

Medical college and Hospital

Dr. K. KARTHIKEYAN, M.D., DEAN (ACADEMIC)

Outward No. 283/SMVMCH/DAO/PG Posting /2019

Date: 08.01.2019

To

The Director / Dean,

Government Stanley Medical College, No.1, Old Jain Road, Chennai-600 001.

Sir,

Sub: Permission to undergo training for Orthopedics II year postgraduate - reg. Ref: Outward No. 280/SMVMCH/DAO/PG Posting /2018 dated 26.12.2018.

We would like to send our II year postgraduate from the department of Orthopedics to undergo 15 days training in (Hand Surgery) your esteemed institution. We will be thankful if permission is accorded to our postgraduate student for undergoing training in your institute on the dates mentioned below:

Sl. No	Name of the Postgraduate	Date
1.	Dr.Pushparaj	08.01.2019 to 21.01.2019
2.	Dr.Arun Chandar	22.01.2019 to 04.02.2019
3.	Dr.Romans	05.02.2019 to 18.02.2019
4.	Dr. Vignesh	19.02.2019 to 04.03.2019

We request confirmation from your side on this issue. Our student will pay the require fees as per your institution norms.

Thanking you

Copy to:

Yours sincerely,

Dr. K. KARTHIKEYAN, M.D.

DEAN (ACADEMIC) Sri Manakula Vinayagar Medical College and Hospital

1. The Director, SMVMCH for information,

Ine Director, SMVMCH for information,
 Ralitheerthalkupaan of Modern of Orthopedics, SMVMCH for information of Orthopedics, SMVMCH for information.

TRUE CORY ATTESTED

DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALKUPPÄM,
MADAGADIPET, PUDUCHERRY 605 107.

Dr. K. KARTHIKEYAN DEAN (ACADEMIC)

Outward No. /SMVMCH/DAO/PG Posting / 2018

Date: 03.08.2018

To

The Director/Dean,

Institute of Child Health and Hospital for Children, Halls Road, Egmore, Chennai - 600 008

Sir,

Sub: Permission to undergo training for Radio - Diagnosis Postgraduate - reg

We would like to send our postgraduate from the Department of Radio -Diagnosis to undergo 15 days training in your esteemed institution. We will be thankful if permission is accorded to our postgraduate student for undergoing training in your institute on the dates mentioned below:

Department	Name of the Postgraduates	Date	
Pediatric Radiology	Dr. Madhumita. C	01.09.2018 - 15.09.2018 	
	Dr. Padma Reka. D		
	Dr. Rintu George		
	Dr. Subha. V		

We request confirmation from your side on this issue. Our students will pay the required fee as per your institution norms.

Thanking you

Yours sincerely,

Dean (Academic)

Copy to:

1. The Director, SMVMCH for information,

2. The Head of the Department, Department of Radio - Diagnosis, SMVMCH for information.

SPI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
MEDICAL COLLEGE & HOSPITAL
KALITHEETTHALKUPPAN,
KALITHEETTHALKUPPAN,
MADAGADIPET, PUDUGHERIA 1605 107.



Medical College and Hospital

Dr. K. KARTHIKEYAN, M.D., DEAN (ACADEMIC)

Outward No. 264 /SMVMCH/DAO/PG Posting /2018

Date: 28.08.2018

The Director,

National Institute of Mental Health and Neurosciences, Hosur Main Road, Lakkasandra, Wilson Garden, Bangalore - 560029.

Karnataka.

Sir.

Sub: Permission to undergo training for Oto-Rhino-Laryngology II year postgraduate Ref: Outward No. 260 /SMVMCH/DAO/PG Posting /2018, Dated 09.08.2018 - reg.

We would like to send our II year postgraduate from the Department of Oto-Rhino-Laryngology to undergo 1 month training in your esteemed institution. We will be thankful if permission is accorded to our postgraduate student for undergoing training in your institute on the dates mentioned below:

Sl. No	Name of the Postgraduate	Date
1	Dr. Pradheep.	07.09.2018 - 07.10.2018

We request confirmation from your side on this issue. Our student will pay the require fees as per your institution norms.

Thanking you

Yours sincerely,

Dean (Academic) Dr. K.KARTHIKEYAN, M.D.

DEAN (ACADEMIC)

Copy to:

1. The Director, SMVMCH for information,

TRUE

Sri Manakula Vinayagar Medical College and Hospital Kalitheerthalkuppam, Madagadipet,

Puducherry - 605 107 2. The Head of the Department, Department of Oto-Rhino-Laryngology, SMVMCH for

information.

Kalitheerthalkuppam, Madagadipet, Puducherry - 605107.

Tel: 0413 - 2643000, 2643014 | Fax: 0413 - 2641540, 2643023 | E-mail: principal@smvmch.ac.in | Web: www.smvmch.ac.in

DEAN
SRI MANAKULA VINAYAGAR
MEDIGAL COLLEGE & HOSPITAL
KALITHEERTHAL KUPPAM,
MADAGADIPET, PUDUCHERRY-505 107.

Dr. K. KARTHIKEYAN, M.D., DEAN (ACADEMIC)

Outward No. 260 /SMVMCH/DAO/PG Posting /2018

Date: 07.08.2018

To

The Director,

Karnataka.

National Institute of Mental Health and Neurosciences, Hosur Main Road, Lakkasandra, Wilson Garden, Bangalore - 560029.

Sir,

Sub: Permission to undergo training for Oto-Rhino-Laryngology II year postgraduate - reg.

We would like to send our II year postgraduate from the Department of Oto-Rhino-Laryngology to undergo 1 month training in your esteemed institution. We will be thankful if permission is accorded to our postgraduate student for undergoing training in your institute on the dates mentioned below:

Sl. No	Name of the Postgraduate	Date
1	Dr. Pradheep.	07.09.2018 - 07.10.2018

We request confirmation from your side on this issue. Our student will pay the require fees as per your institution norms.

Thanking you

Yours sincerely,

DEAN (ACADEMIC) প্তিন Mahākula Vinayagar Medical College and Hospital Kalitheerthalkuppam, Madagadipet, Puducherry - 695 107

Copy to:

1. The Director, SMVMCH for information,

2. The Head of the Department, Department of Oto-Rhino-Laryngology, SMVMCH for information.

> PY ATTESTED TRUEC

DEAN
SH MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
MALTHEERTHAL KURPAM.
MARAGADIPET, PUDLICHERRY-505 107.

Medical College and Hospital -

Dr. K. KARTHIKEYAN, M.D., DEAN (ACADEMIC)

Outward No. 260 /SMVMCH/DAO/PG Posting /2018

Date: 09.08.2018

To

The Director,

National Institute of Mental Health and Neurosciences, Hosur Main Road, Lakkasandra, Wilson Garden, Bangalore - 560029. Karnataka.

Sir.

Sub: Permission to undergo training for Oto-Rhino-Laryngology II year postgraduate - reg.

We would like to send our II year postgraduate from the Department of Oto-Rhino-Laryngology to undergo 1 month training in your esteemed institution. We will be thankful if permission is accorded to our postgraduate student for undergoing training in your institute on the dates mentioned below:

Sl. No	Name of the Postgraduate	Date	
1	Dr. Pradheep.	07.09.2018 - 07.10.2018	

We request confirmation from your side on this issue. Our student will pay the require fees as per your institution norms.

Thanking you

Yours sincerely,

Dean (Academic) Dr. K.KARTHIKEYAN, M.D.,

DEAN (ACADEMIC)

Sri Manakula Vinayagar Medical College and Hospit Kalitheerthalkuppam, Madagadipet,

Puducherry - 605 107

2. The Head of the Department, Department of Oto-Rhino-Laryngology, SMVMCH for

information. Kalitheerthalkuppam, Madagadipet, Puducherry 605107.

Copy to:

Tel: 0413 - 2643000, 2643014 | Fax: 0413 - 2641549, 2643023 | E-mail: principal@smvmch.ac.in | Web: www.smvmch.ac.in

SRIMANAKULA VINAYAGAR MEDICAL COLLEGE & HOSPITAL KALITHEERTHALKUPPAM, ANACADISET CHIDUCHEROVAR MADAGADIPET, PUDUCHERRY 605 107.

1. The Director, SMVMCH for information,



Medical College and Hospital

Dr. K. KARTHIKEYAN DEAN (ACADEMIC)

Outward No. 223/SMVMCH/DAO/PG Posting / 2018

Date: 18.06.2018

To

The Director/Dean,

Advar Cancer Institute, No. 1, East Canal Bank road, Gandhi Nagar, Near Sri Krishna Sweets, Adyar, Chennai - 600 020.

Phone: 044 - 24911526.

Sir,

Copy to:

Sub: Permission to undergo training for Oto-Rhino-Laryngology Postgraduate - reg.

We would like to send our postgraduate from the Department of Oto-Rhino-Laryngology to undergo 1 month training in your esteemed institution. We will be thankful if permission is accorded to our postgraduate student for undergoing training in your institute on the dates mentioned below:

Sl. No	Name of the Postgraduates	Date
1.	Dr. Akshaya.A.C	01.08.2018 - 31.08.2018

We request confirmation from your side on this issue. Our students will pay the required fee as per your institution norms.

Thanking you

Yours sincerely,

Dean (Academic)

Dr. K.KARTHIKEYAN, M.O.,

DEAN (ACADEMIC)

1. The Director, SMVMCH for information, The Director, Sivivinch for information,
 Sti Managula
 The Head of the Department, Department of Oto-Rhino-Laryngology Kalifa Yinayagar Medical College and Hospital halkuppam, Madagadipet. information.

Puducherry - 605 107

Kalitheerthalkuppam, Madagadipet, Puducherry - 605107.

Tel: 0413 - 2643000, 2643014 | Fax: 0413 - 2641549, 2643023 | E-mal

: principal@smvmch.ac.in | Web : www.smvmch.ac.in

KALITHEERTHALKUPPAM. MADAGADIPET, PUBLICHERRY 899 197.

MY ATTESTED

Medical College and Hospital

Dr. K. KARTHIKEYAN DEAN (ACADEMIC)

Outward No./SMVMCH/DAO/PG Posting /231 /2018

Date: 06.06.2018

To

The Director/Dean.

Adyar Cancer Institute,

No. 1, East Canal Bank road,

Gandhi Nagar, Near Sri Krishna Sweets,

Adyar, Chennai - 600 020.

Phone: 044 - 24911526.

Sir.

Sub: Permission to undergo training for General Surgery Post graduates - reg.

We would like to send our Postgraduates from the Department of General Surgery to undergo 1 month training in your esteemed institution. We will be thankful if permission is accorded to our Postgraduate students for undergoing training in your institute on the dates mentioned below:

Sl. No	Name of the Postgraduates	Date
1.	Dr. Srinath Sarma. S.V	01.10.2018 - 31.10.2018
2.	Dr. Shruti Dandawate	01.11.2018 - 30.11.2018
3.	Dr. Nabeel. M.V	01.12.2018 - 31.12.2018
4.	Dr. Ashwathaman. A	01.01.2019 - 31.01.2019
5.	Dr. Pratheep. S	01.02.2019 - 28.02.2019

We request confirmation from your side on this issue. Our students will pay the required fee as per your institution norms.

Thanking you

ours sincerely,

Dean (Academic)

Dr. K.KARTHIKEYAN, M.D., DEAN (ACADEMIC)

Copy to:

1. The Director, SMVMCH/for information,

2. The Head of the Department, Department of General Surgery, Kaitheerhalkuppam, Madagadipet. information. Puducherry - 695 107

Kalitheerthalkuppam, Madagadipet, Pududherry E 000 10 Kuppam. Tel: 0413 - 2643000, 2643014 I Fax: 0413 - 2641549, 26430250 Eomail: principal@smvmch.ac.in I Web: www.smvmch.ac.in

Dr. K. KARTHIKEYAN DEAN (ACADEMIC)

Outward No.

/SMVMCH/DAO/PG Posting / 2018

Date: 18.06.2018

To

The Director/Dean,

Phone: 044 - 24911526.

Adyar Cancer Institute, No. 1, East Canal Bank road, Gandhi Nagar, Near Sri Krishna Sweets, Adyar, Chennai – 600 020.

Sir.

Sub: Permission to undergo training for Oto-Rhino-Laryngology Post graduate - reg.

We would like to send our Postgraduate from the Department of Oto-Rhino-Laryngology to undergo 1 month training in your esteemed institution. We will be thankful if permission is accorded to our Postgraduate student for undergoing training in your institute on the dates mentioned below:

Sl. No	Name of the Postgraduates	Date	
1.	Dr. Akshaya.A.C	01.08.2018 - 31.08.2018	

We request confirmation from your side on this issue. Our students will pay the required fee as per your institution norms.

Thanking you

Yours sincerely,

Dean (Academic)

Copy to:

1. The Director, SMVMCH for information,

 The Head of the Department, Department of Oto-Rhino-Laryngology, SMVMCH for information.

> BRI MANAKULA VINAYAGAR MEDIGAL COLLEGE & MOSPITAL MEDIGAL COLLEGE & MOSPITAL KALITHEERTHALKUPPAM, KALITHEERTHALKUPPAM, MADAGAOIPET, PUDUGHERRY-603 107.

Medical College and Hospital-

Dr. K. KARTHIKEYAN DEAN (ACADEMIC)

Outward No./SMVMCH/DAO/PG Posting /232/2018

Date: 011.06.2018

To

The Director,

National Institute of Mental Health and Neurosciences, Hosur Main Road. Lakkasandra, Wilson Garden, Bangalore - 560029.

Sir,

Sub: Permission to undergo training for General Surgery Post graduates - reg.

We would like to send our Postgraduates from the Department of General Surgery to undergo 15 days training in your esteemed institution. We will be thankful if permission is accorded to our Postgraduate students for undergoing training in your institute on the dates mentioned below:

Sl. No	Name of the Postgraduates	Date
1.	Dr. Shruti Dandawate	01.10.2018 - 15.10.2018
2.	Dr. Nabeel. M.V	16.10.2018 - 30.10.2018
3.	Dr. Ashwathaman. A	01.11.2018 - 15.11.2018
4.	Dr. Pratheep. S	16.11.2018 - 30.11.2018
5.	Dr. Srinath Sarma. S.V	01.12.2018 - 15.12.2018

We request confirmation from your side on this issue. Our students will pay the required fee as per your institution norms.

Thanking you

Yours sincerely,

Dean (Academic)

Dr. K.KARTHIKEYAN, M.D.

Copy to:

1. The Director, SMVMCH for information,

DEAN (ACADEMIC) Sri Manakula Vinayagar Medical College and Hospital Kalitheerthalkuppam, Madagadipet,

2. The Head of the Department, Department of General Surgery, SMR MONTO 605 107

Kalitheerthalkuppam, Madagadipet, Puducherry - 605107.

Tel: 0413 - 2643000, 2643014 | Fax: 0413 - 2641549, 2643623, Exmail: principal@smvmch.ac.in | Web: www.smvmch.ac.in



Medical College and Hospital

Dr. K. KARTHIKEYAN DEAN (ACADEMIC)

Outward No./SMVMCH/DAO/PG Posting / 205/2018

Date: 23.05.2018

To

The Director,

National Institute of Mental Health and Neurosciences, Hosur Main Road. Lakkasandra, Wilson Garden, Bangalore - 560029.

Sir,

Sub: Permission to undergo training for Psychiatry Post graduates - reg.

We would like to send our Postgraduates from the Department of Psychiatry to undergo 2 months training in your esteemed institution. We will be thankful if permission is accorded to our postgraduate students for undergoing training in your institute on the dates mentioned below:

SI. No	Name of the Postgraduates	Child and Adolescent psychiatry	De- Addiction Psychiatry	Rehabilitation (Psychiatry)
1	Dr. Harsh Avinash Thapa	01.09.2018 to 30.09.2018	01.10.2018 to 15.10.2018	16.10.2018 to 31.10.2018
2	Dr. Souganya Devi @ Mahalakshmi	01.11.2018 to 30.11.2018	01.12.2018 to 15.12.2018	16.12.2018 to 31.12.2018

Thanking you

Yours sincerely,

Dean (Academic)

Dr. K.KARTHIKEYAN, M.D.,

DEAN (ACADEMIC)

Sri Manakula Vinayagar Medical College and Hospital Kalitheerthalkuppam, Madagadipet.

2. The Head of the Department, Department of Psychiatry, SMVMChldenen Company

Kalitheerthalkuppam, Madagadipet, Puducherry - 605101 principal@smvmch.ac.in | Web : www.smvmch.ac.in Tel: 0413 - 2643000, 2643014 | Fax: 0413 - 264

The Director, SMVMCH for information

MEDICAL COLLEGE & HOSPITAL KALITHEERT LALKUPPAM, MADAGADIPET, PUDUCHERRY-605 107.

