

From,

Date: 29-11-2017

Dr Ksh Sabani Chanu

3<sup>rd</sup> year Post Graduate

Department of Oral and Maxillofacial Surgery

Dayananda Sagar College of Dental Sciences

Bengaluru, 560078

To,

The Principal,

Dayananda Sagar College of Dental Sciences

Bengaluru, 560078

Through,

The Head of Department

Department of Oral and Maxillofacial Surgery

Dayananda Sagar College of Dental Sciences

Bengaluru, 560078

Sub: Permission to attend the posting for one month

Respected Madam,

As a PG student of your Department, please allow me to go for posting dated from 1-12-2017 to 31-12-2017 (December) at National Institute of Medical Health and Neurosciences (NIMHANS).

Requesting and Thanking You

*Sabani*

Dr Ksh Sabani Chanu

3<sup>rd</sup> year PG

*Forwarded to Principal*

*Amr*  
*29/11/17*

*u Permitted*  
*Hanthe*  
*30/11/17*

*H*  
**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.



NIMH:ACA-B:TRG-NS:2017/1030

Date: 24.10.2017

The Principal  
Dayananda Sagar College of Dental Sciences  
Shavige Malleshwara Hills  
Kumaraswamy layout  
Bengaluru - 560 078

Sir,

Sub: Request for Permission to undergo training at this institute - reg.  
Ref: Your letter dated 04.10.2017

\*\*\*\*\*

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	02(Two) - PG students
2	Name of Trainees	Dr.Ksh Sabani Chanu & Dr.Himanshu Sont.C
3	Department at which training permitted	Neurosurgery
4	Date & Duration of training No Change of date will be entertained	01.12.2017 to 31.12.2017
	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.

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

Yours faithfully

ADMINISTRATIVE OFFICER (A&E)  
Administrative Officer (A & E)  
National Institute of Mental Health &  
Neuro Sciences, Bengaluru - 560 029

Copy to: The HOD of Neurosurgery, NIMHANS

*Forwarded to  
The Dept of oral surgery  
Hemant  
7/11/17*

**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bengaluru - 560 078

Effective from 1st April 2017 onwards:

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](mailto: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 training 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.

*Renathi Bg*

ASST. ADMINISTRATIVE OFFICER (A&E)

  
**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

Ref: DSCDS/2017-18/

October 4, 2017

To:

The Director  
National Institute of Mental Health and  
Neurological Science (NIMHANS)  
Bangalore

Dear Sir,

**Sub: Permission for our Postgraduate students for taking up clinical  
posting at your prestigious institution.**  
\*\*\*

As a part of Master of Dental Surgery curriculum, post graduate students from the department of Oral & Maxillofacial Surgery, Dr. Ksh Sabani Chanu and Dr. Himanshu Soni .C are required to attend one month clinical posting (Casualty & Emergency) at National Institute of Mental Health and Neurological Science.

Kindly, grant them permission to attend the same at your prestigious Institution in the months stated below:

1. Dr. Ksh Sabani Chanu - November - 2017
2. Dr. Himanshu Soni C - December - 2017

Thanking you

Yours Sincerely



Dr. H.P. Raghuvver  
PRINCIPAL

**PRINCIPAL**

Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078

**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

Date- 26-09-17

From,  
Dr.Sabani Ksh,  
Dr.Himanshu Soni,  
Post Graduate Students,  
Department of Oral and Maxillofacial Surgery,  
Dayananda Sagar College of Dental Sciences,  
Bangalore.

Through  
Dr Dilip Kumar R  
Professor  
Dept of Oral and Maxillofacial Surgery  
Dayananda Sagar College of Dental Sciences  
Bangalore

To,  
The Principal,  
Professor and Head of the Department.  
Department of Oral and Maxillofacial Surgery,  
Dayananda Sagar College of Dental Sciences,  
Bangalore.

Subject- Request permission to attend peripheral postings.

Respected Sir,

We, Dr.Ksh Sabani Chanu and Dr.Himanshu Soni, II Year Post Graduate Students from the Department of Oral and Maxillofacial Surgery kindly request you to grant us permission to attend peripheral postings as listed below:

**NOVEMBER 2017:**

Dr.Ksh Sabani Chanu: NIMHANS: Casualty and Emergency Posting (1 month)

**DECEMBER 2017:**

Dr.Himanshu Soni C: NIMHANS: Casualty and Emergency Posting (1 month)


We kindly request you to kindly oblige and grant us permission for the same.

Thanking you,

Yours Sincerely,

Ksh Sabani,  
Dr.Ksh Sabani Chanu

Dr.HimanshuSoni C

  
**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

DSCDS/2017-2018/008

April 17, 2017

To  
Dr. Kh. Palin  
Chairman Cum Managing Director  
#Shija Hospital & Research Institute  
Langol, Imphal, West - 795004  
Manipur - India

Sub: Permission to attend peripheral posting for Cleft lip and palate surgery at your esteemed Institute.

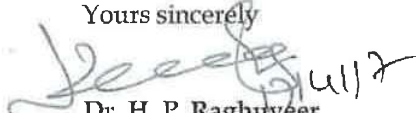
Sir,


With reference to the above, I wish to inform you that Dr. Ksh Sabani Chanu, 2<sup>nd</sup> Year Postgraduate Student in the speciality of Oral & Maxillofacial Surgery as a part of university curriculum she would like to attend Peripheral Posting Cleft lip and palate surgery at your esteemed Hospital to be held from 18/04/2017 to 16/05/2017.

Kindly grant her permission to attend the same at your esteemed Hospital and oblige.

Thanking you

Yours sincerely

  
Dr. H. P. Raghuvver  
Dean/Principal

 **PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078

  
**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

Draft

DSCDS/2017-2018/

April 17, 2017

To  
Dr. Kh. Palin  
Chairman Cum Managing Director  
#Shija Hospital & Research Institute  
Langol, Imphal, West - 795004  
Manipur - India

Sub: Permission to attend peripheral posting for Cleft lip and palate surgery at your esteemed Institute.

Sir,

With reference to the above, I wish to inform you that Dr. Ksh Sabani Chanu, 2<sup>nd</sup> Year Postgraduate Student in the speciality of Oral & Maxillofacial Surgery as a part of university curriculum she would like to attend Peripheral Posting Cleft lip and palate surgery at your esteemed Hospital to be held from 18/04/2017 to 16/05/2017.

Kindly grant her permission to attend the same at your esteemed Hospital and oblige.

Thanking you

Yours sincerely

DR. H. P. Raghuvver  
Dean /Principal

  
**PRINCIPAL**  
Navananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

Monday, 17 April 2017

From,  
Ksh Sabani Chanu  
2<sup>nd</sup> Year Post Graduate Student  
Department of Oral and Maxillofacial Surgery  
Dayananda Sagar College of Dental Sciences  
Bangalore.

To,  
The Principal & Head of the Department  
Department of Oral and Maxillofacial Surgery  
Dayananda Sagar College of Dental Sciences  
Bangalore.

Respected Sir,

*Sub: Request you to kindly issue an Acceptance letter to attend Peripheral Posting.*

I, Dr Ksh Sabani Chanu, 2<sup>nd</sup> year PG student in the Department of Oral and Maxillofacial Surgery kindly request you to grant me permission to attend the peripheral posting for Cleft lip and Palate surgery to be held in Shija Hospital and Research Institute at Imphai, Manipur between the dates of 18<sup>th</sup> April to 16<sup>th</sup> May 2017.

I, kindly request you to issue me a letter stating that I am permitted to attend this posting between the above mention date.

Thanking you

Yours obediently,

*Ksh Sabani Chanu*

Ksh Sabani Chanu

2<sup>nd</sup> year Post Graduate Student

Department of Oral and Maxillofacial Surgery, DSCDS.

*[Handwritten signature]*  
12/4/17

*[Handwritten signature]*  
PRINCIPAL  
Dayananda Sagar College of Dental Sciences  
Kumarawamy Layout,  
Bangalore - 560 078.



# ಕಿಡ್ವಾಯಿ ಸ್ಮಾರಕ ಗಂಧಿ ಸಂಸ್ಥೆ

ಕರ್ನಾಟಕ ಸರ್ಕಾರದ ಸ್ವಾಯತ್ತತಾ ಸಂಸ್ಥೆ  
ಪ್ರಾದೇಶಿಕ ಆರ್ಜುನ ಸಂಶೋಧನ ಮತ್ತು ಚಿಕಿತ್ಸಾ ಕೇಂದ್ರ



## KIDWAI MEMORIAL INSTITUTE OF ONCOLOGY

GOVERNMENT OF KARNATAKA AUTONOMOUS INSTITUTION  
(REGIONAL CENTRE FOR CANCER RESEARCH & TREATMENT  
MEMBER OF INTERNATIONAL UNION AGAINST CANCER)

PHONE : 91 - 80 - 26560722 (DIRECTOR)  
: 91 - 80 - 26094000  
Fax : 91 - 80 - 26560723

ಡಾ|| ಎಂ.ಎಚ್. ಮರಿಗೌಡ ರಸ್ತೆ,  
ಬೆಂಗಳೂರು - 560 029.

Dr. M.H. Marigowda Road,  
Bengaluru - 560 029.  
KARNATAKA, INDIA.  
Dated: 26/05/2017

No. KCI/AC/Post.Oral/ 778 /2017

To,  
The Principal,  
Dayananda Sagar College of Dental Sciences,  
Shavige Malleshwara Hills,  
Kumaraswamy Layout,  
Bangalore-560 078,

Sir,

Sub:- Training Programme of Post Graduate students – Reg.  
Ref:- 1. No. KMIO/AC/Post.Oral/1729/2016, dated: 4-10-2016  
2. Letter No. DSCDS/2017-18/024, dated: 23-5-2017

\* \* \*

In continuation of our letter cited above at ref(1) the following Post Graduate students of Dayananda Sagar College of Dental Sciences, Bangalore are permitted to undergo training at this Institute in the Department of Oral Oncology for the period mentioned against their names instead of the period mentioned in ref(1) on payment of Rs. 5,000/- per student. **KCI does not have hostel facilities for outside P.G's, students may be informed to make their own arrangement.**

Sl. No.	Name of the Students	Previous Period of Postings	Revised Period of Postings
1	Dr. Sabani Ksh	1-6-2017 to 30-6-2017	1-2-2018 to 28-2-2018
2	Dr. Himanshu C. Soni	1-7-2017 to 31-7-2017	1-1-2018 to 31-1-2018

On arrival concerned are instructed to contact P.G. Co-ordinator, Academic Cell at 10.00 AM to complete necessary formalities.

Thanking you,

  
**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore-560 078.

Yours Sincerely

  
**DIRECTOR** 7/5/17

NOTE: Postings once issued cannot be changed.

# ಕಿಡ್ವಾಯಿ ಸ್ಮಾರಕ ಗಂಧಿ ಸಂಸ್ಥೆ

ಕರ್ನಾಟಕ ಸರ್ಕಾರದ ಸ್ವಾಯತ್ತತಾ ಸಂಸ್ಥೆ  
ಪ್ರಾದೇಶಿಕ ಅರ್ಜಿ ಸಂಶೋಧನ ಮತ್ತು ಚಿಕಿತ್ಸಾ ಕೇಂದ್ರ



## KIDWAI MEMORIAL INSTITUTE OF ONCOLOGY

GOVERNMENT OF KARNATAKA AUTONOMOUS INSTITUTION  
(REGIONAL CENTRE FOR CANCER RESEARCH & TREATMENT  
MEMBER OF INTERNATIONAL UNION AGAINST CANCER)

PHONE : 91 - 80 - 26560722 (DIRECTOR)

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ಡಾ|| ಎಂ.ಎಚ್. ಮರಿಗೌಡ ರಸ್ತೆ,  
ಬೆಂಗಳೂರು - 560 029.

Dr. M.H. Marigowda Road,  
Bengaluru - 560 029,  
KARNATAKA, INDIA.

Dated : 26/05/2017

No. KCI/AC/Post.Oral/778 /2017

To,  
The Principal,  
Dayananda Sagar College of Dental Sciences,  
Shavige Malleshwara Hills,  
Kumaraswamy Layout,  
Bangalore-560 078,

Sir,

Sub:- Training Programme of Post Graduate students – Reg.

Ref:- 1. No. KMIO/AC/Post.Oral/1729/2016, dated: 4-10-2016

2. Letter No. DSCDS/2017-18/024, dated: 23-5-2017

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Sl. No.	Name of the Students	Previous Period of Postings	Revised Period of Postings
1	Dr. Sabani Ksh	1-6-2017 to 30-6-2017	1-2-2018 to 28-2-2018
2	Dr. Himanshu C. Soni	1-7-2017 to 31-7-2017	1-1-2018 to 31-1-2018

On arrival concerned are instructed to contact P.G. Co-ordinator, Academic Cell at 10.00 AM to complete necessary formalities.

Thanking you,

Yours Sincerely

*M. H. Marigowda*  
DIRECTOR 7/5/17

**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

Postings once issued cannot be changed.

From,

Date: 29-11-2017

Dr Ksh Sabani Chanu

3<sup>rd</sup> year Post Graduate

Department of Oral and Maxillofacial Surgery

Dayananda Sagar College of Dental Sciences

Bengaluru, 560078

To,

The Principal,

Dayananda Sagar College of Dental Sciences

Bengaluru, 560078

Through,

The Head of Department

Department of Oral and Maxillofacial Surgery

Dayananda Sagar College of Dental Sciences

Bengaluru, 560078

Sub: Permission to attend the posting for one month

Respected Madam,

As a PG student of your Department, please allow me to go for posting dated from 1-12-2017 to 31-12-2017 (December) at National Institute of Medical Health and Neurosciences (NIMHANS).

Requesting and Thanking You

*Sabani*

Dr Ksh Sabani Chanu

3<sup>rd</sup> year PG

*Forwarded to Principal*

*Om*  
29/11/17

*Permitted*  
*Hanith*  
30/11/17

**PRINCIPAL**  
Dayananda Sagar College of Dental Sci.  
Kumaraswamy Layout,  
Bangalore - 560 078.

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



NIMH:ACA-B:TRG-NS:2017/1030

Date: 24.10.2017

The Principal  
Dayananda Sagar College of Dental Sciences  
Shavige Malleshwara Hills  
Kumaraswamy layout  
Bengaluru - 560 078

Sir,

Sub: Request for Permission to undergo training at this institute - reg.  
Ref: Your letter dated 04.10.2017

\*\*\*\*\*

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	02(Two) - PG students
2	Name of Trainees	Dr.Ksh Sabani Chanu & Dr.Himanshu Soni.C
3	Department at which training permitted	Neurosurgery
4	Date & Duration of training No Change of date will be entertained	01.12.2017 to 31.12.2017
	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.

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

Yours faithfully

ADMINISTRATIVE OFFICER (A&E)  
Administrative Officer (A & E)  
National Institute of Mental Health &  
Neuro Sciences, Bangalore - 560 029

Copy to: The HOD of Neurosurgery, NIMHANS

*Forwarded to  
the Dept of oral surgery  
Hemant 7/11/17*

**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

**Effective from 1st April 2017 onwards:**

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](mailto: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 training 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.

*Renathi B*

ASST. ADMINISTRATIVE OFFICER (A&E)

*H*  
**PRINCIPAL**  
Dayananda Sagar College of Dental  
Kumaraswamy Layout,  
Bangalore - 560 078.

Ref: DSCDS/2017-18/

October 4, 2017

To:

The Director  
National Institute of Mental Health and  
Neurological Science (NIMHANS)  
Bangalore

Dear Sir,

**Sub: Permission for our Postgraduate students for taking up clinical  
posting at your prestigious institution.**  
\*\*\*


As a part of Master of Dental Surgery curriculum, post graduate students from the department of Oral & Maxillofacial Surgery, Dr. Ksh Sabani Chanu and Dr. Himanshu Soni .C are required to attend one month clinical posting (Casualty & Emergency) at National Institute of Mental Health and Neurological Science.

Kindly, grant them permission to attend the same at your prestigious Institution in the months stated below:

- |                         |   |                 |
|-------------------------|---|-----------------|
| 1. Dr. Ksh Sabani Chanu | - | November - 2017 |
| 2. Dr. Himanshu Soni C  | - | December - 2017 |

Thanking you

**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

Yours Sincerely  
  
Dr. H.P. Raghuveer  
PRINCIPAL  
PRINCIPAL  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078

Date- 26-09-17

From,  
Dr.Sabani Ksh,  
Dr.Himanshu Soni,  
Post Graduate Students,  
Department of Oral and Maxillofacial Surgery,  
Dayananda Sagar College of Dental Sciences,  
Bangalore.

Through  
Dr Dilip Kumar R  
Professor  
Dept of Oral and Maxillofacial Surgery  
Dayananda Sagar College of Dental Sciences  
Bangalore

To,  
The Principal,  
Professor and Head of the Department,  
Department of Oral and Maxillofacial Surgery,  
Dayananda Sagar College of Dental Sciences,  
Bangalore.

Subject- Request permission to attend peripheral postings.

Respected Sir,

We, Dr.Ksh Sabani Chanu and Dr.Himanshu Soni, II Year Post Graduate Students from the Department of Oral and Maxillofacial Surgery kindly request you to grant us permission to attend peripheral postings as listed below:

**NOVEMBER 2017:**

Dr.Ksh Sabani Chanu: NIMHANS: Casualty and Emergency Posting (1 month)

**DECEMBER 2017:**

Dr.Himanshu Soni C: NIMHANS: Casualty and Emergency Posting (1 month)  
We kindly request you to kindly oblige and grant us permission for the same.

Thanking you,

Yours Sincerely,

*Ksh Sabani*  
Dr.Ksh Sabani Chanu

*Soni*  
Dr.HimanshuSoni C

*26/09/17*

**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

DSCDS/2017-2018/008

April 17, 2017

To  
Dr. Kh. Palin  
Chairman Cum Managing Director  
#Shija Hospital & Research Institute  
Langol, Imphal, West - 795004  
Manipur - India

Sub: Permission to attend peripheral posting for Cleft lip and palate surgery at your esteemed Institute.

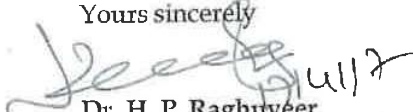
Sir,


With reference to the above, I wish to inform you that Dr. Ksh Sabani Chanu, 2<sup>nd</sup> Year Postgraduate Student in the speciality of Oral & Maxillofacial Surgery as a part of university curriculum she would like to attend Peripheral Posting Cleft lip and palate surgery at your esteemed Hospital to be held from 18/04/2017 to 16/05/2017.


Kindly grant her permission to attend the same at your esteemed Hospital and oblige.

Thanking you

Yours sincerely

  
Dr. H. P. Raghuvéer  
Dean/Principal

 **PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078

  
**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.



DSCDS/2017-2018/

April 17, 2017

To  
Dr. Kh. Palin  
Chairman Cum Managing Director  
#Shija Hospital & Research Institute  
Langol, Imphal, West - 795004  
Manipur - India

Sub: Permission to attend peripheral posting for Cleft lip and palate surgery at your esteemed Institute.

Sir,

With reference to the above, I wish to inform you that Dr. Ksh Sabani Chanu, 2<sup>nd</sup> Year Postgraduate Student in the speciality of Oral & Maxillofacial Surgery as a part of university curriculum she would like to attend Peripheral Posting Cleft lip and palate surgery at your esteemed Hospital to be held from 18/04/2017 to 16/05/2017.

Kindly grant her permission to attend the same at your esteemed Hospital and oblige.

