



# THE TAMIL NADU Dr. M.G.R. MEDICAL UNIVERSITY

No.69, ANNA SALAI, GUINDY, CHENNAI - 600 032.

Website : www.tnmgrmu.ac.in

E-mail : mail@tnmgrmu.ac.in

Ph. : 22353574, 22353576 - 79, 22301760 - 63, 22353094

Fax : 91-44-22353698

## PROCEEDINGS OF THE REGISTRAR PRESENT: Dr. PARAMESWARI SRIJAYANTH,

Proc. No. Affln.I(4)/68318/2017

Dated 07.06.2019.

|         |   |
|---------|---|
| Sub:    | AFFILIATION – The Tamil Nadu Dr. M.G.R. Medical University, Chennai - MDS Degree Course – <b>Rajas Dental College &amp; Hospital, Kavalkinaru Jn. Tirunelveli District</b> - Grant of Conditional Continuance of Provisional Affiliation for the academic year 2018-2019 – Orders – Issued. |
| Ref: 1. | Proceedings No. Affln.I(2)/17929/1997, dated 19.05.2000.  |
| 2.      | Proceeding No.Affln.IV(2)/40506/2015, dated 30.06.2017.   |
| 3.      | F.No.V.12018/6/2003-PMS, dated 31.10.2003 & F.No. V.12017/10/ 2018(Pt. IV), dated 24.01.2018.   |
| 4.      | Recommendations of the Perusal Committee & Affiliation Sub-committee Meeting held on 09.08.2018 & 23.08.2018.   |
| 5.      | Resolution No.23, passed at the 264th meeting of the Governing Council held on 30.10.2018.  |
| 6.      | This University's letter even no. dated 21.12.2018  |
| 7.      | Letter No. RDC/PRL/UNI/D-574/2018 , dated 04.01.2019 received from the Principal, Rajas Dental College & Hospital, Kavalkinaru Junction, Tirunelveli District.  |
| 8.      | This University's letter Affln.IV(2)/67746/2018, dated 03.06.2019   |
| 9.      | Letter No. RDC/PRL/CPA/D-120/2019, dated 06.06.2019 received from the Principal, Rajas Dental College & Hospital, Kavalkinaru Junction, Tirunelveli District.   |

\* \* \* \* \*

### ORDER:

In the reference first and Second cited, the University has granted the Provisional Affiliation order to the **Rajas Dental College & Hospital, Thirurajapuram, Kavalkinaru Junction - 627105, Tirunelveli District**, for conducting the MDS Degree for the following 7 (Seven) Specialities with an annual intake noted against each from the academic years 2000-2001 & 2017-2018..

| Sl. No. | Specialities                           | Intake | Year of PA Issued      |
|---------|--|--------|------------------------|
| 1.      | Prosthodontics and Crown & Bridge      | 2 to 3 | 2000-2001<br>2017-2018 |
| 2.      | Conservative Dentistry and Endodontics | 2 to 3 |                        |
| 3.      | Oral & Maxillofacial Surgery           | 02     |                        |
| 4.      | Periodontology                         | 02     | 2017-2018              |
| 5.      | Orthodontics & Dentofacial Orthopedics | 02     |                        |
| 6.      | Oral Pathology and Microbiology        | 02     |                        |
| 7.      | Oral Medicine & Radiology              | 01     |                        |



2. In the reference 3<sup>rd</sup> cited, Rajas Dental College & Hospital, Kavalkinaru Junction, Tirunelveli District has obtained the recognised & 3<sup>rd</sup> year renewal order from the Government of India, Ministry of Health and Family welfare, New Delhi to conduct MDS Degree course.

3. The Institution was inspected for grant of Continuance of Provisional Affiliation for the academic year 2018-2019 and the report was placed before the Perusal Committee / Affiliation Sub-Committee / Governing Council in the references 4<sup>th</sup> and 5<sup>th</sup> cited.

4. As the Building of the said institution are situated in the non-plan area, hence, Rajas Dental College & Hospital, Kavalkinaru Junction, Tirunelveli District has submitted notarised duly signed by the Chairman for the academic year 2018-2019 with regards to DTCP approval procedures.

5. The University grants Conditional Continuance of Provisional Affiliation to affidavit **Rajas Dental College & Hospital, Kavalkinaru Junction, Tirunelveli District** for conducting **M.D.S degree Course** for the academic year **2018-19** based on the inspection reports, as indicated below subject to the usual conditions already intimated in the Provisional Affiliation orders of this University.

| Name of the College & Address   | Name of the Course  | Governing Council Resolutions  | Conditional Continuance of Provisional Affiliation granted for   |             |   |                          |
|---|---------------------|--|--|-------------|---|--------------------------|
| Rajas Dental College & Hospital, Thirurajapuram, Kavalkinaru Junction - 627105, Tirunelveli District. | M.D.S Degree Course | Resolution No. 23, Passed at the 264 <sup>th</sup> Meeting of the Governing Council held on 30.10.2018 | a) Academic Year – 2018-2019<br>b) Batch: i) To conduct * ii Year MDS Degree Course for the following Specialities<br>ii) To conduct entire M.D.S Degree Course for the following Specialities |             |   |                          |
|   |                     |  | Sl. No.  | Branch Code | Specialities                              | Total Intake of Students |
|   |                     |  | I  | 2421        | Prosthodontics and Crown & Bridge         | 03 seats                 |
|   |                     |  | II   | 2422        | Periodontology                            | 02 seats *               |
|   |                     |  | III  | 2423        | Oral & Maxillo Facial Surgery             | 02 seats                 |
|   |                     |  | IV   | 2424        | Conservative Dentistry & Endodontics      | 03 seats                 |
|   |                     |  | V  | 2425        | Orthodontics and Dentofacial Orthopaedics | 02 seats *               |
|   |                     |  | VI   | 2426        | Oral Pathology and Microbiology           | 02 seats *               |
|   |                     |  | IX   | 2429        | Oral Medicine & Radiology                 | 01 seat *                |
| Total   |                     |  |  | 15 seats    |   |                          |

6. The admission procedure of the Government as per the scheme of admission enunciated by the Supreme Court of India should be followed.

7. The seats available in M.D.S. Degree Course shall be filled up as per orders in force. The management shall follow a transparent and reasonable method of admission for the management quota as per orders in force.



8. Any other conditions which the University considers necessary to impose from time to time should be followed strictly.