Copy to:

Medical College and Hospital

Dr. K. KARTHIKEYAN DEAN (ACADEMIC)

Outward No. 20 /SMVMCH/DAO/PG Posting /2018

Date: 27.04.2018

To

The Director/Dean,

Adyar Cancer Institute,

No. 1, East Canal Bank road,

MANAKUL

Gandhi Nagar, Near Sri Krishna Sweets,

Adyar, Chennai - 600 020.

Phone: 044 - 24911526.

Sir,

Sub: Permission to undergo training for OBG Post graduates - reg.

We would like to send our II year postgraduates from the Department of OBG to undergo 1 month training 3 weeks for Surgical Oncology & 1 week posting for Medical Oncology in your esteemed institution. We will be thankful if permission is accorded to our Postgraduate students for undergoing training in your institute on the dates mentioned below:

Sl. No	Name of the Postgraduates	Date	
1	Dr. S. Kumudham	01.09.2018 – 30.09.2018	
2	Dr. N. Noorul Nasheeha	01.09.2010 - 30.09.2010	

We request confirmation from your side on this issue. Our students will pay the require fees as per your institution norms.

Thanking you

Yours sincerely,

Dean (Academic)

Dr. K.KARTHIKEYAN, M.D.

DEAN (ACADEMIC)

Sri Manakula Vinayagar Medical College and Hospital Kalitheerthalkuppam, Madagadipet,

1. The Director, SMVMCH for information, 2. The Head of the Department, Department of OBG, SMVMCH for information.

TRUE COPY ATTESTED

Kalitheerthalkuppam, Madagadipet, Puducherry - 605107.

Tel: 0413 - 2643000, 2643014 | Fax: 0413 - 2641549, 2643023 | E-mail: principal@smvmch.ac.in | Web: www.smvmch.ac.in

SRIMAN

DEAN

Copy to:

-Medical College and Hospital -

Dr. K. KARTHIKEYAN DEAN (ACADEMIC)

Outward No./SMVMCH/DAO/PG Posting / 1/614/2018

Date: 28.02.18

To

The Director,

Madras Medical Mission Hospital, No.4 - A, Dr. J. Jayalalitha Nagar, Mogappair, Chennai - 600037 Phone: 044 2656 5991

Sir,

Sub: Permission to undergo training for Anaesthesiology IInd year

Post graduates - reg.

We would like to send our II year Postgraduates from the Department of Anaesthesiology to undergo one month training for Cardiac Anaesthesiology in your esteemed institution. We will be thankful if permission is accorded to our Postgraduate students for undergoing training in your institute on the dates mentioned below:

Sl. No	Name of the Postgraduates	Date	
1	Dr. Anwar Shakkeel .E.K	01.00.0010	
2	Dr. Ashwanth.B.A	01.08.2018 - 31.08.2018	
3	Dr. Gayathri.S.	01.09.2018 - 30.09.2018	
4	Dr. Guru Avinash.G		
5	Dr. Jiju Antony.A		
6	Dr. Vigneshwaran.C	01.10.2018 - 31.10.2018	

We request confirmation from your side on this issue. Our students will pay the require fees as per your institution norms.

Thanking you

Demindue

1. The Director, SMVMCH for information,

Copy to:

Yours sincerely,

Dean (Academic) Dr. K.KARTHIKEYAN, M.D.

DEAN (ACADEMIC)

Sri Manakula Vinayagar Medical College and Hospital Kalitheerthalkuppam, Madagadipet,

2. The Head of the Department, Department of Anaesthesiology, SMVMCHifory -605 107
Kalitheerthalkuppam, Madag

Tel: 0413 - 2643000, 2643014 | Fax: 0413 - 2641549, 2643023 | E-mail: principal@smvmch.ac.in | Web: www.smvmch.ac.in

MEDICAL CURRENTHALK PPAM, KALITHEERTHALK PPAM, MADAGADIPET, PUDUCHERRY-505 107. Medical College and Hospital -

Dr. K. KARTHIKEYAN DEAN (ACADEMIC)

Outward No./SMVMCH/DAO/PG Posting / 165 /2018

Date: 28.02.2018

To

The Director,

National Institute of Mental Health and Neurosciences, Hosur Main Road, Lakkasandra, Wilson Garden, Bangalore - 560029.

Sir,

Sub: Permission to undergo training for Anaesthesiology IInd year Post graduates - reg.

We would like to send our IInd year Postgraduates from the department of Anaesthesiology to undergo 1 month Neuro Anaesthesiology training in your esteemed institution. We will be thankful if permission is accorded to our Postgraduate students for undergoing training in your institute on the dates mentioned below:

Sl. No	Name of the Postgraduates	Date
1	Dr. Anwar Shakkeel .E.K	01.05.2018 - 31.05.2018
2	Dr. Ashwanth.B.A	01.03.2018 - 31.03.2018
3	Dr. Gayathri.S.	
4	Dr. Guru Avinash.G	01.06.2018 – 30.06.2018
5	Dr. Jiju Antony.A	
6	Dr. Vigneshwaran.C	01.07.2018 – 31.07.2018

Thanking you

Copy to:

Yours sincerely,

Dean (Academic) Dr. K.KARTHIKEYAN, M.D..

DEAN (ACADEMIC)

Sri Manakula Vinayagar Medical College and Hospital Kalitheerthalkuppam. Madagadipet,

Puducherry - 605 107

1. The Director, SMVMCH for unformation, TTESTED

2. The Head of the Department, Department of Anaesthesiology, SMVMCH for

Kalitheerthalkuppango Madagadipet, Puducherry - 605107. Tel: 0413 - 2643000, 2643014 | Fax: 0413 - 2641549, 2643023 | E-mail: principal@smvmch.ac.in | Web: www.smvmch.ac.in

MEDICAL SOLLI GE & HOSPITA

Medical college and Hospital

Dr. K. KARTHIKEYAN, M.D., DEAN (ACADEMIC)

Outward No. 282 /SMVMCH/DAO/PG Posting /2018

Date: 02.01.2019

To

The Director,

National Institute of Mental Health and Neurosciences, Hosur Main Road. Lakkasandra, Wilson Garden, Bangalore - 560029. Karnataka.

Sir,

Sub: Permission to undergo training for Orthopedics II year postgraduate - reg. Ref: Outward No. 281 /SMVMCH/DAO/PG Posting /2018, dated: 26.12.2018

We would like to send our II year postgraduate from the department of Orthopedics to undergo 15 days training in (Neuro Surgery) your esteemed institution. We will be thankful if permission is accorded to our postgraduate student for undergoing training in your institute on the dates mentioned below:

Sl. No	Name of the Postgraduate	Date
1.	Dr.Pushparaj	04.03.2019 to 17.03.2019
2.	Dr.Arun Chandar	18.03.2019 to 31.03.2019
3.	Dr.Romans	01.04.2019 to 14.04.2019
4.	Dr.Vignesh	15.04.2019 to 28.04.2019

We request confirmation from your side on this issue. Our student will pay the require fees as per your institution norms.

Thanking you

Copy to:

Yours sincerely,

Dean (Academic) Dr. K.KARTHIKEYAN, M.D.

1. The Director, SMVMCH for information,

2. The Head of the Department, Department of Orthopedics, SM V. M. H. Harking Companies and House.

BEAN (ACADEMIC) Vinayager Medical College and Hospital

Puducherry - 605 107

TRUE CORY ATTESTED

SRI MANAKULA VINCYAGAR MEDICAL COLLEGE & POSPITAL KALITHEERTHALKUPPAM, MADAGADIPET, PUDUCHERRY-605 107. MEDICAL COLLEGE &

Dr. K. KARTHIKEYAN DEAN (ACADEMIC)

Outward No./SMVMCH/DAO/PG Posting 164 /2018

Date: 27.02.18

To

The Director,

Madras Medical Mission Hospital, No.4 - A, Dr. J. Jayalalitha Nagar, Mogappair, Chennai - 600037

Phone: 044 2656 5991

Sir,

Copy to:

Sub: Permission to undergo training for Anaesthesiology IInd year

Post graduates - reg.

We would like to send our II year Postgraduates from the Department of Anaesthesiology to undergo one month training for Cardiac Anaesthesiology in your esteemed institution. We will be thankful if permission is accorded to our Postgraduate students for undergoing training in your institute on the dates mentioned below:

Sl. No	Name of the Postgraduates	Date
1	Dr. Anwar Shakkeel .E.K	
2	Dr. Ashwanth.B.A	01.08.2018 - 31.08.2018
3	Dr. Gayathri.S.	
4	Dr. Guru Avinash.G	01.09.2018 - 30.09.2018
5	Dr. Jiju Antony.A	
6	Dr. Vigneshwaran.C	01.10.2018 - 31.10.2018

We request confirmation from your side on this issue. Our students will pay the require fees as per your institution norms.

Thanking you

purs sincerely,

Dean (Academic) Dr. K.KARTHIKEYAN, M.D.,

DEAN (ACADEMIC)

Sri Manakula Vinayagar Medical College and Hospital

1. The Director, SMVMCH for information, 2. The Head of the Department, Department of Anaesthesiology, SMVMOHOGORIA 605 107 Kalitheerthalkuppam Madagadipet, information.

TRUE COPY ATTESTED

WINAYAGAR MEDICAL COLLEGE & HOSPITAL KALITHEERTHALKUPPAM, MADAGADIPET, PUDUCHERRY-605 107.

Dr. K. KARTHIKEYAN DEAN (ACADEMIC)

Outward No./SMVMCH/DAO/PG Posting / 1/6 5 /2018

Date: 27.02.2018

To

The Director,

National Institute of Mental Health and Neurosciences, Hosur Main Road, Lakkasandra, Wilson Garden, Bangalore – 560029.

Sir,

Sub: Permission to undergo training for Anaesthesiology IInd year Post graduates - reg.

We would like to send our IInd year Postgraduates from the department of Anaesthesiology to undergo 1 month Neuro Anaesthesiology training in your esteemed institution. We will be thankful if permission is accorded to our Postgraduate students for undergoing training in your institute on the dates mentioned below:

Sl. No	Name of the Postgraduates	Date
1	Dr. Anwar Shakkeel .E.K	01.05.2018 - 31.05.2018
2	Dr. Ashwanth.B.A	01.03.2016 - 31.03.2018
3	Dr. Gayathri.S.	01.06.2018 - 30.06.2018
4	Dr. Guru Avinash.G	
5	Dr. Jiju Antony.A	01.07.2018 - 31.07.2018
6	Dr. Vigneshwaran.C	

Thanking you

Copy to:

Yours sincerely,

Dean (Academic)
Dr. K.KARTHIKEYAN, M.D.,

DEAN (ACADEMIC)

1. The Director, SMVMCH for information,

Sri Manakula Vinayagar Medical College and Hospital Kalitheerthalkuppam. Madagadipet.

Puducherry - 605 107

The Head of the Department, Department of Anaesthesiology, SMVMCH for information.

TRUE COPY ATTESTED

SRI MANAGUA VINAYAGAR MEDIGAL COLLEGE & HOSPITAL KALITHEERTHA MUPPAM, KALITHEERTHA MUPPAM, HADAGADIPET, PUDUGHERRY-605 107.

OUTWARD NO. 177/SMVMCH/Anaes/PC7/2018



Medical college and Hospital Department of Anaesthesiology

Date: 26.02.2018

From

Dr.Suneeth P Lazarus, Professor & Head, Department of Anaesthesiology, Sri Manakula Vinayagar Medical College and Hospital, Puducherry - 605 107.

To

Dean (Academic), Sri Manakula Vinayagar Medical College and Hospital, Puducherry - 605 107.

Respected sir,

Sub: Specialty posting for II year PG's in Neuro Anaesthesiology for one month at NIMHANS Bangalore - Reg.

This is to inform you that the peripheral postings for the following II year Anaesthesiology PG's are scheduled one month at National Institute Mental Health & Neuro Sciences, Bangalore -500 029 for the following months.

S. No	Name of Post Graduates	Posting Period
1.	Dr.Anwar Shakkeel .E.K	01.05.0010 01.05.0010
2.	Dr.Ashwanth.B.A	01.05.2018 - 31.05.2018
3.	Dr.Gayathri.S	01.06.2018 - 30.06.2018
4.	Dr.Guru Avinash.G	
5.	Dr.Jiju Antony.A	01.07.2018 - 31.07.2018
6.	Dr. Vigneshwaran. C	

Thanking you,

Yours Sincerely

(Dr.Suneeth P Lazarus)

Professor & Head

Department of Anaesthesiology.

PROFESSOR & HEAD DEPARTMENT OF ANAESTHESIOLOGY Sri Manakula Vinayagar Medical College & Hospital

Valence Madanadioet Puducherry-605107.

SRI MANAKULA MAYAGAR MEDICAL GOLLEGE & HOSPITAL KALIMEERTHAL KUPPAM, MADAGADIPET, PUDUCHERRY-605 107.

TRUE COPY ATTESTED

-Medical College and Hospital-

Dr. K. KARTHIKEYAN DEAN (ACADEMIC)

Outward No./SMVMCH/DAO/PG Posting / 65 /2018

Date: 28.02.2018

To

The Director,

National Institute of Mental Health and Neurosciences, Hosur Main Road. Lakkasandra, Wilson Garden, Bangalore - 560029.

Sir,

Sub: Permission to undergo training for Anaesthesiology IInd year Post graduates - reg.

We would like to send our IInd year Postgraduates from the department of Anaesthesiology to undergo 1 month Neuro Anaesthesiology training in your esteemed institution. We will be thankful if permission is accorded to our Postgraduate students for undergoing training in your institute on the dates mentioned below:

Sl. No	Name of the Postgraduates	Date
1	Dr. Anwar Shakkeel .E.K	01.05.2018 - 31.05.2018
2	Dr. Ashwanth.B.A	01.03.2018 - 31.03.2018
3	Dr. Gayathri.S.	01.06.2018 - 30.06.2018
4	Dr. Guru Avinash.G	
5	Dr. Jiju Antony.A	01 07 2010 21 07 2010
6	Dr. Vigneshwaran.C	01.07.2018 - 31.07.2018

Thanking you

Yours sincerely,

Dean (Academic)

Dr. K.KARTHIKEYAN, M.D.

Copy to:

TRUE COPY ATTESTED

1. The Director, SMVMCH for information,

DEAN (ACADEMIC) Şri Manakula Vinayagar Medical College and Hospital Kalitheerthalkuppam, Madagadipet,

2. The Head of the Department, Department of Anaesthesiology, SMVMCH for

Kalitheerthalkuppan Madagadipet, Puducherry + 605107.
Tel: 0413 - 2643000, 2643014 | Faxic 0413 - 2641549 2643023 | E-mail: principal@smvmch.ac.in | Web: www.smvmch.ac.in | KALITHEERTHAD PAM, MADAGADIPET PUDUSHERRY-605 107.

NATIONAL INSTITUTE OF MENTAL HEALTH & NEUROSCIENCES (INSTITUTE OF NATIONAL IMPORTANCE) BENGALURU - 560 029



Date: 12.03.2018

NIMH: A&E: TM: TRG-NA: 2018/251

The Dean (Academic) Sri Manakura Vinayagar Medical College & Hospital Kalitheerthalkuppam Madagadipet, Puducherry - 605 107

Sir/Madam,

Sub: Request for Permission to undergo training at this institute - reg.

Ref: Your letter dated 28.02.2018

With reference to the above, I am directed to convey the permission of the Competent Authority for the student/students of your Institution to undergo training at this Institution as follows:

1	Number of trainees	06(Six) –PG students
2	Department at which training permitted	Neuroanaesthesia & Neurocritical Care
3	Date & Duration of training	
	1. Dr.Answar Shakkeel.E.K	01.05.2018 to 31.05.2018
	2. Dr.Ashwanth.B.A	01.05.2018 to 31.05.2018
	3. Dr.Gayathri.S	01.06.2018 to 30.06.2018
	4. Dr.Guru Avinash.G	01.06.2018 to 30.06.2018
	5. Dr.Jiju Antony.A	02.07.2018 to 31.07.2018
	6. Dr.Vigneshwaran.C	02.07.2018 to 31.07.2018
4	Training fee	Rs.10000/- per month or part thereof per trainee

- The trainees should compulsorily carry their college ID cards while posted at NIMHANS.
- One stamp size photo should be given at the time of joining for issue of temporary ID card. (ID card should be returned at the end of training without fail)
- Trainees should carry a copy of this letter without fail.
- The Training fee for the whole duration of training has to be paid by Debit/Credit Card on the day of joining. The Training fee once paid will not be refunded.

