern)</i>		<i>[Signature]</i>
Driver	<i>Sanjayappa</i>	<i>[Signature]</i>	<i>9902491885</i>
Attender	<i>Prabish</i>	<i>[Signature]</i>	<i>990290090</i>
System administrator	Mr. Jayaram		
Administrator	Mrs. Lovely George		
Camp coordinator	Mrs. Prema Kumari	<i>Pk.</i>	
Substituting students for staff	Name:	Class:	Signature
Audio	1.		
Speech	2. <i>Aaravind S (Intern)</i>		<i>[Signature]</i>

OD of speech and language studies:

HOD of hearing studies:

Principal:

[Signature]
4/3/2020
Rashmi J. Bhat

Chairman:

[Signature]
Jomamma
Jomamma



STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below

Thanking you

Camp coordinator: *PK*

[CAMP DETAILS]

Place of camp: *Channarayana*

Date of camp: *05/03/2020 Thursday* Organizer: *Mr. Anjan*

Date and time of departure:

Date and time of arrival:

Type of camp: *School / Public*

Camp charges: *7250/-*

Food/Accommodation: *organizers / Institute*

Receipt no:

Deputed intern for camp work:

Total cases:

Staff allotted	Name	Signature	Phone number
Speech staff	1.		
Audio staff	2. <i>Prabish</i>	<i>[Signature]</i>	<i>9946121130</i>
Student allotted	Name: Class:	Signature	Phone number
Speech	1. <i>Bhakti B.F</i> III BSc	<i>[Signature]</i>	<i>7994409983</i>
	2. <i>Anakin</i> Intern	<i>[Signature]</i>	<i>9947122216</i>
Audio	1. <i>Silpa Shaji</i> III BSc	<i>[Signature]</i>	<i>9606517609</i>
	2. <i>Abhinav Udaykumar</i>	<i>[Signature]</i>	<i>9353438357</i>
Driver	<i>Sujayappa</i>	<i>[Signature]</i>	<i>9902491885</i>
Attender	<i>[Signature]</i>	<i>[Signature]</i>	<i>9902900901</i>
System administrator	Mr. Jayaram	<i>[Signature]</i>	
Administrator	Mrs. Lovely George	<i>[Signature]</i>	
Camp coordinator	Mrs. Prema Kumari	<i>[Signature]</i>	
Substituting students for staff	Name: Class:	Signature	Phone number
Audio	1.		
Speech	2.		

HOD of speech and language studies:

[Signature]
7/3/2020

Principal: *Rashmi J. Bhat*

HOD of hearing studies:

[Signature]
4/3/2020

7 members
[Signature]

Chairman:



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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below

Thanking you

Camp coordinator: *Pr*

[CAMP DETAILS]

Place of camp: J. P. Nagar

Date of camp: 08/03/2020

Date and time of departure:

Organizer: Dr. Venkatachalapathy

Date and time of arrival:

Type of camp: School / Public

Camp charges: 6000/-

Food/Accommodation: organizers / Institute

Receipt no:

Deputed intern for camp work:

Total cases:

Staff allotted	Name	Signature	Phone number
Speech staff	1.		
Audio staff	2. Prabhish - P	<i>[Signature]</i>	9946121130
Student allotted	Name: Class:	Signature	Phone number
Speech	1. Neerajpooja Intern	<i>[Signature]</i>	9897844194
	2. Nidhuna Intern	<i>[Signature]</i>	7034104926
Audio	1. Rithu Intern	<i>[Signature]</i>	7025944899
	2. Ashita Intern	<i>[Signature]</i>	9562140198
Driver	<i>[Signature]</i>	<i>[Signature]</i>	9902491888
Attender	<i>[Signature]</i>	<i>[Signature]</i>	9902900901
System administrator	Mr. Jayaram	<i>[Signature]</i>	
Administrator	Mrs. Lovely George	<i>[Signature]</i>	
Camp coordinator	Mrs. Prema Kumari	<i>[Signature]</i>	
Substituting students for staff	Name: Class:	Signature	Phone number
Audio	1.		
Speech	2. Aiswarya A Intern	<i>[Signature]</i>	

HOD of speech and language studies:

HOD of hearing studies: *[Signature]*

Principal:

7 members
[Signature]

Chairman:



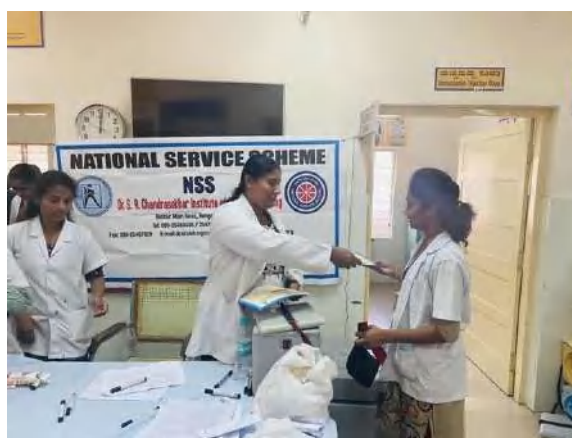
**Dr.S.R .Chandrasekhar Institute of Speech & Hearing
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E [Mail-dr.srcish@gmail.com](mailto:dr.srcish@gmail.com) Web: www.speechear.org

Report – January to Feb-2020

NSS volunteers, along with the PHC-Lingarajapuram were involved with the Pulse polio camp from January 19th to 22nd, 2020





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Report – January to September -2021

NSS volunteers, along with the PHC-Lingarajapuram were involved with the Pulse polio camp on January 31st, 2021

March 8th- Blood donation drive– on account of International Women’s day

September 6th– Blood donation drive was conducted at the Institute, in collaboration with Jain hospital blood bank





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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below.

Thanking you

[CAMP DETAILS]

Camp coordinator: *PK*

Place of camp: *Kolipura,*

Date of camp: *1/11/18 Thursday*

Date and time of departure: *Kannada Rejyotsava*

Type of camp: School / Public

Food/Accommodation: organizers / Institute

Deputed intern for camp work: *Prabhash.*

Organizer: *Rotary Club of Ulsoor*

Date and time of arrival:

Camp charges: *6000/-*

Receipt no:

Total cases: *68*

Staff allotted	Name	Signature	Phone number
Speech staff	1. <i>No Staff</i>		
Audio staff	2. <i>Jiya</i>		
Student allotted	Name:	Signature	Phone number
Speech	1. <i>Febi</i>	<i>Febi</i>	
Audio	2. <i>Ajisha</i>	<i>Ajisha</i>	
Driver	1. <i>Vijaya</i>	<i>Vijaya</i>	<i>9168183803</i>
Attender	2. <i>Aravind</i>	<i>Aravind</i>	<i>9094894243</i>
System administrator	<i>Prabhash</i>	<i>Prabhash</i>	<i>9833032221</i>
Administrator	<i>Mr. Jayaram</i>	<i>Mr. Jayaram</i>	<i>9960955258</i>
Camp coordinator	<i>Mrs. Lovely George</i>	<i>Mrs. Lovely George</i>	
Substituting students for staff	Name:	Signature	Phone number
Audio	1. <i>Prabhash</i>	<i>Prabhash</i>	
Speech	2. <i>Christy</i>	<i>Christy</i>	<i>8075445090</i>

HOD of speech and language studies:

HOD of hearing studies:

Prabhash
 Principal: *2/11/18*

PK
 Chairman:



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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below.

Thanking you

[CAMP DETAILS]

Camp coordinator: 



Place of camp: HEGGANAHALLI

Date of camp: 18/11/18 (SUNDAY)

Organizer: Ln. SHYAM SUNDHAR

Date and time of departure: 7:30

Date and time of arrival: 11

Type of camp: School / Public

Camp charges: 5000/-

Food/Accommodation: organizers / Institute

Receipt no:

Deputed intern for camp work: PRABISH
 VEHICLE → MOBILE BUS


Total cases: 120

Staff allotted	Name	Signature	Phone number
Speech staff	1. Kausalya		9573005975
Audio staff	2. no staff		
Student allotted	Name:	Class:	Signature
Speech	1. Pooja	MSC	
	2. Chinpi	MSC	
Audio	1. Anila	MSC	
	2. Prabish	MSC	
Driver	Vijay		
Attender	Wahid		
System administrator	Mr. Jayaram		
Administrator	Mrs. Lovely George		
Camp coordinator	Mrs. Prema Kumari		
Substituting students for staff	Name:	Class:	Signature
Audio	1. Prabish	Intern	
	2. Gopinams	PHASEP	

HOD of speech and language studies:

HOD of hearing studies:


 Principal: 16/11/18


 Director technical:


 Chairman: 14/12




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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below.

Thanking you

[CAMP DETAILS]

Camp coordinator: 

437

Place of camp: BELTHUR

Date of camp: 18/11/18 (SUNDAY)

Organizer: Mr. SURESH

Date and time of departure: 7:30 AM

Date and time of arrival: ! "

Type of camp: School / Public

Camp charges: 6000/-


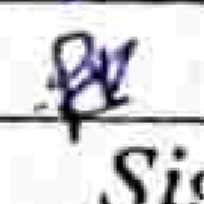
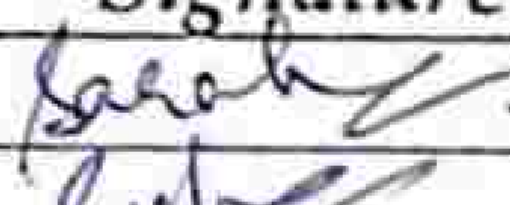
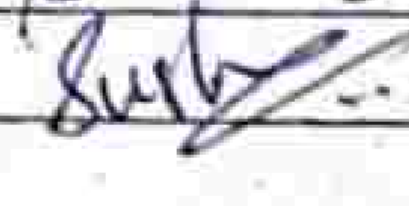



Food/Accommodation: organizers / Institute

Receipt no: 11739

Deputed intern for camp work: PRABISH

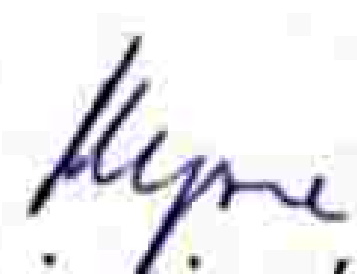
Total cases: 68

VEHICLE → T.T

Staff allotted	Name	Signature	Phone number
Speech staff	1. NO staff		
Audio staff	2. NO staff		
Student allotted	Name:	Class:	Signature
Speech	1. Sarah	MSc	
	2. Sushmita	MSc	
Audio	1. Alok	Intern	
	2. Sanjivappa		
Driver	not required.		
Attender	not required.		
System administrator	Mr. Jayaram		
Administrator	Mrs. Lovely George		
Camp coordinator	Mrs. Prema Kumari		
Substituting students for staff	Name:	Class:	Signature
Audio	1. Deepa	III BSc	
	2. Rupa	III BSc	

HOD of speech and language studies:

HOD of hearing studies:


Principal:
16/11/18

Director Technical:


Chairman:



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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

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Thanking you

Pr
Camp coordinator:

[CAMP DETAILS]

Place of camp: KR Puram Gout School. Bangalore

Date of camp: 7-12-18 Friday
 Shishumondra

Organizer: Lns. Lady Birds.
 Ln. Padma Shanthavadan.

Date and time of departure: 7.30 AM

Date and time of arrival:

Type of camp: School / Public

Camp charges: 4000/-

Food/Accommodation: organizers / Institute

Receipt no:

Deputed intern for camp work: PRABISH

Total cases:

Staff allotted	Name	Signature	Phone number
Speech staff	1. No staff		
Audio staff	2. No staff		
Student allotted	Name:	Class:	Signature
Speech	1. Asham	III BCL	<i>[Signature]</i>
	2. Sajith	III BCL	<i>[Signature]</i>
Audio	1. Peter	(Intern)	<i>[Signature]</i>
	2. Alok	(Intern)	<i>[Signature]</i>
Driver	V. Jay		
Attender	Prakash		
System administrator	Mr. Jayaram		
Administrator	Mrs. Lovely George		
Camp coordinator	Mrs. Prema Kumari		
Substituting students for staff	Name:	Class:	Signature
Audio	1. Ansh. A		<i>[Signature]</i>
Speech	2. Darwin Jacob		<i>[Signature]</i>

HOD of speech and language studies:

[Signature]

HOD of hearing studies:

Principal:

Chairman: *[Signature]* 14/12



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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

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Thanking you

Camp coordinator: *P.K.*

[CAMP DETAILS]

Place of camp: *Rajagopalnagar*

Date of camp: *9-12-18 Sunday*

Date and time of departure: *7.30 AM*

Type of camp: *School / Public*

Food/Accommodation: *organizers / Institute*

Deputed intern for camp work: *PRABISH*

Organizer: *Ln. Shyamsunder*

Date and time of arrival:

Camp charges: *5000/-*

Receipt no:

Total cases:

Staff allotted	Name	Signature	Phone number	
Speech staff	1. <i>NO staff</i>			
Audio staff	2. <i>NO staff</i>			
Student allotted	Name:	Class:	Signature	Phone number
Speech	1. <i>Asham</i>	<i>IT BSC</i>	<i>[Signature]</i>	<i>8281785433</i>
	2. <i>Akash</i>	<i>IT BSC</i>	<i>[Signature]</i>	<i>9633631595</i>
Audio	1. <i>Hisana</i>	<i>Intern</i>	<i>[Signature]</i>	<i>8943302553</i>
	2. <i>Sharon</i>	<i>(Intern)</i>	<i>[Signature]</i>	
Driver	<i>Srinivasan</i>		<i>[Signature]</i>	<i>9902900901</i>
Attender	<i>Robert</i>		<i>[Signature]</i>	
System administrator	<i>Mr. Jayaram</i>		<i>[Signature]</i>	
Administrator	<i>Mrs. Lovely George</i>			
Camp coordinator	<i>Mrs. Prema Kumari</i>			
Substituting students for staff	Name:	Class:	Signature	Phone number
Audio	1. <i>Prabish</i>	<i>(Intern)</i>	<i>[Signature]</i>	
Speech	2. <i>Akash</i>	<i>(Intern)</i>	<i>[Signature]</i>	

HOD of speech and language studies: *[Signature]*

HOD of hearing studies:

Principal:

Chairman: *[Signature]* 14/12



Dr. S. R. Chandrasekhar Institute of Speech & Hearing
 Hennur Main Road, Bangalore - 560 084.
 Tel: 080-25460405/25470037/25468470 Fax:080-25467829
 Email-dr.srcish@gmail.com Web: www.speechear.org

STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below.

Thanking you

Camp coordinator: *Pu*

[CAMP DETAILS]

Place of camp: *Doddagubbi Lizas home for MR.*

Date of camp: *11/12/18 Tuesday.* Organizer: *1*

Date and time of departure: " Date and time of arrival:

Type of camp: *School / Public* Camp charges: *6000/-*

Food/Accommodation: *organizers / Institute* Receipt no:

Deputed intern for camp work: *PRABISH* Total cases:

Staff allotted	Name	Signature	Phone number
Speech staff	1. <i>NO staff</i>		
Audio staff	2. <i>NO staff</i>		
Student allotted	Name:	Class:	Signature
Speech	1. <i>JOEL SEBASTIAN Ishak</i>	<i>IIBSc</i>	<i>[Signature]</i>
	2. <i>BRUNO AKHIL</i>	<i>IIBSc</i>	<i>[Signature]</i>
Audio	1. <i>Jameela</i>	<i>(Ex-intern)</i>	<i>[Signature]</i>
	2. <i>Renjini</i>	<i>(Ex-intern)</i>	<i>[Signature]</i>
Driver	<i>HARISH Vijay</i>		
Attender	<i>Prabesh</i>		
System administrator	Mr. Jayaram		
Administrator	Mrs. Lovely George		
Camp coordinator	Mrs. Prema Kumari		
Substituting students for staff	Name:	Class:	Signature
Audio	1. <i>Ashle</i>	<i>(Intern)</i>	<i>[Signature]</i>
Speech	2. <i>PRABISH</i>	<i>(Intern)</i>	<i>[Signature]</i>

HOD of speech and language studies:

HOD of hearing studies:

Principal:

Chairman *14/12*

[Signature]
21/12/18

[Signature]



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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below.

Thanking you

Camp coordinator: *PK*

[CAMP DETAILS]

Place of camp: *Kamakshipalya (ESI hospital)*

Date of camp: *16/12/18 Sunday*

Organizer: *Ln. Shyamsunder*

Date and time of departure:

Date and time of arrival:

Type of camp: *School / Public*

Camp charges: *5000/-*

Food/Accommodation: *organizers / Institute*

Receipt no:

Deputed intern for camp work: *Prabhish*

Total cases:

Vehicle: *TT*

Staff allotted	Name	Signature	Phone number
Speech staff	1. <i>Huyna Firdose</i>	<i>[Signature]</i>	<i>8867645043</i>
Audio staff	2. <i>Teja Datta</i>	<i>[Signature]</i>	<i>8408846711</i>
Student allotted	Name:	Class:	Signature
Speech	1. <i>Akhil Dinesh</i>	<i>II BSC</i>	<i>[Signature]</i>
	2. <i>Akshaya M</i>	<i>II BSC</i>	<i>[Signature]</i>
Audio	1. <i>Akshay Aravind</i>	<i>II BSC</i>	<i>[Signature]</i>
	2. <i>Binitha B.E</i>	<i>II BSC</i>	<i>[Signature]</i>
Driver	<i>Not required</i>		
Attender	<i>Mr. Jayaram</i>		<i>9964953258</i>
System administrator	<i>Mrs. Lovely George</i>		
Administrator	<i>Mrs. Prema Kumari</i>		
Camp coordinator			
Substituting students for staff	Name:	Class:	Signature
Audio	1.		
Speech	2.		

HOD of speech and language studies:

HOD of hearing studies:

Principal: *[Signature]*
21/12/18

Chairman: *[Signature]*
14/12



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Thanking you

Camp coordinator: 

[CAMP DETAILS]

Place of camp: *Speech & Hearing stall at Jayanagar.*

Date of camp: *22-12-18 Saturday*

Organizer: *Secretary D.L. Suresh Babu*

Date and time of departure:

Date and time of arrival:

Type of camp: *School / Public*

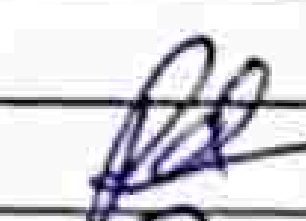


Camp charges:

Food/Accommodation: *organizers / Institute*

Receipt no:

Deputed intern for camp work:

Total cases:

Staff allotted	Name	Signature	Phone number	
Speech staff	1. <i>NO staff</i>			
Audio staff	2. <i>NO staff</i>			
Student allotted	Name:	Class:	Signature	Phone number
Speech	1. <i>Alok</i>			
	2. <i>Karan</i>			
Audio	1.			
	2.			
Driver	<i>G. Jay</i>			
Attender	<i>Prema</i>			
System administrator	Mr. Jayaram			
Administrator	Mrs. Lovely George			
Camp coordinator	Mrs. Prema Kumari			
Substituting students for staff	Name:	Class:	Signature	Phone number
Audio	1.			
Speech	2.			

HOD of speech and language studies: 

HOD of hearing studies:

Principal:

Chairman: 
26/12



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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

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Thanking you

[CAMP DETAILS]

Camp coordinator: ^{PK}

(454)

Place of camp: Vijayanagar

Lady Bird club

Date of camp: 7/02/19 Thursday

Organizer: Ln. Sarsawathi Ramanna

Date and time of departure:

Date and time of arrival:

Type of camp: School / Public

Camp charges: 6000/-

Food/Accommodation: organizers / Institute

Receipt no:

Deputed intern for camp work: PRABISH

Total cases:

Staff allotted	Name	Signature	Phone number
Speech staff	1. NO staff	-	
Audio staff	2. NO staff	-	
Student allotted	Name:	Class:	Signature
Speech	1. Apeena Rose	(II BSc)	[Signature]
	2. Rinky Elza	(II BSL)	[Signature]
Audio	1. Pradish	(Dntom)	[Signature]
	2. Prino	(II BSC)	[Signature]
Driver	Havish	Omm.	
Attender			
System administrator	Mr. Jayaram	[Signature]	
Administrator	Mrs. Lovely George	[Signature]	
Camp coordinator	Mrs. Prema Kumari	[Signature]	
Substituting students for staff	Name:	Class:	Signature
Audio	1. Rosken Thomas	(II BSC)	[Signature]
	2. Rumaisa Rasha Rashed	(Ext. malintan)	[Signature]

HOD of speech and language studies: [Signature]

HOD of hearing studies: [Signature]

Principal: [Signature] 6/2/19

Chairman: [Signature] 6/2/19



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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

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Thanking you

Camp coordinator:

[CAMP DETAILS]

Place of camp: PAVAGADA

Date of camp: 06/03/2019

Organizer: Ln. SURESH BABU

Date and time of departure: 05/03/19

Date and time of arrival: 07/03/19

Type of camp: School / Public

Camp charges:

Food/Accommodation: organizers / Institute

Receipt no:

Deputed intern for camp work:

Total cases:

Staff allotted	Name	Signature	Phone number
Speech staff	1.		8553712838
Audio staff	2. NITIN .K. DAMAM		8553712838
Student allotted	Name: Class:	Signature	Phone number
Speech	1. Huseeb BSc		886265591
	2. Bibin BSc		9538486505
Audio	1. Siddhantu BSc		9113035755
	2. Alesh I ^{JK} MSc		7795227976
Driver	Sanjeyappa		9902491888
Attender	Robert		4902900901
System administrator	Mr. Jayaram		
Administrator	Mrs. Lovely George		
Camp coordinator	Mrs. Prema Kumari		
Substituting students for staff	Name: Class:	Signature	Phone number
Audio	1.		
Speech	2. Aashwin Srinivasan I MSc		791 98844 45457

HOD of speech and language studies:

HOD of hearing studies:

Principal:

Chairman: 2/3



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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below.