Thanking you

Yours sincerely

DR. H. P. Raghuvver  
Dean /Principal

  
**PRINCIPAL**  
Jayananda Sagar College of Dental Scie-  
Kumaraswamy Layout,  
Bangalore - 560 078.

Monday, 17 April 2017

From,  
Ksh Sabani Chanu  
2<sup>nd</sup> Year Post Graduate Student  
Department of Oral and Maxillofacial Surgery  
Dayananda Sagar College of Dental Sciences  
Bangalore.

To,  
The Principal & Head of the Department  
Department of Oral and Maxillofacial Surgery  
Dayananda Sagar College of Dental Sciences  
Bangalore.

Respected Sir,

Sub: Request you to kindly issue an Acceptance letter to attend Peripheral Posting.

I, Dr Ksh Sabani Chanu, 2<sup>nd</sup> year PG student in the Department of Oral and Maxillofacial Surgery kindly request you to grant me permission to attend the peripheral posting for Cleft lip and Palate surgery to be held in Shija Hospital and Research Institute at Imphal, Manipur between the dates of 18<sup>th</sup> April to 16<sup>th</sup> May 2017.

I, kindly request you to issue me a letter stating that I am permitted to attend this posting between the above mention date.

Thanking you

Yours obediently,

Ksh Sabani Chanu

Ksh Sabani Chanu

2<sup>nd</sup> year Post Graduate Student

Department of Oral and Maxillofacial Surgery, DSCDS.

*[Handwritten signature]*  
12/4/17

**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

# ಕಿಡ್ವಾಯ್ ಸ್ಮಾರಕ ಗಂಧಿ ಸಂಸ್ಥೆ

ಕರ್ನಾಟಕ ಸರ್ಕಾರದ ಸ್ವಾಯತ್ತತಾ ಸಂಸ್ಥೆ  
ಪ್ರಾದೇಶಿಕ ಆರ್ಜುನ ಸಂಶೋಧನ ಮತ್ತು ಚಿಕಿತ್ಸಾ ಕೇಂದ್ರ



## KIDWAI MEMORIAL INSTITUTE OF ONCOLOGY

GOVERNMENT OF KARNATAKA AUTONOMOUS INSTITUTION

(REGIONAL CENTRE FOR CANCER RESEARCH & TREATMENT  
MEMBER OF INTERNATIONAL UNION AGAINST CANCER)

PHONE : 91 - 80 - 26560722 (DIRECTOR)  
: 91 - 80 - 26094000  
Fax : 91 - 80 - 26560723

ಡಾ|| ಎಂ.ಎಚ್. ಮರೀಗೌಡ ರಸ್ತೆ,  
ಬೆಂಗಳೂರು - 560 029.

Dr. M.H. Marigowda Road,  
Bengaluru - 560 029.  
KARNATAKA, INDIA.

Dated: 26/05/2017

No. KCI/AC/Post.Oral/778 /2017

To,  
The Principal,  
Dayananda Sagar College of Dental Sciences,  
Shavige Malleshwara Hills,  
Kumaraswamy Layout,  
Bangalore-560 078,

Sir,

Sub:- Training Programme of Post Graduate students – Reg.  
Ref:- 1. No. KMIO/AC/Post.Oral/1729/2016, dated: 4-10-2016  
2. Letter No. DSCDS/2017-18/024, dated: 23-5-2017

\* \* \*

In continuation of our letter cited above at ref(1) the following Post Graduate students of Dayananda Sagar College of Dental Sciences, Bangalore are permitted to undergo training at this Institute in the Department of Oral Oncology for the period mentioned against their names instead of the period mentioned in ref(1) on payment of Rs. 5,000/- per student. **KCI does not have hostel facilities for outside P.G's, students may be informed to make their own arrangement.**

Sl. No.	Name of the Students	Previous Period of Postings	Revised Period of Postings
1	Dr. Sabani Ksh	1-6-2017 to 30-6-2017	1-2-2018 to 28-2-2018
2	Dr. Himanshu C. Soni	1-7-2017 to 31-7-2017	1-1-2018 to 31-1-2018

On arrival concerned are instructed to contact P.G. Co-ordinator, Academic Cell at 10.00 AM to complete necessary formalities.

Thanking you,

Yours Sincerely

  
DIRECTOR

NOTE: Postings once issued cannot be changed.

# ಕಿಡ್ವಾಯಿ ಸ್ಮಾರಕ ಗಂಧಿ ಸಂಸ್ಥೆ

ಕರ್ನಾಟಕ ಸರ್ಕಾರದ ಸ್ವಾಯತ್ತತಾ ಸಂಸ್ಥೆ  
ಪ್ರಾದೇಶಿಕ ಅರ್ಜಿ ಸಂಶೋಧನೆ ಮತ್ತು ಚಿಕಿತ್ಸಾ ಕೇಂದ್ರ



## KIDWAI MEMORIAL INSTITUTE OF ONCOLOGY

GOVERNMENT OF KARNATAKA AUTONOMOUS INSTITUTION  
(REGIONAL CENTRE FOR CANCER RESEARCH & TREATMENT  
MEMBER OF INTERNATIONAL UNION AGAINST CANCER)

PHONE : 91 - 80 - 26560722 (DIRECTOR)  
: 91 - 80 - 26094000  
Fax : 91 - 80 - 26560723

ಡಾ|| ಎಂ.ಎಚ್. ಮರೀಗೌಡ ರಸ್ತೆ,  
ಬೆಂಗಳೂರು - 560 029.

Dr. M.H. Marigowda Road,  
Bengaluru - 560 029.  
KARNATAKA, INDIA.

Dated : 26/05/2017

No. KCI/AC/Post.Oral/778 /2017

To,  
The Principal,  
Dayananda Sagar College of Dental Sciences,  
Shavige Malleshwara Hills,  
Kumaraswamy Layout,  
Bangalore-560 078,

Sir,

Sub:- Training Programme of Post Graduate students - Reg.  
Ref:- 1. No. KMIO/AC/Post.Oral/1729/2016, dated: 4-10-2016  
2. Letter No. DSCDS/2017-18/024, dated: 23-5-2017

\* \* \*

In continuation of our letter cited above at ref(1) the following Post Graduate students of Dayananda Sagar College of Dental Sciences, Bangalore are permitted to undergo training at this Institute in the Department of Oral Oncology for the period mentioned against their names instead of the period mentioned in ref(1) on payment of Rs. 5,000/- per student. **KCI does not have hostel facilities for outside P.G's, students may be informed to make their own arrangement.**

Sl. No.	Name of the Students	Previous Period of Postings	Revised Period of Postings
1	Dr. Sabani Ksh	1-6-2017 to 30-6-2017	1-2-2018 to 28-2-2018
2	Dr. Himanshu C. Soni	1-7-2017 to 31-7-2017	1-1-2018 to 31-1-2018

On arrival concerned are instructed to contact P.G. Co-ordinator, Academic Cell at 10.00 AM to complete necessary formalities.

Thanking you,

Yours Sincerely

*M. H. Marigowda*  
DIRECTOR 26/5/17

NOTE: Postings once issued cannot be changed.

**PRINCIPAL**

Dayananda Sagar College of Dental Sciences

Registered under Karnataka Societies Registration Act 1960, Reg. No. S475/79-80. Donations to this Institute are exempt from Income Tax U/S 80G of IT Act, 1961. Website: www.kidwai.ac.in

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



NIMH/ACA-B/TRG-NS/2017/1030

Date: 24.10.2017

The Principal  
Dayananda Sagar College of Dental Sciences  
Shavige Malleshwara Hills  
Kumaraswamy layout  
Bengaluru - 560 078

Sir,

Sub: Request for Permission to undergo training at this institute - reg.  
Ref: Your letter dated 04.10.2017

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	02(Two) - PG students
2	Name of Trainees	Dr. Ksh. Sabani Chau & Dr. Himanshu Soni, C
3	Department at which training permitted	Neurosurgery
4	Date & Duration of training	01.12.2017 to 31.12.2017
	No Change of date will be entertained	
	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.

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

Yours faithfully

ADMINISTRATIVE OFFICER (A&E)  
Administrative Officer (A & E)  
National Institute of Mental Health &  
Neuro Sciences, Bengaluru - 560 029

Copy to: The HOD of Neurosurgery, NIMHANS

*Forwarded to  
the Dept of neurosurgery  
HOD  
24/10/17*

**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bengaluru - 560 078.

Monday, 11 December 2017

From  
The Faculty  
Department of Oral and Maxillofacial Surgery  
Dayananda Sagar College of Dental Sciences  
Bangalore

To  
The Vice-Chairman & CEO  
Dayananda Sagar Institutions, Bangalore

Through

- The Principal  
Dayananda Sagar College of Dental Sciences
- The Secretary  
Dayananda Sagar Institutions, Bangalore

Respected Sir,

Sub: Regarding Cases operated at Sagar Hospital and proposals for further action.

With regard to the above mentioned subject, we wish to thank your kind self for approving Operating facilities at Sagar Hospitals, Banashankari for the benefit of the training of our Post Graduate Students from the Department of Oral and Maxillofacial Surgery. After your approval, it is indeed our happy privilege to inform you that we have managed 2 cases at Sagar Hospital which both went on very well.

Sir, in 2007, a prior approval signed by your kind self was instrumental in setting up of a fund allotted for the Surgical Procedures that was used to benefit the training of Post Graduate Students of the Department. These payments were made to K.R.Hospital, Bangalore for such cases operated there. Now, as we are operating cases at Sagar Hospitals, Banashankari, the subsidized billing amount may be directly paid to Sagar Hospitals, Banashankari with instructions as per approval letter dated 13 November 2017 for those cases from lower socio-economic strata treated as Institutional cases referred and managed by the Department of Oral and Maxillofacial Surgery. We kindly request you to consider that the subsidized bill (With OT Charges, Medications, Consumables and excluding Surgeons' Charges) may be presented to the Principal, Dental College for justification and subsequently sent to the Finance Officer, Dayananda Sagar Institutions to be directly settled with the Hospital.

Further, as the Hospital also provides treatment and subsidized rates for BPL Card holders/ Patients under various Government Health schemes, it is our request that procedures under Maxillofacial Surgery also be considered for such subsidy for the benefit of the training of both Post Graduate Students as well as Under Graduate Students from the Department of Oral and Maxillofacial Surgery and also if would be very beneficial if the faculty members of the department of Oral and Maxillofacial Surgery are empanelled as Consultants both in the hospital as well as the specialty of Maxillofacial Surgery be included under the various health schemes.

We, the faculty kindly request you to consider these requests as the entire intention behind such proposals is for the benefit of the Post Graduate and Under Graduate Students' training.

Thanking you,

Date: 11-12-2017

Yours truly,

Dr. Shobha ES

Dr. Prashanth N T

Dr. Anand Rangan

CC:

1. Medical Director, Sagar Hospitals, Banashankari.
2. CFO, Sagar Hospitals, Banashankari.
3. CFO, Dayananda Sagar Institutions.

Enc:

- > May 31 2007 Prior Approval Letter Copy
- > Approval Letter dated 13 November 2017

PRINCIPAL

Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

Scanned with CamScanner

Documents copy please .

Medical Director <mdsec.bsk@sagarhospitals.in>  
 o: omfsdscds@gmail.com  
 c: mrc@sagarhospitals.in, managervas@sagarhospitals.in

Sat, Dec 16, 2017 at 11:00 AM

Kind Attn:

Dr. Shobha E S	Oral & Maxillo Facial Surgery	9880821614
Dr. Prashanth N T	Oral & Maxillo Facial Surgery	98450 34720
Dr. Vinod Rangan	Oral & Maxillo Facial Surgery	9845178514

Dear Dr,

You are requested to submit the following documents copy to empanel with Sagar Hospital – DSI and meet Medical Director with original certificates :-

Updated CV with contact details Mobile and Land line number
MBBS certificate
Post graduation certificates
K M C / I M C Registration Certificate
Medical Indemnity proof
PAN card photocopy
Pass port size photos- 4
Cheque copy / cancelled cheque
Address proof

  
**PRINCIPAL**

Dayananda Sagar College of Dental Sciences  
 Kumaraswamy Layout,  
 Bangalore - 560 075.

Scanned with CamScanner



# Shija Hospitals & Research Institute Pvt. Ltd.

HealthCity, Langol, Imphal West - 795004, Manipur, India.



Company Registration No. UB5101MH1988PTC005520

Registration No. MNHCR/N0/022/NH/198

Ref no: SHRI/HR/02/17


Date: 15<sup>th</sup> May, 2017

## To whom it may Concern

This is to certify that **Dr. Kshetrimayum Sabani Chanu**, a PG student in the department of Oral & Maxillofacial Surgery, Dayanand Sagar College of Dental Sciences, Bengaluru has successfully completed her peripheral posting in the Department of Plastic & Reconstructive Surgery, SHRI Imphal from 18<sup>th</sup> April, 2017 to 15<sup>th</sup> May, 2017.

She has been exposed to Cleft lip and palate Surgery and also faciomaxillary surgery.

During this period, we found her sincere and hardworking.

  
(Dr. Kh. Palin)

Chairman cum managing Director, SHRI

**Dr. Kh. Palin**

Chairman cum Managing Director  
Shija Hospitals and Research  
Institute Pvt. Ltd.

ABH Pre-accredited Hospital

ABH Blood Bank

ABL Accredited Laboratory

contact@shjahospitals.com


www.shjahospitals.com

Ambulance : 0385-2410000, 2005585, +91-7085012346

Landline : 0385-2055584

Toll Free : 1800-3000-5265

Fax : 0385-2412018

  
**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

Scanned with CamScanner



**NOCR**  
National Oral Cancer Registry

**ida**  
Indian Dental Association  
Committed to Dental Excellence

# Certificate of Recognition

IDA hereby recognises

*Dayanand Sagar College of Dental Sciences*

as a member institution of the  
National Oral Cancer Registry (NOCR) for the year 2018.



Dr. Deepak Makhijani  
President, IDA



Dr. Ashok Dhoble  
Hon. Sec General, IDA



**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

No. KCI/AC/PG-Atten/1336 /2018

Office of the Director,  
Kidwai Cancer Institute  
Dr. M.H. Marigowda Road  
Bangalore-5600 029.

Dated: 16-11-2018

**ATTENDANCE EXTRACT**


Ref: No. KCI/AC/Post\_Oral/630/2018, dated: 30-7-2018

\* \* \*

The Attendance Extract of the following Post Graduate students of Dayananda Sagar College of Dental Sciences, Bangalore who were posted for training at this Institute in the department of Oral Oncology for the period from 1-10-2018 to 31-10-2018 vide reference cited above are as follows:-

Sl. No.	Name of the Students	Dates on which Absent	No. of days Absent	No. of days Present
1	Dr. Nikhila. G	-	NIL	31 Days
2	Dr. Sourav Sarkar	-	NIL	31 Days

To,  
The Principal,  
Dayananda Sagar College of Dental Sciences,  
Shavige Malleswara Hills,  
Kumaraswamy Layout,  
Bangalore-560 078.

  
OFFICER IN CHARGE  
Academic Cell  
Officer In-charge  
Academic Cell  
KIDWAI CANCER INSTITUTE  
Dr. M.H. Marigowda Road,  
Bengaluru-29

  
**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore

# DAYANANDA SAGAR COLLEGE OF DENTAL SCIENCES

## DETAILED PROGRAM REPORT FOR COLLABORATING ACTIVITIES

<u>COLLABORATING ACTIVITIES</u>		
Sl.No	Event Particulars	Details
1.	Year	2018
2.	Agency Name	NITTE MEENAKSHI INSTITUTE OF CRANIOFACIAL SURGERY
3.	Activity Name	Peripheral postings for cleft lip & palate surgery
4.	Participant Name	Dr. Sourav Sarkar
5.	Detailed activity	Dr. Sourav Sarkar , post graduate student from department of oral and maxillofacial surgery was posted for a period of 1 month for observing various cleft palate and microvascular cases.

  
**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.



**NITTE MEENAKSHI INSTITUTE OF CRANIOFACIAL SURGERY**  
University Road, K.S. Hegde Medical Sciences Complex, Deralakatte - 675 018.  
Mangalore, D. K., Karnataka, India.  
Phone : (0824) 2204470, Email : nicedmk@gmail.com

**CERTIFICATE**

This is to certify that  
**DR. SOURAV SARKAR**  
has successfully undergone and completed his training at  
**NITTE MEENAKSHI INSTITUTE OF CLEFT AND CRANIOFACIAL SURGERY**  
from  
**1<sup>st</sup> April, 2018 to 30<sup>th</sup> April, 2018.**  
He has been actively involved in both  
**In-Patient and Out-Patient Care** in the institute during his training.

**Prof. VIKRAM SHETTY** Director  
Nitte Meenakshi Institute of Cleft and Craniofacial Surgery  
Nitte Meenakshi Institute of Craniofacial Surgery  
Medical Sciences Complex, Deralakatte - 575 018.

(A UNIT OF NITTE EDUCATION TRUST)

Dept. of Oral & Maxillofacial Surgery  
Davananda Sagar College of Dental  
Sciences and Hospital  
Bangalore - 560 078

**PRINCIPAL**  
Davananda Sagar College of Dental Science  
Kumaraswamy Layout,  
Bangalore - 560 078



# ಕಿಡ್ವಾಯಿ ಕ್ಯಾನ್ಸರ್ ಸಂಸ್ಥೆ

ಕರ್ನಾಟಕ ಸರ್ಕಾರದ ಸ್ವಾಯತ್ತತಾ ಸಂಸ್ಥೆ  
ಪ್ರಾದೇಶಿಕ ಅರ್ಜಿಯ ಸಂಶೋಧನೆ ಮತ್ತು ಚಿಕಿತ್ಸಾ ಕೇಂದ್ರ  
ಯು.ಐ.ಸಿ.ಸಿ. ಸದಸ್ಯ ಸಂಸ್ಥೆ (ಅಂತರರಾಷ್ಟ್ರೀಯ ಅರ್ಜಿಯ ರೋಗ ನಿವಾರಣಾ ಸಂಘಟನೆ)

## KIDWAI CANCER INSTITUTE

GOVERNMENT OF KARNATAKA AUTONOMOUS INSTITUTION  
(REGIONAL CENTRE FOR CANCER RESEARCH & TREATMENT  
MEMBER OF INTERNATIONAL UNION AGAINST CANCER)

PHONE : 91 - 80 - 26560722 (DIRECTOR)  
: 91 - 80 - 26094000  
Fax : 91 - 80 - 26560723

ಡಾ|| ಎಂ.ಎಚ್. ಮರೀಗೌಡ ರಸ್ತೆ,  
ಬೆಂಗಳೂರು - 560 029.

Dr. M.H. Marigowda Road,  
Bengaluru - 560 029.  
KARNATAKA, INDIA.  
Date: 30.7.2018

No. KCI/AC/Post.Oral/630 /2018

To,  
The Principal,  
Dayananda Sagar College of Dental Sciences,  
Shavige Malleshwara Hills,  
Kumaraswamy Layout,  
Bangalore-560 078,

Sir,

Sub:- Training Programme of Post Graduate students – Reg.  
Ref:- Letter No. DSCDS/2018-19, dated: 23-7-2018

\* \* \*

The following Post Graduate students of Dayananda Sagar College of Dental Sciences, Bangalore are permitted to undergo training at this Institute in the Department of Oral Oncology for the period from 1-10-2018 to 31-10-2018 on payment of Rs. 5,000/- per student. **KCI does not have hostel facilities for outside P.G's, students may be informed to make their own arrangement.**

1. Dr. Nikhila. G
2. Dr. Sourav Sarkar

On arrival concerned are instructed to contact Officer-in-Charge, Academic Cell at 10.00 AM to complete necessary formalities.

Thanking you,

Yours Sincerely

NOTE: Postings once issued cannot be changed.

