



DR.NIRMALA'S DENTAL

DR.NIRMALA.S BDS

PH No: 9787256885

Address: No-12, Railway road , Pallavaram, Chennai

Mail Id – dr.nirmalasdental@gmail.com



PRAVINA SMILE CLINIC

DR. PRAVINA.M BDS

PH No: 9941810302

Address: No-5, Anna street ,Adyar,Chennai

Mail Id – dr.pravinsmileclinic@gmail.com



PEARL DENTAL CLINIC

DR. STAVAN, BDS

PH No: 9789949384

Address: 17, near post office. navalur, Chennai-127

Draishum101@gmail.com

DR.SHREEYAN NAYAR BDS

Phone no.- 9256457897

Address :No -30, Thiru.Rajaji street ,Perambur , Chennai

Mail Id – dr.shreeyanwhitedentalcare@gmail.com





DR. THILAK RAJ S ,BDS

PH No: 9469798756

Address: 29/112,Gandhi road , Nanganallur chennai

Mail id – dr.thilakrajental@gmail.com



PRIYA DENTAL CARE

DR.PRIYA, BDS

PH No: 9786457343

Address: No-45, Thiruvalluvar street, Mahalakshmi Nagar, Vellore
priyadentalcare@gmail.com



DR.PREETHA DENTAL CARE

PH NO: 9941810502

**Address: No-3,Chetty street, Kanchipuram
Preethajh@gmail.com**



DR. NISHA DAPHNE, BDS

PH No: 9789949384

Address: 17, near post office. navalur, Chennai-127

Nishadaphnedental@gmail.com



DR. RAKSHANA N. BDS WHITE DENTAL CARE

DR. RAKSHANA N. BDS

No.59/ Raja street ,hasthinapuram , chrompet,chennai
whitedentalcare@gmail.com



DR. SHARMILA I, BDS

PH No: 9469796889

Address: 225, 5th cross street, Anna nagar ,Red hills, chennai
estheticdentistry@gmail.com

ESTHETIC DENTISTY



MURUGAN DENTAL CARE

DR.PAVITHRA.M, BDS

PH No: 9045678328

Address: No-36,Nadu street,Pillayarpalayam, Kanchipuram
murugandental@gmail.com



NISHA DENTAL CLINIC

DR. NISHALI M,BDS

PH No: 6378976212

**Address: No-7,4th cross street, Selaiyur,chennai
nishalidentalclinic@gmail.com**



RAJ SHREE DENTAL CARE

DR.RAJ SHREE

PH No: 8097654327

Address: 80, 7th cross street, Chindhadripet, Chennai
dr.rajshreedental@gmail.com



DR. SUMAIYA FATHIMA, BDS

PH No: 9653486543

**Address: 2/475,1st cross street,commissioner
colony,pammal,Chennai-72**

sumaiyadental@gmail.com



DR.RITHIKA'S DENTAL

DR. RITHIKA SRI S, BDS

PH No: 9469798756

Address: 25, Pillayar koil street, Periyar nagar, Madurai
dr.rithikadental@gmail.com