I am also directed to inform you that the visiting students/trainees should make their own arrangement for accommodation. However all efforts will be made to provide hostel accommodation, but this will be subject to availability as on the date of joining and on payment of charges as below:-

1. Hostel Rent: Rs.100/- per day

2. Caution Money Deposit: Rs.1000/- (refundable)

Further, allotments, payment, check-outs, refunds and other official transactions are possible only on working days between 10 am to 3 pm. Accommodation will not be provided to the candidates coming earlier than the scheduled date of training.

On arrival, the trainees must contact the undersigned for further needful.

MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALKUPPAM,
MADAGADIPET, PUDUCHERRY-505 07

ADMINISTRATIVE OFFICER (A&E) Administrative Officer

Copy to: The HOD of Neuroanaesthesia & NCQ, NIMHANS tailonal Institute of Mentar Means & The Manager/Supervisor, NIMHANS Hostels, NIMHANS Honces, Bangalore - 560 529

The following points are to be observed when you are sending the request for training at this Institution.

- The request letter(hard copy or soft copy of scanned letter) by post/email: training@nimhans.ac.in should reach the undersigned one month in advance to enable this office to process. Letters received with a shorter time span will not be entertained. Students coming with request letter without prior permission will not be entertained.
- Individual requests by the students not routed through their Institution/College will not be entertained.
- The department in which training is required at this Institution has to be clearly mentioned.
- Indicate the name of the student/students, date and duration of the train programme.
- For any queries related to training/visit, please call on working days between 2:30 pm and 4:00 pm only on 080-26995015.

ASST.ADMINISTRATIVE OFFICER(A&E

TRUE COPY ATTESTED

SPI MEDICAL O VINAYAGAR
MEDICAL O CE 8 HOSPITAL
KALITHEEN HALKUPPAM,
MADAGADIPET, PUPUCHERRY-605 107.

National Institute of Mental Health & Neuro Sciences

(Institute of National Importance), Bangalore -560 029

राष्ट्रीय मानसिक स्वास्थ्य एवं तंत्रिका विज्ञान संस्थान, (राष्ट्रीय महत्व का संस्थान), बँगलूर -560029 ರಾಷ್ಟ್ರೀಯ ಮಾನಸಿಕ ಆರೋಗ್ಯ ಮತ್ತು ನರ ವಿಜ್ಞಾನ ಸಂಸ್ಥೆ, (ರಾಷ್ಟ್ರೀಯ ಪ್ರಾಮುಖ್ಯತಾ ಸಂಸ್ಥೆ), ಬೆಂಗಳೂರು -560029

Ref:

Date:

Dr. V.J. Ramesh Professor & HOD Department of Neuroanaesthesia & Neurocritical Care

May 31, 2018

ATTENDANCE CERTIFICATE

This is to certify that Dr. R. Anwar Shakkeel E.K and Dr. Ashwanth B.A - PG Student from Sri Manakula Vinayagar Medical College & Hospital, Puducherry, Tamil Nadu, had attended the Neuroanaesthesia training programme in our department from 01-05-2018 to 31-05-2018.

(Dr. V.J. Ramesh)

Sǐ. वि.जे. रनेश, एम.डी., Dr. V.J. RAMESH, M.D., श्रोकेसर और अबुख / Professor & Head ब्लाबु बेहोशी और न्वूरो क्रिटिकल केवर विभाग Department of Neuroanaesthesia & Neurocritical Care, NIMHANS, Bengaluru - 560 029 निम्हान्स, बेंगलूह - 560 029

TRUE COPY ATTESTED

BRI MANAGULA WAYAGAR MEDICAL COLLE FOR 8 HOSPITAL KALITHEERTHAL RUPPAM, MADAGADIPET, PUDUCHERRY-605 107.

26562121. 26995000. 26995100. 26995200. 26995300. 26995400

National Institute of Mental Health & Neuro Sciences

(Institute of National Importance), Bangalore -560 029

राष्ट्रीय मानसिक स्वास्थ्य एवं तंत्रिका विज्ञान संस्थान, (राष्ट्रीय महत्व का संस्थान), बेंगलूर -560029 ठाबै, बों कार्रों हें डेंगली, क्षेत्रं राज्ये राज्ये हें राज्ये हैं राज्ये हैं राज्ये हैं राज्ये हैं राज्ये हैं

Ref:

Date:

Dr. V.J. Ramesh Professor & HOD Department of Neuroanaesthesia & Neurocritical Care

June 30, 2018

ATTENDANCE CERTIFICATE

This is to certify that Dr.Gayathri.S and Dr. Guru Avinash.G- PG Student from Sri Manakula Vinayagar Medical College & Hospital, Puducherry, Tamil Nadu, had attended the Neuroanaesthesia training programme in our department from 01-06-2018 to 30-06-2018.

(Dr. V.J. Ramesh)

डॉ. वि.जे. रमेश. एम.डी., Dr. V.J. RAMESH, M.D., ब्रोकेसर और उमुख / Professor & Head स्नायु बेहोशी और न्यूरो क्रिटिकल केयर विभाग Cepartment of Neuroanaesthesia & Neurocritical Care NIMHANS, Bengaluru - 560 029 विमहाना, बेंगलूक - 560 029

TRUE COPY ATTESTED

2 26562121, 26995000, 26995100, 26995200, 26995300, 26995400

Fax: 9180-26564830, 91-80-26562121, 91-80-26566811, Website: http://www.nimhans.kar.nic.in

Medical college and Hospital

Department of Anaesthesiology

Outward No:333 / SMVMCH / Anaes / 2019

Date: 29.04.2019

From

Dr. Suneeth P Lazarus,
Professor & Head,
Department of Anaesthesiology,
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry – 605 107.

To

Dean (Academic), Sri Manakula Vinayagar Medical College and Hospital, Puducherry – 605 107.

Respected sir,

Sub: Specialty posting for I year PG's in Neuro Anaesthesiology for one month at NIMHANS Bangalore - Reg.

This is to inform you that the peripheral postings for the following Ist year Anaesthesiology PG's are scheduled for one month at National Institute Mental Health & Neuro Sciences, Bangalore - 500 029 in the following months.

S. No	Name of Post Graduates	Posting Period
1.	Dr.Ranganaayaki	
2.	Dr.Balapriya	01.07.2019 - 31.07.2019
3.	Dr.Elizabeth Nishi	01.08,2019 - 31.08.2019
4.	Dr.Kaussika Sri	
5.	Dr.Mannare Mannane	01.09.2019 – 30.09.2019
6.	Dr.Abi Meenashy	

Thanking you,

TRUE GOPY ATTESTED

BRI MANAIXILA VINAYAGAR MEDICAL COLLEGE & HOSPITAL KALITHEERTHAL KUPPAM, MADAGADIPET, PUDUCHERRY-605 107. Yours Sincerely

PROFESSOR & HEAD

DEPARTMENT OF CHAESTHESIOLOGY

Sri Manakula Vinayadar Medical Baragaus) ospital

Kalaheerthalkuppan Messagas Headtherny 605107.

Kalaheerthalkuppan Messagas Headtherny 605107.

Medical College and Hospital

Outward No./SMVMCH/DAO/PG Posting /55/2019

Date: 03.05.2019

To

The Director,

National Institute of Mental Health and Neurosciences, Hosur Main Road, Lakkasandra, Wilson Garden, Bangalore - 560029.

Sir.

Sub: Permission to undergo training for Anaesthesiology Post graduates - reg.

We would like to send our Postgraduates from the Department of for Anaesthesiology to undergo 3 months training in your esteemed institution. We will be thankful if permission is accorded to our Postgraduate students for undergoing training in your institute on the dates mentioned below:

S.No	Name of Post Graduates	Posting Period
1.	Dr. Ranganaayaki	
2.	Dr. Balapriya	01.07.2019 - 31.07.2019
3.	Dr. Elizabeth Nishi	
4.	Dr. Kaussika Sri	01.08.2019 - 31.08.2019
5.	Dr. Mannare Mannane	
6.	Dr. Abi Meenashy	01.09.2019 - 30.09.2019

Thanking you

Yours sincerely,

Dr. K. KART HAREYAN, DEAN (ACADEMIC) SRI-MANAKULA VINAYAGAR -MEDICAL COLLEGE AND HOSPITAL

PUDUCHERRY-605 107.

Copy to:

1. The Director, SMVMCH for information

2. The Head of the Department, Department of Anaesthesiology, SMVMCH for information

Kalitheerthalkuppam, Madagadipet, Puducherry - 605107

Tel .0413 - 2643000, 2643014, College 2643023 | Fax: 0413TRUE CAPY ATTESTED smvmch.ac.in | Web: www.smvmch.ac.in

MEDICAL COLCEGE HOSPITAL RAUTHEER THALKO PAM, MADAGADIPET, PUDJICHEARY-605 107.

Medical College and Hospital

Outward No./SMVMCH/DAO/PG Posting / 124 /2019

Date: 23.07.2019

* To

The Director,

National Institute of Mental Health and Neurosciences, Hosur Main Road, Lakkasandra, Wilson Garden, Bangalore - 560029.

Sir.

Copy to:

Sub: Permission to undergo training for Anaesthesiology Post graduates - reg.

We would like to send our Postgraduates from the Department of for Anaesthesiology to undergo 3 months training in your esteemed institution. We will be thankful if permission is accorded to our Postgraduate students for undergoing training in your institute on the dates mentioned below:

S.No	Name of Post Graduates	Posting Period
1	Dr. Ranganaayaki	
2.	Dr. Balapriya	01.08.2019 - 31.08.2019
3.	Dr. Elizabeth Nishi	
4.	Dr. Kaussika Sri	01.09.2019 - 30.09.2019
5.	Dr. Mannare Mannane	
6.	Dr. Abi Meenashy	01.10.2019 - 31.10.2019

Thanking you

Yours sincerely,

Dean (Academic)

Dr. K. KARTHIKEYAN, MD. DEAN (ACADEMIC)
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE AND HOSPITAL
PUBUCHERRY-805 187.

1. The Director, SMVMCH for information 2. The Head of the Department, Department of Anaesthesiology, SMVMCH for information

aitheerthalkuppam, Madagadipet, Puducherry - 605107.

0413 - 2643000, 2643014 , College : 2643023 | Fax MEDICAL GREETER | HOSSITAD INCIDAL @SMVmch.ac.in | Web : www.smvmch.ac.in KUPPAM,

KALITHEERTHAL MADAGADIPET, PUDUCE

NATIONAL INSTITUTE OF MENTAL HEALTH & NEUROSCIENCES (INSTITUTE OF NATIONAL IMPORTANCE) BENGALURU - 560 029



Date: 01.08.2019

No.NIMH:A&E:TM:TRG-NA:2019/1004

The Dean (Academic)
Sri Manakula Vinayagar Medical College and Hospital
Kalitheerthakuppam
Madagadipet, Puducherry 605 107.

Sir/Madam.

Sub: Request for Permission to undergo training at this institute reg.

* * * * *

Ref: Your letter dated 23.07.2019.

With reference to the above, I am directed to convey the permission of the Competent. Authority for the students of your lossification to undergo training at this lostifution as follows:

1	Number of trainees	06
2	Name of the trainees	Duration
	Dr. Ranganaayaki and Dr. Balapriya	Q1.08.2019 to 31.08.2019
	Dr. Elizabeh Nishi and Dr. Kaussika Sri	03.09.2019 to 30.09.2019
	Dr. Mannare Mannane and Dr. Abi Meenashy	01.10.2019 to 31.10.2019
3	Department at which training permitted	Neuroanaesthesia & Neurocritical Care
4	Training fee	Rs.10,000/- per month or part thereof per trainee

- . The trainees should compulsorily carry their college ID cards while posted at NIMHANS.
- One stamp size photo should be given at the time of joining for issue of temporary ID card. (ID card should be returned at the end of training without fail)
- Trainees should carry a copy of this letter without fail.
- The training fee for the whole duration of training has to be paid by Debit/Credit Card on the day of
 joining. The training fee once paid will not be refunded.

I am also directed to inform you that the visiting students/trainees should make their own arrangement for accommodation. However all efforts will be made to provide hostel accommodation, but this will be subject to availability, <u>based on Manager</u>, <u>Hostel report (080-26995095)</u>/Supervisor, Cauvery Hostel, (080-26995092) as on the date of joining and on payment of charges as below. Accommodation will not be provided to the candidates coming earlier than the scheduled date of training.

1. Hostel Rent: Rs. 100/- per day

NOTE: In case of any damage of assets/property in the <u>Hostels</u> i.e., movable and immovable property of NIMHANS by the trainees, the college shall be directly responsible for such act of the trainees. The loss incurred has to be borne by the Institution/College deputing the trainees. Further, the attendance certificate for training of such trainees will be withheld.

On arrival, the trainees must contact the undersigned for further needful.

TRUE COPY ATTESTED

Yours faithfully

Copy to: The HOD of Neuroanaesthesia

ADMINISTRATIVE OFFICER (A&E)

The Manager/Supervisor NIMITA Hostels NAMITANS

RALL NET HALKUPPAM,

MADAGADIPE PUDUCHERIK 503 107.

Neurocritical Care, NIMHANAdministrative Officer (A & E,
Medional Institute of Mental Health &
Neuro Sciences Banestore - 500 029

a: 08026995015 Email: training@nimhahs.ac.in

Website: http://www.nimhans.ac.in

Medical College and Hospital -

Outward No./SMVMCH/DAO/PG Posting / 149 /2019

Date: 27.08.2019

To.

The Director.

National Institute of Mental Health and Neurosciences,

Hosur Main Road.

Lakkasandra, Wilson Garden.

Bangalore - 560029.

Respected Sir,

Copy to:

The following students were unable to attend the posting NIMHANS wide infra letter no: NIMH: A&E: TM: TRG-NA: 2019/1004 dated 1.8.19 due to the posted delay. Please consider their postings as given below.

S.No	Name of Post Graduates	Posting Period
1	Dr. Ranganaayaki	01.11.2019 to 30.11.2019
2	Dr. Balapriya	

Thanking you

Yours sincerely,

Dean (Academic)

Dr. K.KARTHIKEYAN, M.D.

1. The Director, SMVMCH for information

DEAN (ACADEMIC) Sri Manakula Vinayagar Medical College and Hospital

1. The Director, SMVMCH for information

2. The Head of the Department, Department of Anaesthesiology, SMVMCH for information

Kalitheerthalkuppam, Madagadipet.

SRI MANTRUCA VIDAYAGAR MEDICAL COLLEGE & HOSPITAL KALITHEERTHAL KUPAAM, MADAGADIPET, PUDUCHERRY-505 107.

Kalitheerthalkuppam, Madagadipet, Puducherry - 605107

Tel: 0413 - 2643000, 2643014 , College: 2643023 | Fax: 0413 - 264 549 | E-mail: principal@smvmch.ac.in | Web: www.smvmch.ac.in

NATIONAL INSTITUTE OF MENTAL HEALTH & NEUROSCIENCES (INSTITUTE OF NATIONAL IMPORTANCE) BENGALURU - 560 029



No.NIMH:A&E:TM:TRG-NA:2019/1142

Date: 09.09.2019

The Dean (Academic) Sri Manakula Vinayagar Medical College and Hospital Kalitheerthalkuppam Madagadipet, Puducherry - 605 107.

Sir.

Sub: Request for permission to undergo training at this Institute - reg. Ref: Your letter dated 27.08.2019, requesting postponement of training.

With reference to the above and, in partial modification of our letter dated 01.08.2019, I am directed to convey the permission of the Competent Authority for Dr. Ranganaayaki and Dr. Balapriya -PG students of your Institution for postponement of training period in the Department of Neuroanaesthesia & Neurocritical Care to 02.11.2019 to 30.11.2019 instead of from 01.08.2019 to 31.08.2019 as permitted by us.

All other terms and conditions of our letter dated 01.08.2019 remain unaltered.

Yours faithfully _

ou allo M ADMINISTRATIVÉ OFFICER (A&E)

Copy to: The HOD of Neuroanaesthesia & Neurocritical Care, NIMHANS administrative Officer (A & E)

National Institute of Mental Health & Neuro Sciences, Bangalere - 560 029

TRUE COPY ATTESTED

Email: training and mans ac. in Ayagar Website: http://www.nimhans.ac.in

KALITHEERTA, KUPPAM,

MADAGADIPET, PUDUMERRY-605 107. **2**:08026995015

National Institute of Mental Health & Neuro Sciences

(Institute of National Importance), Bangalore -560 029

राष्ट्रीय मानसिक स्वास्थ्य एवं तंत्रिका विज्ञान संस्थान, (राष्ट्रीय महत्व का संस्थान), बेंगलूर -560029 ರಾಷ್ಟ್ರೀಯ ಮಾನಸಿಕ ಆರೋಗ್ಯ ಮತ್ತು ನರ ವಿಜ್ಞಾನ ಸಂಸ್ಥೆ, (ರಾಷ್ಟ್ರೀಯ ಪ್ರಾಮುಖ್ಯತಾ ಸಂಸ್ಥೆ), ಬೆಂಗಳೂರು –560029

Ref:

Date:

Dr. M.Radhakrishnan Professor & HOD Department of Neuroanaesthesia & Neurocritical Care September 30, 2019

ATTENDANCE CERTIFICATE

This is to certify that Dr. Elizabeh Nishi and Dr. Kaussika Sri- PG Student from Sri Manakula Vinayagar Medical College & Hospital, Puducherry, Tamil Nadu, had attended the Neuroanaesthesia training programme in our department from 03-09-2019 to 30-09-2019.