9. The receipt of this proceeding should be acknowledged.

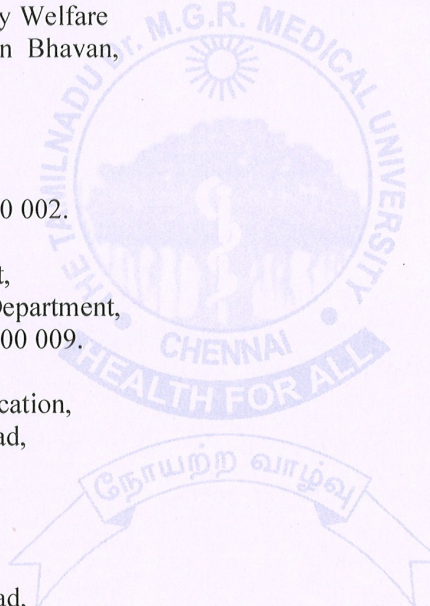
To:  
The Principal,  
Rajas Dental College & Hospital,  
Kavalkinaru Junction – 627 105.  
Tirunelveli District.

  
REGISTRAR (FAC).

  
7/6/14

**Copy to:**

- 1) The Secretary to Government of India,  
Ministry of Health and Family Welfare  
Department of Health, Nirman Bhavan,  
New Delhi-110 011.
- 2) The Secretary,  
Dental Council of India,  
Kotla Road, New Delhi - 110 002.
- 3) The Secretary to Government,  
Health and Family Welfare Department,  
Fort. St. George, Chennai – 600 009.
- 4) The Director of Medical Education,  
162, Periyar E.V.R. High Road,  
Kilpauk, Chennai – 600 010.
- 5) The Secretary,  
Selection Committee,  
161, Periyar E.V.R. High Road,  
Kilpauk, Chennai – 600 010.
- 6) The Deputy Controller of Examination
- 7) The Assistant Registrar (Examination)
- 8) Examination Section (MDS)
- 9) Stock file
- 10) Spare







# THE TAMIL NADU Dr. M.G.R. MEDICAL UNIVERSITY

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Ph. : 22353574, 22353576 - 79, 22301760 - 63, 22353094  
Fax : 91-44-22353698

## PROCEEDINGS OF THE REGISTRAR PRESENT: Dr. PARAMESWARI SRIJAYANTH,

**Proc. No. Affln.IV(2)/02785/2018**

**Dated 07.06.2019.**

|         |  |
|---------|--|
| Sub:    | AFFILIATION – The Tamil Nadu Dr. M.G.R. Medical University, Chennai - MDS Degree Course – Rajas Dental College & Hospital, Kavalkinaru Jn. Tirunelveli District – Grant of Conditional Continuance of Provisional Affiliation for the academic year 2019-2020 – Orders – Issued. |
| Ref: 1. | Proceedings No. Affln.I(2)/17929/1997, dated 19.05.2000.   |
| 2.      | Proceeding No.Affln.IV(2)/40506/2015, dated 30.06.2017.  |
| 3.      | F.No.V.12018/6/2003-PMS, dated 31.10.2003 & F.No.V.12017/10/2017-(Pt.IV), dated 24.01.2018.  |
| 4.      | Letter No.RDC/PRL/UNI/D-485-2018, dated 31.01.2019.  |
| 5.      | This University's letter even no. dated 31.01.2019, 07.03.2019 & 14.03.2019.   |
| 6.      | Inspection Report received on 21.02.2019, 25.02.2019, 07.03.2019 & 31.03.2019.   |
| 7.      | This University's letter Affln.IV(2)/67746/2018, dated 03.06.2019.   |
| 8.      | Letter No. RDC/PRL/CPA/D-120/2019, dated 06.06.2019 received from the Principal, Rajas Dental College & Hospital, Kavalkinaru Junction, Tirunelveli District.  |

\*\*\*\*\*

### **ORDER:**

In the reference first and Second cited, the University has granted the Provisional Affiliation order to **Rajas Dental College & Hospital, Thirurajapuram, Kavalkinaru Junction - 627105, Tirunelveli District**, for conducting the MDS Degree for the following 7 (Seven) Specialities with an annual intake noted against each from the academic years 2000-2001 & 2017-2018.

| Sl. No. | Specialities                           | Intake | Year of PA Issued      |
|---------|--|--------|------------------------|
| 1.      | Prosthodontics and Crown & Bridge      | 2 to 3 | 2000-2001<br>2017-2018 |
| 2.      | Conservative Dentistry and Endodontics | 2 to 3 |                        |
| 3.      | Oral & Maxillofacial Surgery           | 02     |                        |
| 4.      | Periodontology                         | 02     | 2017-2018              |
| 5.      | Orthodontics & Dentofacial Orthopedics | 02     |                        |
| 6.      | Oral Pathology and Microbiology        | 02     |                        |
| 7.      | Oral Medicine & Radiology              | 01     |                        |

2. In the reference 3<sup>rd</sup> cited, Rajas Dental College & Hospital, Kavalkinaru Junction, Tirunelveli District has obtained the recognised 3<sup>rd</sup> year renewal order from the Government of India, Ministry of Health and Family welfare, New Delhi to conduct MDS Degree course.



3. The institution was inspected for grant of Continuance of Provisional Affiliation for the academic year 2019-20.

4. As the Building of the said institution are situated in the non-plan area, hence, Rajas Dental College & Hospital, Kavalkinaru Junction, Tirunelveli District has submitted notarised affidavit duly signed by the Chairman for the academic year 2019-2020 with regards to DTCP approval procedures.

5. The University grants Conditional Continuance of Provisional Affiliation to **Rajas Dental College & Hospital, Kavalkinaru Junction, Tirunelveli District** for conducting **M.D.S degree Course** for the academic year **2019-20** based on the Inspection reports and subject to approval of Governing Council as indicated below & subject to the usual conditions already intimate in the Provisional Affiliation orders of this University.

| Name of the College & Address  | Name of the Course  | Conditional Continuance of Provisional Affiliation granted for   |             |   |                          |
|--|---------------------|--|-------------|---|--------------------------|
| Rajas Dental College & Hospital, Thirurajapuram, Kavalkinaru Junction - 627105, Tirunelveli District | M.D.S Degree Course | a) Academic Year – 2019-2020<br>b) Batch: To conduct entire M.D.S Degree Course for the following Specialities |             |   |                          |
|  |                     | Sl. No.  | Branch Code | Specialities                              | Total Intake of Students |
|  |                     | I  | 2421        | Prosthodontics and Crown & Bridge         | 03 seats                 |
|  |                     | II   | 2422        | Periodontology                            | 02 seats                 |
|  |                     | III  | 2423        | Oral & Maxillo Facial Surgery             | 02 seats                 |
|  |                     | IV   | 2424        | Conservative Dentistry & Endodontics      | 03 seats                 |
|  |                     | V  | 2425        | Orthodontics and Dentofacial Orthopaedics | 02 seats                 |
|  |                     | VI   | 2426        | Oral Pathology and Microbiology           | 02 seats                 |
|  |                     | IX   | 2429        | Oral Medicine & Radiology                 | 01 seat                  |
| Total  |                     |  |             | 15 seats                                  |                          |

6. The admission procedure of the Government as per the scheme of admission enunciated by the Supreme Court of India should be followed.