**PRINCIPAL**  
Dayananda Sagar College of Dental Science  
Kumaraswamy Layout,  
Bangalore - 560 078.

*Chandrababu*  
DIRECTOR  
[Addl. Charge] 01/8/18

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



NIMH:ACA-B:TRG-NS:2018/831

Date: 28.07.2018

The Principal  
Dayananda Sagar College of Dental Sciences  
Shavige Malleshwara Hills  
Kumaraswamy Layout  
Bengaluru - 560 078

011  
7/8/18

Sir/Madam,

Sub: Request for Permission to undergo training at this institute - reg.  
Ref: Your letter dated 23.07.2018

\*\*\*\*\*

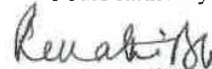
With reference to the above, I am directed to convey the permission of the Competent Authority for the student/students of your Institution to undergo training at this Institution as follows:

1	Number of trainees	02(Two) - PG Students
2	Name of Trainees & Duration	Dr.Nikhila.G and Dr.Sourav Sarkar
3	Date & Duration of training No Change of date will be entertained	01.09.2018 to 30.09.2018
4	Department at which training permitted	Neurosurgery
5	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.

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

Yours faithfully

  
ADMINISTRATIVE OFFICER I/c(A&E)  
Administrative Officer (A&E)  
National Institute of Mental Health &  
Neuro Sciences, Bangalore - 560 029.

Copy to: The HOD of Neurosurgery, NIMHANS

  
**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

**Effective from 1st April 2017 onwards:**

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](mailto: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 training 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)

  
**PRINCIPAL**  
Dayananda Sagar College of Dental Science  
Kumaraswamy Layout,  
Bangalore - 560 078.

Ref: DSCDS/2017-18/

July 20, 2018

To:

The Director  
National Institute of Mental Health and  
Neurological Science (NIMHANS)  
Bangalore

Dear Sir,

**Sub: Permission for our Postgraduate students for taking up clinical  
posting at your prestigious institution.**

\*\*\*

As a part of Master of Dental Surgery curriculum, post graduate students from the department of Oral & Maxillofacial Surgery, Dr. Nikhila G and Dr. Sourav Sarkar are required to attend one month clinical posting (Casualty & Emergency) at National Institute of Mental Health and Neurological Science.

Kindly grant them permission to attend the same at your prestigious institution and issue posting dates.

Thanking you

Yours Sincerely



Prof. Dr. Hemanth.M

*M.D.S, PhD*

PRINCIPAL  
PRINCIPAL

Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078



PRINCIPAL  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.



Date- 20-07-2018

From,  
Dr. Nikhila G.,  
Dr. Sourav Sarkar,  
Post Graduate Students,  
Department of Oral and Maxillofacial Surgery,  
Dayananda Sagar College of Dental Sciences,  
Bangalore.

Through  
Dr. Shobha E. S.,  
Professor, Head of the Department,  
Dept of Oral and Maxillofacial Surgery,  
Dayananda Sagar College of Dental Sciences,  
Bangalore.

To,  
The Principal,  
Professor and Head of the Department,  
Department of Orthodontics,  
Dayananda Sagar College of Dental Sciences,  
Bangalore.

Subject- Request for permission to attend peripheral postings.

Respected Sir,

We, Dr. Nikhila G., Dr. Sourav Sarkar, III Year Post Graduate Students from the Department of Oral and Maxillofacial Surgery kindly request you to grant us permission to attend peripheral postings as listed below:

Dr. Nikhila G: NIMHANS: (1 month)

Dr. Sourav Sarkar: NIMHANS: (1 month)

We kindly request you to kindly oblige and grant us permission for the same.

Thanking you.

Yours Sincerely,

*Nikhila G.*

Dr. Nikhila G.

*Sourav*

Dr. Sourav Sarkar.

*Forwarded to Principal*  
*Ok*  
*20/7/18*

*H*  
**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy  
Bangalore - 56.

Date: 2-02-18

From,

Ksh Sabani Chanu

3<sup>rd</sup> year PG

Dept of Oral and Maxillofacial Surgery

Dayananda Sagar College of Dental Sciences

Bangalore

To,

The Head of Department

Dept of Oral and Maxillofacial Surgery

Dayananda Sagar College of Dental Sciences

Bangalore

Sub: Permission letter to attend my Kidwai posting

Respected Madam,

As I have been posted to "KIDWAI MEMORIAL INSTITUTE OF ONCOLOGY" from 1-02-18 to 28-02-18 Febuary . Please grant me permission to attend the posting.

Thanking you

Yours faithfully,

Ksh Sabani Chanu

3<sup>rd</sup> year PG

*Sabani*

*Permitted*

*Ans*  
*2/2/18*

*H*  
**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

No. KCI/AC/PG-Atten/365/2018

Office of the Director,  
Kidwai Cancer Institute  
Dr. M.H. Marigowda Road  
Bangalore-5600 029.

Dated: 6-3-2018

**ATTENDANCE EXTRACT**

Ref: KMIO/AC/Post\_Oral/778/2017, dated: 26-5-2017

\* \* \*

The Attendance Extract of the following Post Graduate student of Dayananda Sagar College of Dental Sciences, Bangalore who was posted for training at this Institute in the department of Oral Oncology for the period from 1-2-2018 to 28-2-2018 vide reference cited above are as follows:-

Sl. No.	Name of the Students	Dates on which Absent	No. of days Absent	No. of days Present
1	Dr. Sabani Ksh	-	NIL	28 Days
SUNDAYS HOLIDAY				

To,  
The Principal,  
Dayananda Sagar College of Dental Sciences,  
Shavige Malleswara Hills,  
Kumaraswamy Layout,  
Bangalore-560 078.

*peed*  
OFFICER IN CHARGE  
& Academic Cell  
Officer In-charge  
Academic Cell  
KIDWAI CANCER INSTITUTE  
Dr. M.H. Marigowda Road,  
Bengaluru-29

*[Signature]*  
**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

No. KCI/AC/PG-Atten/246 /2018

Office of the Director,  
Kidwai Cancer Institute  
Dr. M.H.Marigowda Road  
Bangalore-5600 029.

Dated: 16-2-2018

**ATTENDANCE EXTRACT**

Ref: KMIO/AC/Post\_Oral/778/2017, dated: 26-5-2017

\* \* \*

The Attendance Extract of the following Post Graduate student of Dayananda Sagar College of Dental Sciences, Bangalore who was posted for training at this Institute in the department of Oral Oncology for the period from 1-1-2018 to 31-1-2018 vide reference cited above are as follows:-

Sl. No.	Name of the Students	Dates on which Absent	No. of days Absent	No. of days Present
1	Dr. Himanshu. C. Soni	-	NIL	31 Days
SUNDAYS HOLIDAY				

To,  
The Principal,  
Dayananda Sagar College of Dental Sciences,  
Shavige Malleswara Hills,  
Kumaraswamy Layout,  
Bangalore-560 078.

*reed*  
**OFFICER IN CHARGE**  
*re* Academic Cell  
Officer In-charge  
Academic Cell  
KIDWAI CANCER INSTITUTE  
Dr M H. Marigowda Road,  
Bengaluru-29

*HM*  
**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

No. KCI/AC/PG-Atten/1336 /2018

Office of the Director,  
Kidwai Cancer Institute  
Dr. M.H.Marigowda Road  
Bangalore-5600 029.

Dated: 16-11-2018

**ATTENDANCE EXTRACT**


Ref: No. KCI/AC/Post\_Oral/630/2018, dated: 30-7-2018


\* \* \*

The Attendance Extract of the following Post Graduate students of Dayananda Sagar College of Dental Sciences, Bangalore who were posted for training at this Institute in the department of Oral Oncology for the period from 1-10-2018 to 31-10-2018 vide reference cited above are as follows:-

Sl. No.	Name of the Students	Dates on which Absent	No. of days Absent	No. of days Present
1	Dr. Nikhila. G	-	NIL	31 Days
2	Dr. Sourav Sarkar	-	NIL	31 Days

To,  
The Principal,  
Dayananda Sagar College of Dental Sciences,  
Shavige Malleswara Hills,  
Kumaraswamy Layout,  
Bangalore-560 078.

  
OFFICER IN CHARGE  
Academic Cell  
Officer In-charge  
Academic Cell  
KIDWAI CANCER INSTITUTE  
Dr. M.H. Marigowda Road,  
Bengaluru-29

  
**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.



# ಕಿಡ್ವಾಯಿ ಕ್ಯಾನ್ಸರ್ ಸಂಸ್ಥೆ

ಕರ್ನಾಟಕ ಸರ್ಕಾರದ ಸ್ವಾಯತ್ತತಾ ಸಂಸ್ಥೆ  
ಪ್ರಾದೇಶಿಕ ಅರ್ಜಿಯ ಸಂಶೋಧನೆ ಮತ್ತು ಚಿಕಿತ್ಸಾ ಕೇಂದ್ರ

ಯು.ಐ.ಸಿ.ಸಿ. ಸದಸ್ಯ ಸಂಸ್ಥೆ (ಅಂತರರಾಷ್ಟ್ರೀಯ ಅರ್ಜಿಯ ರೋಗ ನಿವಾರಣಾ ಸಂಘಟನೆ)

## KIDWAI CANCER INSTITUTE

GOVERNMENT OF KARNATAKA AUTONOMOUS INSTITUTION  
(REGIONAL CENTRE FOR CANCER RESEARCH & TREATMENT  
MEMBER OF INTERNATIONAL UNION AGAINST CANCER)

PHONE : 91 - 80 - 26560722 (DIRECTOR)  
: 91 - 80 - 26094000  
Fax : 91 - 80 - 26560723

No. KCI/AC/Post.Oral/630 /2018

To,  
The Principal,  
Dayananda Sagar College of Dental Sciences,  
Shavige Malleshwara Hills,  
Kumaraswamy Layout,  
Bangalore-560 078,

Sir,

Sub:- Training Programme of Post Graduate students – Reg.  
Ref:- Letter No. DSCDS/2018-19, dated: 23-7-2018

\* \* \*

The following Post Graduate students of Dayananda Sagar College of Dental Sciences, Bangalore are permitted to undergo training at this Institute in the Department of Oral Oncology for the period from 1-10-2018 to 31-10-2018 on payment of Rs. 5,000/- per student. **KCI does not have hostel facilities for outside P.G's, students may be informed to make their own arrangement.**

1. Dr. Nikhila. G
2. Dr. Sourav Sarkar

On arrival concerned are instructed to contact Officer-in-Charge, Academic Cell at 10.00 AM to complete necessary formalities.

Thanking you,

Yours Sincerely

  
DIRECTOR  
[Addl. Charge] 01/08/18

  
PRINCIPAL  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

NOTE: Postings once issued cannot be changed.

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



NIMH:ACA-B:TRG-NS:2018/831

Date: 28.07.2018

The Principal  
Dayananda Sagar College of Dental Sciences  
Shavige Malleshwara Hills  
Kumaraswamy Layout  
Bengaluru - 560 078

011  
7/8/18

Sir/Madam,

Sub: Request for Permission to undergo training at this institute - reg.  
Ref: Your letter dated 23.07.2018

\* \* \* \* \*

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	02(Two) - PG Students
2	<u>Name of Trainees &amp; Duration</u>	Dr.Nikhila.G and Dr.Sourav Sarkar
3	Date & Duration of training <b>No Change of date will be entertained</b>	01.09.2018 to 30.09.2018
4	Department at which training permitted	Neurosurgery
5	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.**

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

Yours faithfully

*Renuka*  
ADMINISTRATIVE OFFICER I/c(A&E)  
Administrative Office (A & E)  
National Institute of Mental Health &  
Neuro Sciences, Bangalore - 560 029

Copy to: The HOD of Neurosurgery, NIMHANS

*H. H.*  
**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

**Effective from 1st April 2017 onwards:**

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](mailto: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 training 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)

  
**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.



Ref: DSCDS/2017-18/

July 20, 2018

To:

The Director  
National Institute of Mental Health and  
Neurological Science (NIMHANS)  
Bangalore

Dear Sir,

**Sub: Permission for our Postgraduate students for taking up clinical  
posting at your prestigious institution.**

\*\*\*

As a part of Master of Dental Surgery curriculum, post graduate students from the department of Oral & Maxillofacial Surgery, Dr. Nikhila G and Dr. Sourav Sarkar are required to attend one month clinical posting (Casualty & Emergency) at National Institute of Mental Health and Neurological Science.

Kindly grant them permission to attend the same at your prestigious institution and issue posting dates.

Thanking you

Yours Sincerely

Prof. Dr. Hemanth.M

M.D.S, PhD

PRINCIPAL  
PRINCIPAL

Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078

PRINCIPAL  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

Date- 20-07-2018

From,  
Dr. Nikhila G.,  
Dr. Sourav Sarkar,  
Post Graduate Students,  
Department of Oral and Maxillofacial Surgery,  
Dayananda Sagar College of Dental Sciences,  
Bangalore.

Through  
Dr. Shobha E. S.,  
Professor, Head of the Department,  
Dept of Oral and Maxillofacial Surgery,  
Dayananda Sagar College of Dental Sciences,  
Bangalore.

To,  
The Principal,  
Professor and Head of the Department,  
Department of Orthodontics,  
Dayananda Sagar College of Dental Sciences,  
Bangalore.

Subject- Request for permission to attend peripheral postings.

Respected Sir,

We, Dr. Nikhila G., Dr. Sourav Sarkar, III Year Post Graduate Students from the Department of Oral and Maxillofacial Surgery kindly request you to grant us permission to attend peripheral postings as listed below:

Dr. Nikhila G: NIMHANS: (1 month)

Dr. Sourav Sarkar: NIMHANS: (1 month)

We kindly request you to kindly oblige and grant us permission for the same.

Thanking you.

Yours Sincerely,

*Nikhila G.*

Dr. Nikhila G.

*Sourav*

Dr. Sourav Sarkar.

*Forwarded to Principal*

*OK*  
*20/7/18*

**PRINCIPAL**

Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

Date: 2-02-18

From,

Ksh Sabani Chanu

3<sup>rd</sup> year PG

Dept of Oral and Maxillofacial Surgery

Dayananda Sagar College of Dental Sciences

Bangalore

To,

The Head of Department

Dept of Oral and Maxillofacial Surgery

Dayananda Sagar College of Dental Sciences

Bangalore

Sub: Permission letter to attend my Kidwai posting

Respected Madam,

As I have been posted to "KIDWAI MEMORIAL INSTITUTE OF ONCOLOGY" from 1-02-18 to 28-02-18 Febuary . Please grant me permission to attend the posting.

Thanking you

Yours faithfully,

Ksh Sabani Chanu

3<sup>rd</sup> year PG

*Sabani*

*Permitted*

*2/2/18*

*[Signature]*

**PRINCIPAL**

Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

No. KCI/AC/PG-Atten/365/2018

Office of the Director,  
Kidwai Cancer Institute  
Dr. M.H. Marigowda Road  
Bangalore-5600 029.

Dated: 6-3-2018

**ATTENDANCE EXTRACT**

Ref: KMIO/AC/Post\_Oral/778/2017, dated: 26-5-2017

\* \* \*

The Attendance Extract of the following Post Graduate student of Dayananda Sagar College of Dental Sciences, Bangalore who was posted for training at this Institute in the department of Oral Oncology for the period from 1-2-2018 to 28-2-2018 vide reference cited above are as follows:-

Sl. No.	Name of the Students	Dates on which Absent	No. of days Absent	No. of days Present
1	Dr. Sabani Ksh	-	NIL	28 Days
SUNDAYS HOLIDAY				

To,  
The Principal,  
Dayananda Sagar College of Dental Sciences,  
Shavige Malleswara Hills,  
Kumaraswamy Layout,  
Bangalore-560 078.

*reed*  
OFFICER IN CHARGE  
Academic Cell  
Officer In-charge  
Academic Cell  
KIDWAI CANCER INSTITUTE  
Dr. M.H. Marigowda Road,  
Bengaluru-29

*H*  
PRINCIPAL  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

No. KCI/AC/PG-Atten/246 /2018

Office of the Director,  
Kidwai Cancer Institute  
Dr. M.H.Marigowda Road  
Bangalore-5600 029.

Dated: 16-2-2018

**ATTENDANCE EXTRACT**

Ref: KMIO/AC/Post\_Oral/778/2017, dated: 26-5-2017

\* \* \*

The Attendance Extract of the following Post Graduate student of Dayananda Sagar College of Dental Sciences, Bangalore who was posted for training at this Institute in the department of Oral Oncology for the period from 1-1-2018 to 31-1-2018 vide reference cited above are as follows:-

Sl. No.	Name of the Students	Dates on which Absent	No. of days Absent	No. of days Present
1	Dr. Himanshu. C. Soni	-	NIL	31 Days
SUNDAYS HOLIDAY				

To,  
The Principal,  
Dayananda Sagar College of Dental Sciences,  
Shavige Malleswara Hills,  
Kumaraswamy Layout,  
Bangalore-560 078.

*eed*  
**OFFICER IN CHARGE**  
*PR* Academic Cell  
Officer In-charge  
Academic Cell  
KIDWAI CANCER INSTITUTE  
Dr. M. H. Marigowda Road,  
Bengaluru-29

*PK*  
*H*  
**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.



Govt. of Karnataka

**BANGALORE MEDICAL COLLEGE & RESEARCH INSTITUTE**  
**[AN AUTONOMOUS INSTITUTE OF GOVT. OF KARNATAKA]**

Fort, K.R. Road, Bangalore – 560002.

Telephone:26700810;Tele fax 26704342

email: director\_bmcric@yahoo.co. in

No. BMCRI/PS/45/2019-20



Office of the Director cum Dean  
Bangalore, Dated: 18/06/2019

To

Principal  
Professor & Head,  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout  
Bangalore-560 078

Sir,

Sub:- Collaborative Work with Dept of Forensic Medicine-reg

Ref: 1. Your Letter Dated 14.03.2018


\* \* \* \* \*

With reference to the above subject under ref, we have decided to execute a MOU initially for a period of six months on a trial basis. Further if found beneficial to both the institutes we may extend and execute the MOU for longer period.

So you are requested to re-submit the MOU for the period six months.


Thanking You

Yours faithfully,

  
Director cum Dean

Bangalore Medical College &  
Research Institute, Bangalore.

25/6/19

  
**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.



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# DAYANANDA SAGAR COLLEGE OF DENTAL SCIENCES

## DETAILED PROGRAM REPORT FOR COLLABORATING ACTIVITIES

<u>COLLABORATING ACTIVITIES</u>		
SI.No	Event Particulars	Details
1.	Year	2019
2.	Agency Name	NITTE MEENAKSHI INSTITUTE OF CRANIOFACIAL SURGERY
3.	Activity Name	Peripheral postings for cleft lip & palate surgery
4.	Participant Name	Dr. Qaiser Nazir
5.	Detailed activity	Dr. Qaiser Nazir, post graduate student from department of oral and maxillofacial surgery was posted for a period of 1 month for observing various cleft palate and microvascular cases.

  
**PRINCIPAL**

Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

DSCDS/2019-2020/

June 21, 2019

To:

Dr Naveen Hedne, M ch  
Sr Consultant and Head, Dept of Head And Neck Oncology  
Mazumdar Shaw Cancer Center  
Narayana Health  
Bangalore

Sir,

**Sub:** Clinical postings for our post graduates from the department of Oral & Maxillofacial Surgery at your hospital

\*\*\*

As a part of the curriculum of Master of Dental Surgery program in Oral & Maxillofacial Surgery, our Third year Post graduate student Dr. Qaiser Nazir require to observe and assist Oncology cases. Mazumdar Shaw Cancer Center is a globally renowned and acclaimed institute with cutting edge technology in health care sector and it is our privilege to have our post graduates trained at your centre.