DHARSHINI DENTAL

DR.POOJA DHARSHINI, BDS

PH No: 7845367869

Address: No-24,Balaji street,Anna Nagar,Trichy
Dharshinidental@gmail.com



SM DENTAL CARE

DR. SUBASH M, BDS

PH No: 6034569804

**Address: No-68, Subham enclave, Nehru Nagar, Trichy
smdentalcare@gmail.com**



DR. PUVITHA , BDS

PH No: 9065468843

Address: 67,Railway road ,st.thomas mount Chennai
dr.puvithabds@gmail.com



DR. SETHU SREE, BDS

PH No: 7080987654

Address: 90,1st cross street, Teacher's
colony,pammal,Chennai-72

dr.sethusreebds@gmail.com

SREE DENTISTRY



DR. VASANTH RM, BDS

PH No: 9087964532

**Address: 26, masjid street, Ramanthapuram,
Dr.vasanthrmbds@gmail.com**



SUNIL KUMAR DENTAL CLINIC

DR.SUNIL KUMAR ,BDS

PH No: 9356789876

Address: No-256,erd criss road,Ellapa nagar , collectorate kanchipuram

Dr.sunilbds@gmail.com



Raghapriya Dental

DR. RAGHA PRIYA, BDS

PH No: 7745678935

Address: 45,8th cross street, Shivaji Nagar, Vellore
raghapriyadental@gmail.com



DR.SHRIKAVI M, BDS

PH No: 9789949384

Address: 45,Mgr nagar,kolathur,Chennai

Drsrikavi@gmail.com

DR. RESHMA S, BDS

PH No: 6080756854

Address: 69, Church street, Nehru colony, Chennai-72

Dr.reshmas@gmail.com





DR. SUMAYA B BDS

PH No: 9469798756

Address: 2/49, Abibullah road, masjid street, triplicane, Chennai-1

Dr.sumaiyab@gmail.com

SUMAYA DENTAL CARE

RAMYA DENTAL CARE



DR. RAMYA S, BDS

PH No: 9986454343

Address: No-6, Bavani Nagar, Gandhi Road, Madurai.
Ramyadental@gmail.com



Vivetha dental CLINIC

DR.VIVETHA, BDS

PH No: 9941810302

**Address: No-7,Anna street,Balaji nagar, Dindugal.
Vivethadental786@gmail.com**



DR.SREE LAKSHMI , BDS

PH No: 6057678976

**Address: 17,near Bsnloffic.Nehru nagar, Madurai
SreekLaksmi@gmail.com**



DR.SUBASH S, BDS

PH No: 9643784343

Address: 39, Mettu street, Guduvancherry

Dr.subashbds@gmail.com



DR. SRIDEVI, BDS

PH No: 9679798756

Address: 86,shivaji street,triplicane,Chennai-1

Drsridevidental@gmail.com



VETHIKA DENTAL CARE

DR.vethika, BDS

PH No: 9788457343

Address: No-6, Kamaraj Nagar, Erode

Vethikadental@gmail.com



Sarojini Dental Clinic

DR. Sarojini, BDS

PH No: 8941810302

**Address: No-55,3rd cross street, Mahalaxmi nagar, Krishnagiri
Sarojini dental@gmail.com**



DR. SUTHAMANCHAARI, BDS

PH No: 9456949384

Address: 45, near Railway station.Pallavaram,Chennai

Dr.Suthamancharidental@gmail.com



DR.SRIJANANI, BDS

PH No: 9585586543

**Address: 36,1st cross street, police colony,
kelambakkam,Chennai**

Srijanaibds@gmail.com



DR. Srilekha , BDS

PH No: 6978674545

Address: 45,GST road ,Maraimalai nagar, Chengalpet

Srilekshabds@gmail.com

FAMILY DENTAL CARE



SUGUMARI DENTAL CARE

DR.SUGUMARI, BDS

PH No: 9786457343

Address: No-56,Pillayar koil street,Rajakilpakkam ,Chennai
sigumaribds@gmail.com



DR.WASEEN AKTHAR, BDS

PH No: 8767543267

**Address: No-76,Rama rao street,Nellur,Andhra Pradesh
waseemaktharbds@gmail.com**



DR. SIVA RANJINI BDS

PH No: 9764449384

Address: 17, Railway road ,Katpadi,Vellore.

Dr.sivadental@gmail.com

DR.SIVA DENTAL CARE

DR.Revathi. BDS

PH No: 945348621

Address: 9,Market road,Teachers
colony,Vandalur,Chennai-72

Revathibds@gmail.com



REDDY'S SMILE CLINIC

Anureddy786@gmail.com

DR. AYSWARRIYA M, BDS

PH No: 9789949384

Address: 17, near post office. navalur, Chennai-127

Draishum101@gmail.com

DR. BATHRI E, BDS

PH No: 9653486543

**Address: 2/475,1st cross street,commissioner
colony,pammal,Chennai-72**

bathribds@gmail.com

DR. BEER UMAR FASID I, BDS

PH No: 9469798756

Address: 2/49, Abibullah road, masjid street, triplicane, Chennai-1

Drbeerfasid55@gmail.com

FAMILY DENTAL CARE

FAMILY DENTAL CARE

DR.AJAY A, BDS

PH No: 9786457343

Address: No-15/6,Bavani Nagar,Main Road,Metupalayam.
Ajaydental50@gmail.com

REDDY'S SMILE CLINIC

Anureddy786@gmail.com

DR. AYSWARRIYA M, BDS

PH No: 9789949384

Address: 17, near post office. navalur, Chennai-127

Draishum101@gmail.com

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PH No: 9653486543

**Address: 2/475,1st cross street,commissioner
colony,pammal,Chennai-72**

bathribds@gmail.com

FAMILY DENTAL CARE



TAGORE DENTAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127. Ph : 044 - 3010 2222