Thanking you

Camp coordinator:

[CAMP DETAILS]

Place of camp: Vijayanagar, No, 324, Bhanu Sanga Complex,
 Ph: 984502921 Chord Road, Bangalore-40.
 Date of camp: 24/03/19 Sun Organizer: Bhanu Sanga.
 Date and time of departure: 8.00 AM Date and time of arrival:
 Type of camp: School / Public Camp charges: 6000/-
 Food/Accommodation: organizers / Institute Receipt no:
 Deputed intern for camp work: PRABISH Total cases:

Staff allotted	Name	Signature	Phone number
Speech staff	1.		
Audio staff	2.		
Student allotted	Name:	Class:	Signature
Speech	1. ANIL	(Intern)	
	2. KARAN	(1 MASLP)	
Audio	1. PRABISH	(Intern)	
	2. ARSHA	(1 MASLP)	
Driver	Srinivasappa		
Attender	Manoj		
System administrator	Mr. Jayaram		
Administrator	Mrs. Lovely George		
Camp coordinator	Mrs. Prema Kumari		
Substituting students for staff	Name:	Class:	Signature
Audio	1. Shital S. Nair	External hbu	
Speech	2. Azeaban T	External hbu	

HOD of speech and language studies:

HOD of hearing studies:

Principal:

Chairman:

22/3/19

22/03/19

3/4



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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below.

Thanking you

Camp coordinator: *PK*

[CAMP DETAILS]

Place of camp: *Dasarahalli Gout School* Organizer: *Ln. Shanthavada*
Date of camp: *9/04/19 Tuesday* Organizer: *Mrs. Mom. Banerjee*
Date and time of departure: Date and time of arrival:
Type of camp: *School / Public* Camp charges: *6000/-*
Food/Accommodation: *organizers / Institute* Receipt no:
Deputed in-charge for camp work: *Mr. Prabish* Total cases: *98*

Staff allotted	Name	Signature	Phone number	
Speech staff	1.			
Audio staff	2.			
Student allotted	Name:	Class:	Signature	Phone number
Speech	1. <i>Benny</i>	<i>(I BSc)</i>	<i>PK</i>	<i>7849305351</i>
	2. <i>Rashmi</i>	<i>(II BSc)</i>	<i>PK</i>	<i>9538880667</i>
Audio	1. <i>Ishak</i>	<i>(II BSc)</i>	<i>PK</i>	<i>8606667742</i>
	2. <i>Christy</i>	<i>(II BSc)</i>	<i>PK</i>	<i>8075445090</i>
Driver	<i>Ujjay</i>		<i>PK</i>	<i>9740545614</i>
Attender	<i>Meha</i>		<i>PK</i>	<i>8553892589</i>
System administrator	Mr. Jayaram			
Administrator	Mrs. Lovely George			
Camp coordinator	Mrs. Prema Kumari		<i>PK</i>	
Substituting students for staff	Name:	Class:	Signature	Phone number
Audio	1. <i>PRABISH</i>	<i>(Gntar)</i>	<i>PK</i>	<i>+91994612130</i>
Speech	2. <i>Hiba Shahana</i>	<i>(II BSc)</i>	<i>PK</i>	<i>9746125010</i>

HOD of speech and language studies:

HOD of hearing studies:

Principal: *PK*

Chairman: *PK*



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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below.

Thanking you

Camp coordinator: *PK*

Place of camp: *[CAMP DETAILS]*
Yashwanthpur. Circle, BMTCL, Near Dippo.

Date of camp: *15-04-19 (Mon.)*

Organizer: *Ln. Shyam Sundar.*

Date and time of departure:

Date and time of arrival: *9342322674*

Type of camp: *School / Public*

Camp charges: *5000/-*

Food/Accommodation: *organizers / Institute*

Receipt no:

Deputed intern for camp work: *PRABISH*

Total cases: *85*

Staff allotted	Name	Signature	Phone number
Speech staff	1.		
Audio staff	2.		
Student allotted	Name:	Class:	Signature
Speech	1. <i>Abhiram</i>	<i>III BSLPH</i>	<i>[Signature]</i>
	2. <i>Copinath</i>	<i>I MASLP</i>	<i>[Signature]</i>
Audio	1. <i>[Signature]</i>	<i>[Signature]</i>	<i>9895550664</i>
	2. <i>[Signature]</i>	<i>[Signature]</i>	<i>7550237980</i>
Driver	<i>[Signature]</i>	<i>[Signature]</i>	<i>9045313822</i>
			<i>7259088036</i>
Attender	<i>[Signature]</i>	<i>[Signature]</i>	<i>9964235043</i>
			<i>8553842589</i>
System administrator	Mr. Jayaram	<i>[Signature]</i>	
Administrator	Mrs. Lovely George	<i>[Signature]</i>	
Camp coordinator	Mrs. Prema Kumari	<i>[Signature]</i>	
Substituting students for staff	Name:	Class:	Signature
Audio	1. <i>Akshay</i>	<i>III BSC</i>	<i>[Signature]</i>
	2. <i>Prabish</i>	<i>(Intern)</i>	<i>[Signature]</i>
Speech			<i>9946701116</i>
			<i>+919946121130</i>

HOD of speech and language studies:

HOD of hearing studies:

Principal: *[Signature]*

Chairman: *[Signature]*



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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below.

Thanking you

Camp coordinator: *Pre*

[CAMP DETAILS]

Place of camp: *White field Gout School.*

Date of camp: *16-04-19 (Tuesday)*

Organizer: *Ln. Shanthavadan,
Mrs. Mom Benergee*

Date and time of departure:

Date and time of arrival:

Type of camp: *School / Public*

Camp charges: *6000/-*

Food/Accommodation: *organizers / Institute*

Receipt no:

Deputed intern for camp work: *PRABISH*

Total cases: *59.*

Staff allotted	Name	Signature	Phone number	
Speech staff	1.			
Audio staff	2.			
Student allotted	Name:	Class:	Signature	Phone number
Speech	1. <i>Beney</i>	<i>II BSc</i>	<i>Be</i>	<i>7349305351</i>
	2. <i>Priya</i>	<i>II BSc</i>	<i>Prema</i>	<i>8870961284</i>
Audio	1. <i>Mughana Ruddy R (Intern)</i>		<i>MR</i>	<i>7259088036</i>
	2. <i>Ashens</i>	<i>III - BSVAR</i>	<i>As</i>	<i>8281785433</i>
Driver	<i>Prabish</i>	<i>Prabish</i>		<i>9902491885</i>
Attender	<i>Prabish</i>	<i>Prabish</i>		
System administrator	Mr. Jayaram	<i>Sys. Admin</i>		<i>99649155258</i>
Administrator	Mrs. Lovely George			
Camp coordinator	Mrs. Prema Kumari	<i>Pre</i>		
Substituting students for staff	Name:	Class:	Signature	Phone number
Audio	1. <i>Impana</i>	<i>II BSc</i>	<i>Imp</i>	<i>7349000915</i>
Speech	2. <i>PRABISH</i>			

HOD of speech and language studies:

HOD of hearing studies:

Principal: *26/4/19*

Chairman: *26/4/19*



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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below.

Thanking you

Camp coordinator: *PK*

[CAMP DETAILS]

Place of camp: *Kasavanahalli. BRS Global Centre for Excellence*
 Date of camp: *27/04/19 Saturday* Organizer: *Ln. Shanthavadao.*
 Date and time of departure: *7.30 AM.* Date and time of arrival:
 Type of camp: *School / Public* Camp charges: *6000/-*
 Food/Accommodation: *organizers / Institute* Receipt no:
 Deputed intern for camp work: *PRABISH* Total cases: *132*

Staff allotted	Name	Signature	Phone number
Speech staff	1.		
Audio staff	2. <i>Cynthia</i>	<i>[Signature]</i>	<i>7411068272</i>
Student allotted	Name: Class:	Signature	Phone number
Speech	1. <i>Bhavya</i> Intern	<i>[Signature]</i>	<i>8522932345</i>
	2. <i>Meghana Reddy</i> Intern	<i>[Signature]</i>	<i>7259088036</i>
Audio	1. <i>Tanvi</i> Intern	<i>[Signature]</i>	<i>9492981803</i>
	2. <i>S. Gopinath</i> Intern	<i>[Signature]</i>	<i>71550232980</i>
Driver	<i>[Signature]</i>	<i>[Signature]</i>	
Attender	<i>[Signature]</i>	<i>[Signature]</i>	<i>5557862559</i>
System administrator	Mr. Jayaram	<i>[Signature]</i>	
Administrator	Mrs. Lovely George		
Camp coordinator	Mrs. Prema Kumari	<i>PK</i>	
Substituting students for staff	Name: Class:	Signature	Phone number
Audio	1. <i>PRABISH</i> (Intern)	<i>[Signature]</i>	<i>7919946121130</i>
Speech	2. <i>ASWIN SRINIVASAN (TMS)</i>	<i>[Signature]</i>	<i>791 98844 45457</i>

HOD of speech and language studies:

HOD of hearing studies:

[Signature]
25/4/19

[Signature]
26/4/19

Principal:

Chairman: *[Signature]*



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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below

Thanking you

Camp coordinator: *Pu*

[CAMP DETAILS]

Place of camp: *Nandagudi Village Near Hoskote*

Date of camp: *12-05-19 Sunday*

Organizer: *Lns. Saraswathi Ramanna*

Date and time of departure: *7:30 AM*

Date and time of arrival:

Type of camp: *School / Public*

Camp charges: *6000 +*

Food/Accommodation: *organizers / Institute*

Receipt no:

Deputed intern for camp work: *Mr. Prabish*

Total cases:

Staff allotted	Name	Signature	Phone number	
Speech staff	1. <i>Munfuda</i>	<i>[Signature]</i>	<i>9481822862</i>	
Audio staff	2. <i>Jiya</i>	<i>[Signature]</i>		
Student allotted	Name	Class:	Signature	Phone number
Speech	1. <i>Jiss Meriya</i>	<i>II BASLP</i>	<i>[Signature]</i>	<i>7356001295</i>
	2. <i>Prabish</i>	<i>(Intern)</i>	<i>[Signature]</i>	<i>+919946121130</i>
Audio	1. <i>Bhavani</i>	<i>II MASLP</i>	<i>[Signature]</i>	<i>8951749735</i>
	2. <i>Sridhar</i>	<i>II MASLP</i>	<i>[Signature]</i>	<i>9505147788</i>
Driver	<i>[Signature]</i>			
Attender	<i>[Signature]</i>			
System administrator	Mr. Jayaram		<i>[Signature]</i>	<i>9611594879</i>
Administrator	Mrs. Lovely George			
Camp coordinator	Mrs. Prema Kumari		<i>[Signature]</i>	
Substituting students for staff	Name:	Class:	Signature	Phone number
Audio	1. <i>Riya Ashraf</i>	<i>(External intern)</i>	<i>[Signature]</i>	<i>9995907154</i>
Speech	2. <i>Farisha Sabnam</i>	<i>(External intern)</i>	<i>[Signature]</i>	<i>7025862460</i>

HOD of speech and language studies:

[Signature]
8/5/19

HOD of hearing studies:

[Signature]
8/5/19

Principal:

Chairman:



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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below

Thanking you

Camp coordinator: *PC*

[CAMP DETAILS]

Place of camp: *Marathahalli*

Organizer: *Ln. Shanthavadan*

Date of camp: *19-5-19 Friday*

Date and time of arrival:

Date and time of departure: *7.30 AM*

Camp charges: *6000/-*

Type of camp: *School / Public*

Receipt no:

Food/Accommodation: *organizers / Institute*

Total cases: *88*

Deputed intern for camp work: *MR. PRABISH*

Staff allotted	Name	Signature	Phone number
Speech staff	1.		
Audio staff	2.		
Student allotted	Name:	Class:	Signature
Speech	1. <i>Unnimaya Puranthodath</i>	<i>(2nd BSc)</i>	<i>[Signature]</i>
	2. <i>Arunya Udayakumar</i>	<i>(II BSc)</i>	<i>[Signature]</i>
Audio	1. <i>Meeramol Babu</i>	<i>(External lab)</i>	<i>[Signature]</i>
	2. <i>Reema Jayan</i>	<i>(School lab)</i>	<i>[Signature]</i>
Driver	<i>Pundarikher</i>		
Attender	<i>Wijay</i>		
System administrator	Mr. Jayaram		
Administrator	Mrs. Lovely George		
Camp coordinator	Mrs. Prema Kumari		
Substituting students for staff	Name:	Class:	Signature
Audio	1. <i>Binitha B.E</i>	<i>II BSc</i>	<i>[Signature]</i>
Speech	2. <i>Durga N</i>	<i>II BSc</i>	<i>[Signature]</i>

HOD of speech and language studies:

HOD of hearing studies:

Principal: *[Signature]*

Chairman: *[Signature]*



Dr. S. R. Chandrasekhar Institute of Speech & Hearing
Hennur Main Road, Bangalore - 560 084.
Tel: 080-25460405/25470037/25468470 Fax:080-25467829
Email-dr.srcish@gmail.com Web: www.speechhear.org

STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below

Thanking you

Camp coordinator: *PL*

[CAMP DETAILS]

Place of camp: *Bashyam Circle, Rajajinagar,*

Date of camp: *19-05-19 - Sunday*

Organizer: *Ln. Shyam Soodar,*

Date and time of departure: *7.30 AM,*

Date and time of arrival:

Type of camp: *School / Public*

Camp charges: *5000/-*

Food/Accommodation: *organizers / Institute*

Receipt no:

Deputed intern for camp work: *Mr. Prabhish.*

Total cases: *58*

Staff allotted	Name	Signature	Phone number
Speech staff	1.		
Audio staff	2.		
Student allotted	Name:	Class:	Signature
Speech	1. <i>Christya</i>	<i>II MASLP</i>	<i>[Signature]</i>
	2. <i>Riya</i>	<i>II MASLP</i>	<i>[Signature]</i>
Audio	1. <i>Pooja</i>	<i>II MSL</i>	<i>[Signature]</i>
	2. <i>Chirya</i>	<i>II MSL</i>	<i>[Signature]</i>
Driver	<i>[Signature]</i>		
Attender	<i>[Signature]</i>		
System administrator	Mr. Jayaram		
Administrator	Mrs. Lovely George		
Camp coordinator	Mrs. Prema Kumari		
Substituting students for staff	Name:	Class:	Signature
Audio	1. <i>Aarushi</i>	<i>III BSC</i>	<i>[Signature]</i>
Speech	2. <i>Anila</i>	<i>II MSL</i>	<i>[Signature]</i>

HOD of speech and language studies:

HOD of hearing studies:

Principal:

Chairman: *[Signature]*



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Thanking you

[CAMP DETAILS]

Camp coordinator: *Pre*

Place of camp: Siddhartha School

Date of camp: 21-06-19 Friday

Organizer: ISH

Date and time of departure: 9:30 AM

Date and time of arrival:

Type of camp: ~~School~~ / Public

Camp charges: FREE

Food/Accommodation: organizers / Institute / Self

Receipt no:

Deputed intern for camp work:

Total cases:

Staff allotted	Name	Signature	Phone number
Speech staff	1. Kalyani, Riyaz	<i>[Signature]</i>	<i>[Phone number]</i>
Audio staff	2. <i>[Name]</i>		
Student allotted	Name:	Class:	Signature
Speech	1. Kalyani	III BSc	
	2. Riyaz	III BSc	
Audio	1. Hiba (III BSc)		<i>[Signature]</i>
	2. Durgal(3)Benu (III BSc)		<i>[Signature]</i>
Driver	Sujeewappa		
Attender	<i>[Name]</i>		
System administrator	Mr. Jayaram		
Administrator	Mrs. Lovely George		
Camp coordinator	Mrs. Prema Kumari		
Substituting students for staff	Name:	Class:	Signature
Audio	1.		
Speech	2.		

HOD of speech and language studies:

HOD of hearing studies:

Principal:

Chairman: *[Signature]*




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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

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Thanking you


Camp coordinator:

[CAMP DETAILS]

Place of camp: Lingaraja puraan
Siddhanta school

Date of camp: 28/06/19

Organizer: Camp unit

Date and time of departure:

Date and time of arrival:

Type of camp: ~~School~~ / Public

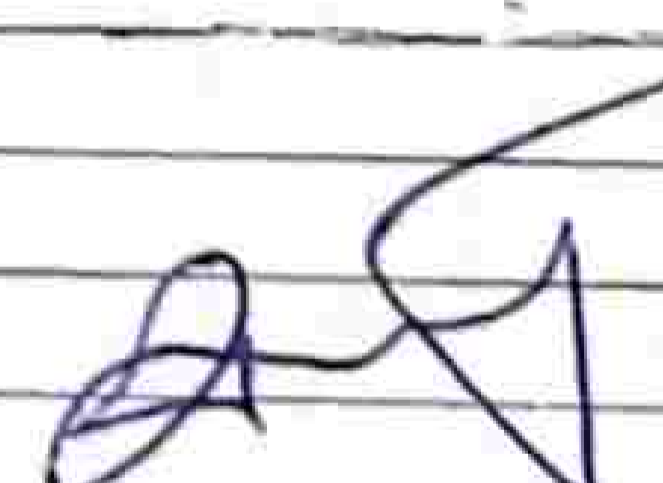

Camp charges: FREE

Food/Accommodation: organizers / Institute / Self

Receipt no:


Deputed intern for camp work:


Total cases:

Staff allotted	Name	Signature	Phone number
Speech staff	1.		
Audio staff	2.		
Student allotted	Name:	Class:	Signature
Speech	1. Simran	2 nd BSLPA	
	2. Reshma	2 nd BSLPA	
Audio	1. Rashmi	2 nd BSLPA	
	2. Denis	2 nd BSLPA	
Driver			
Attender			
System administrator	Mr. Jayaram		
Administrator	Mrs. Lovely George		
Camp coordinator	Mrs. Prema Kumari		
Substituting students for staff	Name:	Class:	Signature
Audio	1.		
Speech	2.		

HOD of speech and language studies:

HOD of hearing studies:

Principal: 


28/06/19

Chairman: 



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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below

Thanking you

Camp coördinator: *PC*

[CAMP DETAILS]

Place of camp: Siddhartha School.

Date of camp: 5/07/19 Friday. Organizer: Camp unit.

Date and time of departure: 9.30 AM. Date and time of arrival:

Type of camp: ~~School~~ / Public

Camp charges: FREE.

Food/Accommodation: organizers / Institute Receipt no:

Deputed intern for camp work: PRABISH Total cases:

Staff allotted	Name	Signature	Phone number
Speech staff	1.		
Audio staff	2.		
Student allotted	Name: Class:	Signature	Phone number
Speech	1. Riyaz Anwar II BASLP	<i>Riyaz</i>	9840571395
	2. Keuthi II BASLP	<i>Keuthi</i>	7795586422
Audio	1. Roshin IV BASLP	<i>Roshin</i>	9446031353
	2. Maria IV BASLP	<i>Maria</i>	9188032235
Driver			
Attender			
System administrator	Mr. Jayaram		
Administrator	Mrs. Lovely George		
Camp coordinator	Mrs. Prema Kumari	<i>PC</i>	
Substituting students for staff	Name: Class:	Signature	Phone number
Audio	1.		
Speech	2.		

HOD of speech and language studies: *WJ*
4/7/19.