Hence I request you to kindly accept our post graduate student to observe and assist cases in your prestigious institute for a posting period of one month during July /August 2019.

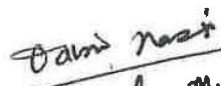
Thanking you

Yours Sincerely

  
Prof. Dr. Hemanth.M , M.D.S, Ph.D

**PRINCIPAL**

Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

  
Received on  
24/06/2019.

  
**PRINCIPAL**  
Dayananda Sagar College of Dental Scie  
Kumaraswamy Layout,  
Bangalore - 560 078.





**NITTE UNIVERSITY**  
**DEPARTMENT OF CRANIOFACIAL SURGERY,**  
**KS HEGDE HOSPITAL, Mangalore.**

*This is to certify that Dr Qaiser Nazir was posted in this department from 04/01/2019 to 04/02/2019 during which he observed/assisted the cases that were operated here.*

*He has satisfactorily completed one month clinical postings at NITTE Meenakshi institute of craniofacial surgery, Mangalore.*

Dated:

**Dr. VIKRAM SHETTY**  
MBBS, D.N.B., M.D.S.  
Consultant Craniofacial Surgeon  
Nitte Meenakshi Institute of Craniofacial Surgery  
Medical Sciences Complex, DERALAKATTE - 575 018

**Dr. VIKRAM SHETTY**  
MBBS;DNB;FAM;MDS  
Director; NITTE Meenakshi  
Institute of Craniofacial Surgery,  
Mangalore.

Date: 19<sup>th</sup> June, 2019

From  
Dr. Qaiser nazir  
III Year Post Graduate Student  
Department of Oral and Maxillofacial Surgery  
Dayananda Sagar College of Dental Sciences  
Bangalore - 560078

Through  
Prof. Dr.Shobha E.S.  
Professor & HOD  
Department of Oral and Maxillofacial Surgery  
Dayananda Sagar College of Dental Sciences  
Bangalore - 560078

To  
The Principal  
Dayananda Sagar College of Dental Sciences  
Bangalore

Respected Sir,

*Subject: Requisition for attending peripheral clinical postings at  
Mazumdar Shaw medical centre, Bangalore as a  
part of the M.D.S. Curriculum. (for JULY & AUGUST  
2019)*

~~we~~ Dr.Qaiser Nazir, III Year Post Graduate Student of the  
Department of Oral and Maxillofacial Surgery hereby request you to kindly  
grant us the permission to attend the clinical postings at (Mazumdar shaw  
medical centre) as a part of the M.D.S curriculum.

We kindly request you to oblige and do the needful.

Thanking you

Yours sincerely,

Forwarded to Principal

*Oh*  
19/6/2019

*Qaiser nazir*  
Dr. Qaiser Nazir 19/6/19  
Post Graduate Student  
MDS III

**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.



# ಕಿಡ್ವಾಯಿ ಕ್ಯಾನ್ಸರ್ ಸಂಸ್ಥೆ

ಕರ್ನಾಟಕ ಸರ್ಕಾರದ ಸ್ವಾಯತ್ತತಾ ಸಂಸ್ಥೆ  
ಪ್ರಾದೇಶಿಕ ಅರ್ಜಿ ಸಂಶೋಧನ ಮತ್ತು ಚಿಕಿತ್ಸಾ ಕೇಂದ್ರ  
ಯು.ಐ.ಸಿ.ಸಿ. ಸದಸ್ಯ ಸಂಸ್ಥೆ (ಅಂತರರಾಷ್ಟ್ರೀಯ ಅರ್ಜಿ ರೋಗ ನಿವಾರಣಾ ಸಂಘಟನೆ)

## KIDWAI CANCER INSTITUTE

GOVERNMENT OF KARNATAKA AUTONOMOUS INSTITUTION  
(REGIONAL CENTRE FOR CANCER RESEARCH & TREATMENT  
MEMBER OF INTERNATIONAL UNION AGAINST CANCER)

PHONE : 91 - 80 - 26560722 (DIRECTOR)  
: 91 - 80 - 26094000  
Fax : 91 - 80 - 26560723

ಡಾ|| ಎಂ.ಎಚ್. ಮರೀಗೌಡ ರಸ್ತೆ,  
ಬೆಂಗಳೂರು - 560 029.

Dr. M.H. Marigowda Road,  
Bengaluru - 560 029.  
KARNATAKA, INDIA.

Dated: 13.6.2019.

No. KMIO/AC/Post.Oral/ 848 /2019

To,  
The Principal,  
Dayananda Sagar College of Dental Sciences,  
Shavige Malleshwara Hills,  
Kumaraswamy Layout,  
Bangalore-560 078,

Sir,

Sub:- Training Programme of Post Graduate students – Reg.  
Ref:- Letter No. DSCDS/2019-20, dated: 8-6-2019

\*\*\*

The following Post Graduate students of Dayananda Sagar College of Dental Sciences, Bangalore are permitted to undergo training at this Institute in the Department of Oral Oncology for the period mentioned against their names on payment of Rs. 5,000/- per student. **KMIO does not have hostel facilities for outside P.G's, students may be informed to make their own arrangement.**

Sl. No.	Name of the Students	Period of Postings
1	Dr. Qaiser Nazir	1-9-2019 to 30-9-2019
2	Dr. Shaurya Verma	1-11-2019 to 30-11-2019
3	Dr. Vishakha Agarwal	1-12-2019 to 31-12-2019

On arrival concerned are instructed to contact Officer-in-Charge, Academic Cell at 10.00 AM to complete necessary formalities.

Thanking you,  
**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences,  
Kumaraswamy Layout,  
Bangalore - 560 078.

NOTE: Postings once issued cannot be changed.

Yours Sincerely

**DIRECTOR**

DSCDS/2019-20/

June 8, 2019

To:

The Director  
Kidwai Memorial Institute of Oncology,  
Hosur Road  
Bangalore

Dear Sir / Madam,

Sub: Permission to our Postgraduate students for taking up clinical posting at your prestigious institution.

\*\*\*

As a part of Master of Dental Surgery curriculum, post graduate students from the department of Oral & Maxillofacial Surgery, Dr. Shaurya Verma and Dr. Vishakha Agarwal are required to attend one month clinical posting (Oral Oncology) at Kidwai Memorial Institute of Oncology. Kindly, grant them permission to attend the same at your prestigious institution and issue posting dates during November and December 2019.

Thanking you

Yours Sincerely

Prof. Dr. Hemanth.M

M.D.S, PhD

PRINCIPAL  
SENATE MEMBER - R.G.U.H.S

**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

Date: 7<sup>th</sup> June, 2019

From  
Dr. Shaurya Verma  
Dr. Vishakha Agarwal  
II Year Post Graduate Students  
Department of Oral and Maxillofacial Surgery  
Dayananda Sagar College of Dental Sciences  
Bangalore - 560078

Through  
Prof. Dr. Shobha E.S.  
Professor & HOD  
Department of Oral and Maxillofacial Surgery  
Dayananda Sagar College of Dental Sciences  
Bangalore - 560078

To  
The Principal  
Dayananda Sagar College of Dental Sciences  
Bangalore

Respected Sir,

*Subject: Requisition for attending peripheral clinical postings at  
Kidwai Memorial Institute of Oncology, Bangalore as a  
part of the M.D.S. Curriculum.*


We, Dr. Shaurya Verma and Dr. Vishakha Agarwal, II Year Post Graduate Students of the Department of Oral and Maxillofacial Surgery hereby request you to kindly grant us the permission to attend the clinical postings at (Kidwai Memorial Institute of Oncology) as a part of the M.D.S curriculum.


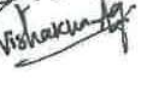
We kindly request you to oblige and do the needful.

Thanking you

Yours sincerely,

Forwarded to Principal

  
(Shobha E.S.)  
7/6/2019

Dr. Shaurya Verma   
Dr. Vishakha Agarwal   
Post Graduate Students  
MDS II

**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

DSCDS/2019-20/

June 8, 2019

To:

The Director  
Kidwai Memorial Institute of Oncology,  
Hosur Road  
Bangalore

Dear Sir / Madam,

Sub: Permission to our Postgraduate student for taking up clinical posting at your prestigious institution.

\*\*\*

As a part of Master of Dental Surgery curriculum, post graduate student from the department of Oral & Maxillofacial Surgery, Dr.Qaiser Nazir is required to attend one month clinical posting (Oral Oncology) at Kidwai Memorial Institute of Oncology. Kindly, grant them permission to attend the same at your prestigious institution and issue posting dates during October 2019.

Thanking you

Yours Sincerely

  
Prof. Dr. Hemanth.M

M.D.S, PhD

PRINCIPAL  
SENATE MEMBER - R.G.U.H.S

**PRINCIPAL**  
Davananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

*Qaiser Nazir*  
*Received*  
*11/06/2019.*

  
**PRINCIPAL**  
Davananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

Date: 7<sup>th</sup> June, 2019

From  
Dr. Qaiser Nazir  
III Year Post Graduate Students  
Department of Oral and Maxillofacial Surgery  
Dayananda Sagar College of Dental Sciences  
Bangalore - 560078

Through  
Prof. Dr. Shobha E.S.  
Professor & HOD  
Department of Oral and Maxillofacial Surgery  
Dayananda Sagar College of Dental Sciences  
Bangalore - 560078

To  
The Principal  
Dayananda Sagar College of Dental Sciences  
Bangalore

Respected Sir,

*Subject: Requisition for attending peripheral clinical postings at  
Kidwai Memorial Institute of Oncology, Bangalore as a  
part of the M.D.S. Curriculum. (OCTOBER-2019)*

I, Dr. Qaiser Nazir, III Year Post Graduate Student of the  
Department of Oral and Maxillofacial Surgery hereby request you to kindly  
grant me the permission to attend the clinical postings at (Kidwai Memorial  
Institute of Oncology) as a part of the M.D.S curriculum.

I kindly request you to oblige and do the needful.

Thanking you

Yours sincerely,

Forwarded to Principal

*Shobha*  
7/6/2019  
(Shobha - ES)

*Qaiser Nazir*  
Dr. Qaiser Nazir  
Post Graduate Student  
MDS III

**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

o/c

DSCDS/2019-20/166

May 22, 2019

To:

The Director  
Kidwai Memorial Institute of Oncology,  
Hosur Road  
Bangalore

Dear Sir,

Sub: Regarding Oral Cancer cases for our MDS exam in Oral & Maxillofacial  
Surgery on 28/05/2019

\*\*\*\*\*

With reference to the above subject, I kindly request that we require two patients from  
the OPD of Oral Oncology, for the purpose of practical examination in the department  
of Oral and maxillofacial surgery on 28/05/2019.

We assure you that the patients will be duly taken care of. Your co-operation is highly  
appreciated.

Thanking you

Yours sincerely

  
Prof. Dr. Hemanth.M  
M.D.S, Ph.D

PRINCIPAL  
SENATE MEMBER - RGUHS

**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

  
**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.



o/c

Ref: DSCDS/2018-19/

March 1, 2019

To:

The Director  
National Institute of Mental Health and  
Neurological Science (NIMHANS)  
Bangalore

Dear Sir,

**Sub: Permission for our Postgraduate students for taking up clinical  
posting at your prestigious institution.**

\*\*\*

As a part of Master of Dental Surgery curriculum, post graduate students from the department of Oral & Maxillofacial Surgery, Dr. Qaiser Nazir is required to attend one month clinical posting (Casualty & Emergency) at National Institute of Mental Health and Neurological Science.

Kindly grant them permission to attend the same at your prestigious institution and issue posting dates during the month of **March 2019**.

Thanking you

Yours Sincerely

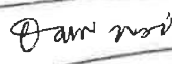
  
Prof. Dr. Hemanth.M  
M.D.S, PhD

PRINCIPAL

**PRINCIPAL**

Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

Received



  
**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

Dated: 28/02/2019

From,  
Dr. Qaiser Nazir,  
Post Graduate Student,  
Department of Oral and Maxillofacial Surgery,  
Dayananda Sagar College of Dental Sciences,  
Bangalore.

Through  
Dr SHOBHA E.S  
Professor & HOD,  
Dept of Oral and Maxillofacial Surgery  
Dayananda Sagar College of Dental Sciences  
Bangalore

To,  
The Principal.  
Professor and Head of the Department.  
Department of Orthodontics & Dentofacial orthopaedics,  
Dayananda Sagar College of Dental Sciences,  
Bangalore.

Subject- Request permission to attend peripheral postings.

Respected Sir,

I, Dr. Qaiser Nazir, II Year Post Graduate Student from the Department of Oral and Maxillofacial Surgery kindly request you to grant me permission to attend peripheral postings as listed below:

**March 2019:**

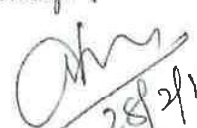
NIMHANS: Casualty and Emergency Posting (1 month).

Hope for kind consideration.

Thanking you

Yours faithfully,  
Dr Qaiser Nazir,  
(2017-2020) batch

  
**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

Forwarded to Principal  
  
28/2/19

DSCDS/2019-2020/

June 21, 2019

To:

Dr Naveen Hedne, M ch  
Sr Consultant and Head, Dept of Head And Neck Oncology  
Mazumdar Shaw Cancer Center  
Narayana Health  
Bangalore

Sir,

**Sub:** Clinical postings for our post graduates from the department of Oral & Maxillofacial Surgery at your hospital

\*\*\*

As a part of the curriculum of Master of Dental Surgery program in Oral & Maxillofacial Surgery, our Third year Post graduate student Dr. Qaiser Nazir require to observe and assist Oncology cases. Mazumdar Shaw Cancer Center is a globally renowned and acclaimed institute with cutting edge technology in health care sector and it is our privilege to have our post graduates trained at your centre.

Hence I request you to kindly accept our post graduate student to observe and assist cases in your prestigious institute for a posting period of one month during July /August 2019.

Thanking you

Yours Sincerely


  
Prof. Dr. Hemanth.M , M.D.S, Ph.D

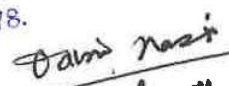
PRINCIPAL

Dayananda Sagar College of Dental Sciences

~~905~~ Kumaraswamy Layout,

Bangalore - 560 078.

  
PRINCIPAL  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

  
Received on  
24/06/2019.

Date: 19<sup>th</sup> June, 2019

From  
Dr. Qaiser nazir  
III Year Post Graduate Student  
Department of Oral and Maxillofacial Surgery  
Dayananda Sagar College of Dental Sciences  
Bangalore - 560078

Through  
Prof. Dr.Shobha E.S.  
Professor & HOD  
Department of Oral and Maxillofacial Surgery  
Dayananda Sagar College of Dental Sciences  
Bangalore - 560078

To  
The Principal  
Dayananda Sagar College of Dental Sciences  
Bangalore

Respected Sir,

*Subject: Requisition for attending peripheral clinical postings at  
Mazumdar Shaw medical centre, Bangalore as a  
part of the M.D.S. Curriculum. (for JULY & AUGUST  
2019)*

<sup>I</sup> Dr.Qaiser Nazir, III Year Post Graduate Student of the  
Department of Oral and Maxillofacial Surgery hereby request you to kindly  
grant us the permission to attend the clinical postings at (Mazumdar shaw  
medical centre) as a part of the M.D.S curriculum.

We kindly request you to oblige and do the needful.

Thanking you

Yours sincerely,

Forwarded to Principal

*Qaiser*  
19/6/2019

*H*  
**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy  
Bangalore - 560 078.

*Qaiser nazir*  
19/6/19  
Dr. Qaiser Nazir  
Post Graduate Student  
MDS III



# ಕಿಡ್ವಾಯಿ ಕ್ಯಾನ್ಸರ್ ಸಂಸ್ಥೆ

ಕರ್ನಾಟಕ ಸರ್ಕಾರದ ಸ್ವಾಯತ್ತತಾ ಸಂಸ್ಥೆ  
ಪ್ರಾದೇಶಿಕ ಅರ್ಜಿಯ ಸಂಶೋಧನ ಮತ್ತು ಚಿಕಿತ್ಸಾ ಕೇಂದ್ರ  
ಯು.ಐ.ಸಿ.ಸಿ. ಸದಸ್ಯ ಸಂಸ್ಥೆ (ಅಂತರರಾಷ್ಟ್ರೀಯ ಅರ್ಜಿಯ ರೋಗ ನಿವಾರಣಾ ಸಂಘಟನೆ)

## KIDWAI CANCER INSTITUTE

GOVERNMENT OF KARNATAKA AUTONOMOUS INSTITUTION  
(REGIONAL CENTRE FOR CANCER RESEARCH & TREATMENT  
MEMBER OF INTERNATIONAL UNION AGAINST CANCER)

PHONE : 91 - 80 - 26560722 (DIRECTOR)  
: 91 - 80 - 26094000  
Fax : 91 - 80 - 26560723

ಡಾ|| ಎಂ.ಎಚ್. ಮರಿಗೌಡ ರಸ್ತೆ,  
ಬೆಂಗಳೂರು - 560 029.

Dr. M.H. Marigowda Road,  
Bengaluru - 560 029.  
KARNATAKA, INDIA.

Dated: 13.6.2019.

No. KMIO/AC/Post.Oral/ 848 /2019

To,  
The Principal,  
Dayananda Sagar College of Dental Sciences,  
Shavige Malleshwara Hills,  
Kumaraswamy Layout,  
Bangalore-560 078,

Sir,

Sub:- Training Programme of Post Graduate students - Reg.  
Ref:- Letter No. DSCDS/2019-20, dated: 8-6-2019

\* \* \*

The following Post Graduate students of Dayananda Sagar College of Dental Sciences, Bangalore are permitted to undergo training at this Institute in the Department of Oral Oncology for the period mentioned against their names on payment of Rs. 5,000/- per student. **KMIO does not have hostel facilities for outside P.G's, students may be informed to make their own arrangement.**

Sl. No.	Name of the Students	Period of Postings
1	Dr. Qaiser Nazir	1-9-2019 to 30-9-2019
2	Dr. Shaurya Verma	1-11-2019 to 30-11-2019
3	Dr. Vishakha Agarwal	1-12-2019 to 31-12-2019

On arrival concerned are instructed to contact Officer-in-Charge, Academic Cell at 08.00 AM to complete necessary formalities.

Thanking you,

Yours Sincerely

DIRECTOR

NOTE: Postings once issued cannot be changed.

DSCDS/2019-20/

June 8, 2019

To:

The Director  
Kidwai Memorial Institute of Oncology,  
Hosur Road  
Bangalore

Dear Sir / Madam,

Sub: Permission to our Postgraduate students for taking up clinical posting at your prestigious institution.

\*\*\*

As a part of Master of Dental Surgery curriculum, post graduate students from the department of Oral & Maxillofacial Surgery, Dr. Shaurya Verma and Dr. Vishakha Agarwal are required to attend one month clinical posting (Oral Oncology) at Kidwai Memorial Institute of Oncology. Kindly, grant them permission to attend the same at your prestigious institution and issue posting dates during November and December 2019.