7. The seats available in M.D.S. Degree Course shall be filled up as per orders in force. The management shall follow a transparent and reasonable method of admission for the management quota as per orders in force.

8. Any other conditions which the University considers necessary to impose from time to time should be followed strictly.



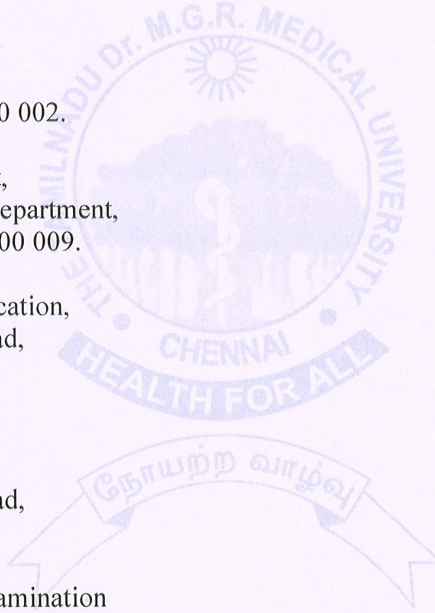
9. The receipt of this proceeding should be acknowledged.

To:  
The Principal,  
Rajas Dental College & Hospital,  
Kavalkinaru Junction – 627 105.  
Tirunelveli District.

  
REGISTRAR (FAC).

**Copy to:**

- 1) The Secretary to Government of India,  
Ministry of Health and Family Welfare Department,  
Nirman Bhavan,  
New Delhi-110 011.
- 2) The Secretary,  
Dental Council of India,  
Kotla Road, New Delhi - 110 002.
- 3) The Secretary to Government,  
Health and Family Welfare Department,  
Fort. St. George, Chennai – 600 009.
- 4) The Director of Medical Education,  
162, Periyar E.V.R. High Road,  
Kilpauk, Chennai – 600 010.
- 5) The Secretary,  
Selection Committee,  
161, Periyar E.V.R. High Road,  
Kilpauk, Chennai – 600 010.
- 6) The Deputy Controller of Examination
- 7) The Assistant Registrar (Examination)
- 8) Examination Section (MDS)
- 9) Stock file
- 10) Spare





Nirman Bhavan, New Delhi  
Dated the 17<sup>th</sup> February, 2017

To

The Principal,  
Rajas Dental College & Hospital, Tirunelveli District, Tamil Nadu  
Thirurajapuram, Kavalkinaru Jn., Tirunelveli-627105,  
Tamil Nadu.

Sub. Starting/Increase of Seats in MDS courses at Rajas Dental College & Hospital, Tirunelveli District, Tamil Nadu for the academic session 2017-18- Letter of Intent (LOI) reg.

Sir,

I am directed to refer to your proposal on the subject mentioned above seeking permission of the Central Government for starting/increase of seats in MDS courses at your college as mentioned above under section 10A of the Dentists Act, 1948 read with the Dental Council of India Regulation, 2006.

2. Taking into consideration the recommendations of the Dental Council of India in this regard, this Ministry has decided that a Letter of Intent (LOI) for starting/increase of seats in MDS courses in the following specialities at your college may be issued for obtaining certain essential documents required for issuance of Letter of Permission (LoP):

| S.no. | Speciality  | No. of Seats | Amount of PBG(in Rupees) |
|-------|---|--------------|--------------------------|
| 1.    | Conservative Dentistry and Endodontics ( <i>Increase of Seats</i> ) | 2 to 3       | 5 Lakh                   |
| 2.    | Periodontology  | 2            | 60 Lakh                  |
|       | Total   |              | 65 Lakh                  |

3. Therefore it is requested to furnish the following documents/undertaking/acceptance of conditions to the Ministry:-

- The applicant should provide all infrastructural facilities in terms of teaching and non-teaching staff, buildings, equipment and hospital facilities as per norms of Dental Council of India.
- No student should be admitted in the above course till the formal permission of the Central Government is granted.
- The Private Dental College should provide Bank Guarantee of required amount in favour of the Dental Council of India, New Delhi valid for the entire duration of the -course from a nationalised/schedule Bank. For Dental College/institutions who are governed by State Government shall furnish an undertaking to provide funds in their Plan Budget regularly till facilities are fully provided as per the time bound programme in the DCI's norms against start/increase in seats in above said MDS course.
- The Dental Colleges/institutions will provide undertaking to implement any decision of the Dental Council of India/ Central Government regarding payment of stipend to the PG students.

4. Action to grant formal permission of the Central Government for starting of the said courses at your college will be initiated on receipt of the compliance report fulfilling the conditions enumerated in paragraph 3 above. The acceptance letter alongwith bank guarantee/ undertaking may be sent before **23.2.2017** so as to enable the Central Government to issue Letter of Permission for the year 2017-18 by 28.2.2017. Kindly acknowledge receipt of this letter.

Yours faithfully,

*[Signature]*  
(Pradip Kumar Pal)

Under Secretary to the Government of India  
Phone no. 011-23063019

Guard file



*File 7248*  
*25.02.17*



No.V.12017/30/2016 – DE  
GOVERNMENT OF INDIA  
Ministry of Health & Family Welfare  
(Dental Education Section)

Nirman Bhawan, New Delhi.  
Dated the 21<sup>st</sup> February, 2017

To  
The Principal,  
Rajas Dental College & Hospital, Tamil Nadu  
Thirurajapuram, Kavalkinaru Jn. – 627105,  
Tirunelveli District, Tamil Nadu

**Letter of Permission**

Sub: Permission for starting/increase of seats in MDS course at Rajas Dental College & Hospital, Tamil Nadu for the academic session 2017-18.

Sir,

In continuation to the Letter of Intent (LoI) issued by this Ministry vide letter No. V.12017/30/2016-DE dated the 15<sup>th</sup> December, 2016 and with reference to your letter No. RDC/PRL/MDS/D-1360/2016 dated 10.02.2017, after considering your undertaking and compliance of other conditions therein, I am directed to convey the permission of the Central Government for starting/increase of seats in MDS course in the following specialities with seats mentioned against it at Rajas Dental College & Hospital, Tamil Nadu with prospective effect for the academic year 2017-18 under Section 10(A) of the Dentists Act, 1948:

| Sl. no. | Name of the College                         | Speciality & Scheme  | seats                     |
|---------|---|--|---------------------------|
| 1.      | Rajas Dental College & Hospital, Tamil Nadu | Starting of MDS courses<br>1. Oral Pathology & Microbiology<br>2. Oral Medicine & Radiology<br>3. Orthodontics & Dentofacial Orthopedics<br>Increase of Seats in MDS course<br>1. Prosthodontics and Crown & Bridge. | 2<br>1<br>2<br><br>2 to 3 |

- The admission of next batch of students in MDS course in the above specialty for the academic year 2018-19 will be made only after obtaining the renewal permission from the Central Government.
- Any admission made in violation of the above condition will be treated as irregular and action under Section 10(B) of the Dentists (Amendment) Act, 1993 will be initiated.
- Discrepancies, if any, may be brought to the notice of Dental Council of India and State/ Central Government. Please acknowledge receipt of this letter.

