Student Hand Book
2013 - 2014
<table>
<thead>
<tr>
<th>Student Details</th>
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</thead>
<tbody>
<tr>
<td><strong>Name of the Student</strong>: .................................................................</td>
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<tr>
<td><strong>Year of Study</strong>: ............................................................................</td>
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<tr>
<td><strong>College I.D. No.</strong>: ...........................................................................</td>
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<td><strong>University Reg. No.</strong>: .....................................................................</td>
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<tr>
<td><strong>Present Place of Stay</strong>: ...................................................................</td>
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<td><strong>Email ID</strong>: ......................................................................................</td>
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<td><strong>Allergies</strong>: .....................................................................................</td>
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<td><strong>Blood Group</strong>: ................................................................................</td>
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<tr>
<td>Name</td>
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<tr>
<td>Occupation</td>
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<tr>
<td>Present Address</td>
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<tr>
<td>Permanent Address</td>
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<tr>
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<tr>
<td>Mail ID</td>
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<tr>
<td>Guardian Name</td>
</tr>
<tr>
<td>Address</td>
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<tr>
<td>Contact No.</td>
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VISION
A global centre for excellence in learning, teaching, research, health care and service to the community.

MISSION

• Create a nurturing and supportive environment to ensure students a fulfilling, demanding and intellectually stimulating experience.

• Enable students to imbibe values, cultivate a desire for lifelong learning and maximize their potential.

• Prepare students for employment in the global arena.

• To establish a team of well-qualified faculty that will enable the institution to grow holistically.

• Provide the best in state of the art infrastructure.

• Offer quality health services to all strata of society.

• To facilitate independent innovative research and share knowledge and understanding with the society.

To contribute to the social, economical and national development.
The Bachelor of Dental Surgery (BDS) course in Chettinad Dental College and Research Institute is in accordance with The Tamil Nadu Dr. M.G.R. Medical University and the Dental Council of India.

The Institute with the blessing's of almighty promises is a well trained dental surgeon to the society. The geographical location of this institute (ie) at the entrance of a metropolitan city and at the midst of villages brings a good mix of patients from all strata of society, to accommodate under - graduate and post - graduate teaching. This abundant clinical material, with available new generation faculties and technological advancements gives a paradigm shift in dental treatments in par with best institutions abroad. Dentistry is the fine balance between science and esthetics. The faculty works in tandem with the students to inculcate esthetic - artistic sense, identify their capabilities, to encourage them through their strengths. This futuristic training helps them to identify the post - graduate subjects of their choice and also equips them to present day corporate dental practices.

Research in dentistry is Cultivated at the Under - Graduate level at the Chettinad Dental Hospital and Research Institute. The Presence of the Dental College along with the medical college within the campus adds a new dimension to dental training. A sound knowledge and application of basic medical sciences, during medical emergencies in dental practice and treatment of medically compromised patients forms the foundation of this BDS course. Thus the graduate of this institute matches global standards.

Wish these few words I welcome you to join us to STRIVE, SAVE and SERVE this society, which is the motto of Chettinad.

Dr. P. Rajesh, MDS, DNB, MNAMS.,
Principal
Prof of Oral & Maxillofacial Surgery
Chettinad Dental College & Research Institute
ACCESSIBILITY & INFRASTRUCTURE

Address: Chettinad Health City
Rajiv Gandhi Salai, Kelambakkam, Kanchipuram Dist - 603 103.
Tel: 044-47413321, Fax: 044 - 47413300
Email: dean@chettinadhealthcity.com
Website: www.chettinadhealthcity.com

Chettinad Health City is situated in the IT Corridor, just 20 kms from Tidel Park and 5 km from the ultra-modern East Coast Road. The multi speciality 1000 bed hospital with plinth area of over 17 lakhs sq.ft. is spread over 100 acres of scenic campus Kelambakkam, a village in Kanchipuram District in Tamilnadu.

CDCRI DEPARTMENTS
- Oral Medicine, Diagnosis & Radiology
- Oral and maxillofacial surgery
- Prosthodontics
- Conservative dentistry
- Oral & maxillofacial pathology
- Orthodontics
- Periodontics
- Pedodontics
- Community dentistry
- Implantology

SPECIALITY DEPARTMENTS
- Dermatology and STD
- General medicine
- General surgery
- Obstetrics & gynecology
- Ophthalmology
- Orthopaedics
- Oto-rhino-laryngology
- Paediatric surgery
- Paediatrics

- Physical medicine & rehabilitation (Including Physiotherapy and Occupational therapy)
- Psychiatry
- Radiology & imaging services
- Thoracic medicine

SUPER SPECIALITY DEPARTMENTS
- Gastroenterology
- Psychiatry
- Geriatrics
- ENT
- Dermatology
- Paediatrics
- General Medicine
- Endocrinology
- General Surgery
- Orthopaedic Surgery
- Obstetrics & Gynaecology
- Nephrology
- Urology
- Neurosurgery
- Neurology
- Cardiology
- Cardio Thoracic Surgery (Paediatric)
- Cardiovascular Disease & Robotic
Surgery
  - Cardio Vascular Surgery
  - Vascular Surgery
  - In Vitro Fertilization (IVF)
  - Pain Clinic
  - Surgical gastroenterology
  - Urology
  - Vascular surgery

CRITICAL CARE SERVICES
  - Medical intensive care
  - Surgical intensive care
  - Paediatric intensive care
  - Neonatal intensive care
  - Intensive cardiac care

24 HRS CENTRAL CLINICAL LABORATORY
  - Biochemistry
  - Pathology
  - Microbiology
  - Transfusion services (Blood Bank)

RADIOLOGY SERVICES
  - Digital Radiology
  - CT
  - MRI
  - Mammography
  - Color Doppler
  - Fluoroscopy

OTHER SERVICES
  - Ultrasonography
  - Endoscopy

365 DAYS 24 X 7 SERVICES
  - Pharmacy
  - Emergency & Trauma Care
  - Ambulance
FACILITIES
Transport: Comfortable and convenient air-conditioned bus transport is provided to the students residing in & around the city of Chennai, for easy mobility to the institute and back. Pollution free battery driven Mainis are operated for transport within the campus facilities. In addition bicycles are available for use within the green zone areas of the campus for the students.

Travel Desk: Students can make use of the Travel Desk to book their tickets.

Bank: ATM facilities of leading banks like ICICI, HDFC are available with the campus.