Thanking you

Yours Sincerely

Prof. Dr. Hemanth.M

M.D.S, PhD

PRINCIPAL  
SENATE MEMBER - R.G.U.H.S

**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

Date: 7<sup>th</sup> June, 2019

From  
Dr. Shaurya Verma  
Dr. Vishakha Agarwal  
II Year Post Graduate Students  
Department of Oral and Maxillofacial Surgery  
Dayananda Sagar College of Dental Sciences  
Bangalore - 560078

Through  
Prof. Dr. Shobha E.S.  
Professor & HOD  
Department of Oral and Maxillofacial Surgery  
Dayananda Sagar College of Dental Sciences  
Bangalore - 560078

To  
The Principal  
Dayananda Sagar College of Dental Sciences  
Bangalore

Respected Sir,

*Subject: Requisition for attending peripheral clinical postings at  
Kidwai Memorial Institute of Oncology, Bangalore as a  
part of the M.D.S. Curriculum.*


We, Dr. Shaurya Verma and Dr. Vishakha Agarwal, II Year Post Graduate Students of the Department of Oral and Maxillofacial Surgery hereby request you to kindly grant us the permission to attend the clinical postings at (Kidwai Memorial Institute of Oncology) as a part of the M.D.S curriculum.

We kindly request you to oblige and do the needful.

Thanking you

Yours sincerely,

Forwarded to Principal

  
(Dr. Shobha E.S.)  
7/6/2019

  
**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout  
Bangalore - 560 078.

Dr. Shaurya Verma  
Dr. Vishakha Agarwal  
Post Graduate Students  
MDS II


DSCDS/2019-20/

June 8, 2019

To:

The Director  
Kidwai Memorial Institute of Oncology,  
Hosur Road  
Bangalore

Dear Sir / Madam,

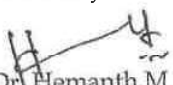
Sub: Permission to our Postgraduate student for taking up clinical posting at your prestigious institution.

\*\*\*

As a part of Master of Dental Surgery curriculum, post graduate student from the department of Oral & Maxillofacial Surgery, Dr. Qaiser Nazir is required to attend one month clinical posting (Oral Oncology) at Kidwai Memorial Institute of Oncology. Kindly, grant them permission to attend the same at your prestigious institution and issue posting dates during October 2019.

Thanking you

Yours Sincerely

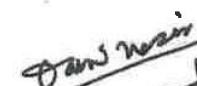
  
Prof. Dr. Hemanth.M

M.D.S, PhD

PRINCIPAL  
SENATE MEMBER - R.G.U.H.S

**PRINCIPAL**  
Davananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

  
**PRINCIPAL**  
Davananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

  
Qaiser Nazir  
Received  
11/06/2019.



Date: 7<sup>th</sup> June, 2019

From  
Dr. Qaiser Nazir  
III Year Post Graduate Students  
Department of Oral and Maxillofacial Surgery  
Dayananda Sagar College of Dental Sciences  
Bangalore - 560078

Through  
Prof. Dr. Shobha E.S.  
Professor & HOD  
Department of Oral and Maxillofacial Surgery  
Dayananda Sagar College of Dental Sciences  
Bangalore - 560078

To  
The Principal  
Dayananda Sagar College of Dental Sciences  
Bangalore

Respected Sir,

*Subject: Requisition for attending peripheral clinical postings at  
Kidwai Memorial Institute of Oncology, Bangalore as a  
part of the M.D.S. Curriculum. (OCTOBER-2019)*

I, Dr. Qaiser Nazir, III Year Post Graduate Student of the  
Department of Oral and Maxillofacial Surgery hereby request you to kindly  
grant me the permission to attend the clinical postings at (Kidwai Memorial  
Institute of Oncology) as a part of the M.D.S curriculum.

I kindly request you to oblige and do the needful.

Thanking you

Yours sincerely,

Forwarded to Principal

*Shobha*  
7/6/2019  
(Shobha - ES)

*Qaiser Nazir*  
Dr. Qaiser Nazir  
Post Graduate Student  
MDS III

*Principal*  
**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

o/c

DSCDS/2019-20/166

May 22, 2019

To:

The Director  
Kidwai Memorial Institute of Oncology,  
Hosur Road  
Bangalore

Dear Sir,

Sub: Regarding Oral Cancer cases for our MDS exam in Oral & Maxillofacial  
Surgery on 28/05/2019

\*\*\*\*\*

With reference to the above subject, I kindly request that we require two patients from  
the OPD of Oral Oncology, for the purpose of practical examination in the department  
of Oral and maxillofacial surgery on 28/05/2019.

We assure you that the patients will be duly taken care of. Your co-operation is highly  
appreciated.

Thanking you

Yours sincerely

  
Prof. Dr. Hemanth.M  
M.D.S, Ph.D

PRINCIPAL  
SENATE MEMBER - RGUHS

**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

  
**PRINCIPAL**  
Dayananda Sagar College of Dental Sci  
Kumaraswamy Layout,  
Bangalore - 560 078.

o/c

Ref: DSCDS/2018-19/

March 1, 2019

To:

The Director  
National Institute of Mental Health and  
Neurological Science (NIMHANS)  
Bangalore

Dear Sir,

**Sub: Permission for our Postgraduate students for taking up clinical  
posting at your prestigious institution.**


\*\*\*

As a part of Master of Dental Surgery curriculum, post graduate students from the department of Oral & Maxillofacial Surgery, Dr. Qaiser Nazir is required to attend one month clinical posting (Casualty & Emergency) at National Institute of Mental Health and Neurological Science.

Kindly grant them permission to attend the same at your prestigious institution and issue posting dates during the month of **March 2019**.

Thanking you

Yours Sincerely

  
Prof. Dr. Hemanth.M  
M.D.S, PhD


PRINCIPAL

PRINCIPAL

Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 075

Received

Dr. Qaiser Nazir

  
PRINCIPAL  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 075

Dated: 28/02/2019

From,  
Dr. Qaiser Nazir,  
Post Graduate Student,  
Department of Oral and Maxillofacial Surgery,  
Dayananda Sagar College of Dental Sciences,  
Bangalore.

Through  
Dr SHOBHA E.S  
Professor & HOD,  
Dept of Oral and Maxillofacial Surgery  
Dayananda Sagar College of Dental Sciences  
Bangalore

To,  
The Principal.  
Professor and Head of the Department.  
Department of Orthodontics & Dentofacial orthopaedics,  
Dayananda Sagar College of Dental Sciences,  
Bangalore.

Subject- Request permission to attend peripheral postings.

Respected Sir,

I, Dr. Qaiser Nazir, II Year Post Graduate Student from the Department of Oral and Maxillofacial Surgery kindly request you to grant me permission to attend peripheral postings as listed below:

**March 2019:**


NIMHANS: Casualty and Emergency Posting (1 month).

Hope for kind consideration.

Thanking you

Yours faithfully,  
Dr Qaiser Nazir,  
(2017-2020) batch

  
**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

Forwarded to Principal  
  
28/2/19



# ಕಿಡ್ವಾಯಿ ಕ್ಯಾನ್ಸರ್ ಸಂಸ್ಥೆ

ಕರ್ನಾಟಕ ಸರ್ಕಾರದ ಸ್ವಾಯತ್ತತಾ ಸಂಸ್ಥೆ  
ಪ್ರಾದೇಶಿಕ ಆರೋಗ್ಯ ಸಂಶೋಧನೆ ಮತ್ತು ಚಿಕಿತ್ಸಾ ಕೇಂದ್ರ  
ಯು.ಎ.ಸಿ.ಸಿ. ಸರ್ಕಾರಿ ಸಂಸ್ಥೆ (ಅಂತರರಾಷ್ಟ್ರೀಯ ಆರೋಗ್ಯ ದೀರ್ಘ ಜೀವನ ಸಂಘಟನೆ)

## KIDWAI CANCER INSTITUTE

GOVERNMENT OF KARNATAKA AUTONOMOUS INSTITUTION  
(REGIONAL CENTRE FOR CANCER RESEARCH & TREATMENT  
MEMBER OF INTERNATIONAL UNION AGAINST CANCER)

PHONE : 91 - 80 - 26560722 (DIRECTOR)  
91 - 80 - 26094000  
91 - 80 - 26560723

Dr. M.H. Marigowda Road,  
Bengaluru - 560 029.

Dr. M.H. Marigowda Road,  
Bengaluru - 560 029,  
KARNATAKA, INDIA.  
Date: 13-6-2019.

No. KMIO/AC/Post Oral/ 848 /2019

To,  
The Principal,  
Dayananda Sagar College of Dental Sciences,  
Shanige Malleshwara Hills,  
Kumaraswamy Layout,  
Bangalore-560 078.

Sr.

Sub - Training Programme of Post Graduate students - Reg.  
Ref. Letter No. DSCDS/2019.20, dated 8-6-2019

\*\*\*

The following Post Graduate students of Dayananda Sagar College of Dental Sciences, Bangalore are permitted to undergo training at this Institute in the Department of Oral Oncology for the period mentioned against their names on payment of Rs. 5,000/- per student. KMIO does not have hostel facilities for outside P.G.'s, students may be informed to make their own arrangement.

Sl. No.	Name of the Students	Period of Postings
1	Dr. Qaiser Nazir	1-9-2019 to 30-9-2019
2	Dr. Shaurya Verma	1-11-2019 to 30-11-2019
3	Dr. Vishakha Agarwal	1-12-2019 to 31-12-2019

On arrival concerned are instructed to contact Officer-in-Charge, Academic Cell at 10.00 AM to complete necessary formalities.

Thanking you.

Yours Sincerely

DIRECTOR

NOTE: Postings once issued cannot be changed.

PRINCIPAL

Dayananda Sagar College of Dental Sciences,  
Kumaraswamy Layout,  
Bangalore - 560 078.

Scanned by Scanner Go

Date: 30<sup>th</sup> November, 2019

From  
Dr. Vishakha Agarwal  
II Year Post Graduate Student  
Department of Oral and Maxillofacial Surgery  
Dayananda Sagar College of Dental Sciences  
Bangalore - 560078

To,  
Prof. Dr. Shobha E.S.  
Professor & HOD  
Department of Oral and Maxillofacial Surgery  
Dayananda Sagar College of Dental Sciences  
Bangalore - 560078

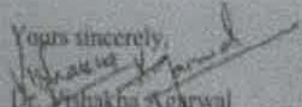
Respected Maam,

**Subject:** Requisition for attending peripheral clinical postings at  
KIDWAI as a part of M.D.S. Curriculum in the month of December 2019.


I, Dr. Vishakha Agarwal II Year Post Graduate Student of the Department  
of Oral and Maxillofacial Surgery hereby request you to kindly grant me the permission  
to attend the clinical postings at Kidwai Memorial Institute Of Cancer centre, Bangalore  
as a part of the regular M.D.S curriculum.

I kindly request you to oblige and do the needful.

Thanking you

Yours sincerely,  
  
Dr. Vishakha Agarwal  
Post Graduate Student  
MDS II Year.

*Permitted*  
*Shobha*  
30/11/2019

  
**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.


31<sup>st</sup> October 2019

**TO WHOMSOEVER IT MAY CONCERN**

This is to certify that Dr. Shaurya Verma, PG Student, Dayananda Sagar College of Dental Sciences, Bangalore, has completed his Observership in the Department of Head and Neck Oncology under the guidance of Dr. Vijay Pillai from 03<sup>rd</sup> September 2019 to 31<sup>st</sup> October 2019 at NH Health City, Bangalore.

We wish him good luck in his future endeavors.

For Narayana Hrudayalaya Ltd

  
Dr. Vijay Pillai  
Consultant  
Head & Neck Surgery

  
**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

  
AM  
19/10/2019



# DAYANANDA SAGAR COLLEGE OF DENTAL SCIENCES

(Affiliated to Rajiv Gandhi University of Health Sciences, Karnataka, Bangalore)

(Recognised by Dental Council of India, New Delhi)

ISO 9001 - 2008 Certified Institution

SCOS/2019-2020/

Date: 30/08/2019

To

Dr. Vijay Pillai  
Consultant, Dept. of Head & Neck Oncology  
Mazumdar Shaw Cancer Centre,  
Narayana Health,  
Bangalore

Sir,

Sub: Clinical postings for our post graduates from the department of  
Oral & Maxillofacial Surgery at your hospital.

As a part of the curriculum of Master of Dental Surgery program in Oral & Maxillofacial Surgery, our Second year Postgraduate student Dr. Shaurya Verma require to observe and assist Oncology cases. Mazumdar Shaw Cancer Centre is a globally renowned and acclaimed institute with cutting edge technology in health care sector and its is our privilege to have our post graduates trained at your Centre.

Hence I request you to kindly accept our postgraduate student to observe and assist cases in your prestigious institute for a posting period of two months from 01.09.2019 to 31.10.2019.

Thanking you,

Yours Sincerely,

Prof. Dr. Hemant M.  
M.D.S., Ph.D.

PRINCIPAL

Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

PRINCIPAL  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

Shivaji Malleshwara Hills, Kumaraswamy Layout, Bangalore - 560 078  
Phone : +91 80 26663654 / 26913716 / 26661104, Fax : 080-26663654  
Website : www.dayanandasagar.edu





Annamalai University  
Rajah Muthiah Dental College & Hospital

## Certificate

This is to certify that Dr. Himanshu Champaklal Soni has completed his 90 days of Peripheral Posting in the Department of Maxillofacial Surgery at Rajah Muthiah Dental College & Hospital, Annamalai University, Tamil Nadu in the month of October

2017 under guidance of Prof. Dr. A. Thangavelu, M.D.S., D.M.B.

He has observed & assisted Major Procedures including Trauma, Orthognathic & Oncology Surgeries.

He has also observed & assisted minor surgical procedures with ward & casualty duties. His performance was good and satisfactory.

Prof. Dr. A. Thangavelu - M.D.S., D.M.B.  
Head of the Department  
Oral and Maxillofacial Surgery

PRINCIPAL  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

No. KMIO/AC/PG-Atten/217/2020

Office of the Director,  
Kidwai Cancer Institute  
Dr. M.H.Marigowda Road  
Bangalore-5600 029.

Dated: 31-1-2020

**ATTENDANCE EXTRACT**

Ref: No. KMIO/AC/Post.Oral/ Jan/2020, dated: 29-1-2010


\* \* \* \*

The Attendance Extract of Post Graduate students from observership, who were posted for training in the department of Oral Oncology for the period from 1-12-2019 to 31-12-2019 vide reference cited above are as follows:-

Sl. No.	Name of the Students	Dates on which Absent	No. of days Absent	No. of days Present
1	Dr. Vishakha	-	-	All days present
SUNDAYS HOLIDAY				

To,

The Principal,  
Dayananda Sagar College of Dental Sciences,  
Shavige Malleshwara Hills,  
Kumaraswamy Layout,  
Bangalore-560 078.

  
OFFICER- IN-CHARGE  
Academic Cell  
Officer In-charge  
Academic Cell  
KIDWAI CANCER INSTITUTE  
Dr M H. Marigowda Road,  
Bengaluru-29

  
PRINCIPAL  
Dayananda Sagar College of Dental Sciences,  
Kumaraswamy Layout,  
Bangalore - 560 078.

etc

Date: 30.01.2020

To

M/S Tata Memorial Hospital,  
Dr Ernest Borges Rd,  
Parel, Mumbai,  
Maharashtra 400012

Respected Sir/ Madam,

**Subject: Application for AMNIOTIC MEMBRANE and DEMINERALIZED FREEZE DRIED BONE ALLOGRAFT procurement.**

My student named, Sindhu Subbhulakshmi T., 1<sup>st</sup> Year Post Graduate Student, Dept. Of Oral and Maxillofacial Surgery, is supposed to do a study for her dissertation titled *"ASSESSMENT OF PAIN, ERYTHEMA, WOUND HEALING AND BONE DENSITY IN EXTRACTION SOCKETS FILLED WITH AMNIOTIC MEMBRANE AND DEMINERALIZED BONE GRAFT VERSUS COLLAGEN MEMBRANE AND DEMINERALIZED BONE GRAFT- A SPLIT MOUTH, DOUBLE BLINDED, RANDOMIZED CONTROLLED TRIAL"*

I here by kindly request you to issue Amniotic membrane (2\*2sqcm and 4nos) and Demineralized freeze dried bone allograft (500- 4060microns and 5nos) at the most possible discounted rate. Please consider my request and oblige.

The necessary Synopsis of the dissertation, Ethical committee approval (photocopy) and Bonafide certificate ( photocopy) is enclosed with this application.

Thanking you

Details of the student,

Dr. Sindhu Subbhulakshmi T  
Email Id: [sindhu.moorthy7@gmail.com](mailto:sindhu.moorthy7@gmail.com)  
Ph. No. : 9535805296

Dr. Hemant M.  
M.D.S., Ph.D.  
PRINCIPAL

PRINCIPAL  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

PRINCIPAL  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

ofc

Date: 30.01.2020

To

M/S Tata Memorial Hospital,  
Dr Ernest Borges Rd,  
Parel, Mumbai,  
Maharashtra 400012

Respected Sir/ Madam,

**Subject: Submission confirmation post dissertation completion.**


My student named, Sindhu Subbhulakshmi T., 1<sup>st</sup> Year Post Graduate Student, Dept. Of Oral and Maxillofacial Surgery, is supposed to do a study for her dissertation titled "*ASSESSMENT OF PAIN, ERYTHEMA, WOUND HEALING AND BONE DENSITY IN EXTRACTION SOCKETS FILLED WITH AMNIOTIC MEMBRANE AND DEMINERALIZED BONE GRAFT VERSUS COLLAGEN MEMBRANE AND DEMINERALIZED BONE GRAFT- A SPLIT MOUTH, DOUBLE BLINDED, RANDOMIZED CONTROLLED TRIAL*" (Note: This study uses Amniotic membrane and Bone Graft material obtained from your esteemed institute)

The student will submit the thesis copy, on completion to your institute and thereby I request you to kindly issue Amniotic membrane and demineralised freeze dried bone allograft for the study.

Thanking you

Details of the student,

Dr. Sindhu Subbhulakshmi T  
Email Id: [sindhu.moorthy7@gmail.com](mailto:sindhu.moorthy7@gmail.com)  
Ph. No. : 9535805296

  
Dr. Hemanth M.  
M.D.S., Ph.D.

PRINCIPAL  
PRINCIPAL

Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

  
PRINCIPAL  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

No. KMIO/AC/PG-Atten/ORAL/ 928 /2021

Officer of the Director  
Kidwai Memorial Institute  
Of Oncology, M.H. Marigowda Road  
Bangalore-560 029

Date: 29-07-2021

**ATTENDANCE EXTRACT**

Ref: Letter No. KMIO/AC/Post\_ORAL/ 848 /2019, dated: 13 -06-2019


\* \* \* \* \*

The Attendance Extract of the following Post Graduate student from Dayanand Sagar College of Dental Sciences, Bangalore., who were posted for training in the department of Oral Oncology for the period from 01-11-2019 to 30-11-2019 vide reference cited above are as follows:-

Sl. No.	Name of the Student	Date of Absents	No. of days Absent	No. of days Present
1	Dr. Shaurya Verma	14-11-2019 to 16-11-2019	3 Days	27 Days
<b>SUNDAYS HOLIDAY</b>				

To  
The Principal,  
Dayanand Sagar College of Dental Sciences,  
Kumaraswamy Layout,  
Bangalore - 560 078

**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078

  
**OFFICER IN CHARGE**  
Academic Cell  
Officer In-charge  
Academic Cell  
KIDWAI CANCER INSTITUTE  
Dr. M. H. Marigowda Road,  
Bengaluru-29

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



NIMH:ACA-B:TRG-NS:2021/388

Date: 24.03.2021

The Principal  
Dayananda Sagar College of Dental Sciences  
Shravige Malleshwara Hills  
Kumaraswamy Layout  
Bangalore – 560 078.

Sir/Madam,

Sub: Request for Permission to undergo training at this Institute – reg.  
Ref: Your email dated 16.03.2021

\*\*\*\*\*

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	Duration
	Dr. Sowmiya S	01.04.2021 to 30.04.2021*
	Dr. Sindhu Subbhulakshmi T	01.05.2021 to 31.05.2021*
3	Department at which training permitted	Neurosurgery
4	Training fee	Rs.10,000/- per month per trainee

*\* based on COVID 19 Pandemic situation and guidelines RTPCR negative report (test 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.