E-mail : tagoredch@gmail.com / admin@tagoredch.in Website : www.tagoredentalcollege.com

Trust office : No. 25, Mahalingam Street, Mahalingapuram, Nungambakkam, Chennai - 600 034. Ph : 044 - 2817 3772 / 2817 5144

Dr. C. J. Venkatakrishnan, M.D.S., Ph.D.,

PRINCIPAL

Professor & Head of Prosthodontics

Ref: TDC&H/ APP-ORD/ L-01/ 2022

DT:01.07.2022

To

Dr. R.Logesh

No. 58 Gandhi Nagar

Sadhavaram, Little Kanchipuram – 631 501

Mobile No: 8508625505

Email Id: logesh730@gmail.com

Dear Dr. R.Logesh

Sub: Offer of Appointment – Reg.

The Management is pleased to offer you an appointment in our College as Lecturer in the Department of Oral Medicine.

You will be paid consolidated pay of Rs. 15,000/- per month with effect from the date of your joining.

The College working week consists of 36 working hours per person. This excludes lunch break. The normal working hours of the College is from 8.30 a.m. to 3.00 p.m. with 30 minutes lunch break. The College normally works for 6 days in a week.

During probation period, your appointment is terminable by either side with a notice of 1 month. In case you leave the service on your accord, you will be liable to give three months notice or three months pay in lieu of it. However, faculty will not be relieved in the middle of an academic year.

You will be governed by the various College rules and regulations in force from time to time. If you conduct yourself in a manner which would bring the College or its employees into disrepute and / or you are found guilty of misconduct, you will be discharged immediately without any notice or salary in lieu thereof and in such cases you will have no claim from the College whatsoever.

Residence :

Brindavan,

Plot No. 4, Door No. 5,

Valliamai Nagar II Street,

Valasaravakkam,

Chennai - 600 087

Clinic :

VK's Dental Care

New No. 8, Old No. 15, G - 4 & 5, Aravind Apts.,
Masilamani Street, T. Nagar, Chennai - 600 017.

Ph : 044 - 2434 0809 Mobile : 9841109234

E-mail : venkatmds9@gmail.com



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Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127. Ph : 044 - 3010 2222

E-mail : tagoredch@gmail.com / admin@tagoredch.in Website : www.tagoredentalcollege.com

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Dr. C. J. Venkatakrisnan, M.D.S., Ph.D., -2-

PRINCIPAL

Professor & Head of Prosthodontics

You are requested to report to the Principal, Tagore Dental College & Hospital on **04.07.2022** along with the following documents.

1. Your Degree Certificates
2. Registration Certificates with Dental Council
3. Relieving order and Experience Certificates from Previous Institution
4. Address Proof (Chennai Address)
5. Photo ID Proof (Driving Licence / Voter ID Card / Passport Copy)
6. Pan Card Xerox Copies
7. Aadhar Card Xerox Copies
8. 5 Copies of Passport size photo.

You are requested to sign a copy of this letter in token of your acceptance of this offer and return the same to this office at the earliest.

I congratulate you and wish you all the best.

For TAGORE DENTAL COLLEGE & HOSPITAL


PRINCIPAL

By signing below, I accept the specified terms and conditions of the employment that are in force and may be framed from time to time by Tagore Dental College & Hospital, Chennai - 600 127 and agree to put forth my best efforts to support the goals and objectives of the college. I am reporting for duty on **04.07.2022**

Copy to: 1. Accounts Department
2. Personal file

SIGNATURE:

DATE:

Residence :
Brindavan,
Plot No. 4, Door No. 5,
Valliamai Nagar II Street,
Valasaravakkam,
Chennai - 600 087

Clinic :
VK's Dental Care
New No. 8, Old No. 15, G - 4 & 5, Aravind Apts.,
Masilamani Street, T. Nagar, Chennai - 600 017.
Ph : 044 - 2434 0809 Mobile : 9841109234
E-mail : venkatmds9@gmail.com



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Dr. C. J. Venkatakrisnan, M.D.S., Ph.D.,

PRINCIPAL

Professor & Head of Prosthodontics

REF: TDC & H/SL – AP/13/2022

25.08.2022

To

Dr. R.Sudha
1/647 Ponniamman koil street,
Subramaniyam Nagar, Iyyapanthangal, Chennai – 600 056
Email – sudha.r1994bds@gmail.com
Mob No : 8610359482

Dear Dr.R.Sudha

Sub: Offer of Appointment – Reg.