(Dr. M.Radhakrishnan)

Dr. M.RADHAKRISHNAN M.D.,D.M.
PROFESSOR & HOD
Department Of Neuroanaesthesia &
Neurocritical Care
NIMHANS, BENGALURU-560 029

TRUE COPY ATTESTED

SRIMANAN LA VINAYADAR MEDICAL COLLAGE & HOSPITAL MEDICAL COLLAGE & HOSPITAL KALITHEERT HALKUPPAM, KALITHEERT HALKUPPAM, MADAGADIPET, PUDUCHERRY-605 107.



राष्ट्रीय मानसिक स्वास्थ्य एवं तंत्रिका विज्ञान संस्थान, (राष्ट्रीय महत्व का संस्थान), बेंगलूर -560029 ರಾಷ್ಟ್ರೀಯ ಮಾನಸಿಕ ಆರೋಗ್ಯ ಮತ್ತು ನರ ವಿಜ್ಞಾನ ಸಂಸ್ಥೆ, (ರಾಷ್ಟ್ರೀಯ ಪ್ರಾಮುಖ್ಯತಾ ಸಂಸ್ಥೆ), ಬೆಂಗಳೂರು –560029

Ref:

Date:

Dr. M.Radhakrishnan Professor & HOD Department of Neuroanaesthesia & Neurocritical Care October 30, 2019

ATTENDANCE CERTIFICATE

This is to certify that Dr.Abi Meenashy- PG Student from Sri Manakula Vinayagar Medical College & Hospital, Puducherry, Tamil Nadu, had attended the Neuroanaesthesia training programme in our department from 01-10-2019 to 30-10-2019.

(Dr. M.Radhakrishnan)

हाँ, एम. राधाद्मकणान, एः , क्री. (नाम बेहोगी) Dr. M. Radhakrishnan, ए ए क्री. (नाम बेहोगी) प्राप्त कर/Professor & Head स्वायु बेहोगी और न्यूरो क्रिटियन प्रवर विभाग Department of Neuroanaesthesia & Neurocritical Care निम्हान्स,/rhmhans, बेमन्यूर/Bengaloru - 560 029.

TRUE COPY ATTESTED

BEI MANANUS VINAYAGAR MEDICAL COL LEGE 8 HOSPITAL KALITHEERY ALKUPPAM, MADAGADIPET, PUDUCHERRY-605 107.

26562121, 26995000, 26995100, 26995200, 26995300, 26995400

Fax: 9180-26564830, 91-80-26562121, 91-80-2656811, Website: http://www.nimhans.kar.nic.in

National Institute of Mental Health & Neuro Sciences

(Institute of National Importance), Bangalore -560 029

राष्ट्रीय मानसिक स्वास्थ्य एवं तंत्रिका विज्ञान संस्थान, (राष्ट्रीय महत्व का संस्थान), बेंगलूर -560029 ठाबुँ, १००० ಮಾನಸಿಕ ಆರೋಗ್ಯ ಮತ್ತು ನರ ವಿಜ್ಞಾನ ಸಂಸ್ಥೆ, (ರಾಷ್ಟ್ರೀಯ ಪ್ರಾಮುಖ್ಯತಾ ಸಂಸ್ಥೆ), ಬೆಂಗಳೂರು -560029

Ref:

Date:

Dr. M.Radhakrishnan Professor & HOD Department of Neuroanaesthesia & Neurocritical Care

November 23, 2019

ATTENDANCE CERTIFICATE

This is to certify that Dr.Balapriya - PG Student from Sri Manakula Vinayagar Medical College & Hospital, Puducherry, Tamil Nadu, had attended the Neuroanaesthesia training programme in our department from 02-11-2019 to 25-11-2019.

(Permission to attend conference from 26/11/2019 to 30/11/2019).

(Dr. M.Radhakrishnan)

डॉ. एम. राधाकुणान, णार्च, गणा (नापु वेतेका) Dr. M. Radhakrishnan, MD OM Meuromaeshesa)

म्मान कर्मात कर हुए। दिख्या केवर प्रिक्त Department of verrormosthesia & Neurophical Care विमहानहा, Nebanana, बे गानुह/Bongalaru - 500 029,

TRUE COPY ATTESTED

DEAN

BRI MANAKULA VINARABAR

MEDICAL COLLEGE & HOSPITAL

RALITHEERTHALKUPPAM,

MADAGADIPET, PUDUCHERRABO 107.

\$\frac{1}{100}\$ 26562121, 26995000, 26995100, 26995200, 26995300, 26995400

Fax: 9180-26564830, 91-80-26562121, 91-80-26566811, Website: http://www.nimhans.kar.nic.in

National Institute of Mental Health & Neuro Sciences

(Institute of National Importance), Bangalore -560 029

राष्ट्रीय मानसिक स्वास्थ्य एवं तंत्रिका विज्ञान संस्थान, (राष्ट्रीय महत्व का संस्थान), बेंगलूर -560029 ठान्धु लो कान्त्रेश ಅರೋಗ್ಯ ಮತ್ತು ನರ ವಿಜ್ಞಾನ ಸಂಸ್ಥೆ, (ठान्धु लो क्रुक्को), घैठा प्रकेट -560029

Ref:

Date:

Dr. M.Radhakrishnan
Professor & HOD
Department of Neuroanaesthesia &
Neurocritical Care

November 30, 2019

ATTENDANCE CERTIFICATE

This is to certify that Dr.Ranganaayaki - PG Student from Sti Manakula Vinayagar Medical College & Hospital, Puducherry, Tamil Nadu, had attended the Neuroanaesthesia training programme in our department from 02-11-2019 to 30-11-2019.

(Dr. M. Radhakrishnan)

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26562121 A 995000 26995300, 26995300, 26995400

Fax: 9180-26564830, 91-80-26562121, 91-80-26566811, Website: http://www.nimbans.kar.nic.in

MEDICAL POLLEA VINAYAGAR
MEDICAL POLLEGE 8 HOSPITAL
KALITHER RTHAL KUPPAM,
MADAGADIPET, PUDUCHERRY-605 107.

NATIONAL INSTITUTE OF MENTAL HEALTH & NEUROSCIENCES (INSTITUTE OF NATIONAL IMPORTANCE) BENGALURU - 560 029



NIMH: A&E:TM:TRG-NA:2021/605

Date: 28.06.2021

The Dean Sri Manakula Vinayagar Medical College and Hospital Puducherry – 605 107.

Sir/Madam,

Sub: Request for permission to undergo training at this institute - reg.

Ref: Your letter dated 11.06.2021.

With reference to the above, I am directed to convey the permission of the Competent Authority for the students of your

1	Number of trainees	06
2	Name of the trainees	Duration
	Dr. Arun Kumar S, Dr. Gautham Prabhu and Dr.Kavya D C	02.07.2021 to 31.07.2021*
	Dr. Manju D, Dr. Swati N and Dr. Syed Arafath Ahmed	02.08.2021 to 31.08.2021*
3	Department at which training permitted	Neuroanaesthesia & Neurocritical Care
4	training fee	Rs.10,000/- per month per trainee

Note: Permission is subject to written assurance by Director/Dean/Principal/HOD of the above mentioned college/university that all the students who are posted will attend activity/duties of Medical & Non-Medical departments everyday as per the timings of the department and will not take any planned leave during the period of posting.

* based on COVID 19 Pandemic situation and guidelines RTPCR negative report (latest by 72 hours) to be provided on the day of joining

- The trainees should compulsorily carry their college ID cards while posted at NIMHANS.
- One stamp size photo should be given at the time of joining for issue of temporary ID card. (ID card should be returned at the end of training without fail)
- Trainees should carry a copy of this letter without fail.
- The training fee for the whole duration of training has to be paid by SB collect (online) on the day of
 joining. Excess payment of training fee will not be refunded.

I am also directed to inform you that the visiting students/trainees should make their own arrangement for accommodation. However all efforts will be made to provide hostel accommodation, but this will be subject to availability, <u>based on Manager, Hostel report (080-26995095)</u>/Supervisor, Cauvery Hostel, (080-26995092) as on the date of joining and on payment of charges as below, Accommodation will not be provided to the candidates coming earlier than the scheduled date of training.

1. Hostel Rent: Rs.100/- per day

NOTE: In case of any damage of assets/property in the <u>Hostels</u> i.e., movable and immovable property of NIMHANS by the trainees, the college shall be directly responsible for such act of the trainees. The loss incurred has to be borne by the Institution/College deputing the trainees. Further the attendance certificate for training of such trainees will be withheld.

On arrival, the trainees must contact the under the Under the Durther needful.

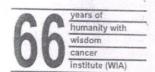
Yours faithfully

ADMINISTRATIVE OFFICER (A&E)

Copy to: The HOD of Neuron House the Hopetal Copy to: The HOD of Neuron House the House the Hopetal Copy to the HOD of Neuron House the Hopetal Copy to the Hopetal Co

1: 08026995015 Email: training@nimhans.ac.in

Website: http://www.nimhans.ac.in



Cancer Institute (W.I.A.) (Regional Cancer Centre)

(Regional Cancer Centre) Adyar, Chennai - 600 020.



Date:

20-09-2021

Ref:CI:Dean:031:2021-22

Dr. K. Karthikeyan, M.D.,
Dean (Academic)
Sri Manakula Vinayagar Medical College and Hospital
Kalitheerthalkuppam
Madagadipet
Puducherry - 605107

Sir,

With reference to your L.No.SMVMCH/DAO/PG Posting/1673/2021 dated 07.09.2021 regarding permission to undergo training for your III year Oto-Rhino-Laryngology post graduates in the Dept. of Surgical Oncology (Head and Neck) for one month is approved. Each student has to pay Rs.10,000/- per month on the day of joining towards observership fee. On arrival, they have to contact Dr.Arvind Krishnamurthy, Professor & Head, Dept. of Surgical Oncology, for assistance. Schedule is given below.

S.No.	Name of the Postgraduates	Posting period
1	Dr.M.Nisha	01.10.21 to 31.10.21
2	Dr.K.R.Srinivasane	01.11.21 to 30.11.21

Sincerely yours,

(Dr.S.Shirley)

Dean

Copy to : Dr.Arvind Krishnamurthy, Professor & Head, Dept of Surgical Oncology

CHENNAL 600 020

Tel. No : 2491 0754, 2491 1526, 4205 4405 / 06, Fax No : 91-44-2491 2085 E-mail : contact@cancerinstitutewia.org

TRUE COPY ATTESTED

BELLANDROLL STRANGAR MEDICAL COLLEGE & HOSPITAL KALTTHEER HALKUPPAM, MADAGADIPET, PUDUCHERRY-605 107.

1

NATIONAL INSTITUTE OF MENTAL HEALTH & NEUROSCIENCES (INSTITUTE OF NATIONAL IMPORTANCE) BENGALURU - 560 029



Date: 02.07.2021

NIMH:ACA-B:TRG-NS:2021/612

The Dean (Academic)
Sri Manakula Vinayagar Medical College and Hospital
Kalitheerthalkuppam, Madagadipet
Puducherry – 605 107.

Sir/Madam,

Sub: Request for Permission to undergo training at this Institute - reg.

Ref: Your letter dated 11.06.2021.

With reference to the above, I am directed to convey the permission of the Competent Authority for the students of your Institution to undergo training at this Institution as follows:

1	Number of trainees	02
2	Name of the trainees	Dr. Nisha M Dr. Srinivasane K R
3	Department at which training permitted	Neurosurgery
4	Date and Duration	02.08.2021 to 31.08.2021* or 01.09.2021 to 30.09.2021*
5	Training fee	Rs.10,000/- per month per trainee

Note: Permission is subject to written assurance by Director/Dean/Principal/HOD of the above mentioned college/university that all the students who are posted will attend activity/duties of Neurosurgery department everyday as per the timings of the department and will not take any planned leave during the period of posting.

* based on COVID 19 Pandemic situation and guidelines RTPCR negative report (latest by 72 hours) to be provide on the day of joining

- . The trainees should compulsorily carry their college ID cards while posted at NIMHANS.
- One stamp size photo should be given at the time of joining for issue of temporary ID card. (ID card should be returned at the end of training without fail)
- Trainees should carry a copy of this letter without fail.
- The training fee for the whole duration of training has to be paid by SB collect (online) on the day
 of joining. Excess payment of training fee will not be refunded.

I am also directed to inform you that the visiting students/trainees should make their own arrangement for accommodation. However all efforts will be made to provide hostel accommodation, but this will be subject to availability, <u>based on Manager</u>, <u>Hostel report (080-26995095)</u>/Supervisor, Cauvery Hostel, (080-26995092) as on the date of joining and on payment of charges as below, Accommodation will not be provided to the candidates coming earlier than the scheduled date of training.

1. Hostel Rent: Rs. 100/- per day

NOTE: In case of any damage of assets/property in the <u>Hostels</u> i.e., movable and immovable property of NIMHANS by the trainees, the college shall be directly responsible for such act of the trainees. The loss incurred has to be borne by the Institution/College deputing the trainees. Further the attendance certificate for training of such trainees will be withheld.

On arrival, the trainees mesocontact the undersigned for further needful.

SRIMANARULA GOLLEGE & JOSPITAL

CERCET COLLEGE & JOSPITAL

CERCET COLLEGE STORMAN SHORT STORMAN SHORT STORMAN SHORT STORMAN SHORT SUPERVISOR, NIMHANS Hostels

ADMINISTRATIVE OFFICER (A&E)

Yours faithfully

a: 08026995015 Email: training@nimhans.ac.in Website: http://www.nimhans.ac.in



Kanchi Kamakoti CHILDS Trust Hospital

(Recognised by the National Board of Examinations)

12A, Nageswara Road, Nungambakkam, Chennai - 600 034.

Tel: 044 - 42001800

KKCTH/MD/184/2021 E

E-mail: kkcth@kkcth.org Website: www.kkcth.org

SUD | S09001

7th July 2021

To,
Dr. Karthikeyan. K.
Dean (Academic),
Sri Manakula Vinayagar Medical College and Hospital
Kalitheerthalkuppam, Madagadipet,
Puducherry – 605 107.

Dear Dr. Karthikeyan,

Sub: Training for Pediatric Post Graduates – reg.

Ref: Ref. No: SMVMCH/DAO/PG Posting/647/2021 dt: 6th July 2021.

Greetings from KKCTH.

With reference to your request letter, we are pleased to accommodate MD Pediatric postgraduates of your college for Observership in the Department of Pediatrics at our Institution for a period of 1 month. We request you to send 3 postgraduates in the month of September 2021 and another 3 postgraduates in the month of October 2021.

The Candidates are requested to pay Rs. 15,000/- (Fifteen Thousand only) per month per PG as an Observer fees.

The observer fees can be paid through RTGS / NEFT transfer to the following bank account.

ACCOUNT HOLDER NAME: THE CHILDS TRUST

ACCOUNT TYPE: Savings Bank

ACCOUNT NUMBER: 50100133533486

BANK NAME : HDFC BANK

BRANCH: NUNGAMBAKKAM, CHENNAI - 600 034

RTGS / NEFT IFSC CODE : HDFC0000082

Once the fund transfer is effected, please inform us by quoting the UTR No. given by the bank, date of transaction and name of the bank to generate official receipt. Also note that fees once paid will not be refunded under any circumstances.

We would also like to inform you that you need to take a Rapid RTPCR Test and submit its report on the day of joining us.

Thanking You,

With warm regards,

Dr.S. BALASUBRAMANIAN S. Balasubramanian MEDICAL DIRECTOR Medical Director

TRUE OPY ATTE**SANED** KAMAKOTI CHILDS TRUST HOSPITAL 12-A, Nageswara Road, Nungambakkam, Cherinai-600 034.

BRI MANAN VINAYAGAR MEDICAL CO E & HOSPITAL KALITHEET THALKUPPAM, MADAGADIPET, PUDUCHERRY-605 107.