HOD of hearing studies: *MP*
4/7/19.

Principal: *TS*

Chairman: *MP*




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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below

Thanking you

Camp coördinator: 

[CAMP DETAILS]

Place of camp: *Siddhartha School, Lingarajapuram*

Date of camp: *09/07/19*

Organizer: *Camp unit*

Date and time of departure:

Date and time of arrival:

Type of camp: School / Public

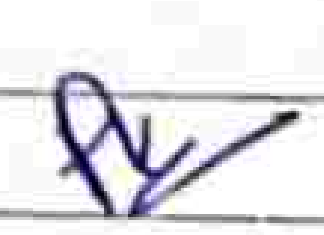
Camp charges:

Food/Accommodation: organizers / Institute

Receipt no:

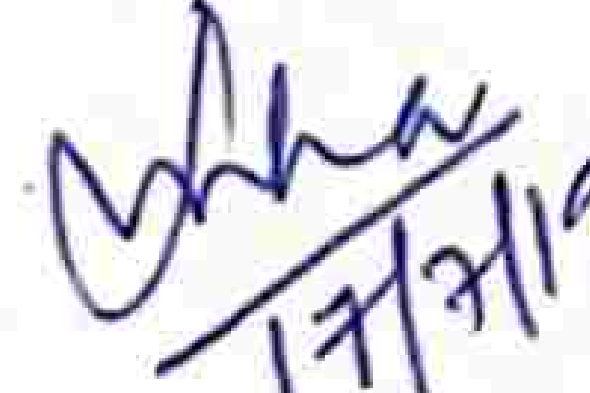
Deputed intern for camp work: *MR. PRABISH*


Total cases:

Staff allotted	Name	Signature	Phone number
Speech staff	1.		
Audio staff	2.		
Student allotted	Name:	Class:	Signature
Speech	1. <i>Mr. Madan</i>	<i>II (Bsc)</i>	<i>S. M. S. S.</i>
	2. <i>Ms. Anasuya</i>	<i>II (Bsc)</i>	<i>Anasuya</i>
Audio	1. <i>Mr. Prabish</i>	<i>(Intern)</i>	<i>Prabish</i>
	2.		
Driver			
Attender			
System administrator	Mr. Jayaram		
Administrator	Mrs. Lovely George		
Camp coordinator	Mrs. Prema Kumari		
Substituting students for staff	Name:	Class:	Signature
Audio	1.		
Speech	2.		

HOD of speech and language studies:

HOD of hearing studies:

For

17/7/19
Principal:


17/7/19
Chairman:



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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below

Thanking you

Camp coordinator: *PV*

[CAMP DETAILS]

Place of camp: *Siddhartha School, Lingarajapuram*

Date of camp: *12/07/19*

Organizer: *Camp Unit*

Date and time of departure:

Date and time of arrival:

Type of camp: *School / Public*

Camp charges:

Food/Accommodation: *organizers / Institute*

Receipt no:

Deputed intern for camp work: *MR. PRABISH*

Total cases:

Staff allotted	Name	Signature	Phone number
Speech staff	1.		
Audio staff	2.		
Student allotted	Name: Class:	Signature	Phone number
Speech	1. <i>Ms. Maitrayee</i> <i>II (MSc)</i>	<i>Maitrayee</i>	<i>8189879492</i>
	2. <i>Ms. Anushi</i> <i>II (MSc)</i>	<i>Anushi</i>	<i>6393528501</i>
Audio	1. <i>Ms. Mayantha</i> <i>II (MSc)</i>	<i>Mayantha</i>	<i>9845183545</i>
	2. <i>Ms. Reekha</i> <i>II (MSc)</i>	<i>Reekha</i>	<i>9421925539</i>
Driver			
Attender			
System administrator	<i>Mr. Jayaram</i>		
Administrator	<i>Mrs. Lovely George</i>		
Camp coordinator	<i>Mrs. Prema Kumari</i>	<i>PV</i>	
Substituting students for staff	Name: Class:	Signature	Phone number
Audio	1. <i>MR. Prabish</i> <i>(Intern)</i>	<i>Prabish</i>	<i>+919946121130</i>
Speech	2.		

HOD of speech and language studies:

HOD of hearing studies:

Principal
17/7/2019

Principal:

Chairman
17/7/19

Chairman:



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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below

Thanking you

Camp coordinator: *PK*

[CAMP DETAILS]

Place of camp: *Malleswaram 18th cross*

Date of camp: *13/07/19 [Saturday]*

Organizer: *Dr. Nareen (Jayashah)*

Date and time of departure: *7:00 AM*

Date and time of arrival:

Type of camp: School / Public

Camp charges: *6000/-*

Food/Accommodation: organizers / Institute

Receipt no:

Deputed intern for camp work: *PRAIBISH*

Total cases:

Staff allotted	Name	Signature	Phone number
Speech staff	1.		
Audio staff	2.		
Student allotted	Name:	Class:	Signature
Speech	1. <i>Shruthi</i>	<i>10th msc</i>	<i>[Signature]</i>
	2. <i>Monika</i>		<i>[Signature]</i>
Audio	1. <i>Ahmed</i>	<i>Intern</i>	<i>[Signature]</i>
	2. <i>Mohan</i>	<i>Intern</i>	<i>[Signature]</i>
Driver	<i>Jayaram</i>		
Attender	<i>Pundalika</i>		
System administrator	Mr. Jayaram		
Administrator	Mrs. Lovely George		
Camp coordinator	Mrs. Prema Kumari		
Substituting students for staff	Name:	Class:	Signature
Audio	1. <i>Mahesh</i>		<i>[Signature]</i>
Speech	2.		

HOD of speech and language studies:

HOD of hearing studies:

Principal: *[Signature]*

Chairman: *[Signature]*

[Signature]
11/7/19.



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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below

Thanking you

Camp coordinator: 

[CAMP DETAILS]

Place of camp: *Siddhartha School, Lingarajapuram*

Date of camp: *16/07/19*

Organizer: *Camp Unit*

Date and time of departure:

Date and time of arrival:

Type of camp: School / Public






Camp charges:

Food/Accommodation: organizers / Institute

Receipt no:


Deputed intern for camp work: *MA. PRABISHA*

Total cases:

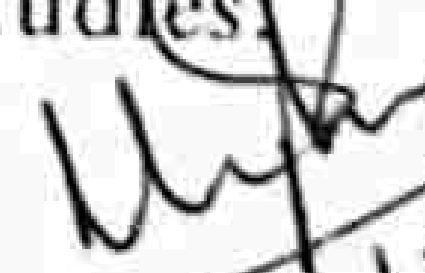
Staff allotted	Name	Signature	Phone number
Speech staff	1.		
Audio staff	2.		
Student allotted	Name: Class:	Signature	Phone number
Speech	1. <i>Ms. Mayantha</i> <i>II (msc)</i>		<i>984583545</i>
	2. <i>Ms. Anushi</i> <i>II (msc)</i>		<i>639356501</i>
Audio	1. <i>Ms. Ruchira</i> <i>II (msc)</i>		<i>9471925539</i>
	2. <i>Ms. Subarani</i> <i>II (msc)</i>		
Driver			
Attender			
System administrator	Mr. Jayaram		
Administrator	Mrs. Lovely George		
Camp coordinator	Mrs. Prema Kumari		
Substituting students for staff	Name: Class:	Signature	Phone number
Audio	1. <i>MR. Prabish</i> <i>(intern)</i>		<i>+919946121130</i>
Speech	2.		

For HOD of speech and language studies:

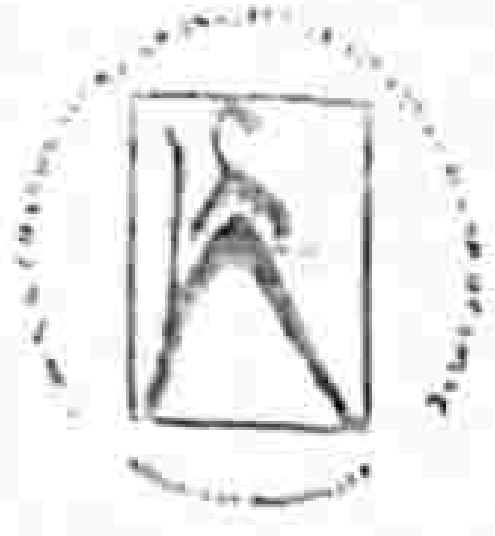
HOD of hearing studies:


17/7/2019

Principal:


17/07/19

Chairman:



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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below

Thanking you

Camp coördinator: *Pe*

[CAMP DETAILS]

Place of camp: *Cuttahalli*

Date of camp: *19-07-19 Friday*

Organizer: *C. A. Suresh Babu*

Date and time of departure: *9.00 AM,*

Date and time of arrival:

Type of camp: *School / Public*

Camp charges: *6000/-*

Food/Accommodation: *organizers / Institute*

Receipt no:

Deputed intern for camp work: *Mr. PRABISH*

Total cases:

Staff allotted	Name	Signature	Phone number
Speech staff	1.		
Audio staff	2.		
Student allotted	Name:	Class:	Signature
Speech	1. <i>Bhavani</i>	<i>II msc</i>	<i>BS</i>
	2. <i>Neemshree</i>	<i>II Msc</i>	<i>BS</i>
Audio	1. <i>Sidhar</i>	<i>II Msc</i>	<i>BS</i>
	2. <i>Kumarushwar</i>	<i>II Msc</i>	<i>BS</i>
Driver	<i>Conjeevver</i>	<i>Prabish</i>	<i>BS</i>
Attender	<i>Prabish</i>		
System administrator	Mr. Jayaram		
Administrator	Mrs. Lovely George		
Camp coordinator	Mrs. Prema Kumari		
Substituting students for staff	Name:	Class:	Signature
Audio	1. <i>Mayanta</i>	<i>II msc</i>	<i>BS</i>
Speech	2.		

HOD of speech and language studies:

HOD of hearing studies:

Principal:

Chairman:

17/7/19
BS

17/7/19
BS



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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below

Thanking you

Camp coordinator:-

[CAMP DETAILS]

Place of camp: Good Shepered School Lions Function
Date of camp: 28-07-19
Date and time of departure: 10.00 AM
Type of camp: School / Public
Food/Accommodation: organizers / Institute
Deputed intern for camp work: Mr. Prabish

Organizer: Ln. Shanthavada
Date and time of arrival:
Camp charges: FREE
Receipt no:
Total cases:

Staff allotted	Name	Signature	Phone number	
Speech staff	1.			
Audio staff	2.			
Student allotted	Name:	Class:	Signature	Phone number
Speech	1. Suharsini	(I MSC)		9036332813
	2. Arisha Jacob	(II MSC)		8762022109
Audio	1. Kumdreshwar T.V	(I MSC)		9620042661
	2. Prabish	(Intern)		7919946121130
Driver	Sangeenappa			9907491888
Attender	Pundalikka			9611594874
System administrator	Mr. Jayaram			
Administrator	Mrs. Lovely George			
Camp coordinator	Mrs. Prema Kumari			
Substituting students for staff	Name:	Class:	Signature	Phone number
Audio	1.			
Speech	2.			

HOD of speech and language studies:

HOD of hearing studies:

Principal:

Chairman:



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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below

Thanking you

Camp coordinator: *PK*

[CAMP DETAILS]

Place of camp: Jayanagar, Ashoka Pillar, Sanman Gardanya.

Date of camp: 18/08/19 (Sunday)

Organizer: *Dr. L.M. Shiva Kumar*

Date and time of departure: 7.30 AM

Date and time of arrival:

Type of camp: School / Public

Camp charges: 6000/-

Food/Accommodation: organizers / Institute

Receipt no:

Deputed intern for camp work: *Mr. SRABISH*

Total cases:

Staff allotted	Name	Signature	Phone number
Speech staff	1.		
Audio staff	2.		
Student allotted	Name:	Class:	Signature
Speech	1. <i>Silpa</i>	III BSc	<i>[Signature]</i>
	2. <i>Geel</i>	III BSc	<i>[Signature]</i>
Audio	1. <i>Angel</i>	III BSc	<i>[Signature]</i>
	2. <i>Dulga</i>	III BSc	<i>[Signature]</i>
Driver	<i>Sunandappa</i>		<i>[Signature]</i>
Attender	<i>Pradeesh</i> did not go.		
System administrator	Mr. Jayaram		
Administrator	Mrs. Lovely George		
Camp coordinator	Mrs. Prema Kumari		
Substituting students for staff	Name:	Class:	Signature
Audio	1. <i>Misha</i>	Intern	<i>[Signature]</i>
Speech	2. <i>Makesh</i>	Intern	<i>[Signature]</i>

HOD of speech and language studies:

HOD of hearing studies:

Principal: *[Signature]*

Chairman: *[Signature]*



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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

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Thanking you

Camp coordinator: *PK*

[CAMP DETAILS]

Place of camp: *Dasarahalli*

Date of camp: *08/09/19* *Sunday*

Organizer: *Ln. Shiva Kumar*

Date and time of departure: *7:30*

Date and time of arrival:

Type of camp: School / Public

Camp charges: *6000/-*

Food/Accommodation: organizers / Institute

Receipt no:

Deputed intern for camp work: *MR. PRABISH*

Total cases:

Staff allotted	Name	Signature	Phone number
Speech staff	1. <i>Mufeda</i>	<i>[Signature]</i>	<i>9481822862</i>
Audio staff	2. <i>Jiya</i>	<i>[Signature]</i>	<i>9656799567</i>
Student allotted	Name:	Class:	Signature
Speech	1. <i>Sudhoshha</i>	<i>II BSc</i>	<i>[Signature]</i>
	2. <i>S. Srinivas</i>	<i>II BSc</i>	<i>[Signature]</i>
Audio	1. <i>Mst An</i>	<i>Under</i>	<i>[Signature]</i>
	2. <i>Mahash. Srinivasappa</i>	<i>Under</i>	<i>[Signature]</i>
Driver	<i>[Signature]</i>	<i>[Signature]</i>	<i>9900149071</i>
Attender	<i>[Signature]</i>	<i>[Signature]</i>	<i>9566568882</i>
System administrator	Mr. Jayaram	<i>[Signature]</i>	<i>9902491225</i>
Administrator	Mrs. Lovely George	<i>[Signature]</i>	<i>9611544874</i>
Camp coordinator	Mrs. Prema Kumari		
Substituting students for staff	Name:	Class:	Signature
Audio	1. <i>Arya</i>	<i>II BSc</i>	<i>[Signature]</i>
Speech	2. <i>Kalyani</i>	<i>II BSc</i>	<i>[Signature]</i>

HOD of speech and language studies:

HOD of hearing studies:

Principal:

Chairman: *[Signature]*
4/9/19



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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below

Thanking you

Camp coordinator: *Dr*

[CAMP DETAILS]

Place of camp: *Basaweshwaranagar*

Date of camp: *15/09/19*

Organizer: *Ln Shival Kumar*

Date and time of departure: *7.30 AM.*

Date and time of arrival:

Type of camp: *School / Public*

Camp charges: *7000/-*

Food/Accommodation: *organizers / Institute*

Receipt no:

Deputed intern for camp work:

Total cases:

Staff allotted	Name	Signature	Phone number
Speech staff	1. <i>Aishwarya M</i>	<i>[Signature]</i>	<i>9886 740 540</i>
Audio staff	2. <i>Ashwini L. Manana</i>	<i>[Signature]</i>	<i>7012101518 7349000915</i>
Student allotted	Name: Class: Signature Phone number		
Speech	1. <i>Toel</i>	<i>[Signature]</i>	<i>8921584582</i>
	2. <i>Arijel</i>	<i>[Signature]</i>	<i>8310317435</i>
Audio	1. <i>Mahesh Aleena</i>	<i>[Signature]</i>	<i>91001620719074593171</i>
	2. <i>Mahesh</i>	<i>[Signature]</i>	<i>9566568882</i>
Driver	<i>Vijay</i>		
Attender	<i>Prakash</i>	<i>[Signature]</i>	<i>9964955258</i>
System administrator	Mr. Jayaram		
Administrator	Mrs. Lovely George		
Camp coordinator	Mrs. Prema Kumari	<i>[Signature]</i>	
Substituting students for staff	Name: Class: Signature Phone number		
Audio	1.		
Speech	2.		

HOD of speech and language studies: *[Signature]*

HOD of hearing studies: *[Signature]*

Principal: *[Signature]*

Chairman: *[Signature]*

18/9



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 Email-dr.srcish@gmail.com Web: www.speechear.org

STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below

Thanking you

Camp coordinator: *PK*

[CAMP DETAILS]

Place of camp: J.C. Nagara, Atreya Vidyya Samste
 Kurubara halli Main Road
 Date of camp: 25/08/19 Organizer: Ln. Shivakumar
 Date and time of departure: 7.30 AM. Date and time of arrival:
 Type of camp: School / Public ✓ Camp charges: 6000/-
 Food/Accommodation: organizers / Institute Receipt no:
 Deputed intern for camp work: Mr. Prabhish Total cases:

Staff allotted	Name	Signature	Phone number	
Speech staff	1. Mufeda Khalkeja	<i>[Signature]</i>	9481822862	
Audio staff	2. SUSHMA - P	<i>[Signature]</i>	7022260510	
Student allotted	Name:	Class:	Signature	Phone number
Speech	1. Vinisha	Msc	<i>[Signature]</i>	9916385793
	2. Soula	Msc	<i>[Signature]</i>	7397333225
Audio	1. G. Sai Rohit	Msc	<i>[Signature]</i>	9505015155
	2. Vaarshenice - K	Msc	<i>[Signature]</i>	909423432
Driver	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	9902491555
Attender	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	9611594879
System administrator	Mr. Jayaram	<i>[Signature]</i>		
Administrator	Mrs. Lovely George			
Camp coordinator	Mrs. Prema Kumari	<i>[Signature]</i>		
Substituting students for staff	Name:	Class:	Signature	Phone number
Audio	1.			
Speech	2.			

HOD of speech and language studies:

HOD of hearing studies:

Principal: *[Signature]*
24/8/19

Chairman: *[Signature]*
23/08/19



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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below

Thanking you

Camp coordinator: *Pu.*

[CAMP DETAILS]

Place of camp: *Malleswaram.*

Date of camp: *22/09/19 Sunday.*

Organizer: *Lions club International (Ln. Pita Mahajan.)*

Date and time of departure: *7.30 AM.*

Date and time of arrival:

Type of camp: *School / Public*

Camp charges: *6000/-*

Food/Accommodation: *organizers / Institute*

Receipt no: .

Deputed intern for camp work: *MR. PRABISH*

Total cases:

Staff allotted	Name	Signature	Phone number
Speech staff	1. /		
Audio staff	2.		
Student allotted	Name:	Class:	Signature
Speech	1. <i>Annes Rajen</i>	<i>(Intern)</i>	<i>[Signature]</i>
	2. <i>Impora</i>	<i>(M BSC)</i>	<i>[Signature]</i>
Audio	1. <i>Mahesh</i>	<i>(Intern)</i>	<i>[Signature]</i>
	2. <i>Mohan</i>	<i>(Intern)</i>	<i>[Signature]</i>
Driver	<i>* Suresh</i>		<i>[Signature]</i>
Attender	<i>Manoj</i>		<i>[Signature]</i>
System administrator	Mr. Jayaram		
Administrator	Mrs. Lovely George		
Camp coordinator	Mrs. Prema Kumari		
Substituting students for staff	Name:	Class:	Signature
Audio	1. <i>Aishwarya M</i>	<i>(M BSC)</i>	<i>[Signature]</i>
Speech	2. <i>Aishwarya</i>	<i>(M BSC)</i>	<i>[Signature]</i>

HOD of speech and language studies:

HOD of hearing studies:

Principal:

Chairman:

[Signature]

[Signature]
19/9/19

[Signature]



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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below

Thanking you

Camp coordinator: *Pk*

[CAMP DETAILS]

Place of camp: *Rajajinagar.*

Date of camp: *22/09/19 Sunday.*

Organizer: *Mr. Suresh.*

Date and time of departure:

Date and time of arrival:

Type of camp: *School / Public*

Camp charges: *6000/-*

Food/Accommodation: *organizers / Institute*

Receipt no:

Deputed intern for camp work: *Mr. PRABISH*

Total cases:

Staff allotted	Name	Signature	Phone number
Speech staff	1.		
Audio staff	2. <i>Jiya</i>	<i>[Signature]</i>	<i>[Phone Number]</i>
Student allotted	Name:	Class:	Signature
Speech	1. <i>Ayush</i>	<i>III BSc</i>	<i>[Signature]</i>
	2. <i>Aaruna</i>	<i>Intern</i>	<i>[Signature]</i>
Audio	1. <i>Ajisha</i>	<i>III BSc</i>	<i>[Signature]</i>
	2. <i>Adi</i>	<i>Intern</i>	<i>[Signature]</i>
Driver	<i>Ajay</i>	<i>[Signature]</i>	<i>7829581131</i>
Attender			
System administrator	Mr. Jayaram	<i>[Signature]</i>	
Administrator	Mrs. Lovely George		
Camp coordinator	Mrs. Prema Kumari	<i>Pk</i>	
Substituting students for staff	Name:	Class:	Signature
Audio	1. <i>Hiba Sahana</i>	<i>III BSc</i>	<i>[Signature]</i>
Speech	2.		