Yours faithfully

*[Signature]*  
21/2/2017

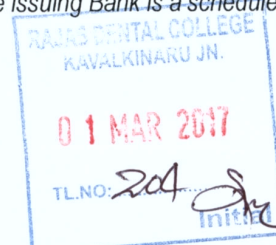
(Pradip Kumar Pa

Under Secretary to the Govt. of India  
Ph. 011-23063015

*[Handwritten signature]*  
1-03-17

Copy to:

- The Secretary, Dental Council of India, Aiwan-E-Galib Marg, Kotla Road, New Delhi – 110002, with request to verify the correctness and genuineness of the Undertaking and PBG (no. 04050100000114 dated 09.02.2017 of Rs. 185 Lak issued by Axis Bank Limited.) enclosed herewith in original including whether the issuing Bank is a scheduled bank as per regulation.
- The Secretary, Medical Education, Govt. of Tamil Nadu, Chennai.
- The Registrar, Dr. M.G.R. Medical University, Chennai, Tamil Nadu.
- ADG (ME), Dte. GHS, MOHFW, Nirman Bhawan, New Delhi.





BY SPEED POST/E-mail

No.V.12017/30/2016 – DE  
GOVERNMENT OF INDIA  
Ministry of Health & Family Welfare  
(Dental Education Section)

Nirman Bhawan, New Delhi.  
Dated the 27<sup>th</sup> February, 2017

To

The Principal,  
Rajas Dental College & Hospital, Tamil Nadu  
Thirurajapuram, Kavalkinaru Jn. – 627105,  
Tirunelveli District, Tamil Nadu

**Letter of Permission**

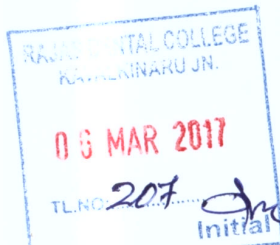
Sub: Permission for starting/increase of seats in MDS course at Rajas Dental College & Hospital, Tamil Nadu for the academic session 2017-18.

Sir,

In continuation to the Letter of Intent (LoI) issued by this Ministry vide letter No. V.12017/30/2016-DE dated the 15<sup>th</sup> December, 2016 and with reference to your letter No. **RDC/PRL/MDS/D-1383/2016** dated 21.02.2017, after considering your undertaking and compliance of other conditions therein, I am directed to convey the permission of the Central Government for starting/increase of seats in MDS course in the following specialities with seats mentioned against it at Rajas Dental College & Hospital, Tamil Nadu with prospective effect for the academic year 2017-18 under Section 10(A) of the Dentists Act, 1948:

| Sl. no. | Name of the College                         | Speciality & Scheme  | seats               |
|---------|---|--|---------------------|
| 1.      | Rajas Dental College & Hospital, Tamil Nadu | Increase of Seats in MDS course<br>1. Conservative Dentistry and Endodontics<br>Starting of MDS courses<br>1. Periodontology | 2 to 3<br><br><br>2 |

- The admission of next batch of students in MDS course in the above specialty for the academic year 2018-19 will be made only after obtaining the renewal permission from the Central Government.
- Any admission made in violation of the above condition will be treated as irregular and action under Section 10(B) of the Dentists (Amendment) Act, 1993 will be initiated.
- Discrepancies, if any, may be brought to the notice of Dental Council of India and State/ Central Government. Please acknowledge receipt of this letter.



Yours faithfully,

*[Signature]* 27/2/2017  
(Pradip Kumar Pal)  
Under Secretary to the Govt. of India  
Ph. 011-23063019.

Copy to:

- The Secretary, Dental Council of India, Aiwan-E-Galib Marg, Kotla Road, New Delhi – 110002, with request to verify the correctness and genuineness of the Undertaking and PBG (no. **04050100000116** dated 20.02.2017 of Rs. 65 Lakh issued by Axis Bank Limited.) enclosed herewith in original including whether the issuing Bank is a scheduled bank as per regulation.
- The Secretary, Medical Education, Govt. of Tamil Nadu, Chennai.
- The Registrar, Dr. M.G.R. Medical University, Chennai, Tamil Nadu.
- ADG (ME), Dte. GHS, MOHFW, Nirman Bhawan, New Delhi.

*[Signature]*  
6-03-17





# THE TAMIL NADU Dr. M.G.R. MEDICAL UNIVERSITY

No.69, ANNA SALAI, GUINDY, CHENNAI - 600 032.

Website : [www.tnmgrmu.ac.in](http://www.tnmgrmu.ac.in)

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Ph : 22353574, 22353576 - 79, 22301760 - 63, 22353094

Fax : 91-44-22353698

Dr. P.ARUMUGAM, M.D.,  
REGISTRAR I/C

Rc.No.Affln.IV(2)/40506/2015

Dated: 07 .04.2016

To

The Principal,  
Rajas Dental College & Hospital,  
Kavalkinaru Junction – 627 105.  
Tirunelveli District.

Sir/ Madam,

|         |  |
|---------|--|
| Sub:    | AFFILIATION– The Tamil Nadu Dr.M.G.R Medical University, Chennai – Starting/Increasing of MDS Degree Course – To issue the “Letter of Consent of Affiliation” - Regarding. |
| Ref: 1. | Letter No.RDC/PRIN/UNI/D267-2015, dated 04.11.2015 received from The Chairman, Rajas Dental College & Hospital, Tirunelveli District.                                      |
| 2.      | Government of Tamil Nadu, Department of Health and Family Welfare Letter (D) No. 1365, dated 29.10.2015.   |
| 3.      | This University's letter of. even no. and dated 07.01.2016   |
| 4.      | Letter No.RDC/PRL/Afn/36/D423-2015, dated 28.11.2015 received from the Principal, Rajas Dental College & Hospital, Tirunelveli District.                                   |
| 5.      | This University's letter of. even no. and dated 10.03.2016   |
| 6.      | Letter No.RDC/UNI/INS/LCA/D-832/2015, dated 23.03.2016 received from the Principal, Rajas Dental College & Hospital, Tirunelveli District.                                 |
| 7.      | Letter No. RDC/PRL/Afn/36/D022-2016, dated 05.04.2016 received from the Principal, Rajas Dental College & Hospital, Tirunelveli District.                                  |