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

Yours faithfully,

ADMINISTRATIVE OFFICER (A&E)

Copy to: The HOD of Neurosurgery, NIMHANS

**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

H.P.  
0.5

17/29/21

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



NIMH/ACA-B/FRQ-NS/2021/388

Date: 24.05.2021

The Principal,  
Dayananda Sagar College of Dental Sciences,  
Shavige Malleshwara Hills,  
Kumaraswamy Layout,  
Bangalore - 560 078.

Sir Madam,

Sub: Request for Permission to undergo training at this Institute - reg.  
Ref: Your email dated 16.05.2021

\*\*\*\*\*

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:

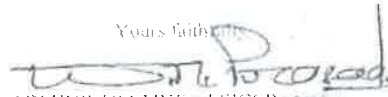
1	Number of trainees	02
2	Name of the trainees	Duration
	Dr. Sowmya S	01.04.2021 to 30.04.2021*
	Dr. Sradha Subbhulakshmi I	01.05.2021 to 31.05.2021*
3	Department at which training permitted	Neurosurgery
4	Training fee	Rs.10,000 - per month per trainee

\* based on COVID 19 Pandemic situation and guidelines. RT-PCR 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 SR collect (online) on the day of joining. Excess payment of training fee will not be refunded.

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

Yours faithfully,

  
ADMINISTRATIVE OFFICER (ACLT)

Copy to: The HOD of Neurosurgery, NIMHANS

  
**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

O.S  
H ut 2

DSCDS/2021/

March 12, 2021

To,

The Secretary  
Sri, Krishna Sevashrama hospital  
Jayanagar, Bangalore

Respected Sir,

Sub: Permission to undergo training in your esteemed organization.

\*\*\*

The postgraduate students of department of Oral Medicine and Radiology require undergoing training in the department of General Medicine, Dermatology, General Radiology and ENT for the period from 12/03/2021 to 31/03/2021 as a part of RGUHS PG curriculum for the MDS course.

We kindly request you to grant permission for the following postgraduate students to undergo training in the above-mentioned departments.

1. Dr. Farzana
2. Dr. Mohan Raj V

Thanking you

  
**PRINCIPAL**  
Dayananda Sagar College of Dental Sci  
Kumaraswamy Layo  
Bangalore - 560 078.

Yours faithfully

  
**PRINCIPAL**

**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

Copy to: Medical Superintendent,  
Sri Krishna Sevashrama Hospital,  
Jayanagar, Bangalore



Ref: DSCDS/2021/

March 8, 2021

To:

The Director  
National Institute of Mental Health and  
Neurological Science (NIMHANS)  
Bangalore

Dear Sir,

**Sub: Permission for our Postgraduate students for taking up clinical  
posting at your prestigious institution.**

\*\*\*


As a part of Master of Dental Surgery curriculum, postgraduate students from the department of Oral & Maxillofacial Surgery, Dr. Swmiya S and Dr. Sindhu Subbhulakshmi T, 2<sup>nd</sup> Year MDS are required to attend one month clinical posting (Casualty & Emergency) at National Institute of Mental Health and Neurological Science.

Kindly, grant them permission to attend the same at your prestigious Institution in the months stated below:

1. Dr.Sowmiya S - April - 2021
2. Dr. Sindhu Subbhulakshmi T - May - 2021

Thanking you

Yours Sincerely

  
Prof. Dr. Hemanth.M  
M.D.S, PhD

PRINCIPAL  
SENATE MEMBER - R.G.U.H.S

**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

Dental/PG/PG Posting

  
**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

January 23, 2021

DSCDS/2021/

To:  
The Principal,  
A.B.Shetty Memorial Institute of Dental Sciences  
Deralakatte, Mangalore.

Sub- Permission for our post graduate student for taking up clinical  
Postings at your prestigious institution.  
\*\*\*

Respected Sir,

As a part of Master of Dental Surgery curriculum of Oral and Maxillofacial Surgery,  
our post graduate student need to be exposed to Cleft and Craniofacial Cases. Since  
your institute is well renowned in the region with very good number of craniofacial  
cases, I request you to kindly allow my postgraduate student to observe and assist  
clinical cases in your prestigious institution for the months stated below

1. Dr. Vishakha Agarwal- February 2021

Thanking you.

Yours sincerely

Prof. Dr. Hemanth.M, M.D.S, Ph.D

**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

Prof Dr. Shobha.E.S, M.D.S, Ph.D  
HOD- Oral & Maxillofacial Surgery

Copy to:  
Dr. Vikram Shetty,  
Prof and Head, Dept. of Oral and  
Maxillofacial Surgery  
ABSMIDS, Mangalore

DSCDS/2021/

January 25, 2021

To:  
The Principal,  
A.B.Shetty Memorial Institute of Dental Sciences  
Deralakatte, Mangalore.

**Sub- Permission for our post graduate student for taking up clinical  
Postings at your prestigious institution.**


\*\*\*

Respected Sir,

As a part of Master of Dental Surgery curriculum of **Oral and Maxillofacial Surgery**, our post graduate student need to be exposed to **Cleft and Craniofacial Cases**. Since your institute is well renowned in the region with very good number of craniofacial cases, I request you to kindly allow my postgraduate student to observe and assist clinical cases in your prestigious institution for the months stated below

1. Dr. Sharurya Verma -March 2021

Thanking you.

  
**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078, Yours sincerely

Prof Dr. Shobha.E.S, M.D.S, Ph.D  
HOD- Oral & Maxillofacial Surgery

  
Prof.Dr.Hemanth.M, M.D.S, Ph.D  
**PRINCIPAL**

**Copy to:**  
Dr. Vikram Shetty,  
Prof and Head, Dept. of Oral and  
Maxillofacial Surgery  
ABSMIDS, Mangalore

DAYANANDA SAGAR COLLEGE OF DENTAL SCIENCES  
Shavige Malleshwara Hills, Kumaraswamy Layout, Bangalore – 560 078

**DEPARTMENT OF ORAL & MAXILLO-FACIAL SURGERY**

Ref. No.: DSCDS/OMFS/2021/002

Date: Monday, January 25, 2021

To  
Prof. Dr.Hemanth M,  
Principal  
Dayananda Sagar College of Dental Sciences  
Bangalore - 560078

Respected Sir,

Sub: *Permission for PG Students to attend Peripheral Clinical Postings at NITTE Meenakshi Institute of Craniofacial Surgery (K.S.Hegde Hospital, Mangalore) as a part of their M.D.S. Curriculum.*

This is to inform you that as a part of the MDS Training program, our Post Graduate students will be sent to NITTE Meenakshi Institute of Craniofacial Surgery (K.S.Hegde Hospital, Mangalore) to be trained in Craniofacial Surgery.

In this regard, the details are herewith provided as of below:


1. Dr. Vishakha Agarwal - February 2021
2. Dr. Shaurya Verma - March 2021

I kindly request you to oblige and do the needful by means of a letter of intimation to NITTE Meenakshi Institute of Craniofacial Surgery regarding the same from your Office.

Thanking you

Yours truly,

  
**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

  
Prof. Dr. Shobha E S  
Head of Department, OMFS  
**Dept. of Oral & Maxillofacial Surgery**  
**Dayananda Sagar College of Dental**  
**Sciences and Hospital**  
**Bangalore - 560 078**

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



NIMH:ACA-B:TRG-NS:2021/40

Date: 13.01.2021

The Principal  
Dayananda Sagar College of dental Sciences  
Shavige Malleshwara Hills  
Kumaraswamy Layout  
Bangalore

Sir/Madam,

Sub: Request for Permission to undergo training at this Institute – reg.  
Ref: Your letter dated 05.01.2021.

\*\*\*\*\*

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	Duration
	Dr. Shaurya Verma	01.02.2021 to 28.02.2021
3	Dr. Vishakha Agarwal	01.03.2021 to 31.03.2021
4	Department at which training permitted	Neurosurgery
5	Training fee	Rs.10,000/- per month or part thereof per trainees

- 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. The training fee once paid will not be refunded.**

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

Yours faithfully

ADMINISTRATIVE OFFICER (A&E)

Copy to: The HOD of Neurosurgery, NIMHANS

Administrative Officer (A & E)  
National Institute of Mental Health &  
Neuro Sciences, Bangalore - 560 029

**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

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



Date: 13.01.2021

NIMH:ACA-B:TRG-NS:2021/40

The Principal  
Dayananda Sagar College of dental Sciences  
Shavige Malleshwara Hills  
Kumaraswamy Layout  
Bangalore

Sir/Madam,

Sub: Request for Permission to undergo training at this Institute -- reg.  
Ref: Your letter dated 05.01.2021.

\*\*\*\*\*

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	Duration
	Dr. Shaurya Verma	01.02.2021 to 28.02.2021
3	Dr. Vishakha Agarwal	01.03.2021 to 31.03.2021
4	Department at which training permitted	Neurosurgery
5	Training fee	Rs.10,000/- per month or part thereof per trainees

- 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. The training fee once paid will not be refunded.

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

Yours faithfully

ADMINISTRATIVE OFFICER (A & E)

Copy to: The HOD of Neurosurgery, NIMHANS

Administrative Officer (A & E)  
National Institute of Mental Health &  
Neuro Sciences, Bangalore - 560 029

**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

*Draft*

DSCDS/2020-21/

January 5, 2021

To,  
Tata Memorial Hospital,  
Dr Ernest Borges Rd,  
Parel, Mumbai,  
Maharashtra 400012

Respected Sir/ Madam,

Subject: Application for AMNIOTIC MEMBRANE and DEMINERALIZED FREEZE DRIED BONE ALLOGRAFT procurement.

My student named, Sindhu Subbhulakshmi T., 1<sup>st</sup> Year Post Graduate Student, Dept. Of Oral and Maxillofacial Surgery, is supposed to do a study for her dissertation titled "*ASSESSMENT OF PAIN, ERYTHEMA, WOUND HEALING AND BONE DENSITY IN EXTRACTION SOCKETS FILLED WITH AMNIOTIC MEMBRANE AND DEMINERALIZED BONE GRAFT VERSUS COLLAGEN MEMBRANE AND DEMINERALIZED BONE GRAFT- A SPLIT MOUTH, DOUBLE BLINDED, RANDOMIZED CONTROLLED TRIAL*" under the guidance of the Head of the Department, Dr Shobha E S., MDS, PhD.

I hereby kindly request you to issue 2<sup>nd</sup> batch of Amniotic membrane (2\*2sqcm and 5nos) and Demineralized freeze dried bone allograft (500- 4060microns and 10nos) at the most possible discounted rate. The follow up forms of the subjects taking part in the study have been attached with this letter (in whom the 1<sup>st</sup> batch of material procured was used). I also assure that the student will submit the thesis copy to your institute on completion of the study.

Details of the student,

Dr. Sindhu Subbhulakshmi T

Phone no -9535805296

Email Id: [sindhu.moorthy7@gmail.com](mailto:sindhu.moorthy7@gmail.com)

Thanking you

Yours faithfully

*Shobha*  
Prof. Dr. Shobha ES  
MDS, PhD  
Guide of the Student

*Hh*  
Dr. Hemanth M  
MDS, PhD  
PRINCIPAL

RECEIVED  
*Jain*

*Hh*  
PRINCIPAL  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout  
Bangalore - 560 078.

PRINCIPAL  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

05 January 2021

Bangalore

To,

The Principal

DSCDS

Bangalore-78

From,

Dr Shobha E S

Professor and Head of the Department

Dept of Oral and Maxillofacial Surgery

DSCDS, Bangalore-78

Respected Sir

**SUBJECT:** Request to provide a letter for procuring thesis material from the Tata Memorial Hospital, Mumbai

My Post graduate student named Dr Sindhu Subbhulakshmi T is supposed to do a study for her dissertation titled "*ASSESSMENT OF PAIN, ERYTHEMA, WOUND HEALING AND BONE DENSITY IN EXTRACTION SOCKETS FILLED WITH AMNIOTIC MEMBRANE AND DEMINERALIZED BONE GRAFT VERSUS COLLAGEN MEMBRANE AND DEMINERALIZED BONE GRAFT- A SPLIT MOUTH, DOUBLE BLINDED, RANDOMIZED CONTROLLED TRIAL*" and thus is required to procure material for the same from Tata Memorial Hospital, Mumbai. I kindly request you to provide a letter with the college letter head addressing it to the hospital requesting for the material.

Thanking you

Yours sincerely,

Dr Shobha E S

Professor and Head of the Department

Dept of Oral and Maxillofacial Surgery

  
**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.





# National Institute of Mental Health & Neurosciences

[Institute of National Importance], Bengaluru-560029

राष्ट्रीय मानसिक स्वास्थ्य एवं तंत्रिका विज्ञान संस्थान, (राष्ट्रीय महत्त्व का संस्थान), बंगलूरु - 560029

ರಾಷ್ಟ್ರೀಯ ಮನಃಶಾಸ್ತ್ರ ಮತ್ತು ತಂತ್ರಜ್ಞಾನ ಸಂಸ್ಥೆ, (ರಾಷ್ಟ್ರೀಯ ಮಹತ್ವದ ಸಂಸ್ಥೆ), ಬೆಂಗಳೂರು-560029

Ref: NIMH/HS/NS/PGT/2021-22/01

Date: 01/09/2021

## DEPARTMENT OF NEUROSURGERY

### ATTENDANCE CERTIFICATE

This is to certify that **DR.SINDHU SUBBHULAKSHMI T**, Postgraduate student in the department of Oral & Maxillofacial surgery from Dayananda Sagar College of Dental Sciences, Bengaluru has completed her training in the Department of Neurosurgery at this Institute from 02/08/2021 to 31/08/2021.

**DR.DWARAKANATH SRINIVAS**

Professor & Head

Dr. Dwarakanath Srinivas, M.S., M.Ch.  
Department of Neurosurgery / Professor & Head  
NIMHANS / Bangalore - 560029  
Institute of National Importance  
National Institute of Mental Health & Neurosciences  
Post-560 029, Bangalore-560 029, India

He professor & Head,  
Dept. of Oral & Maxillofacial Surgery  
Dayananda Sagar College of  
Dental Sciences, Bengaluru.

**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

Monday, October 11<sup>th</sup>, 2021

From

Dr. Sindhu Subbhulakshmi T.  
III Year Post Graduate Student  
Department of Oral and Maxillofacial Surgery  
Dayananda Sagar College of Dental Sciences  
Bangalore - 560078

To

Prof. Dr. Shobha E. S.  
Head of the Department  
Department of Oral and Maxillofacial Surgery  
Dayananda Sagar College of Dental Sciences  
Bangalore 560 078

Respected Ma'am,

**Sub:** Requisition for attending peripheral clinical postings at NITTE Meenakshi Institute of Craniofacial Surgery, Mangalore as a part of M.D.S. Curriculum for a period of 1 month from 15<sup>th</sup> of October to 15<sup>th</sup> of November 2021.

I, Dr. Sindhu T, III Year Post Graduate Student of the Department of Oral and Maxillofacial Surgery request you to kindly grant me permission to attend peripheral postings (as part of PG Curriculum) at NITTE Meenakshi Institute of Craniofacial Surgery, Mangalore for a period of 1 month from 15<sup>th</sup> of October to 15<sup>th</sup> of November 2021. I humbly request you to permit me to attend the same.

Thanking you  
Yours truly,



Dr. Sindhu T  
III Year Post Graduate Student  
Dept of OMFS, DSCDS.

  
**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

# DAYANANDA SAGAR COLLEGE OF DENTAL SCIENCES

## DETAILED PROGRAM REPORT FOR COLLABORATING ACTIVITIES

<u>COLLABORATING ACTIVITIES</u>		
Sl.No	Event Particulars	Details
1.	Year	2021
2.	Agency Name	Narayana health
3.	Activity Name	Observership in the department of head and neck
4.	Participant Name	Dr. Sindhu Subbulakshmi
5.	Detailed activity	Dr. Sindhu Subbulakshmi, post graduate student from department of oral and maxillofacial surgery was posted for a period of 1 month for observing various cleft palate and microvascular cases.



**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.



**NITTE MEENAKSHI INSTITUTE OF CRANIOFACIAL SURGERY**

University Road, K. S. Hegde Medical Sciences Complex, Deralakatte - 575 018

Mangalore, O.K., Karnataka, India

Phone: (0824) 2204470, Email: nicadmkn@gmail.com

Date: 16/02/2021

**CERTIFICATE**

This is to certify that

**DR. VISHAKHA AGARWAL**

has successfully undergone and completed her training as

**NITTE MEENAKSHI INSTITUTE OF CLEFT AND CRANIOFACIAL SURGERY**

from

1st February, 2021 to 28<sup>th</sup> February, 2021.

She has been actively involved in both

In-Patient and Out-Patient Care in the institute during her training

**Prof. VIKRAM SHETTY**

M.B.B.S., D.N.B., M.D.S.

Director

Nitte Meenakshi Institute of Craniofacial Surgery  
Medical Sciences Complex, Deralakatte - 575 018

Dept. of Oral & Maxillofacial Surgery  
Dayananda Sagar College of Dental  
Sciences and Hospital  
Bangalore - 560 078

UNIT OF NITTE EDUCATION TRUST

**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
KumaraSwamy Layout,  
Bangalore - 560 078.



**NITTE**  
(Deemed to be University)

**NITTE MEENAKSHI INSTITUTE OF  
CRANIOFACIAL SURGERY**

(Established under Section 3 of UGC Act, 1956)

Placed under Category 'A' by MHRD, Govt. Accredited with 'A' Grade by NAAC

Date- 29/03/2021

**CERTIFICATE**

This is to certify that

**DR. SHAURYA VERMA**

has successfully undergone and completed his training at

**NITTE MEENAKSHI INSTITUTE OF CLEFT AND CRANIOFACIAL SURGERY**

from

**1<sup>st</sup> March, 2021 to 31<sup>st</sup> March, 2021.**

He has been actively involved in both

**In-Patient and Out-Patient Care in the institute during his training.**

**Prof. VIKRAM SHETTY**  
M.B.B.S., D.N.B., M.D.S.,  
Director

Nitte Meenakshi Institute of Craniofacial Surgery  
Medical Sciences Complex, Deralakatte - 575 018.

**PRINCIPAL**

Dayananda Sagar College of Dental Sciences

Kumaraswamy Layout,  
Bangalore - 560 078.

Medical Sciences Complex, Deralakatte,  
Mangaluru - 575018. Karnataka, India

T: +91 0824 2204470

Dept. of Oral & Maxillofacial Surgery  
Dayananda Sagar College of Dental  
Sciences and Hospital

DSCDS/2021/

September 3, 2021

To:  
The Principal,  
A.B.Shetty Memorial Institute of Dental Sciences  
Deralakatte, Mangalore.

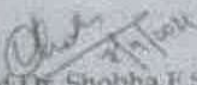
Sub- Permission for our post graduate student for taking up clinical  
Postings at your prestigious institution.

Respected Sir,

As a part of Master of Dental Surgery curriculum of Oral and Maxillofacial Surgery, our postgraduate students need to be exposed to Cleft and Craniofacial Cases. Since your institute is well renowned in the region with very good number of Craniofacial cases, I request you to kindly allow my postgraduate student to observe and assist clinical cases in your prestigious institution for the month stated below

1. Dr. Sowmiya S -15/09/2021 to 15/10/2021

Thanking you.