NATIONAL INSTITUTE OF MENTAL HEALTH & NEUROSCIENCES (INSTITUTE OF NATIONAL IMPORTANCE) BENGALURU - 560 029



NIMH: A&E:TM:TRG-PSY: 2021/603

The Dean Sri Manakula Vinayagar Medical College and Hospital Puducherry – 605 107.

Sir/Madam,

Sub: Request for permission to undergo training at this institute - reg.

Ref: Your letter dated 11.06.2021.

With reference to the above, I am directed to convey the permission of the Competent Authority for the students of your Institution to undergo training at this Institution as follows:

1	Number of trainees	02 Dr.A.C.Lakshmi Dr.S.Perarul		02	
2	Name of the trainees				
3	Department at which training permitted	Date and Duration			
	Child and Adolescent Psychiatry	02.07.2021 to 31.07.2021*	02.07.2021 to 31.07.2021*		
	Psychiatry(CAM Unit)	Under process			
	Psychiatry (PRS Unit)	Under process			
4	Training fee	Rs.10,000/- per month per t	trainee		

Note: Permission is subject to written assurance by Director/Dean/Principal/HOD of the above mentioned college/university that all the students who are posted will attend activity/duties of Child and Adolescent Psychiatry, Neurology, Psychiatry and Clinical Psychology departments everyday as per the timings of the department and will not take any planned leave during the period of posting.

* based on COVID 19 Pandemic situation and guidelines RTPCR negative report (latest by 72 hours) to be provided on the day of joining

- The trainees should compulsorily carry their college ID cards while posted at NIMHANS.
- One stamp size photo should be given at the time of joining for issue of temporary ID card. (ID card should be returned at the end of training without fail)
- Trainees should carry a copy of this letter without fail.
- The training fee for the whole duration of training has to be paid by SB collect (online) on the day
 of joining. Excess payment of training fee will not be refunded.

I am also directed to inform you that the visiting students/trainees should make their own arrangement for accommodation. However all efforts will be made to provide hostel accommodation, but this will be subject to availability, <u>based on Manager</u>, <u>Hostel report (080-26995095)</u>/Supervisor, Cauvery Hostel, (080-26995092) as on the date of joining and on payment of charges as below, Accommodation will not be provided to the candidates coming earlier than the scheduled date of training.

1. Hostel Rent: Rs.100/- per day

NOTE: In case of any damage of assets/property in the <u>Hostels</u> i.e., movable and immovable property of NIMHANS by the trainees, the college shall be directly responsible for such act of the trainees. The loss incurred has to be borne by the Institution/College deputing the trainees. Further the attendance certificate for training of such trainees will be withheld.

Of arrival, the trainees must contact the undersigned for further needful.

TRUE COPY ATTEST

Yours faithfully

ADMINISTRATIVE OFFICER (A&E)

MEDICAL CONTROL OF CHILD & Adolescent Psychiatry, NIMHANS KALITHEERTHAL KULTUSOS 197 Sychiatry, NIMHANS MADAGADIPET, PUDUCHEERTY OF PSychiatry, NIMHANS

22

Date: 27.02.18

Dr. K. KARTHIKEYAN DEAN (ACADEMIC)

Outward No./SMVMCH/DAO/PG Posting 164 /2018

To

The Director,

Madras Medical Mission Hospital, No.4 - A, Dr. J. Jayalalitha Nagar, Mogappair, Chennai - 600037 Phone: 044 2656 5991

Sir.

Sub: Permission to undergo training for Anaesthesiology IInd year

Post graduates - reg.

We would like to send our II year Postgraduates from the Department of Anaesthesiology to undergo one month training for Cardiac Anaesthesiology in your esteemed institution. We will be thankful if permission is accorded to our Postgraduate students for undergoing training in your institute on the dates mentioned below:

Sl. No	Name of the Postgraduates	Date
1	Dr. Anwar Shakkeel .E.K	01.08.2018 - 31.08.2018
2	Dr. Ashwanth.B.A	
3	Dr. Gayathri.S.	01.09.2018 - 30.09.2018
4	Dr. Guru Avinash.G	
5	Dr. Jiju Antony.A	01.10.2018 - 31.10.2018
6	Dr. Vigneshwaran.C	

We request confirmation from your side on this issue. Our students will pay the require fees as per your institution norms.

Thanking you

1. The Director, SMVMCH for information,

Copy to:

Yours sincerely,

Dean (Academic) Dr. K.KARTHIKEYAN, M.D.,

DEAN (ACADEMIC)

Sri Manakula Vinayagar Medical College and Hospital Kalitheerthalkuppam Madagadipet,

2. The Head of the Department, Department of Anaesthesiology, SMVM@Heferry 605 107 information.

TRUE COPY ATTESTED

SRI MANAKUL YINAYAGAR MEDICAL COLLEGEN HOSPITAL KALITHEERTHAL N. IPPAM, MADAGADIPET, PUDUCHARRY-605 107.

Dr. K. KARTHIKEYAN DEAN (ACADEMIC)

Outward No./SMVMCH/DAO/PG Posting / 16 5 /2018

Date: 27.02.2018

To

The Director,

National Institute of Mental Health and Neurosciences, Hosur Main Road, Lakkasandra, Wilson Garden, Bangalore – 560029.

Sir,

Sub: Permission to undergo training for Anaesthesiology IInd year Post graduates - reg.

We would like to send our IInd year Postgraduates from the department of Anaesthesiology to undergo 1 month Neuro Anaesthesiology training in your esteemed institution. We will be thankful if permission is accorded to our Postgraduate students for undergoing training in your institute on the dates mentioned below:

Sl. No	Name of the Postgraduates	Date
1	Dr. Anwar Shakkeel .E.K	01.05.2018 – 31.05.2018
2	Dr. Ashwanth.B.A	01.03.2018 - 31.03.2018
3	Dr. Gayathri.S.	01.06.2018 - 30.06.2018
4	Dr. Guru Avinash.G	
5	Dr. Jiju Antony.A	01.07.2018 - 31.07.2018
6	Dr. Vigneshwaran.C	

Thanking you

Yours sincerely,

Dean (Academic)
Dr. K.KARTHIKEYAN, M.D.,

Copy to:

1. The Director, SMVMCH for information,

DEAN (ACADEMIC)

Sri Manakula Vinayagar Medical College and Hospital

Kalitheerthalkuppam. Madagadipet.

Puducherry - 605 107

2. The Head of the Department, Department of Anaesthesiology, SMVMCH for

information.

DEAN
SRI MANARULA VINAYAGAR
MEDICAL COLLEGE & JOSPITAL
MEDICAL COLLEGE & JOSPITAL
KALITHEERTHAL KUPPAM,
KALITHEERTHAL KUPPAM,
MADAGADIPET, PUDUCHERRY-605 107.

Sri MANAKULA WANAKULA VINAYAGAR

—Medical College and Hospital —

Dr. K. KARTHIKEYAN, M.D., DEAN (ACADEMIC)

Outward No./SMVMCH/DAO/PG Posting /101 /2017

Date: 31.10.17

To

The Director,

National Institute of Mental Health and Neurosciences, Hosur Main Road, Lakkasandra, Wilson Garden,

Bangalore - 560029.

Karnataka.

Sir,

Sub: Permission to undergo training for Oto-Rhino-Laryngology II year postgraduate - reg.

We would like to send our II year postgraduate from the Department of Oto-Rhino-Laryngology to undergo 1 month training in your esteemed institution. We will be thankful if permission is accorded to our postgraduate student for undergoing training in your institute on the dates mentioned below:

Sl. No	Name of the Postgraduate	Date
1	Dr. Akshaya A.C.	01.02.2018 - 02.03.2018

We request confirmation from your side on this issue. Our student will pay the require fees as per your institution norms.

Thanking you

Yours sincerely,

Dean (Academic)

Dr. K.KARTHIKEYAN, M.D.

DEAN (ACADEMIC)

Sri Manakula Vinayagar Medical College and Hospital Kalitheerthalkuppam, Madagadipet.

Puducherry - 605 107

Copy to:

1. The Director, SMVMCH for information,

2. The Head of the Department, Department of Oto-Rhino-Laryngology, SMVMCH for information.

TRUE COPY ATTESTED

Kalitheerthalkuppam, Madagadipet, Puducherry - 605107.

Tel: 0413 - 2643000, 2643014 | Fax: 0413 - 2641549, 2643023 | E-mail: principal@smvmch.ac.in | Web: www.smvmch.ac.in

Roser Filler 5 10

Dr. K. KARTHIKEYAN, M.D., DEAN (ACADEMIC)

Outward No./SMVMCH/DAO/PG Posting /100 /2017

Date: 27.10.17

To

The Medical Superintendent, Government TB Sanitorium Hospital, G.S.T. Road, Tambaram, Chennai - 600 059 Ph. 044-22368450,2236842

Sir,

Copy to:

Sub: Permission to undergo training for Respiratory Medicine IIIrd year Post graduates - reg.

We would like to send our IIIrd year Postgraduates from the Department of Respiratory Medicine to undergo 1 month training in your esteemed institution. We will be thankful if permission is accorded to our postgraduate students for undergoing training in your institute on the date mentioned below:

Sl. No	Name of the Postgraduates	Date
1	Dr. Nanda Kishore	
2	Dr. Tanisha Saleem	01.12.2017 - 31.12.2017

We request confirmation from your side on this issue. Our students will pay the require fees as per your institution norms.

Thanking you

Yours sincerely,

Academic) KARTHIKEYAN, M.D.,

DEAN (ACADEMIC)

Sri Manakula Vinayagar Medical College and Hospital

2. The Head of the Department, Department of Respiratory Medicine, SNY Madagadiper. information.

TRUE COPY ATTESTED

Kalitheerthalkuppam, Madagadipet, Puducherry - 605107.

1. The Director, SMVMCH for information,

Tel: 0413 - 2643000, 2643014 | Fax: 0413 - 2641549, 2643023 | E-mail: principal@smvmch.ac.in | Web: www.smvmch.ac.in

Sri



Medical College and Hospital

Dr. K. KARTHIKEYAN DEAN (ACADEMIC)

Outward No./SMVMCH/DAO/PG Posting /91 /2017

Date: 05.10.17

To

Dr. Prabhu,

Head of the Nuclear Medicine department, Department of Radio-Diagnosis, Tamil Nadu Govt. Multi Super Specialty Hospital, Omandurar ovt. Estate, Mount Road, Anna Salai, Chennai - 600 002.

Sir,

Sub: Permission to undergo training for Radio-Diagnosis IInd year Post graduates - reg.

We would like to send our IInd year Postgraduates from the Department of Radio-Diagnosis to undergo 10 days training for Nuclear Medicine in your esteemed institution. We will be thankful if permission is accorded to our Postgraduate students for undergoing training in your institute on the dates mentioned below:

Sl. No	Name of the Postgraduates	Dete
1	Dr. Varun Hansaria	Date 21.11.2017 - 30.11.2017
2	Dr. Kaviyavarshini	
3	Dr. Yash Achantani	21.12.2017 - 31.12.2017
4	Dr. Rohit Chautan	

We request confirmation from your side on this issue. Our students will pay the require fees as per your institution norms.

Thanking you

ours sincerely,

Dean (Academic)

Dr. K.KARTHIKEYAN, M.D.

DEAN (ACADEMIC)

1. The Director, SMVMCH for information. 2. The Head of the Department Department of Radio-Diagnosis, SNATIME Plant College and Ho Kalitheerthalkuppam Madagadipet, Puducherry - 605107.

Tel: 0413 - 2643000, 2643014 | Fax: 0413 - 2641549, 2643023 | E-mail: principal@smvmch.ac.in | Verbuicherry.srgymch.ac.in | Verbuich Sri Manakula Vinayagar Medical College and Hos

Copy to:

MAVAGAR E & HOSPITAL MADAGADIPET, PUD CHERRY-605 107.

Dr. K. KARTHIKEYAN DEAN (ACADEMIC)

Outward No./SMVMCH/DAO/PG Posting / /2017

Date: 04.10.17

To

Dr. Prabhu,

Head of the Nuclear Medicine department, Department of Radio-Diagnosis, Tamil Nadu Govt. Multi Super Specialty Hospital, Omandurar ovt. Estate, Mount Road, Anna Salai, Chennai - 600 002.

Sir.

Sub: Permission to undergo training for Radio-Diagnosis IInd year Post graduates - reg.

We would like to send our IInd year Postgraduates from the Department of Radio-Diagnosis to undergo 10 days training for Nuclear Medicine in your esteemed institution. We will be thankful if permission is accorded to our Postgraduate students for undergoing training in your institute on the dates mentioned below:

Sl. No	Name of the Postgraduates	Nuclear
1	Dr. Varun Hansaria	Medicine
2	Dr. Kaviyavarshini	21.11.2017 - 30.11.2017
. 3	Dr. Yash Achantani	21.12.2017 - 31.12.201
4	Dr. Rohit Chautan	

We request confirmation from your side on this issue. Our students will pay the require fees as per your institution norms.

Thanking you

rs sincerely.

Copy to:

Dean (Academic)

Dr. K.KARTHIKEYAN, M.D.,

DEAN (ACADEMIC)

1. The Director, SMVMCH for information, 2. The Head of the Department, Department of Radio-Diagnosis, SM Manakula Vinayagar Medical College and Hospit information. Puducherry - 605 107

BRI MANAKULA VINAYAGAR
MEDICAL GOLLEGE & HOSPITAL
KALITHEERTHALKUPAM,
MADAGADIPET, PUDUCHERRY 605 107.

20

-Medical College and Hospital -

Dr. K. KARTHIKEYAN DEAN (ACADEMIC)

Outward No./SMVMCH/DAO/PG Posting / 89 /2017

Date: 05.10.17

To

Dr. Vijayalakshmi,

Phone: 044 2819 2138.

Professor & Head of the Department, Department of Radio-Diagnosis, Institute of Child Health and Hospital for Children, Halls Road, Egmore, Chennai, Tamil Nadu 600008

Madam,

Copy to:

Sub: Permission to undergo training for Radio-Diagnosis IInd year

Post graduates - reg.

We would like to send our IInd year Postgraduates from the Department of Radio-Diagnosis to undergo 15 days training for Pediatric Radiology in your esteemed institution. We will be thankful if permission is accorded to our Postgraduate students for undergoing training in your institute on the dates mentioned below:

Sl. No	Name of the Postgraduates	Date
1	Dr. Varun Hansaria	16.10.2017 – 31.10.2017
2	Dr. Kaviyavarshini	
3	Dr. Yash Achantani	01.01.2018 - 15.01.2018
4	Dr. Rohit Chautan	

We request confirmation from your side on this issue. Our students will pay the require fees as per your institution norms.

Thanking you

Yours sincerely

Dean (Academic)

Dr. K.KARTHIKEYAN, M.D.

DEAN (ACADEMIC)

Sri Manakula Vinayagar Medical College and Hospital Kalitheerthalkuppam, Madagadipet.

2. The Head of the Department Department of Radio-diagnosis, SMVMCP4 futherry - 605 107

Kalitheerthalkuppam, Madagadipet, Puducherry - 605107.

1. The Director, SMVMCH for information,

Tel: 0413 - 2643000, 2643014 | Fax: 0413 - 2641549, 2643023 | E-mail: principal@smvmch.ac.in | Web: www.smvmch.ac.in

BRI MANARILLA VINAYAGAR
MEDICAL COLLEGE SHOSPITAL
KALITREER HALKUPPAM.
MADAGADIPET, PUDUCHERRY-805 107.

Dr. K. KARTHIKEYAN DEAN (ACADEMIC)

Outward No./SMVMCH/DAO/PG Posting / /2017

Date: 04.10.17

To

Dr. Vijayalakshmi,

Professor & Head of the Department, Department of Radio-Diagnosis, Institute of Child Health and Hospital for Children, Halls Road, Egmore, Chennai, Tamil Nadu 600008 Phone: 044 2819 2138.

Madam,

Copy to:

Sub: Permission to undergo training for Radio-Diagnosis IInd year

Post graduates - reg.

We would like to send our IInd year Postgraduates from the Department of Radio-Diagnosis to undergo 15 days training for Pediatric Radiology in your esteemed institution. We will be thankful if permission is accorded to our Postgraduate students for undergoing training in your institute on the dates mentioned below:

Sl. No	Name of the Postgraduates	Date
1	Dr. Varun Hansaria	16.10.2017 – 31.10.2017
2	Dr. Kaviyavarshini	
3	Dr. Yash Achantani	01.01.2018 – 15.01.2018
4	Dr. Rohit Chautan	

We request confirmation from your side on this issue. Our students will pay the require fees as per your institution norms.

Thanking you

urs sincerely,

Dean (Academic)

1. The Director, SMVMCH for information,

Dr. K.KARTHIKEYAN, M.G.