\*\*\*\*\*

The University is issuing the “Letter of Consent of Affiliation” to Rajas Dental College & Hospital, Tirunelveli District. so as to enable the Trust to apply to the Government of India for their formal permission to start M.D.S. Degree Course in the following specialities the intake as mentioned against each for the academic year 2017-2018



2:

|                                  |             |         |
|----------------------------------|-------------|---------|
| 1. Orthodontics                  | Starting -  | 2 seats |
| 2. Periodontics                  | Starting -  | 2 seats |
| 3. Oral Medicine & Radiology     | Starting -  | 1 seat  |
| 4. Oral Pathology & Microbiology | Starting -  | 2 seats |
| 5. Prosthodontics Brown & Bridge | Increase -  | 1 seat  |
|                                  | from 2 to 3 |         |
| 6. Conservative Dentistry        | Increase -  | 1 seat  |
|                                  | from 2 to 3 |         |

Total

-----  
9 Seats  
-----

2. It is also informed that the College should not publish the prospectus for starting the above said specialities in M.D.S. Degree Course in any form till the Government of India gives its permission, and the University grants Provisional Affiliation.

3. Further, the issue of this Letter of Consent of Affiliation does not confer any rights to admit students to the proposed course till the permission of the Government of India and the affiliation of this University are obtained as the Letter of Consent of Affiliation is issued only for the limited purpose of enabling to apply to the Government of India for its permission.

The receipt of this letter may kindly be acknowledged.

Encl: as above.

**Copy to:**

- 1) The Secretary to Government of India,  
Ministry of Health and Family Welfare  
Department of Health, Nirman Bhavan,  
New Delhi-110 011
- 2) The Secretary  
Dental Council of India,  
Kotla Road, New Delhi 110 002.
- 3) The Secretary to Government,  
Health and Family Welfare Department,  
Fort. St. George, Chennai – 600 009.
- 4) The Director of Medical Education,  
162, Periyar E.V.R. High Road,  
Kilpauk, Chennai – 600 010.

  
REGISTRAR i/c





# THE TAMIL NADU Dr. M.G.R. MEDICAL UNIVERSITY

No.69, ANNA SALAI, GUINDY, CHENNAI - 600 032.

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E-mail : [mail@tnmgrmu.ac.in](mailto:mail@tnmgrmu.ac.in)

Ph : 22353574, 22353576 - 79, 22301760 - 63, 22353094  
Fax : 91-44-22353698

## FORM B

The Tamil Nadu Dr. M.G.R. Medical University, Chennai-32

Affln.IV(2)/40506/2015

Dated: 07.04.2016

### CONSENT OF AFFILIATION

On the basis of the report of the Local Inquiry Committee, the Tamil Nadu Dr. M.G.R. Medical University, Chennai has agreed in principle to start the M.D.S. Degree Course in the following specialities and intake as noted against each at Rajas Dental College & Hospital, Tirunelveli District, subject to the grant of permission by the Government of India, Ministry of Health and Family Welfare Department, New Delhi under Section 10A of the Dentist Act, 1948 for the academic year 2017-2018.

|                                  |             |   |         |
|----------------------------------|-------------|---|---------|
| 1. Orthodontics                  | Starting    | - | 2 seats |
| 2. Periodontics                  | Starting    | - | 2 seats |
| 3. Oral Medicine & Radiology     | Starting    | - | 1 seat  |
| 4. Oral Pathology & Microbiology | Starting    | - | 2 seats |
| 5. Prosthodontics Brown & Bridge | Increase    | - | 1 seat  |
|                                  | from 2 to 3 |   |         |
| 6. Conservative Dentistry        | Increase    | - | 1 seat  |
|                                  | from 2 to 3 |   |         |
| Total                            |             |   | 9 Seats |

This letter of Consent of Affiliation shall be valid for a period of one year from the date of issue



REGISTRAR i/c.



**THE TAMIL NADU DR. M.G.R. MEDICAL UNIVERSITY**  
**No.69, ANNA SALAI, GUINDY, CHENNAI - 600 032.**

Web site : [www.tnmgrmu.ac.in](http://www.tnmgrmu.ac.in) Phone: 22353574,22353576-79,22301760-63,22353094

E-mail : [mail@tnmgrmu.ac.in](mailto:mail@tnmgrmu.ac.in) Fax : 91-44-22353698

PROCEEDINGS OF THE REGISTRAR  
PRESENT : Dr.T. BALASUBRAMANIAN, M.S., D.L.O.,

Proc.No. Affln.IV(2)/57346/2015

Dated: 27. 09.2016

|         |  |
|---------|--|
| Sub:    | AFFILIATION – The Tamil Nadu Dr. M.G.R. Medical University, Chennai - BDS Degree Course – Rajas Dental College & Hospital, Chennai Grant of Continuance of Provisional Affiliation for BDS Degree Course for the academic year 2016-2017 – Orders - Regarding. |
| Ref: 1. | Proc. No. Affln.IV(2)/57346/2014, dated 30.10.2015   |
| 2.      | G.O. (Ms) No.75 Health & Family Welfare (ME) Department, dated 23.02.2016  |
| 3.      | Recommendations of the Perusal Committee Meeting held on 09.06.2016  |
| 4.      | Recommendations of the Affiliation Sub-committee Meeting held on 14.06.2016  |
| 5.      | Resolution No.12, passed at the 245 <sup>th</sup> meeting of the Governing Council held on 30.06.2016  |
| 6.      | This University's letter of even No. Dated 14.07.2016  |
| 7.      | Letter No. RDC/PRL/AFF/D-530/2016, dated 29.08.2016 received from the Principal, Rajas Dental College & Hospital, Tirunelveli..  |

\*\*\*\*\*

ORDER:

The Tamil Nadu Dr. M.G.R. Medical University grants Continuance of Provisional Affiliation to Rajas Dental College & Hospital, Tirunelveli for conducting B.D.S. Degree course for the academic year 2016-2017 as indicated below subject to the usual conditions already intimated in the Provisional Affiliation order of this University.

Received  
1.10.2016





:2:

| Name of the Institution                      | Name of the Course   | Date of Governing Council Resolution  | Continuance of Provisional Affiliation granted for | Intake of Students  |
|--|----------------------|---|--|---|
| Rajas Dental College & Hospital, Tirunelveli | B.D.S. Degree Course | Resolution No.12, passed at the 245 <sup>th</sup> meeting of Governing Council held on 30.06.2016 | Year 2016-2017                                     | 100 (One Hundred) Batch: To conduct entire BDS Degree Course. |

2) The admission procedure of the Government as per the scheme of admission enunciated by the Supreme Court of India should be followed.