Students Store: To meet all the basic needs and stationary requirements of the students, Student Store is available within the campus.

Gymnasium, beauty parlour are available within the campus.

Indoor Stadium: Apart from the facilities for out-door game the campus provides the student a state of the art indoor stadium for all indoor games.
WORKING HOURS
Working hours: 8.30 am - 5.00 pm, College working hours: 8.30 am - 4.00 pm.

RULES & REGULATIONS AT CHETTINAD CDCRI

- Students should wear neatly ironed uniforms.
- All the students must wear their overcoats and ID cards during working hours.
- Male students must come with clean shaven face and their shirts tucked in.
- Slippers, sports shoes and sandals are not permitted; formal shoes are compulsory.
- Female students should tie up their hair.
- No students shall take part in any undesirable activity like ragging or involve himself / herself in any political or other movements in any manner during the course of study in the University.
- Any damage caused to apparatus, furniture or any other articles due to their negligence, carelessness or wantonness, will be viewed seriously and damage costs will be levied upon the student.

USAGE OF CELLPHONES

- Students are not allowed to have their cell phones inside the college premises; they are permitted to have them in the hostel, day scholars can keep their cell phones in their lockers. Camera cell phones are not permitted even in the hostel.
- Any student who is found (in possession of) using cell phones in the classroom shall be sent out of the classroom. In addition to this, a fine Rs.1000/- will be levied each time.

Please note:

- CDCRI strictly adheres to regulations of the course put forth by the DCI & its affiliated University.
- Any candidate who fails to pass the annual examination of the University as prescribed shall have the course extended according to the regulations of the course of study and such candidates shall have to pay tuition fees and other fees for the extended duration of the course also.
- Fees once paid to the college will not be refunded, under any circumstance.
- The pre-requisites to quality for appearing in the University Examinations are as follows
  - Any student admitted to course has to complete the first year B.D.S. without any arrear within 3 years from the date of admission.
  - The course of B.D.S. has to be completed within 8 years from the date of admission.
Apart from keeping steady progress and required attendance, every student shall always maintain decency, decorum and good conduct. The conduct / academic performance / attendance of each student shall be reviewed periodically and appropriate action including detaining from appearing for the University Exam / expelling from the hostel or college, as the case may be, shall be taken against the erring student.

**RAGGING - AN OFFENCE**

The students of the CDCRI are hereby informed that "Ragging" in any form is strictly prohibited. It is needless to which the new entrants would be subjected to, in the name of "Ragging" which is inhuman & intolerable. The management wants to enforce strict discipline among the students of CDCRI and wishes that the institution should be a model institution free from ragging. The students are therefore strictly warned to refrain from any ragging activities. Those who involve in ragging, in any form shall be expelled immediately from the college and hostel and they are liable for punishment under the TAMIL NADU PROHIBITION OF RAGGING ACT. Attention of the students and parents is invited to Section 4 and 5 of the Tamil Nadu Prohibition of Ragging Act reproduced below:

**Section 4:** Whoever commits, participates in, abets or propagates "ragging" within or outside any institution, shall be punished with imprisonment for a term which may extend to two years and shall also be liable to a fine which may extend to Rs. 10,000/- (Rupees Ten Thousand only)

**Section 5:** Any student convicted of an offence under section 4 shall also be dismissed from the educational institution and such student shall not be admitted in any other educational institution (Supreme Court order).
If you are a victim of ragging, immediately approach:

| Name of the Principal / Dean with their Direct contact nos. | Dr. P. Rajesh  
Phone No.: 044 - 4741 3350  
Mobile : 09094709000 |
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Anti Ragging Committee</td>
<td>Date of formation</td>
</tr>
<tr>
<td>No. of Members</td>
<td>14 Members</td>
</tr>
<tr>
<td>1. Dr. P. Rajesh (984106162)</td>
<td></td>
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<tr>
<td>2. Dr. Sathish (98402 76136)</td>
<td></td>
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<tr>
<td>3. Dr. Venkateshwaran (9381028217)</td>
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<tr>
<td>4. Dr. Alagappan (9944546781)</td>
<td></td>
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<tr>
<td>5. Dr. Eazhil (9841332224)</td>
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<tr>
<td>6. Dr. Saritha (7401004709)</td>
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<tr>
<td>7. Dr. Sriram (9597889524)</td>
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<tr>
<td>8. Dr. Deepak (9884559977)</td>
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<td>9. Dr. Peter John (9884559977)</td>
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<td>10. Dr. Aesha (7299993720)</td>
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<tr>
<td>11. Dr. Seethalakshmi (9444926367)</td>
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<tr>
<td>12. Dr. Shyama hijam (9791468193)</td>
<td></td>
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<tr>
<td>13. Dr. Sathish (9390147814)</td>
<td></td>
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<tr>
<td>14. Dr. Christeffi Mabel (890347774999)</td>
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<tr>
<td>No. of raids</td>
<td>Twice a Day</td>
</tr>
<tr>
<td>Frequency of raids</td>
<td>4-5 times per day</td>
</tr>
<tr>
<td>Surprise raids</td>
<td>At any time</td>
</tr>
<tr>
<td>Other measures taken by the squad</td>
<td>Students divided in to batches of 10 and monitored by the squads and committee.</td>
</tr>
</tbody>
</table>

As per the directives of the Honorable Supreme Court of India that was consequence to the report submitted by the P.K. Raghavan Committee "Ragging" in any form is strictly prohibited in the college campus including the hostels. Any student found indulging in such activities if proved guilty will be suspended from the college immediately. Hence every student who join this Institute is required to submit an undertaking in the prescribed format which is mandatory, to abstain from ragging in any form. Violation of this will attract expulsion of the guilty from the college, lodging a FIR with police and handing over to law enforcing authorities.
Academic Rules and Regulation

As per the DCI regulation each academic year has to include 240 teaching days of which a minimum of 75% attendance is mandatory for the regular and additional batch students to appear in the university examination.

As per the T.N. Dr. M.G.R. Medical University a minimum of 85% attendance out of 120 teaching days is mandatory for the supplementary batch students to appear in the university examination.

The commencement of the academic year is on 1st August every year as per DCI regulation.

Maximum number of teaching days available in the academic year of 2013 to 2014 as per CDCRI calendar is as follows.