HOD of speech and language studies: *[Signature]*

HOD of hearing studies: *[Signature]*

Principal: *[Signature]*

Chairman: *[Signature]*

[Signature]
19/09/19



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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below

Thanking you

Camp coordinator: *PK*

[CAMP DETAILS]

Place of camp: *Palace ground Gandhi Gayanthi*
 Date of camp: *2/10/19 Wednesday* Organizer: *Chairman*
 Date and time of departure: *Gout holiday* Date and time of arrival:
 Type of camp: *School / Public* Camp charges: *FREE*
 Food/Accommodation: *organizers / Institute* Receipt no:
 Deputed intern for camp work: *AM* Total cases:

Staff allotted	Name	Signature	Phone number
Speech staff	1. <i>Prema Kumari</i>		
Audio staff	2. <i>Prabish</i>		
Student allotted	Name:	Class:	Signature
Speech	1. <i>T Shag</i>	<i>IIIrd yr</i>	
Audio	1. <i>Sachin</i>	<i>IIIrd yr</i>	<i>Sachin</i>
Driver	<i>Sarjeevappa</i>		
Attender	<i>Prakash</i>		<i>Sifurtech</i>
System administrator	Mr. Jayaram		<i>996 49 55 25 8</i>
Administrator	Mrs. Lovely George		
Camp coordinator	Mrs. Prema Kumari		<i>PK</i>
Substituting students for staff	Name:	Class:	Signature
Audio	1.		
Speech	2.		

HOD of speech and language studies:

HOD of hearing studies:

Principal: *[Signature]*

Chairman: *[Signature]*
15/10/19



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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

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Thanking you

Camp coordinator:

[CAMP DETAILS]

Place of camp: Epidemic disease

hospital old Madvar Road
Indiranagar

Date of camp: 03/10/19 Thursday

Organizer: Dr. Thippae Swami

Date and time of departure:

Date and time of arrival:

Type of camp: School / Public

Camp charges: 6000/-

Food/Accommodation: organizers / Institute

Receipt no:

Deputed intern for camp work: Prashanth

Total cases:

Staff allotted	Name	Signature	Phone number
Speech staff	1.		
Audio staff	2. Prashanth		
Student allotted	Name:	Class:	Signature
Speech	1. Ajisha	III BSc	
	2. Hiba	II BSc	
Audio	1. Febi	III BSc	
	2. Shabnam Hasna	Intern	
Driver			
Attender			
System administrator	Mr. Jayaram		
Administrator	Mrs. Lovely George		
Camp coordinator	Mrs. Prema Kumari		
Substituting students for staff	Name:	Class:	Signature
Audio	1.		
Speech	2.		

HOD of speech and language studies:

HOD of hearing studies:

Principal:

Chairman:

11/10/19



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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

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Thanking you

Camp coordinator: *PK*

[CAMP DETAILS]

Place of camp: *Palace ground.*

Date of camp: *3/10/19 - Thursday*

Organizer: *Chairman.*

Date and time of departure:

Date and time of arrival:

Type of camp: School / Public

Camp charges:

Food/Accommodation: organizers / Institute

Receipt no:

Deputed intern for camp work: —

Total cases:

Staff allotted	Name	Signature	Phone number
Speech staff	1.		
Audio staff	2. <i>Prabish.</i>		
Student allotted	Name:	Class:	Signature
Speech	1. <i>Karan</i>		
	2.		
Audio	1.		
	2.		
Driver	<i>- NO - Went & Came back by Auto.</i>		
Attender	<i>- NO -</i>		
System administrator	Mr. Jayaram	<i>[Signature]</i>	
Administrator	Mrs. Lovely George		
Camp coordinator	Mrs. Prema Kumari		
Substituting students for staff	Name:	Class:	Signature
Audio	1.		
Speech	2.		

HOD of speech and language studies:

HOD of hearing studies:

Principal: *[Signature]*

Chairman: *[Signature]*

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15/10/19



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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below

Thanking you

Camp coordinator: *Pe.*

[CAMP DETAILS]

Place of camp: *Palace ground stall.*

Date of camp: *4/10/19 Friday.* Organizer: *Chairman.*

Date and time of departure:

Date and time of arrival:

Type of camp: *School / Public*

Camp charges:

Food/Accommodation: *organizers / Institute*

Receipt no:

Deputed intern for camp work:

Total cases:

Staff allotted	Name	Signature	Phone number
Speech staff	1.		
Audio staff	2. <i>Prabish</i>		
Student allotted	Name:	Class:	Signature
Speech	1. <i>Karan.</i>	<i>MSCII</i>	
	2.		
Audio	1.		
	2.		
Driver	<i>NR</i>		
Attender	<i>NR</i>		
System administrator	Mr. Jayaram	<i>[Signature]</i>	
Administrator	Mrs. Lovely George		
Camp coordinator	Mrs. Prema Kumari	<i>PK</i>	
Substituting students for staff	Name:	Class:	Signature
Audio	1.		
Speech	2.		

HOD of speech and language studies:

HOD of hearing studies:

Principal: *[Signature]*

Chairman: *[Signature]*
15/10/19



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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below

Thanking you

Camp coordinator: *Prema*

[CAMP DETAILS]

Place of camp: *Palace ground*

Date of camp: *5/10/19 Saturday*

Organizer: *Chairman*

Date and time of departure:

Date and time of arrival:

Type of camp: School / Public

Camp charges: *FREE*

Food/Accommodation: organizers / Institute

Receipt no:

Deputed intern for camp work:

Total cases:

Staff allotted	Name	Signature	Phone number
Speech staff	1. <i>Prema</i>		
Audio staff	2. <i>Prabish</i>		
Student allotted	Name:	Class:	Signature
Speech	1. <i>Arusha</i>	<i>Internal</i>	
	2. <i>Prabish</i>	<i>Internal</i>	
Audio	1.		
	2.		
Driver	<i>Ajay (one side)</i>	<i>his</i>	
Attender	<i>No</i>		
System administrator	Mr. Jayaram		
Administrator	Mrs. Lovely George		
Camp coordinator	Mrs. Prema Kumari		
Substituting students for staff	Name:	Class:	Signature
Audio	1.		
Speech	2.		

HOD of speech and language studies:

HOD of hearing studies:

Principal: *[Signature]*

Chairman: *[Signature]*

[Signature]
15/10/19



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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below

Thanking you

[CAMP DETAILS]

Camp coordinator: *Pk*

Place of camp: *Palace ground.*

Date of camp: *6/10/19 Sunday.*

Organizer: *Chairman.*

Date and time of departure:

Date and time of arrival:

Type of camp: *School / Public*

Camp charges: *FREE*

Food/Accommodation: *organizers / Institute*

Receipt no:

Deputed intern for camp work:

Total cases:

Staff allotted	Name	Signature	Phone number
Speech staff	1. <i>Pragna Kumar</i>		
Audio staff	2. <i>Pravish</i>		
Student allotted	Name:	Class:	Signature
Speech	1. _____		
	2. _____		
Audio	1. _____		
	2. _____		
Driver	<i>Ajay (Small Achide)</i>		
Attender	<i>No</i>		
System administrator	Mr. Jayaram	<i>[Signature]</i>	
Administrator	Mrs. Lovely George		
Camp coordinator	Mrs. Prema Kumari		
Substituting students for staff	Name:	Class:	Signature
Audio	1. _____		
Speech	2. _____		

HOD of speech and language studies:

HOD of hearing studies:

[Signature]
16/10

[Signature]
15/10/19

Principal: *[Signature]*

Chairman:



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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below

Thanking you

Camp coordinator: *PK*

[CAMP DETAILS]

Place of camp: *Palace ground*

Date of camp: *7/10/19 Monday* Organizer: *Chairman*
(*Govt holiday*)

Date and time of departure:

Date and time of arrival:

Type of camp: *School / Public*

Camp charges: *FREE*

Food/Accommodation: *organizers / Institute*

Receipt no:

Deputed intern for camp work:

Total cases:

Staff allotted	Name	Signature	Phone number	
Speech staff	1. <i>Prema Kumari</i>			
Audio staff	2. <i>Prabish</i>			
Student allotted	Name:	Class:	Signature	Phone number
Speech	1.			
	2.			
Audio	1.			
	2.			
Driver	<i>Ajay - both sides</i>			
Attender				
System administrator	<i>Mr. Jayaram</i>	<i>[Signature]</i>		
Administrator	<i>Mrs. Lovely George</i>			
Camp coordinator	<i>Mrs. Prema Kumari</i>	<i>PK</i>		
Substituting students for staff	Name:	Class:	Signature	Phone number
Audio	1.			
Speech	2.			

HOD of speech and language studies:

HOD of hearing studies:

Principal: *[Signature]*

Chairman: *[Signature]*



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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below

Thanking you

Camp coördinator: *PS*

[CAMP DETAILS]

Place of camp: *Palace ground.*

Date of camp: *8/10/19 Tuesday* Organizer: *Chairman.*
Govt holiday

Date and time of departure: _____ Date and time of arrival: _____

Type of camp: *School / Public* Camp charges: *FREE*

Food/Accommodation: *organizers / Institute* Receipt no: _____

Deputed intern for camp work: _____ Total cases: _____

Staff allotted	Name	Signature	Phone number
Speech staff	1. <i>Prerna Kumar</i>		
Audio staff	2. <i>Prabish</i>		
Student allotted	Name:	Class:	Signature
Speech	1. _____		
	2. _____		
Audio	1. _____		
	2. _____		
Driver	<i>Ajay</i>	<i>his</i>	
Attender			
System administrator	Mr. Jayaram	<i>[Signature]</i>	
Administrator	Mrs. Lovely George		
Camp coordinator	Mrs. Prema Kumari		
Substituting students for staff	Name:	Class:	Signature
Audio	1. _____		
Speech	2. _____		

HOD of speech and language studies:

HOD of hearing studies:

Principal: *[Signature]*

Chairman: *[Signature]*

[Signature]
 15/10/19



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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below

Thanking you

Camp coordinator:

[CAMP DETAILS]

Place of camp: Yelachenahalli [Near Venkateswara Temple, 2nd cross]

Date of camp: 13/10/19 (Sunday)

Organizer: Mr. Bramhananda

Date and time of departure: 7:30 AM

Date and time of arrival:

Type of camp: School / Public

Camp charges: 7000/-

Food/Accommodation: organizers / Institute

Receipt no:

Deputed intern for camp work:

Total cases:

Staff allotted	Name	Signature	Phone number
Speech staff	1.		
Audio staff	2. <u>DAABISH</u>		<u>+91 9946121130</u>
Student allotted	Name: Class:	Signature	Phone number
Speech	1. <u>Sushmitha K</u> II BSC		<u>9611520764</u>
	2. <u>Mahashree</u> II BSC		<u>9520906237</u>
Audio	1. <u>Anaswara</u> II MSc		<u>9731780613</u>
	2. <u>Anna Rayan</u> 10 th std		<u>8217692922</u>
Driver	<u>Mr. Jayaram</u>		<u>9902491885</u>
Attender	<u>Mr. Jayaram</u>		<u>7829581131</u>
System administrator	<u>Mrs. Lovely George</u>		
Administrator	<u>Mrs. Prema Kumari</u>		
Camp coordinator			
Substituting students for staff	Name: Class:	Signature	Phone number
Audio	1. <u>Binitha B.E</u> III rd BSC		<u>9994409983</u>
Speech	2. <u>Aiswarya U</u> III rd BSC		<u>935439357</u>

HOD of speech and language studies:

HOD of hearing studies:

Principal:

Chairman:



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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below

Thanking you

Camp coordinator: 

[CAMP DETAILS]

Place of camp: Rajaji Nagar (Manjunathnagar)

Date of camp: 20/10/19 (Sunday)

Organizer: MA. Suresh

Date and time of departure: 7:30 AM

Date and time of arrival:

Type of camp: School / Public











Camp charges: 6000/-

Food/Accommodation: organizers / Institute


Receipt no:

Deputed intern for camp work:

Total cases:

Staff allotted	Name	Signature	Phone number
Speech staff	1.		
Audio staff	2. <u>Jiya</u>		
Student allotted	Name:	Class:	Signature
Speech	1. <u>Mohan</u>	<u>Inter</u>	
	2. <u>Mahesh</u>	<u>Inter</u>	
Audio	1. <u>Sushmitha</u>	<u>II BSc</u>	
	2. <u>Mahashree</u>	<u>II BSc</u>	
Driver	<u>Samjellappa</u>		<u>9902491885</u>
Attender	<u>Prakash</u>		<u>9964955258</u>
System administrator	<u>Mr. Jayaram</u>		
Administrator	<u>Mrs. Lovely George</u>		
Camp coordinator	<u>Mrs. Prema Kumari</u>		
Substituting students for staff	Name:	Class:	Signature
Audio	1. <u>Shalini</u>	<u>Inter</u>	
Speech	2. <u>Akhil Anish</u>	<u>II BSc</u>	

HOD of speech and language studies: 

HOD of hearing studies: 

Principal:

Chairman: 



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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below

Thanking you

Camp coordinator:

[CAMP DETAILS]

Place of camp: *Mahalakshmi Puram [Nandani Layout]*

Date of camp: *20/10/19 (Sunday)*

Organizer: *MR. N. S. Prakash Kumar*

Date and time of departure: *7:30 AM*

Date and time of arrival:

Type of camp: *School / Public*

Camp charges: *7000/-*

Food/Accommodation: *organizers / Institute*

Receipt no:

Deputed intern for camp work:

Total cases:

Staff allotted	Name	Signature	Phone number
Speech staff	1.		
Audio staff	2. <i>MR. PRABISH</i>	<i>[Signature]</i>	<i>+91 9946121130</i>
Student allotted	Name: Class:	Signature	Phone number
Speech	1. <i>Sujisha M-5</i>	<i>[Signature]</i>	<i>9497114880</i>
	2. <i>Saranya K. Sajeer</i>	<i>[Signature]</i>	<i>9207635252</i>
Audio	1. <i>Anna Reyan</i>	<i>[Signature]</i>	<i>8217692922</i>
	2. <i>Rajin Maey</i>	<i>[Signature]</i>	<i>9744244907</i>
Driver	<i>[Signature]</i>	<i>[Signature]</i>	<i>7829581131</i>
Attender			
System administrator	<i>Mr. Jayaram</i>	<i>[Signature]</i>	
Administrator	<i>Mrs. Lovely George</i>		
Camp coordinator	<i>Mrs. Prema Kumari</i>	<i>[Signature]</i>	
Substituting students for staff	Name: Class:	Signature	Phone number
Audio	1. <i>Binita B-E</i> III BSC	<i>[Signature]</i>	<i>7994409985</i>
Speech	2. <i>Abhishek : O</i> III BSC	<i>[Signature]</i>	

HOD of speech and language studies:

HOD of hearing studies:

Principal:

Chairman:



Dr. S. R. Chandrasekhar Institute of Speech & Hearing
 Hennur Main Road, Bangalore - 560 084.
 Tel: 080-25460405/25470037/25468470 Fax:080-25467829
 Email: dr.srcish@gmail.com Web: www.speechear.org

STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below.

Thanking you

Camp coordinator: *Pe*

[CAMP DETAILS]

Place of camp: *Rajajinagar (Shivanagar)*

Date of camp: *16/12/18 Sunday*

Organizer: *Ln. Shyamsunder*

Date and time of departure:

Date and time of arrival:

Type of camp: *School / Public*

Camp charges: *5000/-*

Food/Accommodation: *organizers / Institute*

Receipt no:

Deputed intern for camp work:

Total cases:

Staff allotted	Name	Signature	Phone number
Speech staff	1. <i>NA Staff</i>	<i>Pe</i>	
Audio staff	2. <i>MANASA</i>	<i>Manasa</i>	
Student allotted	Name:	Class:	Signature
Speech	1. <i>Aswin.S</i>		<i>Aswin</i>
	2. <i>Pavan.K.</i>		<i>Pavan</i>
Audio	1. <i>Karan</i>		<i>Karan</i>
	2. <i>Varsha</i>		<i>Varsha</i>
Driver	<i>Srinivasappa</i>	<i>Srinivasappa</i>	
Attender	<i>S.Prakash</i>	<i>S.Prakash</i>	<i>9964955258</i>
System administrator	Mr.Jayaram	<i>Jayaram</i>	
Administrator	Mrs.Lovely George		
Camp coordinator	Mrs.Prema Kumari	<i>Pe</i>	
Substituting students for staff	Name:	Class:	Signature
Audio	1. <i>Alok</i>		<i>Alok</i>
Speech	2. <i>Bharon Benny</i>		<i>Bharon</i>

HOD of speech and language studies:

HOD of hearing studies:

Principal: *21/12*

Chairman: *14/12*



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Report – March 2019 to September 2019

NSS volunteers, along with the PHC-Lingarajapuram were involved with the Pulse polio camp from March 10th to 13th 2019

NSS Volunteers of College, had visited Home for the aged at, Richmond town Bangalore, on 27th July, 2019 volunteers actively participated in gardening, cleaning the premises, helping the aged inmates in cutting vegetables and spending time with them.

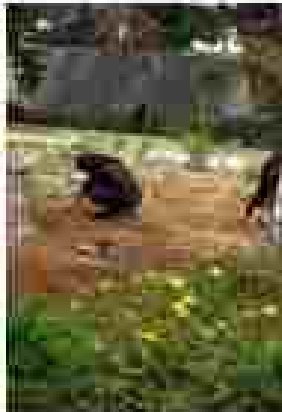


Volunteers at Home for the aged.



Orientation by sister in charge

Cleaning activities by volunteers at Home for the aged



Report on World's Largest Lesson held at Sunaad School- 8th of August, 2019

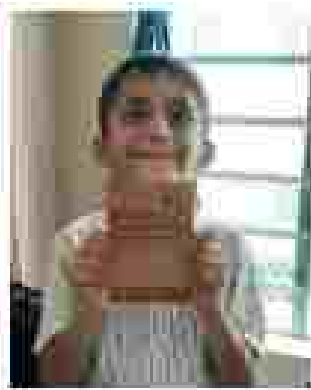
AIESEC is a not-for-profit the youth run organization present in 120 countries globally. AIESEC works in association with the United Nations organization and facilitates an event called "World's largest lesson".

World's Largest Lesson is an initiative created by Project Everyone and UNICEF to teach young people and children about the 17 Global Goals. The 17 Sustainable Development Goals (SDGs) were set in 2015 with the aim to achieve them by 2030. The idea of "World's largest lesson" is to start creating awareness & understanding about the importance of each individual contribution towards these goals. Hosting this lesson is part of the implementation of our Youth 4 Global Goals Initiative. The 17 Goals include: Zero hunger, good health and well-being, quality education, climate action, etc

AIESEC in India has envisioned to create a world record for world's largest lesson. This is a step towards upscaling the impact with an aim of involving over 60,000 students and 5,000+ volunteers.

AIESEC Bangalore brought forward the idea of holding this event in Sunaad school on 8th of August, 2019 from 11am to 12pm. The motive of this event was to spread awareness among school going children about the Sustainable Development Goals set by the United Nations Organization.

32 students from 3rd ES/PA of ISH volunteered at this event through the NSS wing. The students of Sunaad school were given an introduction about the Global goals, a video was shown to them to make them understand it better. The students were asked to make a list of the problems that they see around them (For example: Poverty, Hunger, illiteracy, pollution, etc). Then the students were asked to write solutions for those problems. The younger children were educated about the little things that they can do in order to contribute to these goals. The older children were given a task to match the problems to the respective global goal. At the end of the event the students were given promise cards on which each child had to write three promises that they make in order to contribute towards achieving the global goals. Feedback was taken from the children to make sure that they have understood the concept. This educational event was a great learning experience for the children of Sunaad school as they involved in activities to understand the concept of the Global goals, it was indeed a great learning experience for the student volunteers of ISH, as it was something new and different from their regular curriculum.