3) The admission procedure as laid down in G.O.(Ms) 75, Health & Family Welfare (ME), dated 23.02.2016 should be followed.

4) Any other conditions which the University considers necessary to impose from time to time should be followed strictly.

5) The receipt of this proceeding should be acknowledged.

Sd/-  
Dr.T. BALASUBRAMANIAN,  
REGISTRAR

To

✓ The Principal,  
Rajas Dental College & Hospital,  
Kavalkinaru Junction  
Tirunelveli District – 627 105

**Copy to:**

1) The Secretary to Government of India,  
Ministry of Health and Family Welfare  
Department of Health, Nirman Bhavan,  
New Delhi-110 011.

2) The Secretary,  
Dental Council of India,  
Kotla Road, New Delhi - 110 002.



:3:

- 3) The Secretary to Government,  
Health and Family Welfare Department,  
Fort. St. George, Chennai – 600 009.
- 4) The Director of Medical Education,  
162, Periyar E.V.R. High Road,  
Kilpauk, Chennai – 600 010.
- 5) The Secretary,  
Selection Committee,  
161, Periyar E.V.R. High Road,  
Kilpauk, Chennai – 600 010.
- 6) The Deputy Controller of Examination
- 7) The Assistant Registrar (Examination)
- 8) Examination Section (MDS)
- 9) Stock file
- 10) Spare

**TRUE COPY/FORWARDED/BY ORDER/**

*Kuyyappas*  
*28.9.16*  
DEPUTY REGISTRAR  
AFFILIATION

*b*  
*28/9/16*

144172



No. V.12017/30/2016-DE  
Government of India  
Ministry of Health & Family Welfare  
(Dental Education Section)

Email/By Speed Post

43

Nirman Bhavan, New Delhi  
Dated the 15<sup>th</sup> December, 2016

To

The Principal  
Rajas Dental College & Hospital,  
Kavalkinaru, Tirunelveli-627105,  
Tamil Nadu

Sub: Starting/Increase of seats of MDS course in various specialities at Rajas Dental College of Dental College & Hospital, Tirunelveli, Tamil Nadu for the academic session 2017-18- Permission of Central Govt.-reg.

Sir,

I am directed to refer to your proposal on the subject mentioned above seeking permission of the Central Government for starting/increase of seats in MDS course at your college as mentioned above under section 10A of the Dentists Act, 1948 read with the Dental Council of India Regulation, 2006.

2. Taking into consideration the recommendations of the Dental Council of India in this regard, this Ministry has decided that a Letter of Intent (LOI) for starting the MDS course in the following specialities at your college may be issued for obtaining certain essential documents required for issuance of Letter of Permission (LoP):

| S.no. | Speciality                             | No. of Seats | Scheme   | Amount of PBG(in Rupees) |
|-------|--|--------------|----------|--------------------------|
| 1.    | Oral Pathology & Microbiology          | 2            | Starting | 60 Lakhs                 |
| 2.    | Oral Medicine & Radiology              | 1            | Starting | 60 Lakhs                 |
| 3.    | Orthodontics & Dentofacial Orthopedics | 2            | Starting | 60 Lakhs                 |
| 4.    | Prosthodontics and Crown & Bridge      | 2 to 3       | Increase | 05 Lakhs                 |
|       | Total                                  |              |          | 185Lakhs                 |

3. Therefore it is requested to furnish the following documents/undertaking/acceptance of conditions to the Ministry:-

- The applicant should provide all infrastructural facilities in terms of teaching and non-teaching staff, buildings, equipment and hospital facilities as per norms of Dental Council of India.
- No student should be admitted in the above course till the formal permission of the Central Government is granted.
- The Private Dental College should provide Bank Guarantee of required amount in favour of the Dental Council of India, New Delhi valid for the entire duration of the -course from a nationalised/schedule Bank. For Dental College/institutions who are governed by State Government shall furnish an undertaking to provide funds in their Plan Budget regularly till facilities are fully provided as per the time bound programme in the DCI's norms against start/increase in seats in above said MDS course.
- The Dental Colleges/institutions will provide undertaking to implement any decision of the Dental Council of India/ Central Government regarding payment of stipend to the PG students.

4. Action to grant formal permission of the Central Government for starting of the said courses at your college will be initiated on receipt of the compliance report fulfilling the conditions enumerated in paragraph 3 above. The acceptance letter alongwith bank guarantee/ undertaking may be sent within 15 days from the date of issue of this letter so as to enable the Central Government to issue Letter of Permission for the year 2017-18. Kindly acknowledge receipt of this letter.

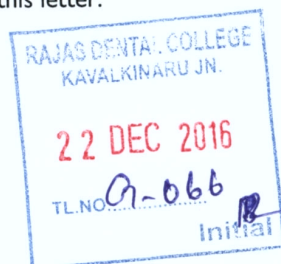
Yours faithfully,

*[Signature]* 15/12/16

(Pradip Kumar Pal)

Under Secretary to the Government of India

Guard file



22-12-16



**THE TAMIL NADU DR. M.G.R. MEDICAL UNIVERSITY**  
**No.69, ANNA SALAI, GUINDY, CHENNAI - 600 032.**

Web site : [www.tnmgrmu.ac.in](http://www.tnmgrmu.ac.in) Phone: 22353574,22353576-79,22301760-63,22353093 - 95

E-mail : [mail@tnmgrmu.ac.in](mailto:mail@tnmgrmu.ac.in) Fax : 91-44-22353698

Dr JHANSI CHARLES, M.D.,  
REGISTRAR

Re. No. Affin.IV(2)/54556/2014

Dated: 28.05.2015.

To

The Principal,  
Rajas Dental College & Hospital,  
Kavalkinaru Junction,  
Tirunelveli District - 627 105.

Sir,

|         |  |
|---------|--|
| Sub:    | Dental Education - The Tamil Nadu Dr.M.G.R Medical University, Chennai - MDS Degree Course - Continuance of Provisional Affiliation Orders for the academic year 2015-2016 - Demand raised for the institutions coming under inspection once in three years - Requested - Regarding. |
| Ref: 1. | Resolution No.45, passed at the 197 <sup>th</sup> meeting of the Governing Council held on 12.05.2010.   |
| 2.      | University Letter No.R.C.No.Affin.IV(2)/12249/2010, dated 07.02.2011.  |
| 3.      | Letter No.RDC/MDS/UNI/INS/2015-16 dated 20.10.2014 received from the Principal, Rajas Dental College & Hospital, Tirunelveli.  |
| 4.      | Recommendations of the Affiliation Sub- Committee Meeting held on 20.03.2015.  |
| 5.      | Resolution No.31 Passed at the 235 <sup>th</sup> Meeting of the G.C. held on 16.04.2015  |

\*\*\*\*\*

I am to state that as per the Circular letter 2<sup>nd</sup> cited, your institution conducting M.D.S. Degree Course has been classified under the group in which inspection will be conducted once in three years. According to which the next inspection will be held for the year 2017-2018 only.