<table>
<thead>
<tr>
<th>MONTH</th>
<th>WORKING DAYS</th>
<th>Notes</th>
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</thead>
<tbody>
<tr>
<td>SEPTEMBER</td>
<td>25 days</td>
<td>Teaching Days</td>
</tr>
<tr>
<td>OCTOBER</td>
<td>26 days</td>
<td>Teaching Days</td>
</tr>
<tr>
<td>NOVEMBER</td>
<td>23 days</td>
<td>Teaching Days</td>
</tr>
<tr>
<td>DECEMBER</td>
<td>20 days</td>
<td>Teaching Days</td>
</tr>
<tr>
<td>JANUARY</td>
<td>24 days</td>
<td>Teaching Days</td>
</tr>
<tr>
<td>FEBRUARY</td>
<td>24 days</td>
<td>University Examination for additional batch</td>
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<td></td>
<td></td>
<td>otherwise teaching days for regular batch</td>
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<tr>
<td>MARCH</td>
<td>26 days</td>
<td>Teaching Days</td>
</tr>
<tr>
<td>APRIL</td>
<td>26 days</td>
<td>Teaching Days</td>
</tr>
<tr>
<td>MAY</td>
<td>20 days</td>
<td>Teaching Days</td>
</tr>
<tr>
<td>JUNE</td>
<td>26 days</td>
<td>Teaching Days</td>
</tr>
<tr>
<td>JULY</td>
<td>27 days</td>
<td>Teaching Days</td>
</tr>
<tr>
<td>AUGUST</td>
<td>25 days</td>
<td>University Examination for regular batch</td>
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<td></td>
<td></td>
<td>otherwise teaching days for additional batch</td>
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**TOTAL** | **292 days** |

Note:
The minimum teaching days of 240 days as indicated by the DCI regulation does not include vacation and one month of university examination in each year of study (Reference: Dental Council of India Notification, 25th July 2007 page no. 110)
HOSTEL RULES & REGULATIONS

GENERAL

The Hostel provides boarding & lodging facilities for bonafide students only. The hostel shall be under the control of Dean and in the immediate charge of the Chief Warden, and Residential Wardens. The Dean is vested with the powers to enforce rules and regulations and his/ her decision shall be final in the implementation of the rules and in all matters connected with the hostel. Separate hostels are available for men and women students.

ADMISSION

The Hostel administration reserves the right to admit students to the hostels. Every student before admission into hostel must give an undertaking in writing that he / she will abide by the rules and regulations of the hostel and that he / she will submit to any disciplinary action imposed on him / her by the authorities. The parents will also given an undertaking at the time of admission regarding the behaviour of their son / daughter on the campus.

MEMBERSHIP

Membership in the hostel shall be deemed to be terminated at the end of each academic year and the students who wish to continue in the hostel must get re admitted every year.
LODGING

1. Allotment of rooms will be made by the Chief Warden.
2. No member will sub-let the room to anyone else. No member will allow any guest to stay in the room.
3. Hostel furniture should not be removed from one room to another.
4. Members are responsible for care of the furniture and fittings in the respective rooms.
5. The cost of repair or replacements of fittings and furniture will be collected from them, in case of damages or loss. If the responsibility cannot be fixed to any one person then the cost will be recovered from all the members collectively. An equal amount of fine will be levied.
6. Members are not permitted to use any extra electrical gadgets in their rooms without prior permission from the Wardens.
7. The members are advised not be keep money or valuables in their rooms. The hostel administration is not responsible for the safety of the valuables in the rooms.

Relief from the hostel

After admission, no student shall vacate the hostel without prior permission from the Chief Warden. A letter of request to vacate the hostel from the parent should be submitted to the Dean through proper channel. Only after the request is approved by the Dean the student shall vacate the hostel. He /she should clear the dues and fulfill other formalities as prescribed. If any student applies for vacating the hostel within six months of admission without any valid reason, he/she will forego the entire caution deposit.

GUESTS

- No one shall entertain any guest in the room.
- A member having unauthorized guest is liable for expulsion and fine.
- All visitors shall be entertained only in the visitor's room during the visiting hours i.e. between 4.30 pm to 6.30 pm. No visitors are allowed inside the hostel.
- Members should go to the visitor's rooms to see their visitors. No lady visitor should be taken to men's hostel rooms.

DISCIPLINARY RULES

Dear Students,

The guidelines stipulated here have been formulated for your comfort and safety. We expect your cooperation in implementing them successfully so that your times at CDCRI remains a memorable and pleasant experience for you and us. Enjoy your stay.
1. Ragging in any form causing physical or emotional hardship to anyone is strictly prohibited. Any student found indulging in ragging will be expelled from the hostel.

2. No student should possess or consume narcotic drugs or liquor or tobacco in any form in the hostel or in the campus. If anyone is found violating this rule, he / she will be expelled.

3. Gambling in the hostel premises is strictly prohibited.

4. No member is permitted to collect money from other members on any account for any purpose.

5. No one should convene / arrange / participate in any unauthorized meetings in the hostel or campus.

6. Exhibition or distribution of posters, pamphlets and notices in the hostel, is strictly prohibited.

7. Vandalism and damage to hostel property in any manner is prohibited and strict disciplinary action will be taken on those found guilty.

8. Any student found without the identity card will not be allowed to stay in the hostel.

9. If any member falls ill the Warden should be informed immediately and the member will be admitted in the hospital. No sick student is allowed to stay in the hostel for more than 24 hours.

10. No student shall get into an altercation with any servant for any reason. In case of any complaint, the matter should be brought to the notice of the Warden for necessary action.

11. Those who go on leave / vacation should inform in advance in prescribed format to the Warden with the time and date of departure and the destination. They should hand over the room key to the Warden.

12. The inmates who would like to stay with their local Guardians should submit a letter of request duly signed by their parents and obtain permission from the hostel warden and Dean, duly furnishing the Name, Address, Telephone Numbers of the Guardian, no of days they intend to stay out (not more than 2 days).

13. Forging of parents' signature, untruthfulness about their whereabouts, receiving unauthorized visitors will be considered as serious offence and the student is liable for suspension / expulsion. The Management will not be held responsible for any mishaps that occur under these circumstances.
TIMINGS TO NOTE

1. All inmates should be inside their respective Hostels before 6.00 pm. Prior permission is to be sought from the warden to enter the hostel after this time.