HEAR- A- TON (Lend –an-ear)

NSS volunteers participated in HEAR- A- TON (Lend –an-ear), 1km run organized by SINDHI YOUTH ASSOCIATION LADIES WING (SYALW) at Cuddon Park on 1st September 2019, the aim was to create awareness about hearing impairment , early detection and total rehabilitation



NSS Volunteers cleaned the premises of Heller Keller Integrated School, which has been adopted by the Institute on at Tumkur , on 24th August 2019 .





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NSS Day was celebrated on 24th September, as SWATCH BRARATH, where volunteers from the NSS unit of the college , together with their support staff cleaned the classrooms, library and Therapy rooms. The support staff was appreciated for their dedicated hard work in keeping the Institute clean. Each staff was offered a rose and appreciation was given by the Principal Ms. Rashmi Bhat , along with the NSS officer, and Vice Principal MsAnitha Reddy .







Our Support Staff at the Institute.



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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below.

Thanking you

[CAMP DETAILS]

Camp coordinator: *Prema*

USS

Place of camp: *Abbigere*

Date of camp: *10-02-19 Sunday*

Organizer: *Ln. Shyamundar.*

Date and time of departure:

Date and time of arrival:

Type of camp: *School / Public*

Camp charges: *5000/-*

Food/Accommodation: *organizers / Institute*

Receipt no:

Deputed intern for camp work: *PRABISH*

Total cases:

Staff allotted	Name	Signature	Phone number
Speech staff	1. <i>no staff</i>		
Audio staff	2. <i>no staff</i>		
Student allotted	Name:	Class:	Signature
Speech	1. <i>Neem Shree</i>	<i>(II msc)</i>	<i>[Signature]</i>
	2. <i>Rumaisa Pasha Rashid</i>	<i>(external intern)</i>	<i>[Signature]</i>
Audio	1. <i>Muhammad Riyas</i>	<i>(intern)</i>	<i>[Signature]</i>
	2. <i>Muhammad Raees</i>	<i>(II BSc)</i>	<i>[Signature]</i>
Driver	<i>Sanjiv PPA</i>		<i>[Signature]</i>
Attender	<i>Prakash</i>		<i>[Signature]</i>
System administrator	Mr. Jayaram		
Administrator	Mrs. Lovely George		
Camp coordinator	Mrs. Prema Kumari		
Substituting students for staff	Name:	Class:	Signature
Audio	1. <i>Danisha Roshni</i>	<i>(external intern)</i>	<i>[Signature]</i>
Speech	2. <i>Aysha Siddiq</i>	<i>(external intern)</i>	<i>[Signature]</i>

HOD of speech and language studies:

HOD of hearing studies:

10/2/19
Principal

[Signature]
Chairman:



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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

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Thanking you

Camp coordinator: *PL*

[CAMP DETAILS]

Place of camp: *Govt Pri. School - Kadugodi, Dinnur village.*

Date of camp: *23-02-19 Saturday*

Organizer: *Rtn: Somasundaram*

Date and time of departure:

Date and time of arrival:

Type of camp: School / Public

Camp charges: *6000/-*

Food/Accommodation: organizers / Institute

Receipt no:

Deputed intern for camp work: *PRABISH*

Total cases:

Staff allotted	Name	Signature	Phone number
Speech staff	1. <i>Betsy S. Mathew Bath</i>	<i>Bath</i>	<i>7356323706</i>
Audio staff	2.		
Student allotted	Name:	Class:	Signature
Speech	1. <i>Silpa</i>	<i>(II BSc)</i>	<i>[Signature]</i>
	2. <i>Lina</i>	<i>(II BSc)</i>	<i>[Signature]</i>
Audio	1. <i>Prabish P</i>	<i>(Intern)</i>	<i>[Signature]</i>
	2. <i>Rumaisa Rasba</i>	<i>(Ex-intern)</i>	<i>[Signature]</i>
Driver	<i>[Signature]</i>		
Attender	<i>Pundalika</i>	<i>[Signature]</i>	
System administrator	Mr. Jayaram	<i>[Signature]</i>	
Administrator	Mrs. Lovely George		
Camp coordinator	Mrs. Prema Kumari		
Substituting students for staff	Name:	Class:	Signature
Audio	1. <i>Neer Shree</i>	<i>(II MASP)</i>	<i>[Signature]</i>
Speech	2. <i>Arswaryan</i>	<i>(II BSc)</i>	<i>[Signature]</i>

HOD of speech and language studies:

HOD of hearing studies:

[Signature]
22/2/19

[Signature]
22/02/19

Principal:

Chairman:

2/3



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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below.

Thanking you

Camp coordinator: *PK*

[CAMP DETAILS]

Place of camp: *Rajajinagar. Ram Mandira*

Date of camp: *24/02/19 (Sun)*

Organizer: *Ln. Shyam Suresh*

Date and time of departure:

Date and time of arrival:

Type of camp: *School / Public*

Camp charges: *5000/-*

Food/Accommodation: *organizers / Institute*

Receipt no:

Deputed intern for camp work: *PRABISH*

Total cases:

Staff allotted	Name	Signature	Phone number	
Speech staff	1. <i>Mufeda Khatheja</i>	<i>[Signature]</i>		
Audio staff	2.			
Student allotted	Name:	Class:	Signature	Phone number
Speech	1. <i>Gr. Ladi Ann Thomas (Intern)</i>		<i>[Signature]</i>	
	2. <i>Timothy Cherian (Intern)</i>		<i>[Signature]</i>	
Audio	1. <i>Prabish. P</i>		<i>[Signature]</i>	
	2. <i>Anil Kumar (Intern)</i>		<i>[Signature]</i>	
Driver	<i>[Signature]</i>		<i>[Signature]</i>	
Attender	<i>[Signature]</i>		<i>[Signature]</i>	
System administrator	Mr. Jayaram		<i>[Signature]</i>	
Administrator	Mrs. Lovely George			
Camp coordinator	Mrs. Prema Kumari		<i>[Signature]</i>	
Substituting students for staff	Name:	Class:	Signature	Phone number
Audio	1. <i>Annade Arora (Intern)</i>		<i>[Signature]</i>	<i>798808215732</i>
Speech	2. <i>Riya Maria Roy (II MASLP)</i>		<i>[Signature]</i>	<i>8547815249</i>

HOD of speech and language studies: *[Signature]*

HOD of hearing studies: *[Signature]*

22/2/19

22/02/19

Principal:

Chairman: *[Signature]*



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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below.

Thanking you

Camp coordinator: *PK*

[CAMP DETAILS]

Place of camp: *Dyvasandra Industrial Area, White field.*

Date of camp: *29/12/18. Saturday.*

Organizer: *Rotary Bangalore Ulsoor*

Date and time of departure: *7.30 AM.*

Date and time of arrival:

Type of camp: *School / Public*

Camp charges: *6000/-*

Food/Accommodation: *organizers / Institute*

Receipt no:

Deputed intern for camp work: *Alok*

Total cases:

Staff allotted	Name	Signature	Phone number	
Speech staff	1. <i>Alok Intern</i>	<i>[Signature]</i>	<i>878949327.</i>	
Audio staff	2. <i>no staff</i>			
Student allotted	Name:	Class:	Signature	Phone number
Speech	1. <i>Benny Anurag</i>	<i>II BSLPA</i>	<i>[Signature]</i>	<i>7349805351</i>
	2. <i>Aijsha M.</i>	<i>II BSLPA</i>	<i>[Signature]</i>	<i>7094894243</i>
Audio	1. <i>Karan</i>	<i>DTMCLP</i>	<i>[Signature]</i>	<i>9538074935</i>
	2. <i>Hiba Shahama</i>	<i>II BSLPA</i>	<i>[Signature]</i>	<i>9746125010</i>
Driver	<i>[Signature]</i>		<i>[Signature]</i>	<i>9907192885</i>
Attender	<i>[Signature]</i>		<i>[Signature]</i>	<i>9964955258</i>
System administrator	<i>Mr. Jayaram</i>			
Administrator	<i>Mrs. Lovely George</i>			
Camp coordinator	<i>Mrs. Prema Kumari</i>			
Substituting students for staff	Name:	Class:	Signature	Phone number
Audio	1. <i>Karan</i>	<i>PMASLP</i>	<i>[Signature]</i>	<i>8890693655</i>
Speech	2.			

HOD of speech and language studies:

HOD of hearing studies:

Principal: *[Signature]*

Chairman: *[Signature]*



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STAFF AND STUDENT DEPUTED FOR THE CAMP:-

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below.

Thanking you

[CAMP DETAILS]

Camp coordinator:

Place of camp:

Narasapura, KAF.

Date of camp:

28/11/18 Wednesday.

Organizer: Rtn. Mr. Ramesh Babu.
9741399875.

Date and time of departure:

Date and time of arrival:

Type of camp: School / Public

Camp charges: 6000/-

Food/Accommodation: organizers / Institute

Receipt no:

Deputed intern for camp work: PRABISH

Total cases: 182

Staff allotted	Name	Signature	Phone number
Speech staff	1. Jahangir		6001528638
Audio staff	2. Jahangir		9446370378
Student allotted	Name: Class:	Signature	Phone number
Speech	1. Amala (Intern)		8762541480
	2. Smrithy (Intern)		9946121130
Audio	1. Prabish (Intern)		8789459327
	2. Adak (Intern)		9902491885
Driver	Sanjeevappa		8557842589
Attender	Manoj		
System administrator	Mr. Jayaram		
Administrator	Mrs. Lovely George		
Camp coordinator	Mrs. Prema Kumari		
Substituting students for staff	Name: Class:	Signature	Phone number
Audio	1.		8301084632
Speech	2. Sneha PV		

HOD of speech and language studies:

HOD of hearing studies:

Principal:

Director technical:

Chairman

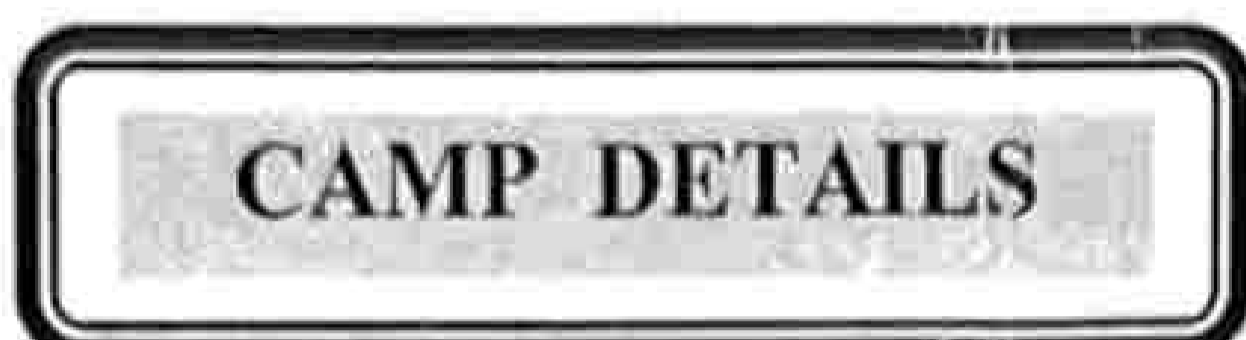


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STAFF AND STUDENT DEPUTED FOR THE CAMP

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below.

Thanking you



Camp coordinator: *PK*

Place of camp: *- Palel Public School, Kalyanacharya.*

Date of camp: *2/03/21 Tuesday.*

Organizer: *Chairman.*

Date and time of Departure: *8.30 AM.*

Date and time of Arrival: *7.00 PM.*

Type of Camp: *School / Public*

Camp Charges: *FREE as per Chairman permission*

Food/Accommodation: *Organizer / Institute - NO*

Receipt No:

Deputed intern for Camp Work:

Total Cases: *104.*

Staff Allotted	Name	Signature	Phone Number
Speech Staff	1. <i>Prema Venkatesh</i>		
Audio Staff	2. <i>Athile S. Rajan (Speech)</i>	<i>Athile</i>	<i>8848102711</i>
Student Allotted	Name:	Class:	Signature
Speech	1. <i>Anju R.G</i>	<i>II MSc</i>	<i>[Signature]</i>
	2. <i>Steffy Philip</i>	<i>II MSc</i>	
Audio	1. <i>Athul</i>	<i>Intern</i>	<i>9497033755</i>
	2. <i>Aarav</i>	<i>Intern</i>	<i>8296170646</i>
Driver	<i>Sarjivappa</i>		<i>992491885</i>
Attender	<i>Venkateswamy</i>		
System administrator	<i>Mr. Jayaram</i>		
Camp-in-Charge	<i>Mr. Prabish.P</i>		<i>Went to nature</i>
Camp Coordinator	<i>Mrs. Prema Kumari</i>		<i>PK</i>
Substituting students for staff	Name:	Class:	Signature
Audio	1. <i>Manna</i>	<i>DEd</i>	
Speech	2.		

HOD of Speech and Language Studies: *[Signature]*

HOD of Hearing Studies: *[Signature]*

Principal
Rashmi J. Bhat

Deputy Director Clinic
[Signature]
1/3/21

Chairman
[Signature]

[Signature]
10/3



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STAFF AND STUDENT DEPUTED FOR THE CAMP

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below.

Thanking you

CAMP DETAILS

Camp coordinator: *Pre*

Place of camp: Patel Public School.

Date of camp: 3/03/21 Wednesday

Date and time of Departure: 8:15 AM

Type of Camp: School / Public

Food/Accommodation: Organizer / Institute

Deputed intern for Camp Work:

Organizer: Chairman

Date and time of Arrival:

Camp Charges: FREE As per Chairman Permission

Receipt No:

Total Cases: 82.

Staff Allotted	Name	Signature	Phone Number
Speech Staff	1. Archila	<i>Archila</i>	8848102711
Audio Staff	2. Prema Kumari		
Student Allotted	Name:	Class:	Signature
Speech	1. Sachin	Intern	<i>Sachin</i>
	2. Raina	Intern	
Audio	1. Moses	Intern	<i>Moses</i>
	2. Binetha	Intern	
Driver	Sanjeevappa		
Attender	Venkataswamy		
System administrator	Mr. Jayaram	<i>Jayaram</i>	
Camp-in-Charge	Mr. Prabish.P		
Camp Coordinator	Mrs. Prema Kumari	<i>Prema</i>	
Substituting students for staff	Name:	Class:	Signature
Audio	1. Mouna	Del.	
Speech	2.		

HOD of Speech and Language Studies: *[Signature]*

HOD of Hearing Studies: *[Signature]*

Principal: *Rashmi J. Bhat*

Deputy Director Clinic: *[Signature]*

Chairman: *[Signature]*

Amritha 10/3

8/3/21



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STAFF AND STUDENT DEPUTED FOR THE CAMP

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below.

Thanking you

CAMP DETAILS

Camp coordinator: 

Place of camp: Bannerghatta / Hongasandra

Date of camp: 7. March 2021 (Sunday)

Organizer: Chairman

Date and time of Departure: 7.00 AM.

Date and time of Arrival:

Type of Camp: School / Public

Camp Charges: FREE .As per

Food/Accommodation: Organizer / Institute


Receipt No: Chairman permission

Deputed intern for Camp Work:

Total Cases: 26.

Staff Allotted	Name	Signature	Phone Number	
Speech Staff	1. Preema Kumari CB			
Audio Staff	2. No one came.			
Student Allotted	Name:	Class:	Signature	Phone number
Speech	1. Sachin	Intern		7975776624
	2. Anju K. G.	2nd MASLP		8289860336
Audio	1. Binitha	Intern		7994409983
	2. Marva Alias	2nd MASLP		8606574758
Driver	Sanjeevappa			9902491885
Attender	Venkata Swayam			7019883631
System administrator	Mr. Jayaram			
Camp-in-Charge	Mr. Prabish. P			
Camp Coordinator	Mrs. Prema Kumari			
Substituting students for staff	Name:	Class:	Signature	Phone number
Audio	1. Shraavanthi	Ded.		
Speech	2.			

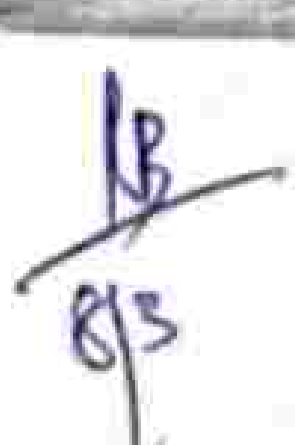
HOD of Speech and Language Studies: 

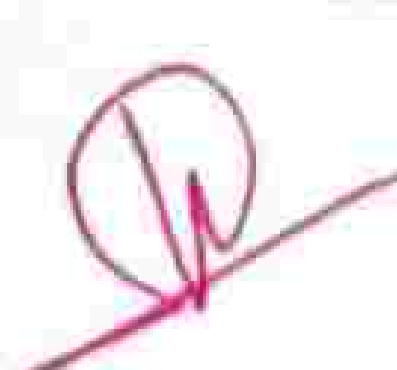
HOD of Hearing Studies: 


Principal


Deputy Director Clinic

Chairman








8/3/21



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STAFF AND STUDENT DEPUTED FOR THE CAMP

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below.

Thanking you

CAMP DETAILS

Camp coordinator:

PK

Place of camp: Pavagada

Date of camp: 27-03-21

Organizer: ISH

Date and time of Departure: 26th afternoon (2:00 PM)

Date and time of Arrival:

Type of Camp: School / Public

Camp Charges: FREE
 As per Chairman Permission -
 Receipt No:

Food/Accommodation: Organizer / Institute

Deputed intern for Camp Work:

Total Cases:

Staff Allotted	Name	Signature	Phone Number
Speech Staff	1. Akhile . S. Rajan	<i>Akhile</i>	8848102711
Audio Staff	2. PRABISH P	<i>Prabish</i>	9946121130
Student Allotted	Name:	Class:	Signature
Speech	1. Christy Koruthu Ajay	Intern	<i>Christy</i>
	2. Bibin	Intern	<i>Bibin</i>
Audio	1. Akhil	Intern	<i>Akhil</i>
	2. Rishi	Intern	<i>Rishi</i>
Driver	<i>Srinivasan</i>	<i>Srinivasan</i>	8246538313
Attender	<i>Prabish</i>	<i>Prabish</i>	9902491885
System administrator	Mr. Jayaram	<i>Jayaram</i>	9902900901
Camp-In-Charge	Mr. Prabish	<i>Prabish</i>	
Camp Coordinator	Mrs. Prema Kumari	<i>PK</i>	
Substituting students for staff	Name:	Class:	Signature
Audio	1.		
Speech	2.		

HOD of Speech and Language Studies:

Prabish
24/3/21

HOD of Hearing Studies:

Prabish
24/3/21

Principal

Prabish

Deputy Director Clinical

Prabish
23/3/21

Chairman

Prabish
16/8



Dr. S. R. Chandrasekhar Institute of Speech & Hearing
Hennur Main Road, Bangalore - 560 084.
Tel: 080-25460405/25470037/25468470 Fax:080-25467829
Email-dr.sreish@gmail.com Web: www.speechhear.org

STAFF AND STUDENT DEPUTED FOR THE CAMP

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below.

Thanking you

CAMP DETAILS

Camp coordinator:

Place of camp: Koramangala

Date of camp: 01-08-21 Sunday

Date and time of Departure: - 8.00 AM

Type of Camp: School / Public Lions met.

Food/Accommodation: Organizer / Institute

Deputed intern for Camp Work:

Organizer: Lions club
Koramangala

Date and time of Arrival:

Camp Charges: FREE as
permission given by Chairman.
Receipt No: _____

Total Cases:

Staff Allotted	Name	Signature	Phone Number
Speech Staff	1. Prema		
Audio Staff	2. Prabish		
Student Allotted	Name:	Class:	Signature
Speech	1. Christy. Komthou. Ajoy	Intern	
	2. Anyu. K. G.	2nd MASHP	
Audio	1. Megha Eugin	Intern	
	2. Hiba	Intern	
Driver	Srinivasappa		
Attender	Prabish		
System administrator	Mr. Jayaram		
Camp-In-Charge	Mr. Prabish		
Camp Coordinator	Mrs. Prema Kumari		
Substituting students for staff	Name:	Class:	Signature
Audio	1. Vanishree	Ded	
	2. Maria Alias	2nd MASHP	

HOD of Speech and Language Studies:

HOD of Hearing Studies:

Principal

6/8/2021

Deputy Director Clinical

30/7/21

Chairman

Shruthi
16/8



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STAFF AND STUDENT DEPUTED FOR THE CAMP

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below.