Further, I am to inform you that, the Affiliation Sub-Committee held on 20.03.2015 has recommended that, "All the Institutions shall produce a Certificate of Undertaking for each Academic year which the University has not conducted the inspection for the respective academic year stating that they have possessed adequate infrastructure facilities teaching faculty, etc., as prescribed in the Statutes of this





University for the conduct of respective courses". The above recommendation was approved by the Governing Council in its meeting held on 16.04.2015.

Accordingly the specimen copy of undertaking is enclosed for submission of the same by the Principal of the Institution after duly filling in the Rs. 20/- non Judicial Stamp Paper and get in not arised.

Therefore, I am to, request you to remit the Scrutiny fee of Rs.5,000/- Continuance of Provisional Affiliation fee of Rs. 4,50,000/- ( Rs.1,50,000/- x 3 Specialities) and University Administrative Expenses fee of Rs. 45,000/- (Rs. 7,500 x 6 seats) totalling of Rs 5,00,000/- to this University immediately, so as to enable to consider the issue of Continuance of Provisional Affiliation for the academic year 2015-2016 for MDS Degree Course in respect of the following branches:

|   |            |
|---|------------|
| 1. Prosthodontics and Crown & Bridge      | - 02 seats |
| 2. Oral and Maxillo Facial Surgery        | - 02 seats |
| 3. Conservative Dentistry and Endodontics | - 02 seats |
| Total                                     | 06 seats   |

The admission procedure as laid down in Government order should be followed for apportionment of seats between Govt. and Self Financing Institutions for the academic year 2015-16.

Any admission made over and above the sanctioned strength will not be permissible on any account.

The management shall follow a transparent and reasonable method of admission for the management quota as per orders in force.

All Post graduate Degree Courses admission will be closed on 31.05.2015 for academic year 2015- 2016.

Yours faithfully,

*A.Y. Chandrasekhar*  
for REGISTRAR 4/6/11

Encl:

1. Specimen copy of Undertaking Certificate.
2. Demand Note.



To be issued in the Rs.20/- Non-judicial stamp paper  
(Specimen copy)

**CERTIFICATE OF UNDERTAKING**

I, \_\_\_\_\_, the Principal, Rajas Dental College & Hospital, Tirunelveli District do hereby declare that our Institution have possessed adequate infrastructure facilities, teaching faculty, etc., as prescribed in the Statutes of the Tamil Nadu Dr. M.G.R. Medical University, Chennai for conducting MDS Degree Course for the academic year 2015-16.

Date :

PRINCIPAL

Place :

with seal & date





**THE TAMIL NADU Dr. M.G.R MEDICAL UNIVERSITY**  
**No.69, Anna Salai, Guindy, Chennai – 600 032.**

**DEMAND NOTE**

Department : Affiliation      Demand Note No.      92 /2015      Date: 28.05.2015

To

The Principal,  
Rajas Dental College & Hospital,  
Kavalakinaru Junction,  
Tirunelveli District – 627 105.

Sir,

Sub: AFFILIATION – MDS Degree Course - Issue of Continuance of  
Provisional Affiliation for the academic year 2015-2016 –  
Demand - called for – Regarding.

| Sl. No.      | Purpose  | Amount(Rs.)     |
|--------------|--|-----------------|
| 1.           | Scrutiny fee   | 5,000           |
| 2.           | Affiliation fee (Rs.1,50,000/- x 3 specialities)                 | 4,50,000        |
| 3.           | University Administrative Expenses fee<br>(Rs.7,500/- x 6 seats) | 45,000          |
| <b>Total</b> |  | <b>5,00,000</b> |

(Rupees Five lakhs only)

I am request you to remit the said amount towards Affiliation fees and UAE fees for the academic year 2015-2016 for MDS Degree course demanded through the online payment RTGS and submit the proof of remittances along with the details to this University

Yours faithfully,

*A. V. Chandrasekaran*  
for REGISTRAR      4/6/15

*6/4/6/15*





# THE TAMIL NADU Dr. M.G.R. MEDICAL UNIVERSITY

No.69, ANNA SALAI, GUINDY, CHENNAI - 600 032.

Website : www.tnmgrmu.ac.in  
E-mail : mail@tnmrgmu.ac.in

☎ : 22353574, 22353576 - 79, 22301760 - 63, 22353094  
Fax : 91-44-22353698

## PROCEEDINGS OF THE REGISTRAR PRESENT: Dr. JHANSI CHARLES, M.D.,

28.8.2013  
Proc.No.Affin.IV(2)/03920/2013

Dated:14.08.2013

|       |  |
|-------|--|
| Sub:  | AFFILIATION – The Tamil Nadu Dr. M.G.R. Medical University, Chennai – MDS Degree Course – Rajas Dental College & Hospital, Kavalkinaru Junction, Tirunelveli – Grant of Continuance of Provisional Affiliation for M.D.S. Degree Course- Academic year 2013-2014 – Orders - Reg. |
| Ref:1 | Resolution No.45, passed at the 197 <sup>th</sup> Governing Council held on 12.05.2010.  |
| 2.    | This University's Letter No. Affin.IV(2)/12249/2010 dt. 07.02.2011.  |
| 3.    | Proc. No. Affin.IV(2)/12780/2012, dated 03.10.2012   |
| 4.    | G.O. (Ms) No.13, Health & Family Welfare (MCA1) Department, dated 22.01.2013.  |
| 5.    | This University's Letter No. Affin.IV(2)/03920/2013 dt. 21.03.2013.  |
| 6.    | Letter No.RDC/MDS/9/P.A./2013-2014, dated 17.04.2013 from the Principal, Rajas Dental College and Hospital, Tirunelveli District.  |
| 7.    | This University's Letter No. Affin.IV(2)/03920/2013 dt. 10.07.2013.  |
| 8.    | Letter No.RDC/MDS/9/P.A./2013-2014, dated 18.07.2013 from the Principal, Rajas Dental College and Hospital, Tirunelveli District.  |

### ORDER:

The Tamil Nadu Dr. M.G.R. Medical University grants Continuance of Provisional Affiliation to Rajas Dental College and Hospital, Kavalkinaru Junction, Tirunelveli for MDS Degree Course for the academic year 2013-2014 as indicated below subject to the usual conditions already intimated in the Provisional Orders of this University.

| Name of the Institution   | Name of the Course | Governing Council Resolution  | Continuance of Provisional Affiliation granted for | Intake of students |
|---|--------------------|---|--|--------------------|
| Rajas Dental College & Hospital, Kavalkinaru Junction, Tirunelveli. | MDS Degree Course  | Resolution No.45, Passed at the 197 <sup>th</sup> Governing Council Meeting held on 12.05.2010. | a) Year 2013-2014                                  |                    |
|   |                    |   | (b) Specialities                                   |                    |
|   |                    |   | Br. I – Prosthodontics and Crown & Bridge          | 02 seats           |
|   |                    |   | Br.III -Oral and Maxillo Facial Surgery            | 02 seats           |
|   |                    |   | Br.IV – Conservative Dentistry and Endodontics     | 02 seats           |
|   |                    |   | Total  | 06 seats           |
|   |                    |   | Batch: To conduct entire MDS Degree Course         |                    |



# University<sup>2/</sup>Affiliation

2.The admission procedure of the Government as per the scheme of admission enunciated by the Supreme Court of India should be followed.