2. Those who wants to avail Library facility will be permitted till 7 pm & Librarian must vouch for the same.

3. Students are permitted to watch the television up to 9.00 pm only.

4. Please take note that all lights and fans are switched off when the inmates leave the room. The lights are to be switched off by 12.00 midnight. Corridor lights will be put off by 9.00 pm.

5. Inmates will be allowed to go out with prior permission on Sundays and other holidays between 7.00 a.m. to 6.00 pm with parents or approved / authorised attendant.

ROOM MAINTENANCE

1. Newspapers should not be taken by any person to the rooms and no portion of the paper is allowed to be cut.

2. Wastes must be thrown into the bins provided for the purpose.

3. Inmates are not allowed to have any pets inside the hostel.

4. All the linen, furniture and utensils, issued in an individual's name will be accounted for and kept in good condition by the individual. For any damage caused to them, repair or replacement charges are to be borne by the individual.

5. Any repair or maintenance requirement, should be informed to the hostel warden only.

6. The hostel authorities will inspect the rooms at any time and the members shall cooperate with them.
1. The boarding section of the hostel is under the immediate charge of the warden.

2. All members of the hostel shall board in the hostel mess only.

3. Hours of services in the mess will be
   - Breakfast : 07.00 am to 08.20 am
   - Lunch : 12.15 pm to 02.00 pm
   - Tea : 04.15 pm to 05.30 pm
   - Dinner : 07.00 pm to 09.00 pm

4. Utensils from the mess should not be taken to the room. Meals will not be served in the rooms and the students should not take the meals outside the dining hall.

5. Absence from boarding is not permitted. In special circumstances, if a member is absent for a minimum of five consecutive days with prior permission in writing from the Warden, the remission will be allowed at the discretion of the Warden. No remission is allowed, if prior approval of the Warden is not obtained for the absence.

6. For items like extra quantity of milk, egg, non-vegetarian items etc., taken by the individual members, the cost of extra will be fixed by the mess Warden and will be collected from the member.

7. Guests, as a rule, are not allowed to dine in the hostel.

8. Special diet can be supplied to those who fall sick.

9. For the sake of smooth running of the mess, members are not expected to enter the kitchen and discuss problems with the kitchen staff. Complaints of unsatisfactory service on the part of the kitchen staff should be immediately brought to the notice of the Warden, administration or the mess secretary / mess manager.

10. No member will employ any servant either in the room or the mess / kitchen on any account.

11. If any member is found guilty of damaging mess vessels / furniture or any other item in the mess, double the cost will be recovered from them and they are liable for expulsion from the hostel.
LIBRARY RULES FOR STUDENTS

LIBRARY WORKING HOURS:
Monday through Saturdays : 08.30 am to 07.00 pm
Sundays & Declared Holidays : 08.30 am to 1.30 pm

1. Students of CDCRI are permitted to use the Central Library.
2. Students are to produce their Identity Card at the entrance and record their biometric attendance.
3. Students should be dressed in formal wear while using the library.
4. Library users are to maintain silence and appropriate behaviour to ensure a conducive learning environment.
5. Smoking, refreshments and cell phones are strictly prohibited inside the library.
6. Personal books, photocopied and printed loose papers are not to be brought inside the library.
7. Bags and personal belongings should be kept in the cubicles at the entrance.
8. Do not rearrange the furniture.
9. Students are requested to take the initiative of notifying the librarian regarding defects found in book and bound volumes.
10. Damaging the books, defacing the pages of library book in ink or pencil is prohibited. If found, fine will be levied on the perpetrator.
11. Virtual Library should be used from LMS and educational purpose only. One use is permitted to access Virtual Library for one hours at a time.
12. Online journals can be accessed in the virtual library. However, no student can access the journals directly. The password will remain strictly with the Chief Librarian. No staff member is permitted to download / transmit the whole document.
**Transaction hours**

Book issue transaction on cards will be made between 9 AM and 4 PM on all working days of the library. No transaction will be made on Sundays and other declared holidays. Reference books will not be issued. Reservation of Library material can be made online through the OPAC system.

**Damages to Books**

Including scribble, note, spot, tea stain on books, Fine : Charges will be made at the time of return of the books. Serious damage affecting reading and cannot be repaired - the same book should be compensated or to pay as per library rules. Besides the above compensation they should pay the processing fees of Rs. 50/- per book.

**Loss of Books**

Loss of borrowed books should be reported to the Librarian immediately, loss of books, if any, the person has to replace the same including fine.
Terms and Conditions of Use of Institution's Learning Management System

Users of Learning Management System (LMS) are required to be:

1. A Chettinad Dental College registered staff member.
2. A Chettinad Dental College enrolled student, registered within the student Bio-Metric System;
3. Able to undertake login and authentication via our current Wi-Fi system.

By logging into the LMS, you agree to comply with these Terms and conditions of the CLM.

Conditions of Use

1. By registering on the LMS each user accepts and agrees to abide by the conditions set out below. CDCRI reserves the right to exclude anyone from the LMS who fails to comply. Use of the LMS is subject to the CDCRI rules relating to the use of computers.
2. The LMS is provided for education, research and administration. Users are personally responsible for their contributions to the system and shall indemnify the institution against any liability incurred by the institution (including liability in defamation and for breach of copyright), which arises out of any such contribution.

Disclaimers

1. CDCRI makes no warranty that information contained on the LMS is complete, accurate or up-to-date. CDCRI takes no responsibility for the results of reliance on any such information.
2. CDCRI reserves the right to vary, change, alter, amend, add to or remove any material on the LMS.
3. CDCRI makes no warranty that use of the LMS will be uninterrupted, virus-free or error free; or that use will not affect other software or operating systems used to access the LMS.
4. CDCRI makes no warranty that use of the LMS will not infringe the rights of any other person or organisation; or that it is of reasonable quality or fit for any particular purpose, even if the University received notice of an intention to use the LMS for that purpose.
5. CDCRI accepts no liability for any loss or damage suffered by other parties as a direct or indirect result of using the LMS, including loss of profit, loss of opportunity, loss of business and consequential loss to the extent permitted in law.
6. You may contribute to any communication fatalities (e.g. discussion boards or chat sessions) that you have access to on the LMS, provided you follow the Code of
Conduct for the Institution's Learning Management System; your use in only authorised on that basis. Persons submitting material other than members of staff of the Institution to this ELP are solely responsible for the material and any relating to its content, whether made against the Institution or otherwise. The opinions of such persons are those of the individuals making them and not of the Institution. The University accepts no responsibility for such opinions of any claims resulting from them.