Thanking you

CAMP DETAILS

Camp coordinator:

PK

Place of camp: *Patel Public School*

Date of camp: *24/09/21 (FRIDAY)*

Organizer: *ISH.*

Date and time of Departure: *10.30 AM*

Date and time of Arrival:

Type of Camp: *School / Public*

Camp Charges: *FREE.*

Food/Accommodation: *Organizer / Institute*

Receipt No: *-*

Deputed intern for Camp Work:

Total Cases: *86*

Staff Allotted	Name		Signature	Phone Number
Speech Staff	1. <i>NO staff.</i>			
Audio Staff	2. <i>MR. PRABISH P</i>		<i>Ph</i>	
Student Allotted	Name:	Class:	Signature	Phone number
Speech	1. <i>Sachin. A.R</i>	INTERN	<i>Sachin</i>	<i>7975776627</i>
	2. <i>Ajisha.M.</i>	INTERN	<i>Ajisha</i>	<i>7094894243</i>
Audio	1. <i>Chorishy</i>	INTERN	<i>Chorishy</i>	<i>8075445090</i>
	2. <i>Aishwarya.V</i>	INTERN	<i>Aishwarya</i>	<i>9995165359</i>
Driver Attender	<i>Sanjivayya</i>		<i>Sanjivayya</i>	<i>9902491885</i>
System administrator	Mr. Jayaram		<i>Jayaram</i>	
Camp-In-Charge	Mr. Prabish		<i>Prabish</i>	<i>994612130</i>
Camp Coordinator	Mrs. Prema Kumari		<i>PK</i>	
Substituting students for staff	Name:	Class:	Signature	Phone number
Audio	1.			
Speech	2.			

HOD of Speech and Language Studies:

[Signature]
22/9/21

HOD of Hearing Studies:

[Signature]
22/9/21

Principal

[Signature]
Rashmi J. Bhat

Deputy Director Clinical

[Signature]
24/9/21

Chairman

[Signature]
18/10



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STAFF AND STUDENT DEPUTED FOR THE CAMP

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Thanking you

CAMP DETAILS

Camp coordinator: 

Place of camp: Chikka Ballapura.

Date of camp: 25/09/21 (SATURDAY)

Date and time of Departure: - 7.00 AM

Type of Camp: School / Public

Food/Accommodation: Organizer / Institute

Deputed intern for Camp Work:


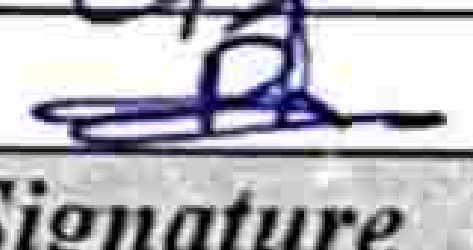



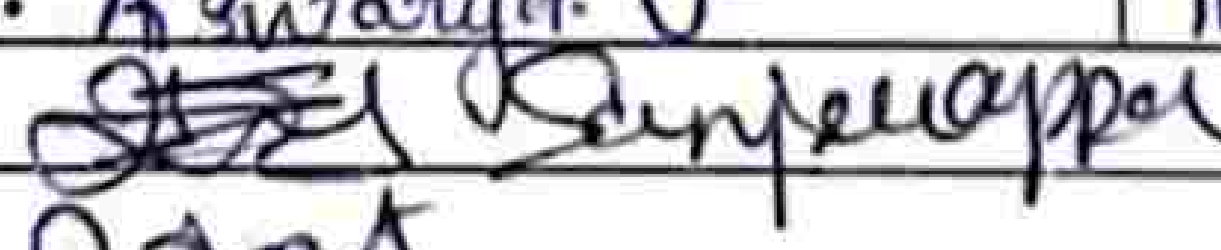
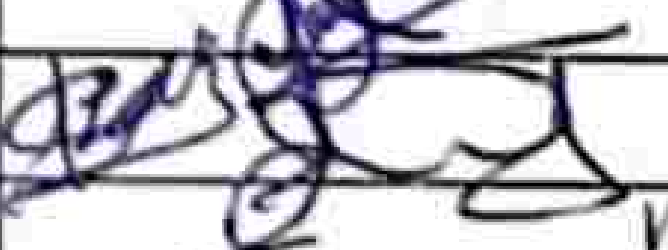


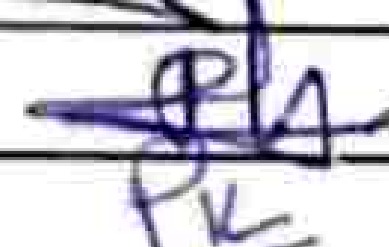
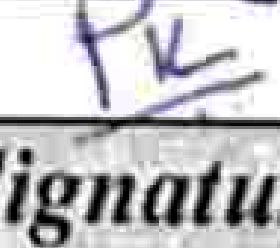
Organizer: In. Pramod Kumar.

Date and time of Arrival:

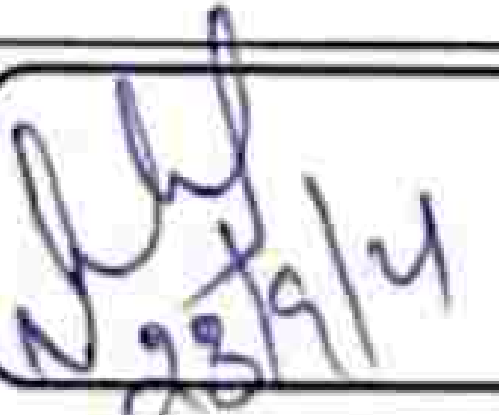
Camp Charges: 6000 + 1500 = 7500/-

Receipt No:


Total Cases: 77

Staff Allotted	Name		Signature	Phone Number
Speech Staff	1. Ms. PRIYANKA V NAIR			9791222522
Audio Staff	2. Mr. PRABISH . P			9946121130
Student Allotted	Name:	Class:	Signature	Phone number
Speech	1. SACHIN	INTERN		
	2. Aishwariya	INTERN		7094894243
Audio	1. Chaitany	INTERN		8075445090
	2. Aishwariya . U	INTERN		9995165359
Driver				9902491885
Attender	Rohat			9902900901
System administrator	Mr. Jayaram			
Camp-In-Charge	Mr. Prabish			
Camp Coordinator	Mrs. Prema Kumari			
Substituting students for staff	Name:	Class:	Signature	Phone number
Audio	1.			
Speech	2.			

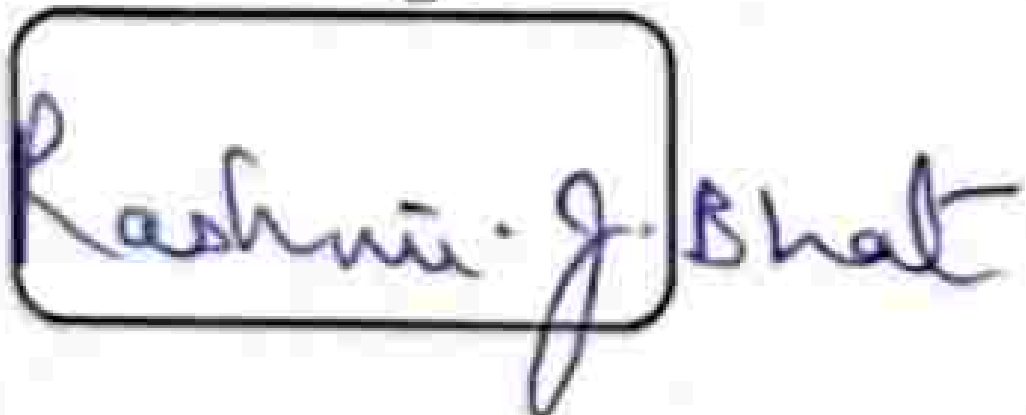
HOD of Speech and Language Studies:


23/9/21

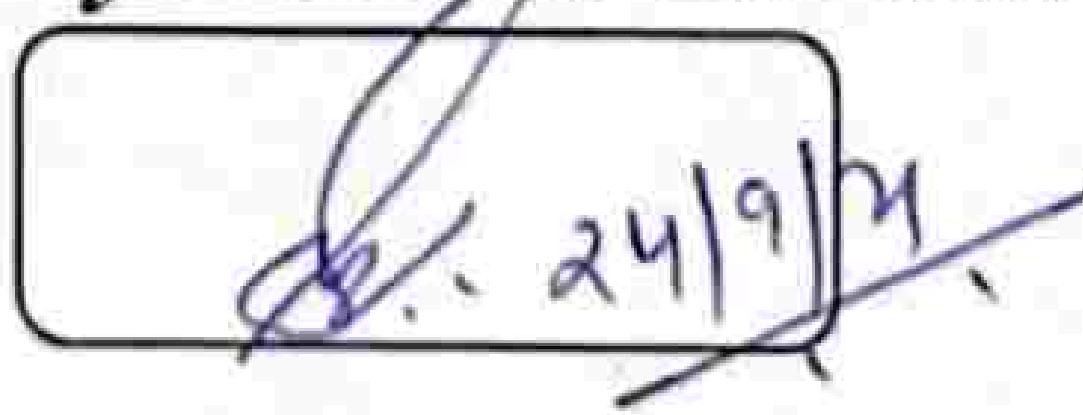
HOD of Hearing Studies:


24/9/21

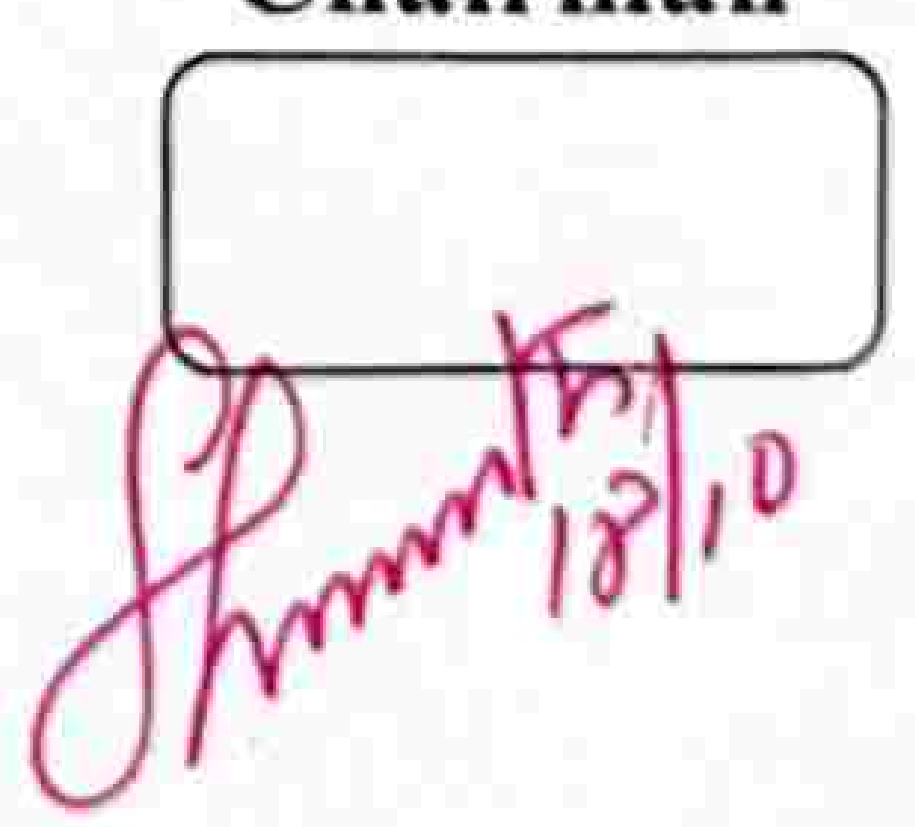
Principal


Rashmi J. Bhat

Deputy Director Clinical


24/9/21

Chairman


18/10



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STAFF AND STUDENT DEPUTED FOR THE CAMP

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below.

Thanking you

CAMP DETAILS

Camp coordinator:

Place of camp: Devanahalli
Vihara Public School.
Date of camp: 02/10/21 Saturday.
Date and time of Departure: 7:00 AM - 5:45 PM

Organizer: Ln. Prathap

Date and time of Arrival:

Type of Camp: School / Public

Camp Charges: 6000

Food/Accommodation: Organizer / Institute

Receipt No:

Deputed intern for Camp Work:

Total Cases:

Staff Allotted	Name	Signature	Phone Number	
Speech Staff	1. Akhila.s.Rajan.		8848102711	
Audio Staff	2. PRABISH.P		9946121130	
Student Allotted	Name:	Class:	Signature	Phone number
Speech	1. Haseeb Anfal	Intern		8867651591
	2. Bibin George	Intern		9538486805
Audio	1. Hiba Shahana	Intern		9746125010
	2. Hiba M	Intern		7094894243
Driver				9902494885
Attender				9802900909
System administrator	Mr.Jayaram			
Camp-In-Charge	Mr.Prabish			
Camp Coordinator	Mrs.Prema Kumari			
Substituting students for staff	Name:	Class:	Signature	Phone number
Audio	1.			
Speech	2.			

HOD of Speech and Language Studies:

HOD of Hearing Studies:

Principal

Deputy Director Clinical

Chairman

30/9/2021.

30/9/21

18/10



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STAFF AND STUDENT DEPUTED FOR THE CAMP

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below.

Thanking you

CAMP DETAILS

Camp coordinator:

Place of camp: Doddaballapura.

Date of camp: 27/10/21

Date and time of Departure: 7.30 AM

Type of Camp: School / Public

Food/Accommodation: Organizer / Institute

Deputed intern for Camp Work:

Organizer: Dr. Sangeetha
[Ophthalmologist]
Date and time of Arrival:

Camp Charges: 6000 +

Receipt No:

Total Cases:

Staff Allotted	Name		Signature	Phone Number
Speech Staff	1. <u>Aishwarya</u>			<u>9786864531</u>
Audio Staff	2. <u>PRABH-P</u>			<u>9946121130</u>
Student Allotted	Name:	Class:	Signature	Phone number
Speech	1. <u>Ajisha M.</u>	<u>Intern</u>		<u>7094894243</u>
	2. <u>Akeena Mary Jacob</u>	<u>external intern</u>		<u>7025327732</u>
Audio	1. <u>Krishnaveera KP</u>	<u>external intern</u>		<u>8078249242</u>
	2. <u>Amitha Ashok</u>	<u>II</u>		<u>7907202380</u>
Driver Attender	<u>Robert</u>			
System administrator	Mr. Jayaram			
Camp-In-Charge	Mr. Prabish			
Camp Coordinator	Mrs. Prema Kumari			
Substituting students for staff	Name:	Class:	Signature	Phone number
Audio	1.			
Speech	2.			

HOD of Speech and Language Studies:

25/10/21

HOD of Hearing Studies:

27/10/21

Principal

Deputy Director Clinical

25/10/21

Chairman

6/11



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STAFF AND STUDENT DEPUTED FOR THE CAMP

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below.

Thanking you

CAMP DETAILS

Camp coordinator: 

Place of camp: Sarjapura

Date of camp: 20/11/21 Saturday

Date and time of Departure: 7.30 AM

Type of Camp: School / Public

Food/Accommodation: Organizer / Institute

Deputed intern for Camp Work:

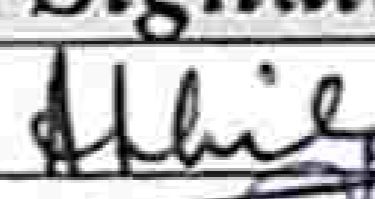









Organizer: Ln. Pramod Kumar

Date and time of Arrival:

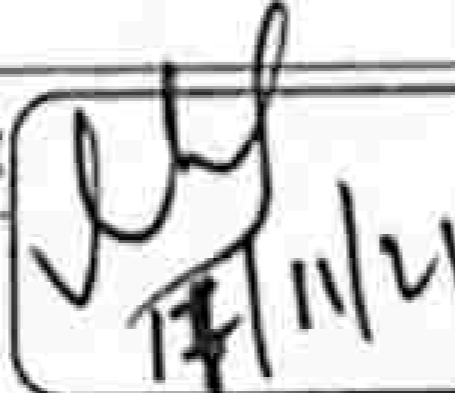
Camp Charges: 7750

Receipt No: 08302

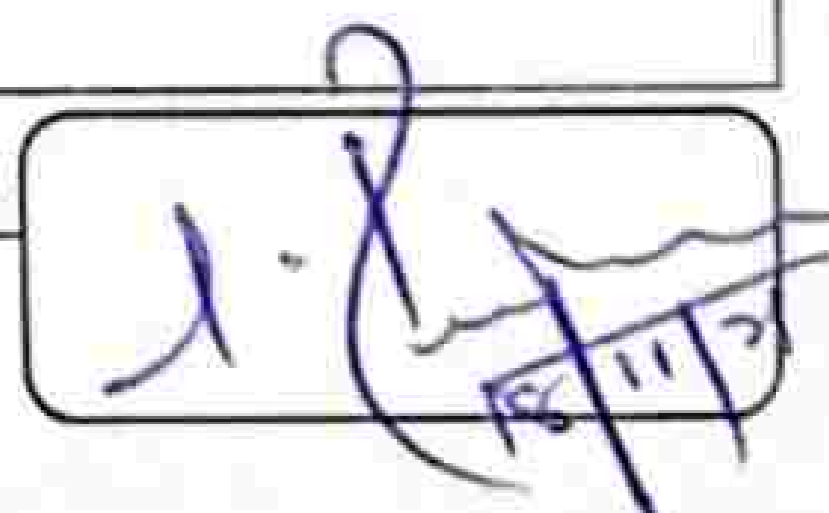
Total Cases: 51

Staff Allotted	Name		Signature	Phone Number
Speech Staff	1. <u>Akhila</u>			<u>8848102711</u>
Audio Staff	2. <u>Prabish. P</u>			<u>9946121130</u>
Student Allotted	Name:	Class:	Signature	Phone number
Speech	1. <u>Christy K. Ajoy</u>	<u>Intern</u>		<u>8075445090</u>
	2. <u>Aiswarya T. G</u>	<u>Urdmaslp</u>		<u>9400482177</u>
Audio	1. <u>Maeia Alias</u>	<u>IMASLP</u>		<u>8606574758</u>
	2. <u>Farheen</u>	<u>Urdmaslp</u>		<u>7013671582</u>
Driver	<u>Jayaram</u>			<u>9902491885</u>
Attender	<u>Prabish</u>			<u>9964955258</u>
System administrator	<u>Mr. Jayaram</u>			
Camp-In-Charge	<u>Mr. Prabish</u>			
Camp Coordinator	<u>Mrs. Prema Kumari</u>			
Substituting students for staff	Name:	Class:	Signature	Phone number
Audio	1.			
Speech	2.			


HOD of Speech and Language Studies:


17/11/21

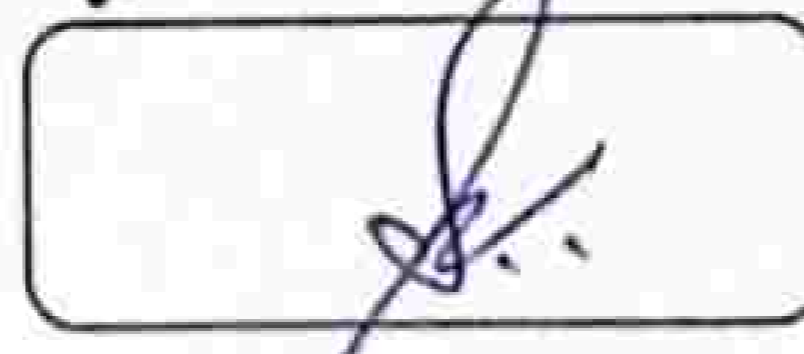
HOD of Hearing Studies:


18/11/21


Principal


18/11/2021

Deputy Director Clinical


18/11/21

Chairman


30/11/21



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STAFF AND STUDENT DEPUTED FOR THE CAMP

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below.

Thanking you

CAMP DETAILS

Camp coordinator:

Place of camp: Bangalore, KR Puram, Cambridge Institutions of Technology

Date of camp: 27/11/21

Organizer: Mr. Jayaram

Date and time of Departure: 27/11/21, 7:30am

Date and time of Arrival:

Type of Camp: School / Public

Camp Charges: FREE as permission given by Chairman/Treasurer

Food/Accommodation: Organizer / Institute

Receipt No:

Deputed intern for Camp Work: Chandu Konthu Ajay

Total Cases: 95

Staff Allotted	Name		Signature	Phone Number
Speech Staff	1.	Shweta		9645582160
Audio Staff	2.			
Student Allotted	Name:	Class:	Signature	Phone number
Speech	1.	Bhasath		795179914
	2.	Kaithi		795586922
Audio	1.	Aleena Susan		9353693105
	2.	Ansumol Ilias		7306106752
Driver	Sanjeevappa			9902491858
Attender	Prabish			
System administrator	Mr. Jayaram			
Camp-In-Charge	Mr. Prabish			
Camp Coordinator	Mrs. Prema Kumari			
Substituting students for staff	Name:	Class:	Signature	Phone number
Audio	1.			
Speech	2.			