  
Prof. Dr. Shobha E.S. M.D.S. Ph.D  
HOD- Oral & Maxillofacial Surgery

Copy to:  
Dr. Vikram Shetty,  
Prof and Head, Dept. of Oral and  
Maxillofacial Surgery  
ABSMIDS, Mangalore

Yours sincerely

  
Prof. Dr. Hanumanth M. M.D.S. Ph.D

PRINCIPAL  
PRINCIPAL  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078

  
PRINCIPAL  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.



**NITTE**  
(Approved to be University)

**NITTE MEENAKSHI INSTITUTE OF  
CRANIOFACIAL SURGERY**

Established under Section 3 of LITE Act 1956  
Recognized under Category 'A' by NBE (NBE) and Accredited with 'B' Grade by NMAC

Date: 15/11/2021

## CERTIFICATE

This is to certify that

**DR. HENDRIK SUBIHITTE AKSIDI T**

has successfully undergone and completed her training at

**NITTE MEENAKSHI INSTITUTE OF CLEFT AND CRANIOFACIAL SURGERY**

from

**15<sup>th</sup> OCTOBER, 2021 to 15<sup>th</sup> NOVEMBER, 2021.**

She has been actively involved in both

**In-Patient and Out-Patient Care in the institute during her training.**

**Prof. VIKRAM SHETTY**  
M.F.S., D.D.S., M.S.

Director

Nitte Meenakshi Institute of Craniofacial Surgery  
Medical Sciences Complex, Dattahalli - 576474

Medical Sciences Complex, Dattahalli,  
Bangalore - 576474, Karnataka, India.

T: +91 824 2504478

E: nitte@nitte.org

**Dept. of Oral & Maxillofacial Surgery**  
**Dayananda Sagar College of Dental**  
**Sciences and Hospital**  
**Bangalore - 560 078**

**INCIPAL**  
**Dayananda Sagar College of Dental Sciences**  
**Kumaraeswamy Layout,**  
**Bangalore - 560 078.**



**NITTE**

(Deemed to be University)

Established under Section 3 of UGC Act, 1956

Placed under Category 'A' by AMRD, Govt. Accredited with 'A' Grade by NAAC

**NITTE MEENAKSHI INSTITUTE OF  
CRANIOFACIAL SURGERY**

Date- 14/10/2021

**CERTIFICATE**

This is to certify that

**DR. SOWMIYA S**

has successfully undergone and completed her training at

**NITTE MEENAKSHI INSTITUTE OF CLEFT AND CRANIOFACIAL SURGERY**

from

**15<sup>TH</sup> SEPTEMBER, 2021 to 15<sup>TH</sup> OCTOBER, 2021.**

She has been actively involved in both

**In-Patient and Out-Patient Care in the institute during his training.**

**Prof. VIKRAM SHETTY**  
M.B.B.S., D.M.B., M.S.S.,  
Director

Nitte Meenakshi Institute of Craniofacial Surgery  
Medical Sciences Complex, Deralakhallo - 575 013.

Medical Sciences Complex, Deralakhallo,  
Mangalore - 575013 Karnataka, India

T: +91 0824 2204470

E: nitteoma@gmail.com


**Dept. of Oral & Maxillofacial Surgery**  
**Dayananda Sagar College of Dental**  
**Sciences and Hospital**  
**Bangalore - 560 078**

**PRINCIPAL**  
**Dayananda Sagar College of Dental Science**  
**Kumaraswamy Layout,**  
**Bangalore - 560 078.**




**DAYANANDA SAGAR COLLEGE OF DENTAL SCIENCES**  
**DETAILED PROGRAM REPORT FOR COLLABORATING**  
**ACTIVITIES**

<b><u>COLLABORATING ACTIVITIES</u></b>		
<b>Sl.No</b>	<b>Event Particulars</b>	<b>Details</b>
1.	Year	2021
2.	Agency Name	NITTE MEENAKSHI INSTITUTE OF CRANIOFACIAL SURGERY
3.	Activity Name	Peripheral postings for cleft lip & palate surgery
4.	Participant Name	Dr.Sowmiya S
5.	Detailed activity	Dr.Sowmiya S, post graduate student from department of oral and maxillofacial surgery was posted for a period of 1 month for observing various cleft palate and microvascular cases.

  
**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

**DAYANANDA SAGAR COLLEGE OF DENTAL SCIENCES**  
**DETAILED PROGRAM REPORT FOR COLLABORATING**  
**ACTIVITIES**


<b><u>COLLABORATING ACTIVITIES</u></b>		
<b>Sl.No</b>	<b>Event Particulars</b>	<b>Details</b>
1.	Year	2021
2.	Agency Name	NITTE MEENAKSHI INSTITUTE OF CRANIOFACIAL SURGERY
3.	Activity Name	Peripheral postings for cleft lip & palate surgery
4.	Participant Name	Dr. Shaurya Verma
5.	Detailed activity	Dr. Shaurya Verma , post graduate student from department of oral and maxillofacial surgery was posted for a period of 1 month for observing various cleft palate and microvascular cases.

  
**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

**DAYANANDA SAGAR COLLEGE OF DENTAL  
SCIENCES**

**DETAILED PROGRAM REPORT FOR COLLABORATING  
ACTIVITIES**

<b><u>COLLABORATING ACTIVITIES</u></b>		
Sl.No	Event Particulars	Details
1.	Year	2021
2.	Agency Name	Narayana health
3.	Activity Name	Observership in the department of head and neck
4.	Participant Name	Dr. Sowmiya S
5.	Detailed activity	Dr. Sowmiya S , post graduate student from department of oral and maxillofacial surgery was posted for a period of 1 month for observing various cleft palate and microvascular cases.

  
**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

**DAYANANDA SAGAR COLLEGE OF DENTAL SCIENCES**  
**DETAILED PROGRAM REPORT FOR COLLABORATING**  
**ACTIVITIES**


<b><u>COLLABORATING ACTIVITIES</u></b>		
SI.No	Event Particulars	Details
1.	Year	2021
2.	Agency Name	NITTE MEENAKSHI INSTITUTE OF CRANIOFACIAL SURGERY
3.	Activity Name	Peripheral postings for cleft lip & palate surgery
4.	Participant Name	Dr. Sindhu Subbulakshmi
5.	Detailed activity	Dr. Sindhu Subbulakshmi, post graduate student from department of oral and maxillofacial surgery was posted for a period of 1 month for observing various cleft palate and microvascular cases.

  
**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

# DAYANANDA SAGAR COLLEGE OF DENTAL SCIENCES


## DETAILED PROGRAM REPORT FOR COLLABORATING ACTIVITIES

<u>COLLABORATING ACTIVITIES</u>		
Sl.No	Event Particulars	Details
1.	Year	2021
2.	Agency Name	NITTE MEENAKSHI INSTITUE OF CRANIOFACIAL SURGERY
3.	Activity Name	Peripheral postings for cleft lip & palate surgery
4.	Participant Name	Dr. Shaurya Verma
5.	Detailed activity	Dr. Shaurya Verma , post graduate student from department of oral and maxillofacial surgery was posted for a period of 1 month for observing various cleft palate and microvascular cases.

  
**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

**DAYANANDA SAGAR COLLEGE OF DENTAL SCIENCES**  
**DETAILED PROGRAM REPORT FOR COLLABORATING**  
**ACTIVITIES**

<b><u>COLLABORATING ACTIVITIES</u></b>		
<b>Sl.No</b>	<b>Event Particulars</b>	<b>Details</b>
1.	Year	2021
2.	Agency Name	NITTE MEENAKSHI INSTITUTE OF CRANIOFACIAL SURGERY
3.	Activity Name	Peripheral postings for cleft lip & palate surgery
4.	Participant Name	Dr. Vishakha Agarwal
5.	Detailed activity	Dr. Vishakha Agarwal, post graduate student from department of oral and maxillofacial surgery was posted for a period of 1 month for observing various cleft palate and microvascular cases.

  
**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

February 26, 2021

To  
Prof. Dr. Shobha E.S.  
Principal & MOD  
Department of Oral and Maxillofacial Surgery  
Dayananda Sagar College of Dental Sciences  
Bangalore - 560078

Respected Ma'am,


*Subject: Requisition for attending peripheral clinical postings at  
Nitte Meenakshi Institute of Craniofacial Sciences, Mangalore as a  
part of the M.D.S. Curriculum.*

I, Dr. Shaurya Verma, III Year Post Graduate Student of the Department  
of Oral and Maxillofacial Surgery hereby request you to kindly grant me permission  
to attend the clinical postings at Nitte Meenakshi Institute of Craniofacial Sciences  
during the month of March 2021 as a part of the M.D.S. Curriculum.


I kindly request you to oblige and do the needful.


Thanking you,

Yours sincerely,

  
Dr. Shaurya Verma  
Post Graduate Student  
MDS III

*Admitted  
Chitra  
26/2/21*

  
Dept. of Oral & Maxillofacial Surgery  
Dayananda Sagar College of Dental  
Sciences and Hospital  
Bangalore - 560 078

  
PRINCIPAL  
Dayananda Sagar College of Dental Sciences  
KumaraSwamy Layout,  
Bangalore - 560 078.  
Scanned by Scanner Go

From

Dr. Vishakha Agarwal

Postgraduate Student

Department of Oral and Maxillofacial Surgery

Date-28/01/21

To

Head of the Department

Department of Oral and Maxillofacial Surgery

Dayananda Sagar College of Dental Sciences

Respected Madam,

Subject- Requisition of attending peripheral posting in A.S.Shetty Memorial Institute of dental sciences

I, Dr. Vishakha Agarwal, 2<sup>nd</sup> year Post-Graduate student in the Department of Oral and Maxillofacial Surgery would like to take permission for attending my peripheral posting in A.S.Shetty Memorial Institute of dental sciences, Mangalore in the month of February from 01/02/2021 to 28/02/2021 as a part of my curriculum.

Therefore, I request you to kindly grant me permission for the same.

Thanking you.


Yours sincerely,

  
Dr. Vishakha Agarwal

*Permitted*  
*Amr*  
*28/1/2021*

  
**PRINCIPAL**

Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078

  
Dept. of Oral & Maxillofacial Surgery  
Dayananda Sagar College of Dental  
Sciences and Hospital  
Bangalore - 560 078





# DAYANANDA SAGAR COLLEGE OF DENTAL SCIENCES

(Affiliated to Rajiv Gandhi University of Health Sciences, Karnataka, Bangalore)

(Recognized by Dental Council of India, New Delhi)

ISO 9001 : 2008 Certified Institution

DSCDS/2021/

January 23, 2021

To,  
The Principal,  
A. B. Shetty Memorial Institute of Dental Sciences  
Derabakatte, Mangalore.

**Sub- Permission for our post graduate student for taking up clinical Postings at your prestigious institution.**


Respected Sir,


As a part of Master of Dental Surgery curriculum of Oral and Maxillofacial Surgery, our post graduate student need to be exposed to Cleft and Craniofacial Cases. Since your institute is well renowned in the region with very good number of craniofacial cases, I request you to kindly allow my postgraduate student to observe and assist clinical cases in your prestigious institution for the months stated below

1. Dr. Vishakha Agarwal- February 2021

Thanking you

Yours sincerely

  
Prof. Dr. Shobha E.S, M.D.S, Ph.D

  
Prof. Dr. Ananth M, M.D.S, Ph.D

HOD- Oral & Maxillofacial Surgery  
Dept. of Oral & Maxillofacial Surgery  
Dayananda Sagar College of Dental  
Sciences and Hospital


PRINCIPAL  
A. B. SHETTY MEMORIAL INSTITUTE OF DENTAL SCIENCES  
KUMARASWAMY LAYOUT,  
BANGALORE - 560 078.

Copy to:  
Dr. Vikram Shetty,  
Prof and Head, Dept. of Oral and  
Maxillofacial Surgery  
ABSMIDS, Mangalore

Shavigu Malleshwara Hills, Kumaraswamy Layout, Bangalore - 560 078  
Phone : +91 80 26663654 / 26933718 / 26081104 FAX : 080 26663654  
Website : www.dayanandasagar.edu

  
PRINCIPAL

Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

  
Dept. of Oral & Maxillofacial Surgery  
Dayananda Sagar College of Dental  
Sciences and Hospital  
Bangalore - 560 078.

DSCDS/2021/

September 3, 2021

To  
The Principal,  
A.B.Shetty Memorial Institute of Dental Sciences,  
Deralakatte, Mangalore.

Sub- Permission for our post graduate student for taking up clinical  
Postings at your prestigious institution.

\*\*\*


Respected Sir,


As a part of Master of Dental Surgery curriculum of Oral and Maxillofacial Surgery, our postgraduate students need to be exposed to Cleft and Craniofacial Cases. Since your institute is well renowned in the region with very good number of Craniofacial cases, I request you to kindly allow my postgraduate student to observe and assist clinical cases in your prestigious institution for the month stated below

1. Dr. Sowmiya S -15/09/2021 to 15/10/2021


Thanking you,

Yours sincerely

  
Prof. Dr. Shobha.E.S, M.D.S, Ph.D  
HOD- Oral & Maxillofacial Surgery

  
Prof. Dr. Hemant M, M.D.S, Ph.D  
PRINCIPAL  
PRINCIPAL  
Dayananda Sagar College of Dental Sciences  
& Hospital, Bangalore  
Bangalore - 560 078

Copy to:  
Dr. Vikram Shetty,  
Prof and Head, Dept. of Oral and  
Maxillofacial Surgery  
ABSMIDS, Mangalore

  
PRINCIPAL  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078  
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Head, Dept. of Oral & Maxillofacial Surgery  
Dayananda Sagar College of Dental  
Sciences and Hospital  
Bangalore - 560 078

Monday, October 11<sup>th</sup>, 2021

From

Dr. Sindhu Subbhulakshmi T  
III Year Post Graduate Student  
Department of Oral and Maxillofacial Surgery  
Dayananda Sagar College of Dental Sciences  
Bangalore - 560078

To

Prof. Dr. Shobha E S  
Head of the Department  
Department of Oral and Maxillofacial Surgery  
Dayananda Sagar College of Dental Sciences  
Bangalore 560 078

Respected Ma'am,

**Sub:** Requisition for attending peripheral clinical postings at *NITTE Meenakshi Institute of Craniofacial Surgery, Mangalore* as a part of M.D.S. Curriculum for a period of 1 month from 15<sup>th</sup> of October to 15<sup>th</sup> of November 2021.

I, Dr. Sindhu T, III Year Post Graduate Student of the Department of Oral and Maxillofacial Surgery request you to kindly grant me permission to attend peripheral postings (as part of PG Curriculum) at *NITTE Meenakshi Institute of Craniofacial Surgery, Mangalore* for a period of 1 month from 15<sup>th</sup> of October to 15<sup>th</sup> of November 2021. I humbly request you to permit me to attend the same.

Thanking you

Yours truly,



Dr. Sindhu T  
III Year Post Graduate Student  
Dept of OMFS, DSCDS.



Dept. of Oral & Maxillofacial Surgery  
Dayananda Sagar College of Dental  
Sciences and Hospital  
Bangalore - 560 078

  
**PRINCIPAL**

Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

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



SO/MS/AC/A/01/19/01/2021/024

Date: 24.04.2021

The Principal,  
Dayananda Sagar College of Dental Sciences,  
Mastur, Mathurwada, HDPS,  
Kumaraswamy Layout,  
Bangalore - 560 078.

Hi Madam,

Sub: Request for Permission to undergo training at this Institute - reg.  
ref: Your email dated 14.04.2021

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 Institute as follows:

1. Number of trainees	02
2. Name of the trainees	Dr. Sumathi S Dr. Sushila Senthilakshmi S
3. Duration	01.04.2021 to 30.04.2021* 01.05.2021 to 31.05.2021*
4. Department at which training proposed	Neurosurgery
5. Training fee	Rs. 10,000/- per month per trainee

\*Based on COVID-19 Pandemic situation and guidelines, RTPN is a routine report (total 72 hours) to be provide on the day of joining.

- The trainees should compulsorily carry their college ID card 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 fundings on the day of joining. Excess payment of trainees fee will not be refunded.

Kindly, the trainees must contact the undersigned for further needful.

Yours faithfully,  
  
ADMINISTRATIVE OFFICER (ACAD)

Copy to: The HOD of Neurosurgery, NIMHANS.

**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.



# DAYANANDA SAGAR COLLEGE OF DENTAL SCIENCES

(Affiliated to Rajiv Gandhi University of Health Sciences, Karnataka, Bangalore)  
(Recognized by Dental Council of India, New Delhi)  
ISO 9001 : 2008 Certified Institution

DC/DS/2021/

January 23, 2021

To:  
The Principal,  
A.B Shetty Memorial Institute of Dental Sciences  
Deralakatte, Mangalore.

Sub: Permission for our post graduate student for taking up clinical  
Postings at your prestigious institution.

\*\*\*


Respected Sir,

As a part of Master of Dental Surgery curriculum of Oral and Maxillofacial Surgery, our post graduate student need to be exposed to Cleft and Craniofacial Cases. Since your institute is well renowned in the region with very good number of craniofacial cases, I request you to kindly allow my postgraduate student to observe and assist clinical cases in your prestigious institution for the months stated below

1. Dr. Vishakha Agarwal- February 2021

Thanking you.

Yours sincerely

  
Prof. Dr. Shobha E.S, M.D.S, Ph.D

HEAD, Oral & Maxillofacial Surgery  
Dept. of Oral & Maxillofacial Surgery  
Dayananda Sagar College of Dental  
Sciences and Hospital

Copy to: Bangalore - 560 078  
Dr. Vikram Shetty,

Prof and Head, Dept. of Oral and  
Maxillofacial Surgery  
ABSMIDS, Mangalore

  
Prof. Dr. Hemant M, M.D.S, Ph.D

PRINCIPAL  
Dayananda Sagar College of Dental Sciences  
Kumara Swamy Layout,  
Bangalore - 560 078.

  
PRINCIPAL

Dayananda Sagar College of Dental Sciences  
Kumara Swamy Layout,  
Bangalore - 560 078.

Shavige Malleshwara Hills, Kumara Swamy Layout,  
Phone: +91 80 26603054 / 26312712 / 26361104, Fax: 080-26603054  
Website: www.dayanandasagar.edu

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



NIMH/ACA-RETRO-NS/2021-40

Date: 17.01.2021

The Principal  
Dayananda Sagar College of Dental Sciences  
Swagata Maheshwara Hills  
Kumaraswamy Layout  
Bangalore

Se Madam,

Sub: Request for Permission to undergo training at this Institute - reg.  
Ref: Your letter dated 05.01.2021

\*\*\*\*\*

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 Institute as follows:

1. Number of trainees	02
2. Name of the trainees	Durantine
Dr. Shaurya Verma	01.02.2021 to 28.02.2021
3. Dr. Vistakha Agarwal	01.03.2021 to 31.03.2021
4. Department at which training permitted	Neurosurgery
5. Training fee	Rs.10,000/- per month or part thereof per trainees

- 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. The training fee once paid will not be refunded.

On arrival, the trainees must consult the undersigned for further details.

Yours faithfully

ADMINISTRATIVE OFFICER (A&T)

Copy to: The HOD of Neurosurgery, NIMHANS

Administrative Officer (A & T)  
National Institute of Mental Health &  
Neuro Sciences, Bangalore - 560 029

**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

From,

Date-28/01/21

Dr. Vishakha Agarwal,

Postgraduate Student,

Department of Oral and Maxillofacial Surgery,

To,

Head of the Department,

Department Of Oral and Maxillofacial Surgery,

Dayananda Sagar College of Dental Sciences,

Respected Madam,

Subject-Requestion of attending peripheral posting in A.B Shetty Memorial Institute of dental sciences

I, Dr. Vishakha Agarwal, 3<sup>rd</sup> year Post-Graduate student in the Department Of Oral and Maxillofacial Surgery would like to take permission for attending my peripheral posting in A.B Shetty Memorial Institute of dental sciences, Mangalore in the month of february from 01/02/2021 to 28/02/2021 as a part of my curriculum.