Comments and Enquiries

CDCRI aims to make the LMS accessible to as many people as possible, including people with special needs. If you have any comments or suggestions as to how we may improve the LMS to make it more accessible to you, please contact us at the Learning Management System Department.
<table>
<thead>
<tr>
<th>S.No.</th>
<th>Name of the Committee</th>
<th>Committee Coordinator</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Internal Quality Assurance Cell</td>
<td>Mr. Lakshmanan (External Member)</td>
</tr>
<tr>
<td>2.</td>
<td>Student grievance, redressal &amp; Anti Ragging Committee</td>
<td>Dr. Joe Louis</td>
</tr>
<tr>
<td>3.</td>
<td>Grievance redressal for teaching &amp; non - teaching</td>
<td>Dr. P. Rajesh</td>
</tr>
<tr>
<td>4.</td>
<td>Student counseling / Career guidance centre</td>
<td>Dr. Satish Muthu Kumar</td>
</tr>
<tr>
<td>5.</td>
<td>Compliant cell for Sexual for women harassment</td>
<td>Dr. Karpagavalli</td>
</tr>
<tr>
<td>6.</td>
<td>Library &amp; Journal committee</td>
<td>Dr. Anitha</td>
</tr>
<tr>
<td>7.</td>
<td>Out reach committee</td>
<td>Dr. Prabu</td>
</tr>
<tr>
<td>8.</td>
<td>Sports / Cultural / Alumni</td>
<td>Dr. Sridharan</td>
</tr>
<tr>
<td>9.</td>
<td>Bio safety committee</td>
<td>Dr. Annamalai</td>
</tr>
<tr>
<td>10.</td>
<td>Parent, Teachers Association</td>
<td>Dr. Sivakumar</td>
</tr>
</tbody>
</table>
## GLOSSARY

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDCRI</td>
<td>Chettinad Dental College &amp; Research Institute</td>
</tr>
<tr>
<td>DCI</td>
<td>Dental Council of India, New Delhi</td>
</tr>
<tr>
<td>University</td>
<td>The Tamilnadu Dr. M.G.R. Medical University, Guindy, Chennai</td>
</tr>
<tr>
<td>Academic Year</td>
<td>The period of time during which a college holds classes and Examinations.</td>
</tr>
<tr>
<td>Teaching day</td>
<td>Days of lecture classes, Practical (or) laboratory (or) Clinical hours.</td>
</tr>
<tr>
<td>Working day</td>
<td>Period of functioning of the Institution.</td>
</tr>
<tr>
<td>Declared holidays</td>
<td>Holidays of CDCRI (Green color coded days)</td>
</tr>
<tr>
<td>Restricted holidays</td>
<td>Optional holidays otherwise working day (Gray or Ash color coded days)</td>
</tr>
<tr>
<td>Regular Batch</td>
<td>Main Batch, students of August session of university examination.</td>
</tr>
<tr>
<td>Additional Batch</td>
<td>Students of February University examination</td>
</tr>
<tr>
<td>Supplementary Batch</td>
<td>Students with an arrear or a carry subject, to appear university examination along with the main batch or additional batch.</td>
</tr>
</tbody>
</table>
UNDERTAKING AFFIDAVIT

1. I __________________ state that I joined BDS course in Chettinad Dental College & Research Institute during the academic year ______ and at present I am undergoing BDS degree course in the above Institution. My Register Number is _______.

2. I state the I am very well aware that as per the Regulations of the Tamil Nadu Dr. M.G.R. Medical University / Dental Council of India that any student who does not clear the I BDS University Examination in all subjects within 3 years from the date of admission shall be discharged from the course.

3. I declare that failure to comply the above regulations of The Tamil Nadu Dr. M.G.R. Medical University / Dental Council of India will lead to discharge from the I BDS course permanently.

4. I declare that I have exhausted ___ years and still not cleared all the subjects in the I BDS degree course as on date and I am having remaining ___ years.

5. I declare that I am fully aware and undertake that in the event of not clearing all the subjects in the I year BDS course university examination of The Tamil Nadu Dr. M.G.R. Medical University within 3 years from the date of examination I shall be discharged from the course.

6. I declare that I am ready to abide by the decision of Chettinad Dental College & Research Institute.

7. I declare that all the above started informations are true and correct to the best of my knowledge and belief.

Deponent __________  Signature of Parent __________
Date : __________        Date : __________
AFFIDAVIT
DECLARATION FORM REGARDING THE LOSS OF
IDENTITY CARD

I ____________________, Son/Daughter of Thiru ____________, aged about ______ years residing at _______________________, hereby affirm and declare that I have irrecoverably lost my student Identity Card issued to me by the Chettinad Dental College and Research Institute, Rajiv Gandhi Salai, Kelambakkam, Kanchipuram District, in the year of ____________.

In the event of the above mentioned Identity Card being found subsequently, I hereby agree to submit the Identity Card to the Institution.

In the event of the above mentioned Identity Card being found subsequently, I hereby agree to submit the Identity Card to the Institution.

Date :

Place :

Signature
Signed before me
(NOTARY)
I _______________________, S/D/o Mr. ______________________, having been admitted to BDS Course, have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the “Regulations”) carefully read and fully understood the provisions contained in the said Regulations.

2) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.

3) I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or a betting ragging, actively or passively, or being part of a conspiracy to promote ragging.

4) I hereby solemnly aver and undertake that
   a. My ward will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the Regulations.
   b. My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.

5) I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1 of the Regulation, without prejudice to any other criminal action that may be taken against my ward under any penal law or any for the time being in force.

6) I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a
conspiracy to promote, ragging; and further affirm that, in case the declaration is found to
be untrue, the admission of my ward is liable to be cancelled.

Declared this _____ day of _______ months of _________ year.

Signature of deponent
Name
Address

Telephone / Mobile No.

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the
affidavit is false and nothing has been concealed or misstated therein.

Verified at ......................... on this the ........ of ..................................

Signature of deponent

Solemnly affirmed and signed in my presence on this the .......... of ............................

after reading the contents of this affidavit.

OATH COMMISSIONER
ANNEXURE II

AFFIDAVIT BY PARENTS / GUARDIAN

I, Mr. __________, Father of, ______, having been admitted to BDS Course, have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the “Regulations”) carefully read and fully understood the provisions contained in the said Regulations.

2) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.