DEAN (ACADEMIC) Sri Manakula Vinayagar Medical College and Hospitsi

2. The Head of the Department, Department of Radio-diagnosis, SMV MCHallypam, Madagadipar. information. Puducherry - 605 107 OPY ATTESTED

BEAN ANALULA VINAVAGAR MEDICAL COLLEGE & HOSPITAL KALITHEERTHALKUNPAM, MADAGADIPET, PUDUCHERRY-605 107.

Dr. K. KARTHIKEYAN DEAN (ACADEMIC)

Outward No./SMVMCH/DAO/PG Posting / 90 /2017

Date: 05.10.17

To

Dr. Periyakaruppan,

Head of the Interventional Radiology department, Tamil Nadu Govt. Multi Super Specialty Hospital, Omandurar Govt. Estate, Mount Road, Anna Salai, Chennai - 600 002.

Sir,

Sub: Permission to undergo training for Radio-Diagnosis IInd year Post graduates - reg.

We would like to send our IInd year Postgraduates from the Department of Radio-Diagnosis to undergo 20 days training for Interventional Radiology in your esteemed institution. We will be thankful if permission is accorded to our Postgraduate students for undergoing training in your institute on the dates mentioned below:

Sl. No	Name of the Postgraduates	Date
1	Dr. Varun Hansaria	01.11.2017 – 20.11.2017
2	Dr. Kaviyavarshini	
3	Dr. Yash Achantani	01.12.2017 – 20.12.2017
4	Dr. Rohit Chautan	

We request confirmation from your side on this issue. Our students will pay the require fees as per your institution norms.

Thanking you

Yours sincerely,

Dr. K.KARTHIKEYAN, M.D.,

DEAN (ACADEMIC)

1. The Director, SMVMCH for information, Sri Manakula Vinayagar Medical College and Hospital 2. The Head of the Department, Department of Radio-Diagnosis, SMMM-GHAMAGEM, Madagadipet,

Kalitheerthalkuppan Contratagedipet, Puducherry - 605/107. Puducherry - 605 107 Tel: 0413 - 2643000, 2643014 | Fax: 0413 - 264154∮ 2643023 | E-mail: principal@smvmch.ac.in | Web: www.smvmch.ac.in

TRUE COPY ATTESTE

SRI MANAGULA VINNYAGAR MEDICAL COLLEGE 8 HOSPITAL KALITHEERTHALKUPPAM, MADAGADIPET, PUDUCHERRY-605 107.

Copy to:

Dr. K. KARTHIKEYAN DEAN (ACADEMIC)

Outward No./SMVMCH/DAO/PG Posting /

/2017

Date: 04.10.17

To

Dr. Periyakaruppan,

Head of the Interventional Radiology department, Tamil Nadu Govt. Multi Super Specialty Hospital, Omandurar Govt. Estate, Mount Road, Anna Salai, Chennai - 600 002.

Sir,

Sub: Permission to undergo training for Radio-Diagnosis IInd year Post graduates - reg.

We would like to send our IInd year Postgraduates from the Department of Radio-Diagnosis to undergo 20 days training for Interventional Radiology in your esteemed institution. We will be thankful if permission is accorded to our Postgraduate students for undergoing training in your institute on the dates mentioned below:

Sl. No	Name of the Postgraduates	Date
1	Dr. Varun Hansaria	01.11.2017 – 20.11.2017
2	Dr. Kaviyavarshini	
3	Dr. Yash Achantani	01.12.2017 - 20.12.2017
4	Dr. Rohit Chautan	

We request confirmation from your side on this issue. Our students will pay the require fees as per your institution norms.

Thanking you

ours sincerely,

Dean (Academic)

Dr. K.KARTHIKEYAN, M.D.,

DEAN (ACADEMIC) Sri Manakula Vinayagar Medical College and Hospital

1. The Director, SMVMCH for information, 2. The Head of the Department, Department of Radio-Diagnosis, SNIVING Haformadagauipet, Puducherry - 605 107 information.

COPY ATTESTED

BRI MANAR ELA VINANAGAR MEDICAL COLLEGE & HOSPITAL KALITHEERTHALKUPAAM, MADAGADIPET, PUDUCHERRY-605 107.

Copy to:

avolc

Dr. K. KARTHIKEYAN DEAN (ACADEMIC)

Outward No./SMVMCH/DAO/PG Posting / 8 7 /2017

Date: 20.09.17

To

The Director,

Aravind Eye Hospital, Thavalakuppam, Puducherry .

Sir,

Sub: Permission to undergo training for Ophthalmology Postgraduates - reg.

We would like to send our MS Postgraduates from the Department of Ophthalmology to undergo 1 month training in your esteemed institution. We will be thankful if permission is accorded to our Postgraduate students for undergoing training in your institute on the dates mentioned below:

Sl. No	Name of the Postgraduates	Date
1	Dr. Naveen Nischal	01.11.2017 - 30.11.2017
2	Dr. Prithvi Chandrakanth	01.12.2017 - 31.12.2017
3	Dr. Ramya Ravichandran	01.02.2018 - 02.03.2018

Thanking you

Yours sincerely,

Dean (Academic)

Copy to:

- 1. The Director, SMVMCH for information
- 2. The Head of the Department, Department of Ophthalmology, SMVMCH for information

here to the second

TRUE COPY ATTESTED



Dr. K. KARTHIKEYAN DEAN (ACADEMIC)

Outward No./SMVMCH/DAO/PG Posting / 74 /2017

Date: 07.09.17

To

The Director,

Institute of Child Health and Hospital for Children, Halls Road, Egmore, Chennai, Tamil Nadu 600008

Phone: 044 2819 2138.

Sir.

Sub: Permission to undergo training for Paediatrics III year

Post graduates - reg.

We would like to send our III year Postgraduates from the Department of Paediatrics to undergo 1 month training for Paediatrics intensive care 15 days and 15 days in Hemato oncology unit in your esteemed institution. We will be thankful if permission is accorded to our Postgraduate students for undergoing training in your institute on the dates mentioned below:

Sl. No	Name of the Postgraduates	Date	
1	Dr. Priyaja.P	09.09.2017 - 09.10.2017	

We request confirmation from your side on this issue. Our students will pay the require fees as per your institution norms.

Thanking you

Yours sincerely,

Dean (Academic)

Dr. K.KARTHIKEYAN, M.D.,

DEAN (ACADEMIC)

Sri Manakula Vinayagar Medical College and Hospital

2. The Head of the Department, Department of Paediatrics, SMVMCH for inference 1005 107

TRUE COPY ATTESTED

Kalitheerthalkuppam, Madagadipet, Puducherry - 605107.

1. The Director, SMVMCH for information,

Tel: 0413 - 2643000, 2643014 | Fax: 0413 - 2641549, 2643023 | E-mail Principal@smvmch.ac.in | Web: www.smvmch.ac.in

Dr. K. KARTHIKEYAN DEAN (ACADEMIC)

Outward No./SMVMCH/DAO/PG Posting / 74 /2017

Date: 07.09.17

To

The Director,

Institute of Child Health and Hospital for Children, Halls Road, Egmore,

Chennai, Tamil Nadu 600008

Phone: 044 2819 2138.

Sir,

Sub: Permission to undergo training for Paediatrics III year

Post graduates - reg.

We would like to send our III year Postgraduates from the Department of Paediatrics to undergo 1 month training for Paediatrics intensive care 15 days and 15 days in Hemato oncology unit in your esteemed institution. We will be thankful if permission is accorded to our Postgraduate students for undergoing training in your institute on the dates mentioned below:

Sl. No	Name of the Postgraduates	Date
1	Dr. Priyaja.P	09.09.2017 - 09.10.2017

We request confirmation from your side on this issue. Our students will pay the require fees as per your institution norms.

Thanking you

burs sincerely,

Dean (Academic)

Dr. K.KARTHIKEYAN, M.D.,

DEAN (ACADEMIC)

Sri Manakula Vinayagar Medical College and Hospital

2. The Head of the Department, Department of Paediatrics, SMVMCH for informations 107

Roviered

Copy to:

Kalitheerthalkuppam, Madagadipet, Puducherry - 605107.

1. The Director, SMVMCH for information.

Tel: 0413 - 2643000, 2643014 | Fax: 0413 - 2641549, 2643023 | E-mail: principal@smvmch.ac.in | Web: www.smvmch.ac.in

BRI MANANUI A VINAVAGAR MEDICAL COLLEGE & HOSPITAL KAUTHERTHALKUPPAM, MADAGADIPET, PUDUCHERRY 605 107.

TRIII

MANAKUL



Medical College and Hospital

Dr.K. KARTHIKEYAN DEAN (ACADEMIC)

Outward No./SMVMCH/DAO/PG Posting / 57/2017

Date: 22.08.17

The Director.

Institute of Child Health and Hospital for Children, Halls Road, Egmore, Chennai, Tamil Nadu 600008 Phone: 044 2819 2138.

Sir,

Permission to undergo training for Paediatrics III year Sub:

Post graduates - reg.

The Director, SMVA or information,

We would like to send our III year Postgraduates from the Department of Paediatrics to undergo 1 month training for Paediatrics intensive care 15 days and 15 days in Hemato oncology unit in your esteemed institution. We will be thankful if permission is accorded to our Postgraduate students for undergoing training in your institute on the dates mentioned below:

Sl. No	Name of the Postgraduates	Date
1	Dr. Priyaja.P	01.09.2017 - 30.09.2017

We request confirmation from your side on this issue. Our students will pay the require fees as per your institution norms.

Thanking you

Yours sincerely,

Sri Manakula Vinayagar Medical College and Hospital Kalitheerthalkuppam, Madagadipet,

Kalitheerthalkuppam, Madagadipet, Department of Paediatrics, SMVMCH for MYFOFFFF at FOR. 107

TRUE OPY ATTESTED

Kalitheerthalkuppam, Madagadipet, Puducherry - 605107.

Tel: 0413 - 2643000, 26430 140F ax: 0413 - 2641549, 2643023 15 mail: principal@staymch.ac.in | Web: www.smvmch.ac.in | MADAGADIPET, PUDUCHERRY-605 107



Dr. K. KARTHIKEYAN DEAN (ACADEMIC)

Outward No./SMVMCH/DAO/PG Posting /49 /2017

Date: 18.08.17

To

The Director,

Madras Medical Mission Hospital, No.4 - A, Dr. J. Jayalalitha Nagar, Mogappair, Chennai - 600037

Phone: 044 2656 5991

Sir.

Sub: Permission to undergo training for Obstetrics & Gynaecology II year

Post graduates - reg.

We would like to send our II year Postgraduates from the Department of Obstetrics & Gynaecology to undergo 15 days training for ART Infertility management in your esteemed institution. We will be thankful if permission is accorded to our Postgraduate students for undergoing training in your institute on the dates mentioned below:

Sl. No	Name of the Postgraduates	Date	
1	Dr. Sharmila.G	15.09.2017 - 30.10.20	
2	Dr. Kavitha Washington	15.07.2017 - 50.10.2017	

We request confirmation from your side on this issue. Our students will pay the require fees as per your institution norms.

Thanking you

Copy to:

purs sincerely,

Dean (Academic)

Dr. K.KARTHIKEYAN, M.D.

DEAN (ACADEMIC)

Sri Manakula Vinayagar Medical College and Hospital 1. The Director, SMVMCH for information,

2. The Head of the Department, Department of OBG, SMVMCH for information, Madagadipet.

OPY ATTESTED

Kalitheerthalkuppam, Madagadipet, Puducherry - 605107.

Tel: 0413 - 2643000, 2643014 | Fax: 0413 - 2641549, 2643023 | E-mail: principal@smvmch.ac.in | Web: www.smvmch.ac.in

Dr. K. KARTHIKEYAN DEAN (ACADEMIC)

Outward No./SMVMCH/DAO/PG Posting /49 /2017

Date: 17.08.17

To

The Director,

Madras Medical Mission Hospital, No.4 - A, Dr. J. Jayalalitha Nagar, Mogappair, Chennai - 600037 Phone: 044 2656 5991

Sir,

Sub: Permission to undergo training for Obstetrics & Gynaecology II year

Post graduates - reg.

We would like to send our II year Postgraduates from the Department of Obstetrics & Gynaecology to undergo 15 days training for ART Infertility management in your esteemed institution. We will be thankful if permission is accorded to our Postgraduate students for undergoing training in your institute on the dates mentioned below:

Sl. No	Name of the Postgraduates	Date	
1	Dr. Sharmila.G	15 00 2017 20 10 2015	
2	Dr. Kavitha Washington	15.09.2017 – 30.10.2017	

We request confirmation from your side on this issue. Our students will pay the require fees as per your institution norms.

Thanking you

Yours sincerely,

Dean (Academic)

Copy to:

- 1. The Director, SMVMCH for information,
- 2. The Head of the Department, Department of OBG, SMVMCH for information.

TRUE COPY ATTESTED

BRI MANAKULA UNAYAGAR MEDICAL COLLEGE & HOSPITAL KALITHEERTHALAUPPAM, MADAGADIPET, PUDUCHERRY-605 107.

Dr. K. KARTHIKEYAN, M.D., DEAN (ACADEMIC)

Outward No./SMVMCH/DAO/PG Posting /

/2017

Date: 07.06.2017

To

The Director/Dean,

Adyar Cancer Institute, No. 1, East Canal Bank road, Gandhi Nagar, Near Sri Krishna Sweets, Adyar, Chennai - 600 020.

Phone: 044 - 24911526.

Sir/ Madam,

Sub: Permission to undergo training for Obstetrics & Gynaecology Post graduates - reg.

We would like to send our IInd year Postgraduates from the Department of Obstetrics & Gynaecology to undergo 1 month training for medical and surgical oncology postings in your esteemed institution. We will be thankful if permission is accorded to our Postgraduate students for undergoing training in your institute on the dates mentioned below:

Sl. No	Name of the Postgraduates	Date
1	Dr. Kavitha Washington	01.09.2017 - 30.09.2017
2	Dr. Sharmila. G	

We request confirmation from your side on this issue. Our students will pay the require fees as per your institution norms.

Thanking you

Yours sincerely,

Dean (Academic)

Copy to:

1. The Director, SMVMCH for information,

2. The Head of the Department, Department of Obstetrics & Gynaecology, SMVMCH

for information.

TRUE COPY ATTESTED

SRI MANAN LA VINAYAGAR MEDICAL COLLAGE & HOSPITAL KALITHEERTH ALKUPPAM, MADAGADIPET, PUD CHERRY-605 107,

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BRI MANAKULA VINAYAGAR MEDICAL COLLEGE & HOSPITAL MEDICAL COLLEGE & HOSPITAL KALITHEERTHALKUHPAM, KALITHEERTHALKUHPAM, MADAGADIPET, PUDUCHERTY-605 107.)

Dr. K. KARTHIKEYAN DEAN (ACADEMIC)

Outward No./SMVMCH/DAO/PG Posting / 56/2017

Date: 22.08.17

To

The Director,

Institute of Child Health and Hospital for Children, Halls Road, Egmore, Chennai, Tamil Nadu 600008

Phone: 044 2819 2138.

Sir,

Sub: Permission to undergo training for Paediatrics III year

Post graduates - reg.

We would like to send our III year Postgraduates from the Department of Paediatrics to undergo 1 month days training for Paediatrics intensive care 15 days and 15 days in Hemato oncology unit in your esteemed institution. We will be thankful if permission is accorded to our Postgraduate students for undergoing training in your institute on the dates mentioned below:

Sl. No	Name of the Postgraduates	Date
1	Dr. Priyaja.P	01.09.2017 - 30.09.2017

We request confirmation from your side on this issue. Our students will pay the require fees as per your institution norms.

Thanking you

Yours sincerely,

DEAN (ACADEMIC) Sri Manakula Vinayagar Medical College and Hospital

Copy to:

1. The Director, SMVMCH for information,

Kalitheerthalkuppam, Madagadipet,

2. The Head of the Department, Department of Paediatrics, SMVMCH for his 695,107

TRUE/COPY ATTESTED

Kalitheerthalkuppam, Madagadipet, Puducherry - 605107 Tel: 0413 - 2643000, 2643014 | Fax: 0413 - 2641549 2643023 | E-mail-principal@smvmch.ac.in | Web: www.smvmch.ac.in

Dr. K. KARTHIKEYAN DEAN (ACADEMIC)

Outward No./SMVMCH/DAO/PG Posting / 37/2017

Date: 10.07.17

The Director,

Madras Medical Mission Hospital, No.4 - A, Dr. J. Javalalitha Nagar, Mogappair, Chennai - 600037

Phone: 044 2656 5991

Sir.

Sub: Permission to undergo training for Anaesthesiology IInd year

Post graduates - reg.