HOD of Speech and Language Studies:

26/11/21

HOD of Hearing Studies:

Principal

Deputy Director Clinical

26/11/21

Chairman

30/11/21



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STAFF AND STUDENT DEPUTED FOR THE CAMP

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below.

Thanking you

CAMP DETAILS

Camp coordinator:

Place of camp: Bhalarayalli / Shrishumandra

Date of camp: 03/12/2021 [Friday]

Organizer: Mr. Nitish / Shrishumandra

Date and time of Departure: 7:30am

Date and time of Arrival:

Type of Camp: School / Public

Camp Charges: 6000/-

Food/Accommodation: Organizer / Institute Audio/Leary Dept.

Receipt No: 1367

Deputed intern for Camp Work: Christy, Komthar, Ajay Total Cases: 141

Staff Allotted	Name		Signature	Phone Number
Speech Staff	1. <u>Akhila. Somdajun</u>			<u>8848 102711</u>
Audio Staff	2.			
Student Allotted	Name:	Class:	Signature	Phone number
Speech	1. <u>Bhauath</u>	<u>Intern</u>		<u>77955 86922</u>
	2. <u>Kruthi</u>	<u>Intern</u>		<u>8296074388</u>
Audio	1. <u>Minna</u>	<u>Intern</u>		<u>8921288238</u>
	2. <u>Manu</u>	<u>Intern</u>		<u>8119964193</u>
Driver	<u>Jayashappa</u>			<u>9902491885</u>
Attender	<u>Prakash</u>			<u>9964953258</u>
System administrator	<u>Mr. Jayaram</u>			
Camp-In-Charge	<u>Mr. Prabish</u>			
Camp Coordinator	<u>Mrs. Prema Kumari</u>			
Substituting students for staff	Name:	Class:	Signature	Phone number
Audio	1.			
Speech	2.			

HOD of Speech and Language Studies:

HOD of Hearing Studies:

Principal:

Deputy Director Clinical:

Chairman:



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STAFF AND STUDENT DEPUTED FOR THE CAMP

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below.

Thanking you

CAMP DETAILS

Camp coordinator:

[Signature]

Place of camp: *Peenya.*

Date of camp: *05/12/2021 [Sunday]*

Date and time of Departure: *7:30am*

Type of Camp: *School / Public*

Food/Accommodation: *Organizer / Institute*

Deputed intern for Camp Work: *Chandry. Konthun. Ajay.*

Organizer: *Mr. Suresh Rotary club.*

Date and time of Arrival:

Camp Charges: *8000/-*

Receipt No: *1313*

Total Cases: *61*

Staff Allotted	Name		Signature	Phone Number
Speech Staff	1. <i>Akhita Rajan</i>		<i>[Signature]</i>	<i>979122252</i>
Audio Staff	2. <i>Prayankar Vinod</i>		<i>[Signature]</i>	
Student Allotted	Name:	Class:	Signature	Phone number
Speech	1. <i>Riyaz</i>	<i>Intern</i>	<i>[Signature]</i>	<i>9840571395</i>
	2. <i>Delna</i>	<i>Intern</i>	<i>[Signature]</i>	<i>7025553495</i>
Audio	1. <i>Vyshakhi</i>	<i>Intern</i>	<i>[Signature]</i>	<i>9895266025</i>
	2. <i>Prithu. K. G</i>	<i>MSc</i>	<i>[Signature]</i>	<i>8289860336</i>
Driver	<i>Sanjeevappa</i>		<i>[Signature]</i>	<i>9902491885</i>
Attender	<i>Prakash / Venkateswamy</i>		<i>[Signature]</i>	<i>709883631</i>
System administrator	Mr. Jayaram		<i>[Signature]</i>	
Camp-In-Charge	Mr. Prabish			
Camp Coordinator	Mrs. Prema Kumari		<i>[Signature]</i>	
Substituting students for staff	Name:	Class:	Signature	Phone number
Audio	1.			
Speech	2.			

HOD of Speech and Language Studies: *[Signature]* 30/11/21

HOD of Hearing Studies: *[Signature]* 30/11/2021

Principal *[Signature]*

Deputy Director Clinical *[Signature]* 30/11/21

Chairman *[Signature]* 17/12



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STAFF AND STUDENT DEPUTED FOR THE CAMP

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below.

Thanking you

CAMP DETAILS

Camp coordinator:

Place of camp: Sandya Suvaksha - A home for Helpless Elderly Women
Nightingales Medical Trust
Anepalya, Shasthinagar

Date of camp: 08/12/21 - Wednesday

Organizer: Nightingales Medical Trust

Date and time of Departure: 7:00 am

Date and time of Arrival:

Type of Camp: School / Public Oldage home.

Camp Charges: FREE as permission given by MCM.

Food/Accommodation: Organizer / Institute

Receipt No: -

Deputed intern for Camp Work: Mr. Christy.

Total Cases: 51

Staff Allotted	Name		Signature	Phone Number
Speech Staff	1. Ms. Shweta			9645582160
Audio Staff	2.			
Student Allotted	Name:	Class:	Signature	Phone number
Speech	1. Angel Shetty	Intern		9901485628
	2. Sreshmita Gowda	Intern		9611520764
Audio	1. Jitha Razaek	Intern		9072822122
	2. Aysha Sheriff	Intern		9656084496
Driver	Sanjuleppa			
Attender	Prakash Sifraekal			9964955258
System administrator	Mr. Jayaram			
Camp-In-Charge	Mr. Prabish			
Camp Coordinator	Mrs. Prema Kumari			
Substituting students for staff	Name:	Class:	Signature	Phone number
Audio	1.			
Speech	2.			

HOD of Speech and Language Studies:

HOD of Hearing Studies:

Principal:

Deputy Director Clinical:

Chairman:



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STAFF AND STUDENT DEPUTED FOR THE CAMP

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below.

Thanking you

CAMP DETAILS

Camp coordinator:

Place of camp: Hegganahalli, Bangalore

Date of camp: Doddanna School
19-12-21

Organizer: Rotary

Date and time of Departure: 7.30 AM

Date and time of Arrival:

[9.30 to 2.00 PM]
Type of Camp: School / Public

Camp Charges: Rs 8000/-

Food/Accommodation: Organizer / Institute

Receipt No:

Deputed intern for Camp Work: Christy .

Total Cases:

Staff Allotted	Name		Signature	Phone Number
Speech Staff	1. Akhila S. Rajan			8848102711.
Audio Staff	2. Anil Kumar			7696191073
Student Allotted	Name:	Class:	Signature	Phone number
Speech	1. Joel	Intern		9901485625
	2. Angel	Intern		
Audio	1. Keethana Anil	III Bsc		8931596102.
	2. Tharsha Chacka	III Bsc		
Driver	Sanyalappa			90194154490
Attender	Prekash/Venkateswary			9019883631
System administrator	Mr. Jayaram			9902491888
Camp-In-Charge	Mr. Prabish			
Camp Coordinator	Mrs. Prema Kumari			
Substituting students for staff	Name:	Class:	Signature	Phone number
Audio	1.			
Speech	2.			

HOD of Speech and Language Studies:

HOD of Hearing Studies:

Principal

Deputy Director Clinical

Chairman



Dr. S. R. Chandrasekhar Institute of Speech & Hearing
Hennur Main Road, Bangalore - 560 084.
Tel: 080-25460405/25470037/25468470 Fax:080-25467829
Email-dr.srcish@gmail.com Web: www.speechear.org

STAFF AND STUDENT DEPUTED FOR THE CAMP

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below.

Thanking you

CAMP DETAILS

Camp coordinator:

Pre.

Place of camp: *Sarjapura*

Date of camp: *20/11/21 Saturday*

Date and time of Departure: *7.30 AM*

Type of Camp: *School / Public*

Food/Accommodation: *Organizer / Institute*

Deputed intern for Camp Work:

Organizer: *Ln. Pramod Kumar*

Date and time of Arrival:

Camp Charges: *7750*

Receipt No: *08302*

Total Cases: *51*

Staff Allotted	Name		Signature	Phone Number
Speech Staff	1. <i>Akhila</i>		<i>Akhila</i>	8848102711
Audio Staff	2. <i>Prabish. P</i>		<i>Prabish</i>	9946121130
Student Allotted	Name:	Class:	Signature	Phone number
Speech	1. <i>Christy K. Ajoy</i>	Intern	<i>Christy</i>	8075445090
	2. <i>Aiswarya T. G</i>	II MASLP	<i>Aiswarya</i>	9400482177
Audio	1. <i>Maeia Alias</i>	II MASLP	<i>Maeia</i>	8606574758
	2. <i>Fasheen</i>	II MASLP	<i>Fasheen</i>	7013671582
Driver	<i>Jayaram</i>		<i>Jayaram</i>	9902491885
Attender	<i>Satish</i>		<i>Satish</i>	9964955258
System administrator	Mr. Jayaram		<i>Jayaram</i>	
Camp-In-Charge	Mr. Prabish		<i>Prabish</i>	
Camp Coordinator	Mrs. Prema Kumari			
Substituting students for staff	Name:	Class:	Signature	Phone number
Audio	1.			
Speech	2.			

HOD of Speech and Language Studies:

J. Jayaram
17/11/21

HOD of Hearing Studies:

P. Pramod Kumar
18/11/21

Principal

Rashmi J. Bhat
18/11/2021

Deputy Director Clinical

S. Srinivas
18/11/21

Chairman

P. Pramod Kumar
30/11/21



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STAFF AND STUDENT DEPUTED FOR THE CAMP

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Thanking you

CAMP DETAILS

Camp coordinator:

Pr

Place of camp: Bangalore, K R Puram, Cambridge Institutions of Technology

Date of camp: 27/11/21

Organizer: Mr. Jayaram

Date and time of Departure: 27/11/21, 7:30am

Date and time of Arrival:

Type of Camp: School / Public

Camp Charges: FREE as permission given by Chairman/Treasurer

Food/Accommodation: Organizer / Institute

Receipt No:

Deputed intern for Camp Work: Chandu Konthu Ajay

Total Cases: 95

Staff Allotted	Name		Signature	Phone Number
Speech Staff	1.	Shweta	<i>[Signature]</i>	9645582160
Audio Staff	2.			
Student Allotted	Name:	Class:	Signature	Phone number
Speech	1.	Bhasath	<i>[Signature]</i>	795179914
	2.	Kaithi	<i>[Signature]</i>	795586922
Audio	1.	Aleena Susan	<i>[Signature]</i>	9353693105
	2.	Ansumol Ilias	<i>[Signature]</i>	7306106752
Driver	Sanjeevappa		<i>[Signature]</i>	9902491858
Attender	Prabish			
System administrator	Mr. Jayaram		<i>[Signature]</i>	
Camp-In-Charge	Mr. Prabish			
Camp Coordinator	Mrs. Prema Kumari			
Substituting students for staff	Name:	Class:	Signature	Phone number
Audio	1.			
Speech	2.			

HOD of Speech and Language Studies:

[Signature]
26/11/21

HOD of Hearing Studies:

[Signature]

Principal

[Signature]

Deputy Director Clinical

[Signature]
26/11/21

Chairman

[Signature]
30/11/21

[Signature]



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STAFF AND STUDENT DEPUTED FOR THE CAMP

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below.

Thanking you

CAMP DETAILS

Camp coordinator:

Place of camp: Bhalarayalli / Shrishumandira

Date of camp: 03/12/2021 [Friday]

Organizer: Mr. Nitish / Shrishumandira

Date and time of Departure: 7:30am

Date and time of Arrival:

Type of Camp: School / Public

Camp Charges: 6000/-

Food/Accommodation: Organizer / Institute *Audio/Leary Dept.*

Receipt No: 1367

Deputed intern for Camp Work: Christy, Komthi, Ajay

Total Cases: 141

Staff Allotted	Name		Signature	Phone Number
Speech Staff	1. <u>Akhila Somrajur</u>			<u>8848102711</u>
Audio Staff	2.			
Student Allotted	Name:	Class:	Signature	Phone number
Speech	1. <u>Bhauath</u>	<u>Intern</u>		<u>7795586922</u>
	2. <u>Kruthi</u>	<u>Intern</u>		<u>8296074385</u>
Audio	1. <u>Minna</u>	<u>Intern</u>		<u>8921288238</u>
	2. <u>Manu</u>	<u>Intern</u>		<u>8119964193</u>
Driver	<u>Jayashappa</u>			<u>9902491885</u>
Attender	<u>Prakash</u>			<u>9964953258</u>
System administrator	<u>Mr. Jayaram</u>			
Camp-In-Charge	<u>Mr. Prabish</u>			
Camp Coordinator	<u>Mrs. Prema Kumari</u>			
Substituting students for staff	Name:	Class:	Signature	Phone number
Audio	1.			
Speech	2.			

HOD of Speech and Language Studies:

HOD of Hearing Studies:

Principal:

Deputy Director Clinical:

Chairman:



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STAFF AND STUDENT DEPUTED FOR THE CAMP

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below.

Thanking you

CAMP DETAILS

Camp coordinator:

PL

Place of camp: *Peenya.*

Date of camp: *05/12/2021 [Sunday]*

Date and time of Departure: *9:30am*

Type of Camp: *School / Public*

Food/Accommodation: *Organizer / Institute*

Deputed intern for Camp Work: *Christy Konethu Ajay*

Organizer: *Mr. Suresh Rotary club.*

Date and time of Arrival:

Camp Charges: *8000/-*

Receipt No: *1313*

Total Cases: *61*

Staff Allotted	Name		Signature	Phone Number
Speech Staff	1. <i>Prayankar Vinod</i>		<i>[Signature]</i>	<i>979122252</i>
Audio Staff	2. <i>Prayankar Vinod</i>		<i>[Signature]</i>	
Student Allotted	Name:	Class:	Signature	Phone number
Speech	1. <i>Riyaz</i>	<i>Intern</i>	<i>[Signature]</i>	<i>9840571395</i>
	2. <i>Delna</i>	<i>Intern</i>	<i>[Signature]</i>	<i>7025553495</i>
Audio	1. <i>Vyshakhi</i>	<i>Intern</i>	<i>[Signature]</i>	<i>9895266025</i>
	2. <i>Haju K.G</i>	<i>MSc</i>	<i>[Signature]</i>	<i>8289860336</i>
Driver	<i>Sanjeevappa</i>		<i>[Signature]</i>	<i>9902491885</i>
Attender	<i>Prakash Venkateswamy</i>		<i>[Signature]</i>	<i>709883631</i>
System administrator	Mr. Jayaram		<i>[Signature]</i>	
Camp-In-Charge	Mr. Prabish			
Camp Coordinator	Mrs. Prema Kumari		<i>PL</i>	
Substituting students for staff	Name:	Class:	Signature	Phone number
Audio	1.			
Speech	2.			

HOD of Speech and Language Studies: *[Signature]* 30/11/21

HOD of Hearing Studies: *[Signature]* 30/11/2021

Principal
[Signature]

Deputy Director Clinical
[Signature]
 30/11/21

Chairman
[Signature]
 17/12



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STAFF AND STUDENT DEPUTED FOR THE CAMP

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below.

Thanking you

CAMP DETAILS

Camp coordinator:

Place of camp: Sandya Suvaksha - A home for Helpless Elderly Women
Nightingales Medical Trust
Date of camp: Anepalya, Shasthinagar
08/12/21 - Wednesday
Date and time of Departure: 7:00 am
Date and time of Arrival:
Type of Camp: School / Public Oldage home.
Camp Charges: FREE as permission given by MCM.
Food/Accommodation: Organizer / Institute
Receipt No:
Deputed intern for Camp Work: Mr. Christy,
Total Cases: 51

Staff Allotted	Name		Signature	Phone Number
Speech Staff	1. Ms. Shweta			9645582160
Audio Staff	2.			
Student Allotted	Name:	Class:	Signature	Phone number
Speech	1. Angel Shetty	Intern		9901485628
	2. Sreshmita Gowda	Intern		9611520764
Audio	1. Jitha Razaek	Intern		9072822122
	2. Aysha Sheriff	Intern		9656084496
Driver	Sanyaleppa			
Attender	Prakash Sifraek			9964955258
System administrator	Mr. Jayaram			
Camp-In-Charge	Mr. Prabish			
Camp Coordinator	Mrs. Prema Kumari			
Substituting students for staff	Name:	Class:	Signature	Phone number
Audio	1.			
Speech	2.			

HOD of Speech and Language Studies:

HOD of Hearing Studies:

Principal

Deputy Director Clinical

Chairman



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STAFF AND STUDENT DEPUTED FOR THE CAMP

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below.

Thanking you

CAMP DETAILS

Camp coordinator:

Place of camp: Hegganahalli, Bangalore

Date of camp: Doddanna School
19-12-21

Organizer: Rotary

Date and time of Departure: 7.30 AM

Date and time of Arrival:

[9.30 to 2.00 PM]
Type of Camp: School / Public

Camp Charges: Rs 8000/-

Food/Accommodation: Organizer / Institute

Receipt No:

Deputed intern for Camp Work: Christy .

Total Cases:

Staff Allotted	Name		Signature	Phone Number
Speech Staff	1. Akhila. S. Rajan			8848102711.
Audio Staff	2. Anil Kumar			7696191073
Student Allotted	Name:	Class:	Signature	Phone number
Speech	1. Joel	Inter		9901485625
	2. Angel	Inter		
Audio	1. Keethana Anil	III Bsc		8931596102.
	2. Tharsha Chacka	III Bsc		
Driver	Sanyalappa			9019454490
Attender	Prekash/Venkateswary			9019883631
System administrator	Mr. Jayaram			9902491888
Camp-In-Charge	Mr. Prabish			
Camp Coordinator	Mrs. Prema Kumari			
Substituting students for staff	Name:	Class:	Signature	Phone number
Audio	1.			
Speech	2.			

HOD of Speech and Language Studies:

HOD of Hearing Studies:

Principal

Deputy Director Clinical

Chairman



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STAFF AND STUDENT DEPUTED FOR THE CAMP

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below.

Thanking you

CAMP DETAILS

Camp coordinator:

Place of camp: Balluru Anekal (Ta)

Date of camp: 02-01-2022 Sunday.

Date and time of Departure: 7.30AM.

Type of Camp: School / Public

Food/Accommodation: Organizer / Institute

Deputed intern for Camp Work: Nobody.

Organizer: Lions club of Chandrapur Nobel

Date and time of Arrival:

Camp Charges: 6000/- Total
2800/- 8800

Receipt No:

11272
1534

Total Cases: 38

Staff Allotted	Name	Signature	Phone Number
Speech Staff	1. Nikita Subudhi M.		7008138298
Audio Staff	2. Anil Kumar		7696191075
Student Allotted	Name:	Class:	Signature
Speech	1. Angel Sheeba	Intern	
	2. Sushmitha K	Intern	
Audio	1. Sushmitha priya S	Intern	
	2. Bhavathi Kumar	Intern	
Driver	Srinivasappa		
Attender	Prakash		
System administrator	Mr. Jayaram		
Camp-In-Charge	Mr. Prabish		
Camp Coordinator	Mrs. Prema Kumari		
Substituting students for staff	Name:	Class:	Signature
Audio	1.		
Speech	2.		

HOD of Speech and Language Studies:

HOD of Hearing Studies:

Principal

Deputy Director Clinical

Chairman



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STAFF AND STUDENT DEPUTED FOR THE CAMP

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below.

Thanking you

CAMP DETAILS

Camp coordinator:

PK

Place of camp: *Sarjapura*

Date of camp: *04/01/22 - Tuesday*

Date and time of Departure: *7:30 AM*

Type of Camp: *School / Public*

Food/Accommodation: *Organizer / Institute*

Deputed intern for Camp Work: *- Nobody*

Organizer: *Lions club Sarjapura
Town, District 3176*

Date and time of Arrival:

Camp Charges: *7000 + 1200 = 8200*

Receipt No: *11130*

Total Cases: *26*

Staff Allotted	Name		Signature	Phone Number
Speech Staff	1. <i>S. S. Saral</i>		<i>[Signature]</i>	<i>8754113979</i>
Audio Staff	2. <i>Amith Thomas</i>		<i>[Signature]</i>	<i>+91 9400234754</i>
Student Allotted	Name:	Class:	Signature	Phone number.
Speech	1. <i>Dena</i>	<i>Inter</i>	<i>[Signature]</i>	<i>7306818445</i>
	2. <i>[Blank]</i>			
Audio	1. <i>AKASH</i>	<i>Intern</i>	<i>[Signature]</i>	<i>9343430074</i>
	2. <i>Alhil</i>	<i>Intern</i>	<i>[Signature]</i>	<i>7034173769</i>
Driver	<i>Sanjeevappa</i>			
Attender	<i>Prakash</i>		<i>[Signature]</i>	<i>9964955258</i>
System administrator	<i>Mr. Jayaram</i>			
Camp-In-Charge	<i>Mr. Prakash</i>			
Camp Coordinator	<i>Mrs. Prema Kumari</i>		<i>[Signature]</i>	
Substituting students for staff	Name:	Class:	Signature	Phone number
Audio	1.			
Speech	2.			