3) I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against my ward in case he / she is found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.

4) I hereby solemnly aver and undertake that

   a. My ward will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the Regulations.

   b. My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.

5) I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force.
6) I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, the admission of my ward is liable to be cancelled.

Declared this ........ day of ..................... month of ........ year.

Signature of deponent
Name
Address

Telephone / Mobile No.

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at .......................... on this the ........ of ..............................

Signature of deponent

Solemnly affirmed and signed in my presence on this the ........ of .............................. after reading the contents of this affidavit.

OATH COMMISSIONER
20 Rs Stamp Paper

ANNEXURE I

JOINT DECLARATION BY THE CANDIDATE AND PARENT / GUARDIAN

I/We do hereby solemnly and sincerely affirm.

1. that the statements made and information furnished in the application submitted and also in all the enclosures thereto submitted by him/her are true. Should it however be found that any information furnished therein is untrue in material particulars, I/we realize that he/she is liable for criminal prosecution and forfeiture of his / her seat in the Institution allotted during the counseling.

2. that my son / daughter / ward would conform strictly to all the rules and regulations prescribed by the Tamil Nadu Dr. M.G.R. Medical University, Chennai in force now or which may be introduced in the Institution hereafter and that I/we realize that breach of discipline and rules on my son’s / daughter’s / ward’s part would entail forfeiture of his / her seat in the Institution.

3. that my son / daughter / ward shall not make any claim for admission to a particular college as a matter of right during allotment / Re - allotment.

4. that my son / daughter / ward agrees to pay any amount that may becomes due as and when the fee structure is revised as may be decided by Government of Tamil Nadu / Committee appointed by the Government for the purpose.

5. that my son / daughter / ward do hereby agree to conform to follow the rules and regulations including those relating to the hostel laid down or to be laid down by the Dean of the Institution for due maintenance of discipline at the said College and assure that he / she will not join any agitation / strike of any kind during course of study and further agree to
make good when called upon to do so any damage to furniture, apparatus or other articles which may be caused by any carelessness negligence and wantonly on his / her part.

6. that my son / daughter / ward who is a Native of Tamil Nadu and will not claim dual Nativity in future.

7. that my son / daughter / ward hereby declare that he / she belongs to ____________________________________________________________

Community (Sub caste ______________________________________________________

and is fully aware that producing a false Community certificate leads to expulsion from any course of study at any time besides initiation of criminal action against him / her as per law.

8. that we are fully aware, as per the directions of the Hon'ble Supreme Court of India and Tamil Nadu Prohibition of Ragging Act 1997, Ragging is an offence, and is banned in the Institution and anyone indulging in ragging is liable to be punished by expulsion from the Institution and / or rigorous imprisonment upto 3 years, and / or fine upto 25,000/-.

Place :

Date : _____________________________ Signature of Candidate

Signature of the Parent / Guardian
Name of the Student: [Name]

Date of Admission: [Date]

BDS Admission 2013-2014

1. Student Data Sheet
2. Allotment order issued by the Secretary, Selection Committee, Kilpauk, Chennai (for Government admissions only)
3. 12th Mark sheet (HSE / CBSE etc....)
4. Transfer Certificate after the completion of HSC
5. Community Certificate
6. Conduct Certificate
7. Hepatitis - B - vaccination certificate issued by the Medical Officer
8. The TN Dr. M.G.R Medical University application form for registration
9. Affidavit by Students & Parents - Ragging Act
10. Joint declaration by the Candidate & Parent / Guardian
11. Undertaking by Student / Parent in regard to requirement on attendance / internal assessment as per BDS regulations of the TN Dr. M.G.R. Medical University
12. 3 set of xerox copies of all certificates
13. Passport size photo 10 copies
14. First Graduate Certificate (if applicable)
15. Migration Certificate for other state students
16. Eligibility Certificate from TN Dr. M.G.R Medical University for CBSE and NRI students
17. On Submission of the above certificate, bonafide certificate is issued.

Students Signature: 

Parents Signature: 

Checked By: 

Dental College & Research Institute
IT Highway, Kelambakkam, Kanchipuram Dist, TN - 603 103.
Admission to BDS course 2012-2013.

Student Data sheet
(To be filled in Block Letters)

Name ...................................................................................
Age & Date of Birth ...................................................................................
Hosteller/Day Scholar ...................................................................................
Father’s Name ...................................................................................
Mother’s Name ...................................................................................
Sponsor (for NRI candidates) ...................................................................................
Occupation Father ...................................................................................
Mother ...................................................................................
Religion & Community ...................................................................................
Nationality ...................................................................................
Passport Details (NRI candidates only)
Number ...................................................................................
Place of issue ...................................................................................
Date of issue ...................................................................................
Date of Expiry ...................................................................................
Validity of VISA ...................................................................................
Address: Permanent Address (with pin code)
Door No..........................................................................................
Street: ...................................................................................
Area: ...................................................................................
City/District: ...................................................................................
Telephone (with STD Code) .................................................................

Mobile: ..............................................................................................

Email: ..............................................................................................

2. Communication Address (with Pin code)

Door No.................................................................

Street: Area .................................................................

City/District.................................................................

Local Guardian

Relation to parents ............................................................................

Address: (with Pin Code)

Door No.................................................................

Street: ...............................................................................

Area: ...............................................................................

City/District.................................................................

Telephone (with STD Code) .................................................................

Mobile: ..............................................................................................

Email: ..............................................................................................

Higher Secondary School Data

Name of the School ............................................................................

Address: ..............................................................................................

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

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

Year of passing ......................................................................................
ANNEXURE-II
MEDICAL CERTIFICATE FOR ADMINISTRATION OF
HEPATITIS - B VACCINATION

I, Dr. ____________________________________________

Registration No. ___________________________ certify that I have this ________________ day of ______ 2012 administered the Hepatitis - B Vaccine to the candidate whose particulars are given below:

1. Name of the Candidate :
2. Father’s Name :
3. Sex :
4. Identification marks : (I)
   (ii)
5. Dose I/II/III : Dose 1 (Date) :
   Dose 2 (Date) :
   Dose 3 (Date) :

Name of the applicant :
Signature of the Applicant :

PLACE :
DATE :

Signature of Medical Officer:
Name and Designation:
Officer Seal
Name of the Student: 

Date of admission: Hosteller /Dayscholar

DECLARATION

I Ms /Mr.______________________________________________________________

Son / Daughter of ____________________________________________________ residing

at ____________________________________________________________________

_______________________________________________________________________

_____ provisionally admitted to l year BDS course at Chettinad Dental College & Research

Institute do hereby solemnly affirm and agree to obey the following rules:

1. To attend the college dressed neat and tidy(Girls-To plat the hair and Boys-
clean shaven)

2. To wear the college uniform (colour coded), shoe and students white apron and
ID card with in the campus.

3. Not to use mobile phones within Hospital zone and College premises.

I declare that I shall abide by the rules and regulations prescribed by the Chettinad Dental
College & Research Institute for the BDS Course.