We would like to send our IInd year Postgraduates from the Department of Anaesthesiology to undergo 1 month training for Cardiac Anaesthesiology in your esteemed institution. We will be thankful if permission is accorded to our Postgraduate students for undergoing training in your institute on the dates mentioned below:

Sl. No	Name of the Postgraduates	Date
1	Dr. Abinaya.R	01.08.2017 - 31.08.2017
2	Dr. Jacob John Plakkeel	01.09.2017 - 30.09.2017
3	Dr. Kishore .R	01.10.2017 - 31.10.2017
4	Dr. Vigneshwaran. J	01.11.2017 - 30.11.2017

We request confirmation from your side on this issue. Our students will pay the require fees as per your institution norms.

Thanking you

Yours sincerely,

Dean (Academic)

TRUE COPY ATTESTED

Dr. K.KARTHIKEYAN, M.D.,

DEAN (ACADEMIC)

Srl Manakula Vinayagar Medical College and Hospital

1. The Director, SMVMCH for information 1. The Director, Sivivicin for information,

2. The Head of the Department, Department of Anaesthesiology, Salibee Matteupgam, Madagadipet.

Puducherry - 605 107

Date: 08.07.17

Dr. K. KARTHIKEYAN DEAN (ACADEMIC)

Outward No./SMVMCH/DAO/PG Posting / 37/2017

The Director,

Madras Medical Mission Hospital, No.4 - A, Dr. J. Jayalalitha Nagar, Mogappair, Chennai - 600037

Phone: 044 2656 5991

Sir,

Sub: Permission to undergo training for Anaesthesiology IInd year

Post graduates - reg.

We would like to send our IInd year Postgraduates from the Department of Anaesthesiology to undergo 1 month training for Cardiac Anaesthesiology in your esteemed institution. We will be thankful if permission is accorded to our Postgraduate students for undergoing training in your institute on the dates mentioned below:

Sl. No	Name of the Postgraduates	Date	
51. 140		01.08.2017 - 31.08.2017	
1	Dr. Abinaya.R	의 내용이 생각하면 하면 가게 되었다면 하다 하는 것이 없는 그리고 있다면 하다면 하다면 하다 때문에 다른 사람이 되었다면 하다면 하다면 하다면 하다면 하다면 하다면 하다면 하다면 하다면 하	
2	Dr. Jacob John Plakkeel	01.09.2017 - 30.09.2017	
2		01.10.2017 - 31.10.2017	
3	Dr. Kishore .R		
4	Dr. Vigneswaran.J	01.11.2017 - 30.11.2017	

We request confirmation from your side on this issue. Our students will pay the require fees as per your institution norms.

Thanking you

Yours sincerely,

Copy to:

- 1. The Director, SMVMCH for information,
- 2. The Head of the Department, Department of Anaesthesiology, SMVMCH for information.

TRUE COPY ATTESTED

MADAGADIPET, PUTUCHERRY-605 107.

Dr. K. KARTHIKEYAN, M.D., DEAN (ACADEMIC)

Outward No./SMVMCH/DAO/PG Posting /691/2017

Date: 12.06.2017

To

The Director/Dean,

Adyar Cancer Institute, No. 1, East Canal Bank road, Gandhi Nagar, Near Sri Krishna Sweets, Adyar, Chennai - 600 020. Phone: 044 - 24911526.

Sir/ Madam.

Copy to:

Sub: Permission to undergo training for Obstetrics & Gynaecology Post graduates - reg.

We would like to send our IInd year Postgraduates from the Department of Obstetrics & Gynaecology to undergo 1 month training for medical and surgical oncology postings in your esteemed institution. We will be thankful if permission is accorded to our Postgraduate students for undergoing training in your institute on the dates mentioned below:

Sl. No	Name of the Postgraduates	Date
1	Dr. Kavitha Washington	01.09.2017 - 30.09.2017
2	Dr. Sharmila. G	01.09.2017 30.09.2017

We request confirmation from your side on this issue. Our students will pay the require fees as per your institution norms.

Thanking you

Yours sincerely.

Dean (Academic) Dr. K.KARTHIKEYAN, M.D.,

DEAN (ACADEMIC)

1. The Director, SMVMCH for information,

Sti Manakula Vinayagar Medical College and Hospital

2. The Head of the Department, Department of Obstetrics & Gynaedillogynalk Shann Madagadipet, Puducherry - 605 107

TRUE OPY ATTESTED for information.

Kalitheerthalkuppam, Madagadipet, Puducherry - 605107.

Tel: 0413 - 2643000, 2643014 | Fax: 0413 - 2641549, 2643023 + E-mail principal@smxmch.ac.in | Web: www.smvmch.ac.in

KALITHEERTHALKUPE

Dr. K. KARTHIKEYAN, M.D., DEAN (ACADEMIC)

Outward No. 281 /SMVMCH/DAO/PG Posting /2018

Date: 26.12.2018

To

The Director,

National Institute of Mental Health and Neurosciences, Hosur Main Road, Lakkasandra, Wilson Garden, Bangalore - 560029. Karnataka.

Sir.

Sub: Permission to undergo training for Orthopedics II year postgraduate - reg.

We would like to send our II year postgraduate from the department of Orthopedics to undergo 15 days training in your esteemed institution. We will be thankful if permission is accorded to our postgraduate student for undergoing training in your institute on the dates mentioned below:

Sl. No	Name of the Postgraduate	Date
1.	Dr.Pushparaj	04.03.2019 to 17.03.2019
2,	Dr.Arun Chandar	18.03.2019 to 31.03.2019
3.	Dr.Romans	01.04.2019 to 14.04.2019
4.	Dr. Vignesh	15.04.2019 to 28.04.2019

We request confirmation from your side on this issue. Our student will pay the require fees as per your institution norms.

Thanking you

ours sincerely,

Dean (Academic)

Dr. K.KARTHIKEYAN, M.D..

DEAN (ACADEMIC)

Vinayagar Medical College and Hospital

Puducherry - 605 107

Copy to:

1. The Director, SMVMCH for information,

1. The Director, Sivi vivicin for information,

Sri Manakula Yinayagar Medical College and Ho

2. The Head of the Department, Department of Orthopedics, SM Value of the Department of Orthopedics, SM Value of the Department of Orthopedics, SM Value of the Department of Orthopedics of Orth

Kalitheerthalkuppam, Madagadipet, Puducherry - 605107

Tel: 0413 - 2643000, 2643014, College: 2643023 | Fax | 0413 - 2641549 | E-mail: principal@smvmch.ac.in | Web: www.smvmch.ac.in

OPY ATTESTED

MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALKUPPAM,
MADAGADIPET, PUDUCHERRY-695 107.



Dr. K. KARTHIKEYAN, M.D., DEAN (ACADEMIC)

Outward No. 280/SMVMCH/DAO/PG Posting /2018

Date: 26.12.2018

To

The Director / Dean,

Government Stanley Medical College, No.1, Old Jain Road, Chennai-600 001.

Sir,

Copy to:

Sub: Permission to undergo training for Orthopedics II year postgraduate - reg.

We would like to send our II year postgraduate from the department of Orthopedics to undergo 15 days training in your esteemed institution. We will be thankful if permission is accorded to our postgraduate student for undergoing training in your institute on the dates mentioned below:

Sl. No	Name of the Postgraduate	Date
1.	Dr.Pushparaj	07.01.2019 to 20.01.2019
2.	Dr.Arun Chandar	21.01.2019 to 03.02.2019
3.	Dr.Romans	04.02.2019 to 17.02.2019
4.	Dr. Vignesh	18.02.2019 to 03.03.2019

We request confirmation from your side on this issue. Our student will pay the require fees as per your institution norms.

Thanking you

Yours sincerely,

Dean (Academic)

Dr. K.KARTHIKEYAN, M.D.

1. The Director, SMVMCH for information,

DEAN (ACADEMIC) linayagar Medical College and Hospital 2. The Head of the Department, Department of Orthopedics, SMY

reenhalkupfant matiagadipet.

Puducherry - 605 107

COPY ATTESTED

Kalitheerthalkuppam, Madagadipet, Puducherry - 605107.

EE CARL COLLEGE STREET AND A ST Tel: 0413 - 2643000, 2643014, College: 2643023 | Fax: 0413 - 264154

Dr. K. KARTHIKEYAN DEAN (ACADEMIC)

Outward No./SMVMCH/DAO/PG Posting /676 /2017

Date: 22.05.2017

To

The Director,

National Institute of Mental Health and Neurosciences, Hosur Main Road. Lakkasandra, Wilson Garden, Bangalore - 560029.

Sir.

Sub: Permission to undergo training for Psychiatry Post graduates - reg.

We would like to send our Postgraduates from the Department of for Psychiatry to undergo 3 months training in your esteemed institution. We will be thankful if permission is accorded to our Postgraduate students for undergoing training in your institute on the dates mentioned below:

SI. No	Name of the Postgraduates	Neurology	Rehabilitation psychiatry	Community Psychiatry	Child and Adolescent psychiatry
1	Dr. T. Ram Kumar	01.07.2017 to 31.07.2017	01.08.2017 to 15.08.2017	16.08.2017 to 31.08. 2017	01.09.2017 to 30.09.2017

Thanking you

Yours sincerely,

Bean (Academic)

Dr. K. KARTHIKEYAN, M.O., (OV.)

Copy to:

1. The Director, SMVMCH for information

The Head of the Department, Department of Psychiatry; SMVMCH for information

Kalitheerthalkuppam, Madagadipet, Puducherry - 605107.

Tel: 0413 - 2643000, 2643014 | Fax: 0413 - 2641549, 2543925 Campail: principal@smvmch.ac.in | Web: www.smvmch.ac.in

MEDICAL COLLEGE & HOSPITAL KALITHEERT ALKUPPAM, MADAGADIPET, PUDGCHERRY-605 107.

Dr. K. KARTHIKEYAN DEAN (ACADEMIC)

Outward No./SMVMCH/DAO/PG Posting /676 /2017

Date: 22.05.2017

To

The Director,

National Institute of Mental Health and Neurosciences, Hosur Main Road. Lakkasandra, Wilson Garden. Bangalore - 560029.

Sir,

Sub: Permission to undergo training for Psychiatry Post graduates - reg.

We would like to send our Postgraduates from the Department of for Psychiatry to undergo 3 months training in your esteemed institution. We will be thankful if permission is accorded to our Postgraduate students for undergoing training in your institute on the dates mentioned below:

SI. No	Name of the Postgraduates	Neurology	Rehabilitation psychiatry	Community Psychiatry	Child and Adolescent psychiatry
1	Dr. T. Ram Kumar	01.07.2017 to 31.07.2017	01.08.2017 to 15.08.2017	16.08.2017 to 31.08. 2017	01.09.2017 to 30.09.2017

Thanking you

Yours sincerely,

Dean (Academic)

Dr. K. KARTHIKEYAN, M.D., (DVL)
DEAN (ACADEMIC)

Copy to:

1. The Director, SMVMCH for information

2. The Head of the Department, Department of Psychiatry; SMVMCH for information

Kalitheerthalkuppam, Madagadipet, Puducherry - 605107.

Tel: 0413 - 2643000, 2643014 | Fax: 0413 - 2641549, 2643023 | E-mail: principal@stawnch.ac.in | Web: www.smvmch.ac.in

MADAGADISES, PUDUGHERAS 105 107.

YATTESTED



Dr. K. KARTHIKEYAN DEAN (ACADEMIC)

Outward No./SMVMCH/DAO/PG Posting /26 /2017

Date: 03.05.17

To

The Director,

Madras Medical Mission Hospital, No.4 - A, Dr. J. Jayalalitha Nagar, Mogappair, Chennai - 600037

Phone: 044 2656 5991

Sir,

Sub: Peripheral posting for General Surgery Post graduates remainder req.- reg. Ref: Outward No./SMVMCH/DAO/PG Posting / 554/2016, date. 20.12.16

With reference letter cited above, we request you to kind attention to send our Postgraduates from the Department of General Surgery to undergo 1 month training in your esteemed institution. We will be thankful if permission is accorded to our Postgraduate students for undergoing training in your institute on the dates mentioned below:

Sl. No	Name of the Postgraduates	Date
11	Dr. Aarthi Raja	01.06.2017 - 30.06.2017
2	Dr. Ranjan James	01.07.2017 - 31.07.2017
3	Dr. Kuladeep	01.08.2017 - 31.08.2017
4	Dr. Srinivas Geddala	01.09.2017 - 30.09.2017
5	Dr. Pranav Sharma	01.10.2017 - 31.10.2017

We request confirmation from your side on this issue. Our students will pay the require fees as per your institution norms.

Thanking you

Copy to:

Yours sincerely,

Dean (Academic)
Dr. K.KARTHIKEYAN, M.D.,

DEAN (ACADEMIC)

Sri Manakula Vinayagar Medical College and Hospital Kalitheerthalkuppam, Madagadipet.

2. The Head of the Department, Department of General Surgery, SMVM Guchieny - 605 107 information.

Kalitheerthalkuppam, Madagadipet, Puducherry - 605107.

1. The Director, SMVMCH for information,

Tel: 0413 - 2643000, 2643014 | Fax: 0413 - 2641549, 2643023 | E-mail: principal@smvmch.ac.in | Web: www.smvmch.ac.in

TRUE COPY ATTESTED

BRI MANAY LA VINAYAGAR MEDICAL COLLEGE & HOSPITAL KALITHEERTHALKUPPAM, MADAGADIPET, PUDUCHERRY-605 107.



Dr. K. KARTHIKEYAN DEAN (ACADEMIC)

Outward No./SMVMCH/DAO/PG Posting /622 /2017

Date: 24.02.2017

To

The Director,

National Institute of Mental Health and Neurosciences, Hosur Main Road. Lakkasandra, Wilson Garden, Bangalore - 560029.

Sir,

Sub: Permission to undergo training for Anaesthesiology 1st year Post graduates - reg.

We would like to send our 1st year Postgraduates from the department of Anaesthesiology to undergo 1 month speciality training in your esteemed institution. We will be thankful if permission is accorded to our Postgraduate students for undergoing training in your institute on the dates mentioned below:

Sl. No	Name of the Postgraduates	Date	
1	Dr. R. Abinaya	01.05.2017 - 31.05.2017	
2	Dr. Jacob John Plakkeel	01.06.2017 - 30.06.2017	
3	Dr. R. Kishore	01.07.2017 - 31.07.2017	
4	Dr. J. Vigneshwaran		

Thanking you

Copy to:

Yours sincerely,

Dean (Academic) Dr. K.KARTHIKEYAN, M.D.,

DEAN (ACADEMIC)

Sri Manakula Vinayagar Medical College and Hospital Kalitheerthalkuppam, Madagadipet,

Puducherry - 605 107

The Head of the Department, Department of Anaesthesiology, SMVMCH for

information.

The Director, SMVMCH for information,

Kalitheerthalkuppam, Madagadipet, Puducherry - 605107.

Tel: 0413 - 2643000, 2643014 | Fax: 0413 - 2641549, 2643023 | E-mail: principal@smvnich.ac.in | Web: www.smvmch.ac.in

TRUE

MED



Sri Manakula Vinayagar Medical College & Hospital

Kalitheerthalkuppam, Madagadipet, Puducherry - 605 107.

DEPARTMENT OF OPHTHALMOLOGY

Date: 24.10.2018

From

Dr. P. Nallamuthu, Professor, Department of Ophthalmology, Sri Manakula Vinayagar Medical College & Hospital, Puducherry.

To

The Dean (Academic), Sri Manakula Vinayagar Medical College & Hospital, Puducherry.

(Subject: Observation for 1 month)

Respected sir,

I hereby wish to inform you that the following post graduate students may be given 1 month observation programme at Aravind Eye Hospital, Thavalakuppam, Puducherry in the following order.

G.M.	Name	Posting date
S.No		01.11.2018 - 30.11.2018
1.	Dr. Isvarya Srii. K	01.12.2018 - 31.12.2018
2.	Dr. Kiskimohammed Hafsakhanam	01.02.2019 - 02.03.2019
3.	Dr. Krishna Chaitanya. G.P	01.02.2014 - 02.03.2013

Kindly do the needful.

Thanking you,

Professor

Department of Ophthalmology

Sri Manakuta Vinayagar Medical College & Hospital Katitheerthalkuppam, Madagadipet, Puducherry-665197.

TRUE COPY ATTESTED

SRI MANAN HA VINAYAGAR MEDICAL COLLAGE & HOSPITAL KALITHEERTHALKUPPAM, MADAGADIPET, PUDUCHERRY-605 107.

Dr. K. KARTHIKEYAN DEAN (ACADEMIC)

Outward No.272/SMVMCH/DAO/PG Posting /2018

Date: 25.09.2018

To

The Director, Aravind Eye Hospital, Thavalakuppam, Puducherry.