Therefore, I request you to kindly grant me permission for the same.

Thanking you.

Yours sincerely,

*Vishakha*  
Dr. Vishakha Agarwal

*Permitted*  
*Dr*  
*28/1/2021*

*18*  
**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

February 26, 2021

To:  
Prof. Dr. Shobha H.S.  
Professor & HOD  
Department of Oral and Maxillofacial Surgery  
Dayananda Sagar College of Dental Sciences  
Bangalore - 560078

Respected Ma'am,


*Subject: Requisition for attending peripheral clinical postings at  
Nitte Meenakshi Institute of Craniofacial Sciences, Mangalore as a  
part of the M.D.S. Curriculum.*

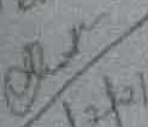
I, Dr. Shaurya Verma, III Year Post Graduate Student of the Department of Oral and Maxillofacial Surgery hereby request you to kindly grant me permission to attend the clinical postings at Nitte Meenakshi Institute of Craniofacial Sciences during the month of March 2021 as a part of the M.D.S. curriculum.


I kindly request you to oblige and do the needful.

Thanking you

Yours sincerely,

  
Dr. Shaurya Verma  
Post Graduate Student  
MDS-III

Permitted  
  
26/2/21

  
**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.



Ref No: AB/OL/1117/21

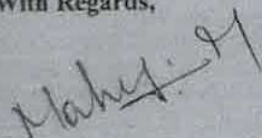
Date: 26/01/2021

**TO WHOMSOEVER IT MAY CONCERN**


Dear Sir/Madam,

This is to inform that Dr. Ashwini Uppin, 1st year post graduate, Department of Periodontics, Dayananda Sagar College of Dental sciences, Bangalore procured Nigella sativa powder where in the extract and mouthwash was prepared in our lab under our pharmacist guidance. The mouthwash pH and substantivity (using spectrophotometer) were analyzed in our laboratory

With Regards,

  
**Mahesh.M**  
**CEO**  
**Azyme Biosciences Pvt Ltd**



  
**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

Ref No: AB/OL/1117/21

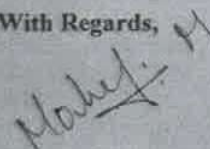
Date: 26/01/2021

**TO WHOMSOEVER IT MAY CONCERN**

Dear Sir/Madam,

This is to certify that **Dr. Ashwini Uppin** postgraduate has conducted the study regarding plant Extraction (*Nigella sativa*) at our laboratory for the fulfillment of Post-graduation dissertation work. In her work 100gm of seed powder sample was concentrated to 10gm using Soxhlet ethanol extraction. Based on the antimicrobial activity 0.1% extraction used for the mouthwash preparation. Dept. of Periodontics, Dayananda college of Dental Sciences Bengaluru.

With Regards,

  
**Mahesh.M**  
**CEO**

**Azyme Biosciences Pvt Ltd**



  
**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.



# DEXTROSE TECHNOLOGIES Pvt. Ltd.

#124, 2<sup>nd</sup> floor, Kengeri Satellite Town, Bangalore- 560060

[interface@dextrosetech.com](mailto:interface@dextrosetech.com)

Contact: 9686928701

03-05-2021

## Letter of Undertaking

Dextrose Technologies Pvt. Ltd. agrees to undertake the following Research project entitled “**Clinical And Microbiological Evaluation Of Photodynamic Therapy As An Adjunct To Scaling And Root Planning In Periodontitis With Type II Diabetes Mellitus: A Split Mouth Randomized Controlled Clinical Trial**”. As requested by **Dr. Niveditha S**, Department of Periodontology, under the supervision of **Dr. Savita A M**, Professor and Head of the Department of Periodontology from Dayananda Sagar College of Dental Sciences to do testing and commits to submit the data listed within the specified timeframe.



**Mr. Aravind G**  
Managing Director  
DEXTROSE TECHNOLOGIES Pvt. Ltd.  
Bangalore-60

**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.



# DEXTROSE TECHNOLOGIES Pvt. Ltd.

#124, 2<sup>nd</sup> floor, Kengeri Satellite Town, Bangalore- 560060

[interface@dextrosetech.com](mailto:interface@dextrosetech.com)

Contact: 9686928701

07-06-2021

## Letter of Undertaking

Dextrose Technologies Pvt. Ltd. agrees to undertake the following Research project entitled “Detection of Exosomal PD-L1 RNA in Saliva of Patients with Peri implantitis – Pilot study”. As requested by the Dr. Pallavi Nanaiah. K from Dayananda Sagar College of Dental Sciences to do testing and commits to submit the data listed within the specified timeframe.



**Mr. Aravind G**  
Managing Director  
DEXTROSE TECHNOLOGIES Pvt. Ltd.  
Bangalore-60

**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.



# DEXTROSE TECHNOLOGIES Pvt. Ltd.

#124, 2<sup>nd</sup> floor, Kengeri Satellite Town, Bangalore- 560060

[interface@dextrosetech.com](mailto:interface@dextrosetech.com)

Contact: 9686928701

03-05-2021

## Letter of Undertaking

Dextrose Technologies Pvt. Ltd. agrees to undertake the following Research project entitled “Antibacterial effect of natural herbal extracts on oral pathogens can they be potential additives in dentifrices”. As requested by Dr. Tejaswini A & Dr. Niveditha S, Department of Periodontology, Under the supervision of Dr. Savita A M, Professor and Head of the Department of Periodontology from Dayananda Sagar College of Dental Sciences to do testing and commits to submit the data listed within the specified timeframe.

*G. Aravind*



**Mr. Aravind G**  
Managing Director  
DEXTROSE TECHNOLOGIES Pvt. Ltd.  
Bangalore-60

*H. H. H.*  
**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 075.



## DAYANANDA SAGAR COLLEGE OF DENTAL SCIENCES

(Affiliated to Rajiv Gandhi University of Health Sciences, Karnataka, Bangalore)

(Recognised by Dental Council of India, New Delhi)

ISO 9001 : 2008 Certified Institution

DSCDS/2021/

July 14, 2021

To:

The Director,  
3DENT DDS Lab,  
Bangalore.


Dear Sir / Madam,

Sub - Regarding educational visit of our students at your esteemed centre

As a part of our MDS curriculum, we would like to collaborate with your esteemed centre and send our Post Graduate students to get exposed to recent materials and trends in Dentistry. We want our students to get sensitized to Digital Dentistry and technical advancements. I request you to kindly consider this collaboration and allow our students to observe and learn recent advancements in dentistry.

Thanking you

Yours faithfully

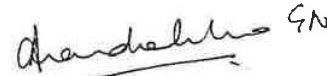
  
Dr. Aramath M

M.D.S, Ph.D

PRINCIPAL

**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

*Glad to be associated  
with your esteemed  
institution*





Dr. ANANDAKRISHNA  
DIRECTOR.

Shavige Malleshwara Hills, Kumaraswamy Layout, Bangalore - 560 078.

Phone : +91 80 26663654 / 26913718 / 26661104, Fax : 080-26663654

Website : [www.dayanandasagar.edu](http://www.dayanandasagar.edu)

General

  
**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.



# DAYANANDA SAGAR COLLEGE OF DENTAL SCIENCES

(Affiliated to Rajiv Gandhi University of Health Sciences, Karnataka)  
(Recognised by Dental Council of India, New Delhi)

S18



April 26, 2022

DSCDS/2022/

To:  
Dr. Padmaraj Hegde  
Prof and Head of the Department  
Dept Of Oral and Maxillofacial Surgery  
ABSMIDS, Mangalore


**SUB: Request For Hostel Room Allotment For Our Post Graduate Student During  
The Clinical Posting At Your Prestigious Institution.**


Dear Sir,

Our Post Graduate student, Dr. Neha V Nainoor shall be coming to your Institute from 1<sup>st</sup> May to 2<sup>nd</sup> June 2022 for obtaining clinical exposure related to cases of Cleft and Craniofacial Surgery as part of her MDS training. It would be of great help if you allot her a room in the Girls hostel of your institute during her training period, if available.

Thanking You,

Yours sincerely

  
Prof Dr. Shobha.E.S, M.D.S, Ph.D  
HOD- Oral & Maxillofacial Surgery

  
Prof. Dr. Hemanth.M, M.D.S, Ph.D  
**PRINCIPAL**  
**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

Copy to:  
Lt. Col. Serene Subiah (Retd)  
Assistant Director (Student Affairs)

Received.  
On behalf of  
Dr. Neha.  
- Dr. Sowmya  
SHY

  
**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.



# DAYANANDA SAGAR COLLEGE OF DENTAL SCIENCES

(Affiliated to Rajiv Gandhi University of Health Sciences, Karnataka)  
(Recognised by Dental Council of India, New Delhi)



DSCDS/2022/

April 26, 2022

To:  
The Principal,  
A.B.Shetty Memorial Institute of Dental Sciences  
Deralakatte, Mangalore.

**Sub- Permission for our post graduate student for taking up clinical postings at your prestigious institution.**

\*\*\*

Respected Sir,

As a part of Master of Dental Surgery curriculum of **Oral and Maxillofacial Surgery**, our postgraduate students need to be exposed to **Cleft and Craniofacial Cases**. Since your institute is well renowned in the region with very good number of Craniofacial cases, I request you to kindly allow my postgraduate student to observe and assist clinical cases in your prestigious institution for the month stated below

1. Dr. Neha V Nainoor -02/05/2022 to 02/06/2022

Thanking you.

Yours sincerely

Prof Dr. Shobha.E.S,  
HOD- Oral & Maxillofacial Surgery

11 4  
Prof.Dr.Hemanth.M, M.D.S, Ph.D

PRINCIPAL  
PRINCIPAL  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

Copy to:

1.Dr. Padmaraj Hegde  
Prof and Head of the Department  
Dept. of Oral and Maxillofacial Surgery  
ABSMIDS, Mangalore

2.Dr. Vikram Shetty,  
Professor, Dept. of Oral and Maxillofacial Surgery  
ABSMIDS, Mangalore

Received.  
on behalf of Dr. Neha  
- Dr. Sawmija  
Def

PRINCIPAL  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.



Tuesday 26<sup>th</sup> April , 2022

From  
Dr. Neha V Nainoor  
II Year Post Graduate Student  
Department of Oral and Maxillofacial Surgery  
Dayananda Sagar College of Dental Sciences  
Bangalore - 560078

To  
Prof. Dr. Hemanth M.  
Principal  
Dayananda Sagar College of Dental Sciences  
Bangalore - 560078

Through,  
Prof. Dr. Shobha E S  
Head of the Department  
Department of Oral and Maxillofacial Surgery  
Dayananda Sagar College of Dental Sciences  
Bangalore 560 078

Respected Sir,

**Sub:** Requisition for attending peripheral clinical postings at *NITTE Meenakshi Institute of Craniofacial Surgery*, Mangalore as a part of M.D.S. Curriculum for a period of 1 month from 2<sup>nd</sup> May to 2<sup>nd</sup> June 2022.


I, Dr. Neha V Nainoor, II Year Post Graduate Student of the Department of Oral and Maxillofacial Surgery request you to kindly grant me permission to attend peripheral postings (as part of PG Curriculum) at *NITTE Meenakshi Institute of Craniofacial Surgery*, Mangalore for a period of 1 month from 2<sup>nd</sup> May to 2<sup>nd</sup> June 2022.

I kindly request you to issue a letter of communication to Prof. Dr. Vikram Shetty and Prof. Dr. Padmaraj Hegde, Head of the Department, Department of Oral and Maxillofacial Surgery, ABSMIDS, Mangalore regarding the same.


Thanking you  
Yours truly,



**Dr. Neha V Nainoor**  
II Year Post Graduate Student  
Dept of OMFS, DSCDS.

  
**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

Forwarded to Principal for  
needful

  
26/4/2022

Tuesday 26<sup>th</sup> April, 2022

To  
Dr. Padmaraj Hegde  
Prof and Head of the Department  
Dept Of Oral and Maxillofacial Surgery  
ABSMIDS, Mangalore

**SUB: Request For Hostel Room Allotment For Our Post Graduate Student During The  
Clinical Posting At Your Prestigious Institution.**

Dear Sir,

Our Post Graduate student, Dr Neha V Nainoor shall be coming to your Institute from 1<sup>st</sup> May to 2<sup>nd</sup> June 2022. for obtaining clinical exposure related to cases of Cleft and Craniofacial Surgery as part of her MDS training. It would be of great help if you allot her a room in the Girls hostel of your institute during her training period, if available.

Thanking You,

  
**Dr Shobha E.S, MDS,Ph.D**  
**Head of the Department**  
**Dept of Oral and Maxillofacial Surgery**  
**DSCDS, Bangalore**

Copy to:  
Lt. Col. Serene Subiah (Retd)  
Assistant Director (Student Affairs)

  
**PRINCIPAL**  
Dayananda Sagar College of Dental S.  
Kumaraswamy Layout,  
Bangalore - 560 078.

DSCDS/2022/175

February 25, 2022

To:

Dr Academic Director  
Mazumdar Shaw Cancer Center  
Narayana Health  
Bangalore

Sir,

**Sub:** Clinical postings for our post graduates from the department of Oral & Maxillofacial Surgery at your hospital

\*\*\*

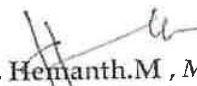
As a part of the curriculum of Master of Dental Surgery program in Oral & Maxillofacial Surgery, our Third year Post graduate students Dr. Sowmiya S and Dr. Sindhu Subbhulakshmi T require to observe and assist Oncology cases. Mazumdar Shaw Cancer Center is a globally renowned and acclaimed institute with cutting edge technology in health care sector and it is our privilege to have our post graduate trained at your centre.

Hence, I request you to kindly accept our post graduate students to observe and assist cases in your prestigious institute for a posting period of one month from 1<sup>st</sup> March to 31<sup>st</sup> March 2022.

Thanking you

Yours Sincerely

Received  
(Dr. Sindhu T)

  
Prof. Dr. Hemanth.M , M.D.S, Ph.D  
PRINCIPAL

PRINCIPAL  
Dayananda College of Dental Sciences  
Kumaraswamy Layout,  
Bang. 560 078.

  
PRINCIPAL  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

DSCDS/2022/

January 12, 2022

To:

Dr Academic Director  
Mazumdar Shaw Cancer Center  
Narayana Health  
Bangalore

Sir,

**Sub:** Clinical postings for our post graduates from the department of Oral & Maxillofacial Surgery at your hospital

\*\*\*

As a part of the curriculum of Master of Dental Surgery program in Oral & Maxillofacial Surgery, our Third year Post graduate students Dr. Sindhu Subbhulakshmi T require to observe and assist Oncology cases. Mazumdar Shaw Cancer Center is a globally renowned and acclaimed institute with cutting edge technology in health care sector and it is our privilege to have our post graduate trained at your centre.

Hence I request you to kindly accept our post graduate student to observe and assist cases in your prestigious institute for a posting period of one month from January 17, 2022 to February 17, 2022

Thanking you

Yours Sincerely

Prof. Dr. Hemanth.M, M.D.S, Ph.D  
PRINCIPAL

PRINCIPAL  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078

Received - Sindhu T  
Dr. Sindhu T  
PRINCIPAL  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

Date- 10-01-2022

From,  
Dr Sindhu Subbhulakshmi T  
Dr Sowmiya S  
Post Graduate Students,  
Department of Oral and Maxillofacial Surgery,  
Dayananda Sagar College of Dental Sciences,  
Bangalore-78

Through  
Dr.Shobha E S  
Professor and Head of Department  
Dept of Oral and Maxillofacial Surgery  
Dayananda Sagar College of Dental Sciences  
Bangalore-78

To,  
The Principal,  
Professor and Head of Department,  
Department of Orthodontics and Dentofacial Orthopaedics,  
Dayananda Sagar College of Dental Sciences,  
Bangalore-78

Respected Sir,

**Subject- Request permission to attend peripheral postings.**

We, Dr Sindhu Subbhulakshmi T, Dr Sowmiya S 3<sup>rd</sup> Year Post Graduate Students from the Department of Oral and Maxillofacial Surgery kindly request you to grant us permission to attend peripheral postings as listed below:

**JAN 17<sup>th</sup> 2022 to 17<sup>th</sup> FEB 2022:**

Dr Sindhu Subbhulakshmi T: Mazumdhhar Shaw Cancer Centre

**FEB 17<sup>th</sup> 2022 to MARCH 17<sup>th</sup> 2022:**

Dr Sowmiya S: Mazumdhhar Shaw Cancer Centre

We humbly request you to kindly oblige and grant us permission for the same.  
Thanking you.

Yours Sincerely,  
Dr Sindhu Subbhulakshmi T  
Dr Sowmiya S

*Sindhu T* - (Sindhu T)  
*SA* - (Dr. SOWMIYA.S)

*Forwarded to Principal*


*Shobha*  
*10/1/2022*

**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

7<sup>th</sup> March 2022,  
Bengaluru,

### Letter of Appreciation

The students and Interns of Dayananda Sagar College of Dental Sciences, Bengaluru are actively participating in the COVID 19 Vaccination program since its inception in May 2021. They are involved in the registration, surveillance and vaccination delivery of the general population of this area. I appreciate their work and efforts wholeheartedly.

  
Dr. Munse Prajna,  
Specialist,  
Medical officer,  
UPHC, Kumaraswamy Layout,  
Bangalore- 560078.

07/3/2022  
ಕೆ.ಆರ್.ಎಸ್. ಸಿ.ಆರ್.ಎಸ್. ಅಧಿಕಾರಿ  
ಕುಮಾರಸ್ವಾಮಿ ಲೇಔಟ್  
ಬೆಂಗಳೂರು-78

  
**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.

From,  
Dr. Ashwini Uppin  
II Year Post Graduate  
Department of Periodontology  
Dayananda Sagar college of Dental Sciences  
Bengaluru – 560078.

Date – 16/03/2022

To,  
Dr. Sunil S More  
Professor and Dean,  
School of Basic and Applied Sciences,  
Dayananda Sagar University  
Bengaluru – 560078.


Through,  
Dr. Hemanth. M  
Principal,  
Dayananda Sagar College of Dental Sciences  
Bengaluru – 560078.


Respected Sir,

Subject – Seeking permission to use spectrophotometer for my Dissertation study.

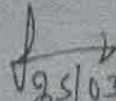
Myself Dr. Ashwini Uppin, II Year Post Graduate from Department of Periddontology, Dayananda Sagar College of Dental Sciences is conducting dissertation study on "Efficacy of Black seed mouthwash in Treatment of Gingivitis". Sir the study needs to record the reactive oxygen species level from the patient's saliva (Total salivary samples= 100) using spectrophotometer which is a part of my study. So, I kindly request you to grant me permission to use spectrophotometer from your Institution for the time period of three months. Sir I will be highly obliged.

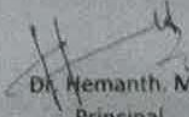
Thanking You,  
Your Sincerely


  
Ashwini Uppin  
DSCDS  
Bengaluru.

Guide,   
Dr. Savita A M  
Prof & HOD of the Department  
Department of Periodontology  
Dayananda Sagar College of Dental Sciences  
Bengaluru.

Permitted

  
25/03/22

  
Dr. Hemanth. M  
Principal  
Dayananda Sagar College of Dental Sciences  
Bengaluru.

  
**PRINCIPAL**  
Dayananda Sagar College of Dental Sciences  
Kumaraswamy Layout,  
Bangalore - 560 078.