________________________________________

Signature of the Candidate:

________________________________________

Signature of the Parent /Guardian

Date:
I have been informed by the principal of the Dental College that my son / daughter Ms. / Mr. __________________________________________________________________________________________ must secure mandatory attendance in Theory, Practical, attend Internal Assessment Examinations and secure IA marks as per norms of The T. N. DR. MGR Medical University along with the submission of record books with payment of prescribed fees before 1st July 2013 so as to receive the hall ticket at the end of academic year to appear for The Tamil Nadu Dr. M.G.R. Medical University Examinations in August 2013/14.

Further I also understand that the hall ticket will not be generated if my ward falls short in the norms in any one of the subjects for the year. I also agree to come and find out the progress of my ward once in three months.

Name of the Parents: (In Block Letters)                             Signature of the Parents

Name of the student: (In Block Letters)                             Signature of the Students with date
Cost of application form : Rs. 50/
(For application downloaded from the Web site, candidates are instructed to pay Rs. 50/ in addition to the prescribed fees for registration, otherwise it will be rejected)

THE TAMILNADU DR. M.G.R. MEDICAL UNIVERSITY
No. 69, Annasalai, Guindy, Chennai - 600 032

APPLICATION FOR REGISTRATION FOR U.G. COURSES
DENTAL
B.D.S.
(Incomplete Applications will be rejected)

Year of Admission : 

1. Name of the Candidate in BLOCK LETTERS
   (As entered in the Higher Secondary certificate)
   (a) Expansion of Initials :
   (b) Name in Tamil :

2. Sex :

3. Date of Birth (Christian Era) :
   (Evidence should be enclosed)
   (The candidate should have completed 17 Years of age at the time of admission or should complete the age on or before 31st December of the year of admission)

4. (a) Name of Father /Guardian :
   (b) Name of Mother :
   (c) Native Place :
   (d) Permanent residential address :
   (e) Present Address :

Passport Size Photograph attested by the Dean/Principle
5. (a) Religion
   (b) Community
   (c) State whether SC/ST/MBC/DC/BC/others:
      (Original community certificate should be enclosed)

6. (a) Category under which admitted to the course (Govt./Management etc)
      (b) Date of Joining the course:

7. Qualification and marks obtained (original mark sheet to be enclosed)

<table>
<thead>
<tr>
<th>Examination passed</th>
<th>Name of the Board (state / Central/Others)</th>
<th>School / College</th>
<th>Duration of the Course</th>
<th>Register No.</th>
<th>Month / Year of Passing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Subject</th>
<th>English</th>
<th>Physics</th>
<th>Chemistry</th>
<th>Botany</th>
<th>Zoology</th>
<th>Biology / Maths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum Marks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marks Obtained</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. FOR CANDIDATES WHO HAVE PASSED THE QUALIFYING EXAMINATIONS OTHER THAN H.S.C. OF TAMIL NADU

(a) Whether Eligibility Certificate obtained from The T.N Dr. M.G.R. Medical University is enclosed:
(b) Whether Transfer Certificate is enclosed:
9. FOR CANDIDATES WHO HAVE PASSED THE QUALIFYING EXAMINATIONS ABROAD

(a) Whether Eligibility Certificate obtained from the T.N. Dr. M.G.R. Medical University is enclosed

(b) Whether passport and Student VISA' (XEROX Copies should be enclosed)

10. (a) Blood Group (Certificate from a competent person should be enclosed)

(b) Contact Phone No

(c) Willingness to donate blood

Note:

The following certificates in original should be submitted with the application with one set of Xerox copy of the originals failing which candidate will not be registered for the course.

1. H.Sc /Equivalent Mark statement(s)
2. Transfer Certificate
3. Proof for Date of Birth (in case if it is not available in T.C / Mark Statement)
4. Allotment order of the Selection Committee for the candidates admitted under Govt. Quota
5. Migration Certificate for non-H.Sc candidates i.e.,other than H.Sc of Tamil Nadu
6. No Objection Certificate (NOC) FOR FOREIGN CANDIDATES.
7. Eligibility Certificate obtained from this University for non-H.Sc course i.e.,other than H.Sc.of Tamil Nadu
8. Eligibility Certificate Obtained from this University for Foreign candidates
9. Community Certificate for all the categories.
DECLARATION BY THE CANDIDATE

I declare that the particulars mentioned above are true and I will not claim/ask for any change with regard to any of the particulars furnished above.

I agree to abide by the rules and regulations of the University as framed from time to time.

Date: ___________________________ Signature of the Candidate

CERTIFICATE BY THE HEAD OF THE INSTITUTION

The Above Mentioned Details Are Certified To Be True After Due Verification With The Relevant Documents And I Hereby Recommend The Candidate For Registration.

Place: ___________________________ Signature of the Head of the Institution.

Date: ___________________________ Seal:
# FORMAT OF APPLICATIONS/DOCUMENTS TO BE SUBMITTED AS AND WHEN APPLICABLE

Application for Condonation of Break of Study and Re-Admission

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

(I) Processing Fee: Rs. 500/-(Common for all UG/PG Courses)

(ii) Condonation Fee:

(a) For all para-Medical/Para Professional Courses (UG/PG)

(Rs 1,000/- per year and @ Rs.1000/- per every one year or part thereof)

(b) For Dental/Medical/Indian Medicine and Homeopathy UG/PG Courses

(iii) Demand Draft No:

Date:

for Rs:

Receipt No:

Date: Rs:

(v) If the application is downloaded, cost of application fee Rs.25/- should be remitted.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Name of the Student:</td>
</tr>
<tr>
<td>2.</td>
<td>Name of the Course:</td>
</tr>
<tr>
<td>3.</td>
<td>Name of the College:</td>
</tr>
<tr>
<td>4.</td>
<td>Academic year of admission:</td>
</tr>
<tr>
<td>5.</td>
<td>Date of joining the Course:</td>
</tr>
<tr>
<td>6.</td>
<td>University Registration No:</td>
</tr>
<tr>
<td>7.</td>
<td>Year of Study at the time of discontinuance of the course:</td>
</tr>
<tr>
<td>8.</td>
<td>Date of discontinuance of the course:</td>
</tr>
<tr>
<td>9.</td>
<td>Details of subjects already passed (xerox copies of Mark statements to be enclosed):</td>
</tr>
</tbody>
</table>
10. Reasons for the discontinuance of the Course. If, on Medical, reasons, please enclose Medical /Fitness Certificates for the break period:

11. Details of previous break of study
Spell and period of break of study may be furnished along with a copy of University order:

12. Whether vacancy is available for the above discontinued student in the course in that particular academic year of admission:

13. Whether any disciplinary case is pending for disposal:

14. If any correspondence was made in the past in this regard, please furnish the copies of relevant records for perusal:

CERTIFICATE

I am forwarding herewith the application of Thiru/Selvi/Tmt/Dr ..................................................
................................................................................................................................................
of this College admitted in the Academic Year ........................................................................ for the
................................................................................................................................................
Degree/Diploma Course with Registration No ........................................................ who discontinued the studies on ........................................ and requested for re-admission. His/Her has not been filled up and still it is vacant. I declare that, all the particulars furnished in this Proforma are True and found to be correct.
2. Certified that, the details of date of discontinuance, vacancy position, previous break of study and subjects already passed have been verified with our records in respect of the above candidate and found to be correct.

3. Certified that, he/she has not been re-admitted into course so far and re-admission will be made only after the receipt of University’s permission.

NOTE:
(a) All the columns in the Proforma should be filled neatly and forwarded by the Dean/Principal of the college /Institution duly signed and College Date seal affixed along with a required fees.

(b) The Dean /Principal of the College /Institution cannot permit to rejoin the course of any Break of Study candidate without obtaining University’s prior condonation orders. Violation, if any, in this regard will not be entertained and such period of attendance shall not be taken Into account for permitting him/her for University examination.

(c) The Demand Draft should be obtained in favour of “The Registrar, Tamil Nadu Dr. M.G.R. Medical University, Chennai”.

(d) The Dean /Principal of the College /Institution are directed to review the attendance every Fortnightly /Monthly and ensure that proposals for the discontinued students for Condonation of Break of Study should be forwarded to this University immediately.

(e) Fees once paid, will not be refunded under any circumstances.

COLLEGE DATE SEAL: SIGNATURE OF THE DEAN/PRINCIPAL

Encl: 1. Representation from the candidate
2. Xerox copies of Mark Statements
3. Medical/Fitness Certificates if any in original
Letter to the Principal

Name: 
Designation: 
Address: 
email ID: 
Mobile No: 

Date: 
Time: 

To
The Principal
CDCRI

Sir,

Sub:
Ref:

(Attach Papers if required)

Signature of the Candidate

For office use only

Letter No: Prin/CDCRI/2012/ /
Decision:
Discussion:
Priority:(asap/regular)
Requires discussion with PM/other's:
Dead Line:

Received By:
(Mrs. Vinodhini/Ms. Ashitha)
**Leave form for informed / Un-Informed / Late attendance**

1. Name : ........................................................... Year in BDS ..............

2. Leave Applied for / On from : ...........................to ............................. No. of. Days..............

3. Reasons for Leave / Late : ..................................................................................................

(Attach Papers if required):

Signature of the candidate :.................................................................Signature of the Parent

---

**Note**
1. Submission of this form is mandatory before attending the next class / clinical / lab
2. "On duty" and planned are informed leaves / " Sick Leave; is Un informed Leave
3. Staffs should not mark attendance after a Leave, without signing in this form, below columns.

<table>
<thead>
<tr>
<th>1st Year</th>
<th>2nd Year</th>
<th>3rd Year</th>
<th>4th Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anatomy</td>
<td>Gen. Pathology</td>
<td>Gen. Medicine</td>
<td>Orthodontics</td>
</tr>
<tr>
<td>Physiology</td>
<td>Microbiology</td>
<td>Gen. Surgery</td>
<td>Oral Medicine</td>
</tr>
<tr>
<td>Biochemistry</td>
<td>Gen. Pharmacology</td>
<td>Oral Pathology &amp; Microbiology</td>
<td>Pedodontics</td>
</tr>
<tr>
<td>Oral Histology &amp; Tooth Morphology</td>
<td>Dental Materials</td>
<td>Conservative</td>
<td>Periodontics</td>
</tr>
<tr>
<td>Pre clinical conservative</td>
<td>Prosthodontics</td>
<td>Conservative Dentistry</td>
<td></td>
</tr>
<tr>
<td>Pre clinical Prosthodontics</td>
<td>Orthodontics</td>
<td>Oral Surgery</td>
<td></td>
</tr>
<tr>
<td>Pedodontics</td>
<td>Prosthodontics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Periodontics</td>
<td>PHD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral Surgery</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Oral medicine</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**For Dental information unit use only**

1. Attendance percentage as of today satisfactory / Not satisfactory
2. If not satisfactory - parents to be informed by letter / fax
3. If not satisfactory - student of parent to sign the information register

Prof. C. Joe Louis : .................................Signature of the Principal : .................................
LEAVE FORM FOR HOSTELITES

Name :
Year in BDS :
Hostel Block No & Room No. :
Mobile No :
Place of visit (Time & Date) :
Duration of stay (planned) :
Mode of Transport :
(Ticket Xerox) :
Person Accompanying :
Address :
Mobile No :
Signature of the Student :

FOR WARDEN USE

Fax letter from Parents :
: Attached / Not Attached
Telephonic clarification of warden :
: Before Leaving Hostel 
Parents / Warden clarification on reaching home :
: Yes / No
Accompanying person photo in the record :
: Yes / No
Time in with date :
:
Time out with date :
:
Remarks of the previous visit :
:
Warden's Decision :
: Permitted / Not Permitted
Warden's Signature :
:

Note: Principal's office will not accept the form without warden's decision
This form should be submitted to the Hostel warden
Incomplete forms will be rejected.
Leave application Day - Wednesday of the week
Leave Sanction day - Friday of the week
Leave application on Saturday of the week will be rejected

Signature of the Principal