3.Any other condition which the University considers necessary to impose from time to time should be followed strictly.

4. The receipt of the proceedings be acknowledged.

**Dr.JHANSI CHARLES,  
REGISTRAR**

To  
The Principal,  
Rajas Dental College & Hospital,  
Kavalkinaru Junction,  
Tirunelveli District – 627 105.

Copy to:

1. The Secretary to the Government of India,  
Ministry of Health and Family Welfare,  
Department of Health,  
Nirman Bhavan, New Delhi – 110 011.
2. The Secretary,  
Dental Council of India,  
Kolta Road, Temple Lane,  
New Delhi – 110 002.
- 3.The Secretary,  
Health and Family Welfare Department,  
Fort.St.George, Chennai – 600 009.
- 4.The Director of Medical Education,  
162, Periyar EVR High Road,  
Kilpauk, Chennai – 600 010.
- 5.The Secretary,  
Selection Committee,  
161, Periyar EVR High Road,  
Kilpauk, Chennai – 600 010.
6. Course incharge – Examination(MDS)
7. The Assistant Registrar (Examination)
8. The Examination Section (MDS)
9. Stock File
10. Spare.

/TRUE COPY/FORWARDED/BY ORDER/

*J. Jeeyanlethini*  
27.8.13  
DEPUTY REGISTRAR  
AFFILIATION 2/7

N.kh  
27/8/13





# THE TAMIL NADU Dr. M.G.R. MEDICAL UNIVERSITY

No.69, ANNA SALAI, GUINDY, CHENNAI - 600 032.

Website : [www.tnmgrmu.ac.in](http://www.tnmgrmu.ac.in)

E-mail : [mail@tnmgrmu.ac.in](mailto:mail@tnmgrmu.ac.in)

☎ : 22353574, 22353576 - 79, 22301760 - 63, 22353094

Fax : 91-44-22353698

## PROCEEDINGS OF THE REGISTRAR (FAC)

THE TAMIL NADU Dr. M.G.R. MEDICAL UNIVERSITY, CHENNAI - 600 032.

PRESENT: Dr. SARAMMA MINI JACOB, M.D.,

Proc.No.Affln.IV(2)/30307/2012

Dated:29.08.2012.

|       |  |
|-------|--|
| Sub:  | AFFILIATION - The Tamil Nadu Dr. M.G.R. Medical University, Chennai - BDS Degree Course - Rajas Dental College & Hospital, Kavalkinaru Junction, Tirunelveli - Grant of Continuance of Provisional Affiliation - Academic year 2012-2013 -Regarding. |
| Ref:1 | Resolution No.45, passed at the 197 <sup>th</sup> Governing Council held on 12.05.2010.  |
| 2     | G.O.(D).No.353, Health and Family Welfare(MCA1) Department, dated 02.05.2012.  |
| 3     | This University's Letter No. Affln.IV(2)/12249/2010 dated 07.02.2011.  |
| 4     | Proc. No. Affln.IV(2)/05269/2011, dated 08.08.2011.  |
| 5     | This University's Letter No. Affln.IV(2)/30307/2012 dated 17.07.2012.  |
| 6     | Your letter No.RDC/BDS/36/Affln./2012-2013, dated 10.08.2012.  |

### ORDER:

The Tamil Nadu Dr. M.G.R. Medical University grants Continuance of Provisional Affiliation to **Rajas Dental College and Hospital, Kavalkinaru Junction, Tirunelveli** for **BDS Degree Course** for the academic year **2012-2013** as indicated below subject to the usual conditions already intimated in the Provisional Affiliation Orders of this University.

| Name of the Institution   | Name of the Course | Governing Council Resolution   | Continuance of Provisional Affiliation granted for | Intake of students  |
|---|--------------------|--|--|---|
| Rajas Dental College & Hospital, Kavalkinaru Junction, Tirunelveli. | BDS Degree Course  | Resolution No.45, passed at the 197 <sup>th</sup> meeting of Governing Council held on 12.05.2010. | 2012-2013  | 100 (One Hundred) Batch: To conduct entire BDS Degree Course. |



2. The admission procedure of the Government as per the scheme of admission enunciated by the Supreme Court of India should be followed.
3. The admission procedure is laid down in G.O.(D).No.353, Health and Family Welfare(MCA1) Department, dated 02.05.2012 should be followed.
4. Any other condition which the University considers necessary to impose from time to time should be followed strictly.
5. The receipt of the proceedings be acknowledged.

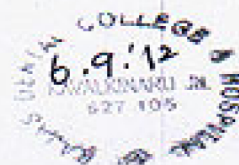
Dr. SARAMMA MINI JACOB  
REGISTRAR(FAC)

To  
The Principal,  
Rajas Dental College & Hospital,  
Kavalkinaru Junction,  
Tirunelveli District – 627 105.

Copy to:

1. The Secretary to the Government of India,  
Ministry of Health and Family Welfare,  
Department of Health,  
Nirman Bhavan, New Delhi – 110 011.
2. The Secretary,  
Dental Council of India,  
Kolta Road, Temple Lane,  
New Delhi – 110 002.
3. The Secretary,  
Health and Family Welfare Department,  
Fort.St.George, Chennai – 600 009.
4. The Director of Medical Education,  
162, Periyar EVR High Road,  
Kilpauk, Chennai – 600 010.
5. The Secretary,  
Selection Committee,  
161, Periyar EVR High Road,  
Kilpauk, Chennai – 600 010.
6. The Deputy Controller of Examinations
7. The Assistant Registrar (Examination)
8. Examination Section(BDS)
9. Stock File
- 10.Spare.

/TRUE COPY/



/ 2011

B. Jayalakshmi  
2.9.12  
DEPUTY REGISTRAR  
AFFILIATION  
N.kh  
30.8.12