Sir.

Copy to:

Sub: Permission to undergo training for Ophthalmology Postgraduates - reg.

We would like to send our MS Postgraduates from the Department of Ophthalmology to undergo 1 month training in your esteemed institution. We will be thankful if permission is accorded to our Postgraduate students for undergoing training in your institute on the dates mentioned below:

Sl. No	Name of the Postgraduates	Date
1	Dr. Isvarya Srii.K	01.11.2018 - 30.11.2018
2	Dr. Kiskimohammed Hafsakhanam	01.12.2018 - 31.12.2018
3	Dr. Krishna Chaitanya.G.P	01.02.2019 - 02.03.2019

Thanking you

Yours sincerely,

TRUE COPY ATTESTED

Dean (Academic) DI. K.KARTHIKEYAN, M.D.

1. The Director, SMVMCH for information publical college and Hospit 2. The Head of the Department, Department of Ophthalmology, SMVMCH for information Kalitheerthalkuppam, Madagadipet, Puducherry - 605107.

Tel: 0413 - 2643000, 2643014 | Fax: 0413 - 2641549, 2643023 | E-mail: principal@smvmch.ac.in | Web: www.smvmch.ac.in

Dr. K. KARTHIKEYAN DEAN (ACADEMIC)

Outward No.259/SMVMCH/DAO/PG Posting / 2018

Date: 03.08.2018

To

The Director/Dean,

Institute of Child Health and Hospital for Children, Halls Road, Egmore, Chennai - 600 008

Sir,

Sub: Permission to undergo training for Radio - Diagnosis Postgraduate - reg

We would like to send our postgraduate from the Department of Radio -Diagnosis to undergo 15 days training in your esteemed institution. We will be thankful if permission is accorded to our postgraduate student for undergoing training in your institute on the dates mentioned below:

Department	Name of the Postgraduates	Date	
	Dr. Madhumita. C	01.09.2018 - 15.09.2018	
Pediatric	Dr. Padma Reka. D	01.09.2018 - 13.09.2016	
Radiology	Dr. Rintu George	01.11.2018 – 15.11.201	
	Dr. Subha. V	01.11.2018 - 13.11.201	

We request confirmation from your side on this issue. Our students will pay the required fee as per your institution norms.

Thanking you

Yours sincerely,

Dean (Academic) Dr. K.KARTHIKEYAN, M.O.

DEAN (ACADEMIC)

Sri Manakula Vinavagat Medical College and hosp

1. The Director, SMVMCH for information, 2. The Head of the Department, Department of Radio - Diagnosis, SMN/MCH for information alpea.

Puguenerry - 805 107

Kalitheerthalkuppam, Madagadipet, Puducherry - 605107.

Copy to:

Tel: 0413 - 2643000, 2643014 | Fax: 0413 - 2641549, 2643023 | E-mail: principal@smvmch.ac.in | Web: www.smvmch.ac.in

TRUE COPY ATTESTED

SRI MANAKULA VINAYAGAR MEDICAL COLLEGE & HOSPITAL KALITHEERTHALKUPPAM, MADAGADIPET, PUDUCHERRY-605 107.



Dr. K. KARTHIKEYAN DEAN (ACADEMIC)

Outward No. 25/SMVMCH/DAO/PG Posting / 2018

Date: 03.08.2018

To

The Director/Dean,

Tamil Nadu Govt. Multi Super Specialty Hospital, Omandurar Govt. Estate, Mount Road, Anna Salai, Chennai - 600 002

Sir,

Sub: Permission to undergo training for Radio - Diagnosis Postgraduate - reg

We would like to send our postgraduate from the Department of Radio -Diagnosis to undergo training in your esteemed institution. We will be thankful if permission is accorded to our postgraduate student for undergoing training in your institute on the dates mentioned below:

Name of the Postgraduates	Department	Date
Dr. Madhumita. C	Interventional Radiology	16.09.2018 - 15.10.2018
Dr. Padma Reka. D	Nuclear Medicine	16.10.2018 - 31.10.2018
Dr. Rintu George	Interventional Radiology	16.11.2018 - 15.12.2018
Dr. Subha. V	Nuclear Medicine	16.12.2018 - 31.12.2018

We request confirmation from your side on this issue. Our students will pay the required fee as per your institution norms.

Thanking you

Yours sincerely,

Dean (Academic)

Dr. K. KARTHIREYON

Copy to:

1. The Director, SMVMCH for information,

The Head of the Department, Department of Radio - Diagnosis, SMVMCH for information.

TRUE COPY ATTESTED

Puducherry - 505 167

Kalitheerthalkuppam, Madagadipet, Puducherry - 605107.

Tel: 0413 - 2643000, 2643014 | Fax: 0413 - 2641549, 2643023 | E-mail: principal@smvmch.ac.in | Web: www.smvmch.ac.in

MEDICAL SCELEGE & HOSPITAL

ALLITHEERTHALKUPPAM,

MONGADIPET, PUBLICHERRY-605-107

Dr. K. KARTHIKEYAN DEAN (ACADEMIC)

Outward No. /SMVMCH/DAO/PG Posting / 2018

Date: 03.08.2018

To

The Director/Dean,

Tamil Nadu Govt. Multi Super Specialty Hospital, Omandurar Govt. Estate, Mount Road, Anna Salai, Chennai - 600 002

Sir,

Sub: Permission to undergo training for Radio - Diagnosis Postgraduate - reg

We would like to send our postgraduate from the Department of Radio -Diagnosis to undergo training in your esteemed institution. We will be thankful if permission is accorded to our postgraduate student for undergoing training in your institute on the dates mentioned below:

Name of the Postgraduates	Department	Date
Dr. Madhumita. C	Interventional Radiology	16.09.2018 - 15.10.2018
Dr. Padma Reka. D	Nuclear Medicine	16.10.2018 - 31.10.2018
Dr. Rintu George	Interventional Radiology	16.11.2018 - 15.12.2018
Dr. Subha. V	Nuclear Medicine	16.12.2018 - 31.12.2018

We request confirmation from your side on this issue. Our students will pay the required fee as per your institution norms.

Thanking you

Yours sincerely,

Dean (Academic)

Copy to:

- 1. The Director, SMVMCH for information,
- 2. The Head of the Department, Department of Radio Diagnosis, SMVMCH for information.

TRUE COPY ATTESTED

SRI MANAKULA VINAYAGAR MEDIGAL COLLEGE & HOSPITAL KALITHEERTHALKUPPAM, MADAGADIPET, PUDUCHERRY-605 107.





Dr. K. KARTHIKEYAN DEAN (ACADEMIC)

Outward No. /SMVMCH/DAO/PG Posting / 2018

Date: 03.08.2018

To

The Director/Dean,

Tamil Nadu Govt. Multi Super Specialty Hospital, Omandurar Govt. Estate, Mount Road, Anna Salai, Chennai - 600 002

Sir.

Sub: Permission to undergo training for Radio - Diagnosis Postgraduate - reg

We would like to send our postgraduate from the Department of Radio -Diagnosis to undergo training in your esteemed institution. We will be thankful if permission is accorded to our postgraduate student for undergoing training in your institute on the dates mentioned below:

Name of the Postgraduates	Department	Date
Dr. Madhumita. C	Interventional Radiology	16.09.2018 - 15.10.2018
Dr. Padma Reka. D	Nuclear Medicine	16.10.2018 - 31.10.2018
Dr. Rintu George	Interventional Radiology	16.11.2018 - 15.12.2018
Dr. Subha. V	Nuclear Medicine	16.12.2018 - 31.12.2018

We request confirmation from your side on this issue. Our students will pay the required fee as per your institution norms.

Thanking you

Your sincerely,

Dean (Academic)

Copy to:

- 1. The Director, SMVMCH for information,
- 2. The Head of the Department, Department of Radio Diagnosis, SMVMCH for information.

TRUE COPY ATTESTED

SRI MANAKULA VINAYAGAR MEDICAL COLLEGE & HOSPITAL KALITHEERTHALKUPPAM, MADAGADIPET, PUDUCHERRY-805 107.



NATIONAL TUBERCULOSIS ELIMINATION PROGRAMME

Memorandum of Understanding (MoU) for OR Grant between Principal Investigator of Medical College & NTEP, Puducherry

1. Parties

Dr.Kalaiselvan G, Professor & HoD, Dept. of Community Medicine, Sri Manakula Vinagayar Medical College & Hospital has been awarded the OR proposal grant of Rs.4,53,201/- (Rupees four lakhs fifty three thousand and two hundred and one only) as per the Operational Research Guidelines, NTEP, March-2009 and Revised NTEP Financial Norms, 2012-17

The title of the Operation Research proposal is "Dietary practices and nutritional assessment of Tuberculosis patients on anti-tuberculosis treatment in Puducherry and its association with treatment outcome"

2. Period of Study

The duration of study will be one year from the date of administrative approval.

The contract can be terminated by the State TB Officer, NTEP at any time without prior notice in case of non-diligence and poor progress.

- Terms & Conditions and specific services during the period of the MOU.
- A. ThePuducherryNTEP-State Health Mission shall,
 - i) Provide financial support of Rs.4,53,201/- for carrying out Operational Research.
 - An amount of 50% (Rs.2,26,601/-) would be paid at the start of the study and 30% (Rs.1,35,960/-) at mid-point of the study when a particular milestone has been achieved and the remaining of 20% (Rs.90,640/-) after the final report is made available.
- B. <u>Dr.Kalaiselvan G, Proffessor&HoD, Dept. of Community Medicine, Sri Manakula Vinagayar Medical</u> College & Hospital would submit a Utilization certificate, endorsed by the Head of Department/Institute for the grant received to Programme Officer/STO, RNTCP, Puducherry
- C. In case Dr. Kalaiselvan G, Proffessor&HoD, Dept. of Community Medicine, Sri Manakula Vinagayar Medical College & Hospital shall return the fund if the study cannot be taken up due to any reason and other relevant clauses. The College/Department can continue the study to its completion/return the funds in the event that the Principal Investigator is moved from the college during the course of the study.

4. Thesis grant will be released in the name of Institute/Medical College as "Sri Manakula Vinayagar Research Committee"

Signature of Researcher Dr.G.Kalaiselvan Prof. & Head, Dept. of Community Medicine, SMVMC&H

Head of Department Dr. KALAISELVAN, G Regd. No: 71617 PROFESSOR & HEAD

Department of Community Medicine Sri Manakula Vinayagar Medical College & Hospital Kalitheerthalkuppam, Puducherry- 605 107.

Head of Institute

Dr. KAGNE, R. V DEAN

SRI MANAKULA VINAYAR ? MEDICAL COLLEGE & HOSE TAL KALITHEERTHALKUPPAM,

PUDUCHERRY-605107.

SRI MANAKULA VINAYAGAR MEDICAL COLLEGE & HOSPITAL KALITHEERTHALKUPPAM, MADAGADIPET, PUDUCHERRY-605 107.

REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME

Memorandum of Understanding (MoU) for PG Thesis grant between PG Student of Medical College & NTEP, Puducherry

1. Parties

Dr. Subalakshmi S, Post-Graduate, Dept. of Community Medicine, Sri Manakula Vinagayar Medical College & Hospital, has been awarded the PG thesis grant of Rs.30,000/- (Rupees thirty thousand only) as per the Operational Research Guidelines, NTEP, March-2009 and Revised NTEP financial Norms, 2012-17.

The title of the PG Thesis is "Intensified case finding of tuberculosis among diabetes mellitus patients attending non communicable disease clinic in a tertiary care hospital - An implementation research" and will be done under the guidance of Dr Kalaiselvan G, Professor & HOD, Dept. of Community Medicine, Sri Manakula Vinagayar Medical College & Hospital.

2. Period of Study

The duration of study will be eighteen months from the date of administrative approval.

The contract can be terminated by the State TB Control Officer, NTEP at any time without prior notice in case of non-diligence and poor progress.

- 3. Terms & Conditions and specific services during the period of the MOU.
- A. ThePuducherry NTEP-State Health Society shall,
 - i) Provide financial support of Rs.30,000/- for carrying out the PG Thesis work.
 - An amount of Rs.24,000/- (80%) would be paid at the start of the study and the remaining of ii) Rs.6000/- (20%) after the final report is made available.

B <u>Dr.Subalakshmi S</u>, <u>Post-Graduate</u>, <u>Dept. of Community Medicine</u>, <u>Sri Manakula Vinagayar Medical College</u> & Hospital would submit a utilization certificate, endorsed by the Guide/Head of Department, for the grant receivedtoProgramme Officer/STO,RNTCP, Puducherry

C. In case <u>Dr.Subalakshmi S, Post-Graduate, Dept. of Community Medicine, Sri Manakula Vinagayar Medical</u> College & Hospital) discontinues the PG thesis or does not complete the study, should refund the full amount. An undertaking of Guide/Head of the Department may be obtained.

4. Thesis grant will be released in the name of Institute/Medical College as "Sri Manakula Vinayagar Research

Committee"

S. Subalakshini Signature of PG Student Dr.Subalakshmi S Post-Graduate. SMVMC&H

Guide/Head of Department

Dr. KALAISELVAN. G Regd. No: 71617 PROFESSOR & HEAD Department of Community Medicine

Sri Manakula Vinayagar Medical College & Hospital Kalitheerthalkuppam, Puducherry- 605 107.

Head of Institute

20 Dr. KAGNE. R.N

DEAN

SRI MANAKULA VINAYAGAR MEDICAL COLLEGE & HOSPITAL KALITHEERTHALKUPPAM,

PUDUCHERRY-605107.

Signature of State TB Officer.

(Dr.C.Venkatesh)

TRUE COPY ATTESTED

VINAYAGAR MEDICAL COLLEGE & HOSPITAL KALITHEERTHAL KUPPAM, MADAGADIPET, PUDUCHERRY-505 107.

NATIONAL TUBERCULOSIS ELIMINATION PROGRAMME

Memorandum of Understanding (MoU) for OR Grant between Principal Investigator of Medical College & NTEP, Puducherry

1. Parties

Dr.Rajalakshmi M, Associate Prof., Dept. of Community Medicine, Sri Manakula Vinagayar Medical College & Hospital has been awarded the OR proposal grant of Rs.1,01,000/- (Rupeesone lakh andthousand only) as per the Operational Research Guidelines, NTEP, March-2009 and Revised NTEP Financial Norms, 2012-17

The title of the Operation Research proposal is "Analyzing the effectiveness of Policy Implementation of Anti-Tuberculosis Drug Sale information to the Government Authorities at Pondicherry"

2. Period of Study

The duration of study will be one year from the date of administrative approval.

The contract can be terminated by the State TB Officer, NTEP at any time without prior notice in case of non-diligence and poor progress.

- 3. Terms & Conditions and specific services during the period of the MOU.
- A. ThePuducherry NTEP-State Health Mission shall,
 - i) Provide financial support of Rs.1,01,000/- for carrying out Operational Research.
 - ii) An amount of 50% (Rs.50,500/-) would be paid at the start of the study and 30% (Rs.30,300/-) at mid-point of the study when a particular milestone has been achieved and the remaining of 20% (Rs.20,200/-) after the final report is made available.
- B. Dr.Rajalakshmi M, Associate Prof., Dept. of Community Medicine, Sri Manakula Vinagayar Medical College & Hospital would submit a Utilization certificate, endorsed by the Head of Department/Institute for the grant received to Programme Officer/STO, RNTCP, Puducherry
 - C. In case Dr.Rajalakshmi M, Associate Prof., Dept. of Community Medicine, Sri Manakula Vinagayar Medical College & Hospital shall return the fund if the study cannot be taken up due to any reason and other relevant clauses. The College/Department can continue the study to its completion/return the funds in the event that the Principal Investigator is moved from the college during the course of the study.

4. Thesis grant will be released in the name of Institute/Medical College as "Sri Manakula Vinayagar Research Committee"

Signature of Researcher

Dr. Rajalakshmi M, Associate Prof.

SMVMC&H

artment N. G

Regd. No: 71617 PROFESSOR & HEAD

Department of Community Medicine Dept. of Community Medicine, Sri Manakula Vinayagar Medical Gollege & Hospital Kalitheerthalkuppam, Puducherry-605 107.

Head of Institute

Dr. KAGNE. R.N DEAN

SRI MANAKULA VINAYAGAR MEDICAL COLLEGE & HOSPITAL KALITHEERTHALKUPPAM,

PUDUCHERRY-60510/

Signature of State TB Officer.

(Dr.Govindarajan S)

TRUE CORY ATTESTED

SRI MANAKULA VINAYAGAR MEDICAL COLLEGE & HOSPITAL KALITHEERTHALKUPPAM, MADAGADIPET, PUDUCHERRY-605 107.