HOD of Speech and Language Studies:

[Signature]

HOD of Hearing Studies:

[Signature]
13/1/22

Principal

[Signature]

Deputy Director Clinical

[Signature]
3/1/22

Chairman

[Signature]

Amith
12/1/22



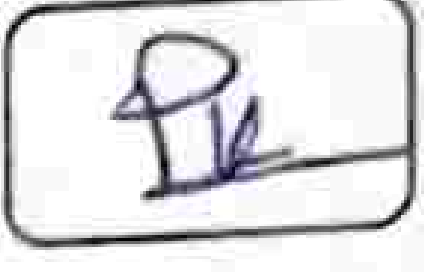
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STAFF AND STUDENT DEPUTED FOR THE CAMP

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below.

Thanking you

CAMP DETAILS

Camp coordinator: 

Place of camp: Government School Lingarajapuram

Organizer: Camp unit.

Date of camp: 24-02-22

Date and time of Arrival:

Date and time of Departure: 10:00 AM.

Camp Charges: FREE.





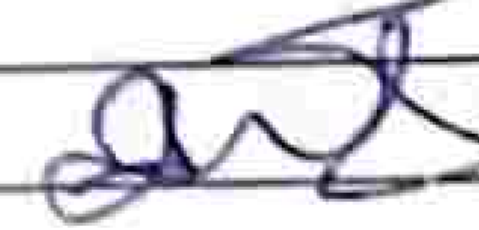
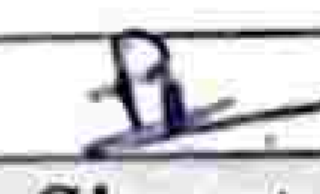
Type of Camp: School / Public

As permission given by
Receipt No: Channarayana.

Food/Accommodation: Organizer / Institute / Self

Total Cases: 35


Deputed intern for Camp Work:

Staff Allotted	Name		Signature	Phone Number
Speech Staff	1.			
Audio Staff	2. Prema Kumari CB.			
Student Allotted	Name:	Class:	Signature	Phone number
Speech	1. Sachin	1 st MSc		7975776624
	2. Nareesh	1 st MSc		9791324276
Audio	1. Sineha	1 st MSc		9894710427
	2. Krupa	1 st MSc		8296613183
Driver Attender	Sathish / Sanjeevappa			
System administrator	Mr. Jayaram			
Camp In-Charge	Mr. Prabish			
Camp Coordinator	Mrs. Prema Kumari			
Substituting students for staff	Name:	Class:	Signature	Phone number
Audio	1.			
Speech	2.			


HOD of Speech and Language Studies: 

HOD of Hearing Studies: 


Principal


24/2/22

Deputy Director Clinical


24/2/22

Chairman


9/3/22



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STAFF AND STUDENT DEPUTED FOR THE CAMP

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below.

Thanking you

CAMP DETAILS

Camp coordinator: 

Place of camp: K.R. Puram Traffic ACP office.

Date of camp: 2/03/22

Organizer: TSH

Date and time of Departure: 8.30 AM

Date and time of Arrival:

Type of Camp: School / Public / Policers

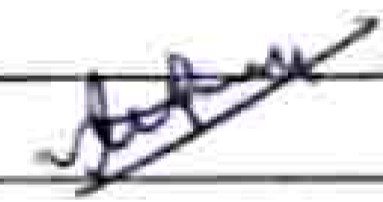
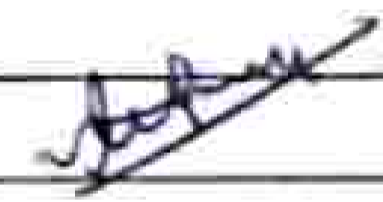



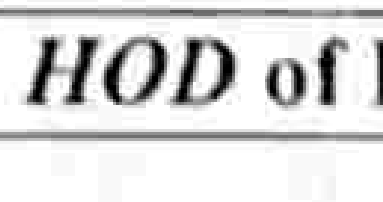
Camp Charges: FREE as permitted
by MCM

Food/Accommodation: Organizer / Institute


Receipt No: -

Deputed intern for Camp Work: No interns
deputed.


Total Cases: 47

Staff Allotted	Name		Signature	Phone Number
Speech Staff	1. - No -			
Audio Staff	2. - No -			
Student Allotted	Name:	Class:	Signature	Phone number
Speech	1. Madhura			866 099 45 86
	2. Manas Achu			70 25 84 14 98
Audio	1. Helen			95 62 45 42 20
	2. Tabir			87 53 98 71 72
Driver	Venkataswamy			9902900901
Attender	Prakash			
System administrator	Mr. Jayaram			
Camp-In-Charge	Mr. Prabish			
Camp Coordinator	Mrs. Prema Kumari			
Substituting students for staff	Name:	Class:		Signature
Audio	1. Blesson			95 62 80 57 94
	Speech	2. Jithin		


HOD of Speech and Language Studies:


9/3/22

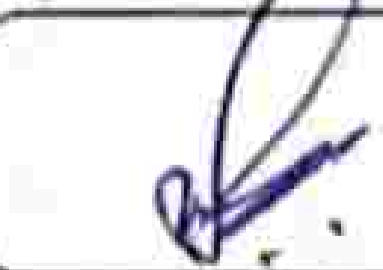
HOD of Hearing Studies:


9/3/22

Principal



Deputy Director Clinical


9/3/22

Chairman




9/3/22



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STAFF AND STUDENT DEPUTED FOR THE CAMP

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below.

Thanking you

CAMP DETAILS

Camp coordinator:

PK

Place of camp: Arogya Soudha of Karnataka state Govt. Programme

Date of camp: 04.03.22

Organizer: ISH

Date and time of Departure: 9.30 AM

Date and time of Arrival: 8.45 PM

Type of Camp: School / Public / staff of Arogya Soudha
Camp Charges: FREE
As Permitted by MCM

Food/Accommodation: Organizer / Institute

Receipt No: -

Deputed intern for Camp Work: - nobody -

Total Cases: 68

Staff Allotted	Name	Signature	Phone Number
Speech Staff	1. Ms. Sweba		
Audio Staff	2. Ms. Deepa		
Student Allotted	Name:	Class:	Signature
Speech	1. Ms. Helan	Intern	<i>Helan</i>
	2. Ms. Siri	II BSc	
Audio	1. Mr. Madhan	Intern	
	2. Mr. Sento	II BSc	
Driver	Mr. Venkataswamy		
Attender	Mr. Robert		<i>Robert</i>
System administrator	Mr. Jayaram		
Camp-In-Charge	Mr. Prabish		
Camp Coordinator	Mrs. Prema Kumari		<i>PK</i>
Substituting students for staff	Name:	Class:	Signature
Audio	1.		
Speech	2.		

HOD of Speech and Language Studies:

PK
9/3/22

HOD of Hearing Studies:

PK
9/3/22

Principal

PK

Deputy Director Clinical

PK
9/3/22

Chairman

PK
9/3/22

PK
9/3/22



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STAFF AND STUDENT DEPUTED FOR THE CAMP

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below.

Thanking you

CAMP DETAILS

Camp coordinator:

Place of camp: Koramangala

Date of camp: 15/04/22

Date and time of Departure: 7.30 AM

Type of Camp: School / Public

Food/Accommodation: Organizer / Institute

Deputed intern for Camp Work: No one

Organizer: LCB Koramangala

Date and time of Arrival:

Camp Charges: Rs - 7000/-

Receipt No: 13

Total Cases: 21

Staff Allotted	Name	Signature	Phone Number
Speech Staff	1. No staff		
Audio Staff	2. Nithin Daman		855 372838
Student Allotted	Name: Class:	Signature	Phone number
Speech	1. Sneha ? MSc?		9074802131
	2. Hinduja MSc		9398131872
Audio	1. Jabir Intern		9338943867
	2. Greeshma Intern		7259930476
Driver	Venkataswamy		7019883631
Attender	Lokesh - 7829827709		636555915
System administrator	Mr. Jayaram		
Camp-In-Charge	Mr. Prabish		
Camp Coordinator	Mrs. Prema Kumari		
Substituting students for staff	Name: Class:	Signature	Phone number
Audio	1.		
Speech	2.		

HOD of Speech and Language Studies:

HOD of Hearing Studies:

Principal

Deputy Director Clinical

Chairman

12/5/22



Dr. S. R. Chandrasekhar Institute of Speech & Hearing
Hennur Main Road, Bangalore - 560 084.
Tel: 080-25460405/25470037/25468470 Fax:080-25467829
Email: dr.srcish@gmail.com Web: www.speechhear.org

STAFF AND STUDENT DEPUTED FOR THE CAMP

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below.

Thanking you

CAMP DETAILS

Camp coordinator:

Place of camp: Cox Town. 1st degree college.

Date of camp: 22/07/22

Organizer: ISH

Date and time of Departure: - 8 AM

Date and time of Arrival:

Type of Camp: School / Public

Camp Charges: Free as Permission given by MCM.

Food/Accommodation: Organizer / Institute

Receipt No:

Deputed intern for Camp Work:

Total Cases: 14.

Staff Allotted	Name	Signature	Phone Number	
Speech Staff	1. Nikita Subudhi		-7008138398	
Audio Staff	2. Prajwal			
Student Allotted	Name:	Class:	Signature	Phone number
Speech	1. Nikita Subudhi Prajwal	ISH Intern		70081383
	2. Rachel	Ext. Int		
Audio	1. Archana	Intern		8921686875
	2. Christma	Intern		6361534900
Driver	Hovesh			7829827709
Attender	Monoj		maro:	6363505915
System administrator	Mr. Jayaram			
Camp In-Charge	Mr. Prabish			
Camp Coordinator	Mrs. Prema Kumari			
Substituting students for staff	Name:	Class:	Signature	Phone number
Audio	1. Prajwal / Kevin	Intern		9483639322
Speech	2.			

HOD of Speech and Language Studies:

HOD of Hearing Studies:

Principal

Deputy Director Clinical

Chairman



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STAFF AND STUDENT DEPUTED FOR THE CAMP

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Thanking you

CAMP DETAILS

Camp coordinator: 

Place of camp: Chikkaballapura

Date of camp: 14, 15th of May 2022

Date and time of Departure:

Type of Camp: School / Public

Food/Accommodation: Organizer / Institute

Deputed intern for Camp Work: Nima

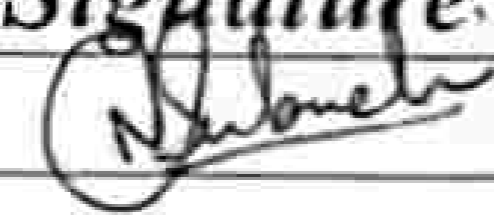


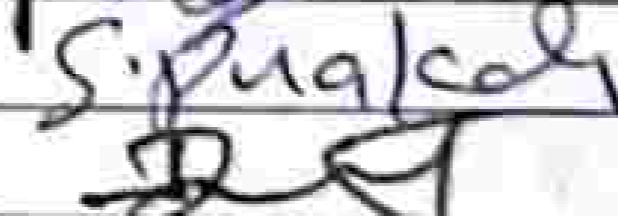


Organizer: Arogya Soudha

Date and time of Arrival:

Camp Charges: Free as permission given by MCM.

Receipt No:

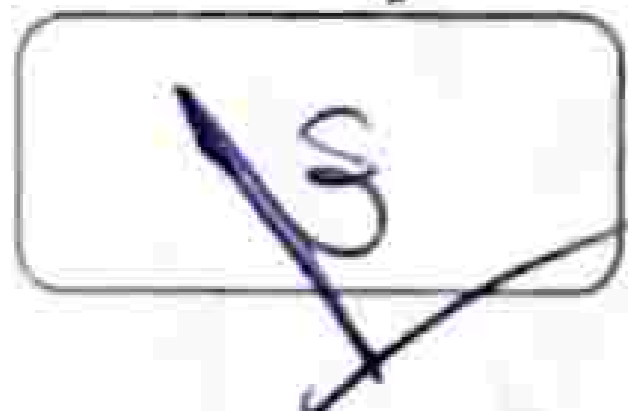
Total Cases: 221

Staff Allotted	Name		Signature	Phone Number
Speech Staff	1. Nikitha			7008138398
Audio Staff	2. —			
Student Allotted	Name:	Class:	Signature	Phone number
Speech	1. Prajwal	intern		9483639322
	2. Rachana	intern		9845425907
Audio	1. Arya	Intern		9188797837
	2. Madhu	Intern		9188032235
Driver	Prakash Venkateshwar			7019883631
Attender	Prakash Prakash			9964955258
System administrator	Mr. Jayaram			
Camp In Charge	Mr. Prabish			
Camp Coordinator	Mrs. Prema Kumari			
Substituting students for staff	Name:	Class:	Signature	Phone number
Audio	1. Nima	Intern		8921288238
Speech	2.			

HOD of Speech and Language Studies: 

HOD of Hearing Studies: 

Principal



Deputy Director Clinical



Chairman





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STAFF AND STUDENT DEPUTED FOR THE CAMP

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Thanking you

CAMP DETAILS

Camp coordinator:

Place of camp: Kanakapura

Date of camp: 15/05/22 Sunday

Organizer: In. Dr. Srinivas

Date and time of Departure: 7.00 AM

Date and time of Arrival:

Type of Camp: School / Public

Camp Charges: 7000 + 3000 = 10,000/-

Food/Accommodation: Organizer / Institute

Receipt No: 02591

Deputed intern for Camp Work: Nima

Total Cases: 37

Staff Allotted	Name		Signature	Phone Number
Speech Staff	1. Shuji			7204323630
Audio Staff	2. Bhavya			8522932345
Student Allotted	Name:	Class:	Signature	Phone number
Speech	1. Nima	Intern		9207225609
	2. Meghana	Intern		6360078388
Audio	1. Mary	Intern		8119964193
	2. Simran	Intern		9870611005
Driver	Hokesh			
Attender				
System administrator	Mr. Jayaram			
Camp-In-Charge	Mr. Prabish			
Camp Coordinator	Mrs. Prema Kumari			
Substituting students for staff	Name:	Class:	Signature	Phone number
Audio	1.			
Speech	2.			

HOD of Speech and Language Studies:

HOD of Hearing Studies:

Principal:

Deputy Director Clinical:

Chairman:



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STAFF AND STUDENT DEPUTED FOR THE CAMP

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Thanking you

CAMP DETAILS

Camp coordinator:

Place of camp: T. Begur

Date of camp: 17/07/22

Organizer: ISH

Date and time of Departure: 7.30 AM

Date and time of Arrival:

Type of Camp: School / Public

Camp Charges: FREE As per permission given.

Food/Accommodation: Organizer / Institute

Receipt No:

Deputed intern for Camp Work: Mr. Roshan

Total Cases:

Staff Allotted	Name	Signature	Phone Number
Speech Staff	1. Priyanka V Nair.		9791222522.
Audio Staff	2. Amith Thomas		9400234754
Student Allotted	Name:	Class:	Signature
Speech	1. Roshan	Intern	
	2. Gautham	BSC	
Audio	1. Manashree	Intern	
	2. Riyaz	Intern	
Driver Attender	Venkatesh / Ramesh		
System administrator	Mr. Jayaram		
Camp-In-Charge	Mr. Prabish		
Camp Coordinator	Mrs. Prema Kumari		
Substituting students for staff	Name:	Class:	Signature
Audio	1.		
Speech	2.		

HOD of Speech and Language Studies:

HOD of Hearing Studies:

Principal

Deputy Director Clinical

OK.
 Amith
 25/7/22

Chairman



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STAFF AND STUDENT DEPUTED FOR THE CAMP

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Thanking you

CAMP DETAILS

Camp coordinator:

Place of camp: Normala Girls high School, St. Thomas Town, Lingarajapuram.
 Date of camp: 22/07/22 - Friday
 Date and time of Departure: 9.30 AM
 Type of Camp: School / Public
 Food/Accommodation: Organizer / Institute
 Deputed intern for Camp Work: Mr. Roshan

Organizer: ISH. Camp unit
 Date and time of Arrival: 2.00 PM
 Camp Charges: FREE As permission given by MCM.
 Receipt No:
 Total Cases:

Staff Allotted	Name	Signature	Phone Number
Speech Staff	1. Sarah Spencer		8754553139
Audio Staff	2. Meghana Reddy R		7259088036
Student Allotted	Name:	Class:	Signature
Speech	1. Msey Lalchawimawii	Inter	
	2. Neegal Welsh	II Bsc	
Audio	1. Gary Stephen	Ex Inter	
	2. Rishi	Intern	
Driver Attender	<u>Adhish / Venkateswamy</u>		
System administrator	Mr. Jayaram		
Camp-In-Charge	Mr. Prabish		
Camp Coordinator	Mrs. Prema Kumari		
Substituting students for staff	Name:	Class:	Signature
Audio	1. SBI Unit 2 members		
Speech	2.		

HOD of Speech and Language Studies:

HOD of Hearing Studies:

Principal:

Deputy Director Clinical:

Chairman:

Sumitha 10/8



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STAFF AND STUDENT DEPUTED FOR THE CAMP

Kindly depute one staff and two students from the department of hearing studies and department of speech and language studies & the details of the camp is given below.

Thanking you

CAMP DETAILS

Camp coordinator:

PK

Place of camp: NIMHANS Convention Hall.

Date of camp: 27-07-22 Wednesday, Organizer: Mrs. Shanthavadao

Date and time of Departure: 9.30 AM to Date and time of Arrival: 10.50 PM

Type of Camp: School / Public

Camp Charges: FREE As Permission given by MCM.

Food/Accommodation: Organizer / Institute

Receipt No:

Deputed intern for Camp Work:

Total Cases:

Staff Allotted	Name		Signature	Phone Number
Speech Staff	1. Akhile. S. Rajan		<i>Akhile</i>	8848102711
Audio Staff	2. Haseeb Anfal		<i>Haseeb</i>	8867651521
Student Allotted	Name:	Class:	Signature	Phone number
Speech	1. Anannya Adhikari	IF Bsc	<i>Anannya</i>	8050953647
	2.			
Audio	1. Roshin Jomon	Intern	<i>Roshin</i>	9446031353
	2. Maya	Intern	<i>Maya</i>	6282565469
Driver Attender	<i>Muffeez Prakash</i>		<i>S. Prakash</i>	9964955258
System administrator	Mr. Jayaram		<i>Jayaram</i>	
Camp In Charge	Mr. Prabish Haseeb			
Camp Coordinator	Mrs. Prema Kumari		<i>PK</i>	
Substituting students for staff	Name:	Class:	Signature	Phone number
Audio	1. -			
Speech	2. -			

HOD of Speech and Language Studies:

PK
26/7/22

HOD of Hearing Studies:

PK
26/7/22

Principal

PK

Deputy Director Clinical

PK

Chairman

PK
10/8/22

PK



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STAFF AND STUDENT DEPUTED FOR THE CAMP

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Thanking you

CAMP DETAILS

Camp coordinator:

Place of camp: NIMHANS Convention Hall. - For Lions only.

Date of camp: 31.07.22 Sunday. Organizer: Chairman

Date and time of Departure: 2.00 PM. Date and time of Arrival: 11.30 PM.

Type of Camp: School / Public - Lions members. Camp Charges: Free as permission

Food/Accommodation: Organizer / Institute. Receipt No: given by MCM.

Deputed intern for Camp Work: Total Cases:

Staff Allotted	Name	Signature	Phone Number
Speech Staff	1. Akhila . S. Rajan		8848102711
Audio Staff	2. Henna Ubaid		1034256171
Student Allotted	Name:	Class:	Signature
Speech	1. Mahashree	Intern	
	2. Hilaria	Bsc	
Audio	1. Madhan	Intern	
	2. Sudharshan	Intern	
Driver	Muffeez		
Attender	Preeda Lika		
System administrator	Mr. Jayaram		
Camp-In-Charge	Mr. Prabish Haseeb		
Camp Coordinator	Mrs. Prema Kumari		
Substituting students for staff	Name:	Class:	Signature
Audio	1. -		
Speech	2. -		

HOD of Speech and Language Studies:

HOD of Hearing Studies:

Principal

Deputy Director Clinical

Chairman