The Management is pleased to offer you an appointment in our College as Senior Lecturer in the department of Conservative dentistry & Endodontics

Your basic salary has been fixed at Rs.15, 000/- per month, with the allowances such as DA @30%, as HRA 10% - and totaling to Rs.25, 000/- pm with effect from the date of your joining.

The College working week consists of 36 working hours per person. This excludes lunch break. The normal working hours of the College is from 8.30 a.m. to 3.00 p.m. with 30 minutes lunch break. The College normally works for 6 days in a week.

During probation period, your appointment is terminable by either side with a notice of 1 month. In case you leave the service on your accord, you will be liable to give three months notice or three months pay in lieu of it. However, faculty will not be relieved in the middle of an academic year.

You will be governed by the various College rules and regulations in force from time to time. If you conduct yourself in a manner which would bring the College or its employees into disrepute and / or you are found guilty of misconduct, you will be discharged immediately without any notice or salary in lieu thereof and in such cases you will have no claim from the College whatsoever.

Residence :

Brindavan,
Plot No. 4, Door No. 5,
Valliamai Nagar II Street,
Valasaravakkam,
Chennai - 600 087

Clinic :

VK's Dental Care
New No. 8, Old No. 15, G - 4 & 5, Aravind Apts.,
Masilamani Street, T. Nagar, Chennai - 600 017.
Ph : 044 - 2434 0809 Mobile : 9841109234
E-mail : venkatmds9@gmail.com



-2-

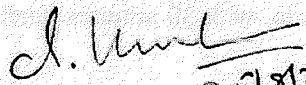
You are requested to report to the Principal, Tagore Dental College & Hospital on 25/8/2022 along with the following documents.

1. Your Degree Certificates
2. Registration Certificates with Dental Council
3. Appointment Order, Relieving order and Experience Certificates from Previous Institution
4. Address Proof (Chennai Address)
5. Photo ID Proof - Driving Licence & Voter ID Card & Passport Copy
6. Pan Card & Aadhar Card
7. 10 Copies of Passport size photo.
8. TDS from Previous Institution, Professor - 4 years, Reader - 3 years

You are requested to sign a copy of this letter in token of your acceptance of this offer and return the same to this office at the earliest.

I congratulate you and wish you all the best.

For TAGORE DENTAL COLLEGE & HOSPITAL


PRINCIPAL 25/8/22

Dr. C.J. VENKATA KRISHNAN, M.D.S., Ph.D.,
PRINCIPAL
TAGORE DENTAL COLLEGE & HOSPITAL,
Rathinamangalam, Vandalur Post,
Chennai - 600 127.

By signing below, I accept the specified terms and conditions of the employment that are in force and may be framed from time to time by Tagore Dental College & Hospital, Chennai 600 127 and agree to put forth my best efforts to support the goals and objectives of the college. I am reporting for duty on 25/8/2022.

Copy to: 1. Accounts Department
2. Personal file

SIGNATURE: 

DATE: 25/8/2022



TAGORE DENTAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127. Ph : 044 - 3010 2222

E-mail : tagoredch@gmail.com / admin@tagoredch.in Website : www.tagoredentalcollege.com

Trust office : No. 25, Mahalingam Street, Mahalingapuram, Nungambakkam, Chennai - 600 034. Ph : 044 - 2817 3772 / 2817 5144

Dr. C. J. Venkatakrisnan, M.D.S., Ph.D.,

PRINCIPAL

Professor & Head of Prosthodontics

REF: TDC & H/SL – AP/08/2023

01.03.2023

To

Dr. Kalaiselvi. R

No.62, Pondy Road, Marakkanam,

Thindivanan, Villupuram, Tamil Nadu- 604303

Mobile No: 9042132982

Email Id: drkalaiorthodontics@gmail.com

Dear Dr. Kalaiselvi. R

Sub: Offer of Appointment – Reg.

The Management is pleased to offer you an appointment in our College as Senior Lecturer in the department of Orthodontics

Your basic salary has been fixed at Rs.15, 000/- per month, with the allowances such as DA @30%, as HRA 10% - and totaling to Rs.25, 000/- pm with effect from the date of your joining.

The College working week consists of 36 working hours per person. This excludes lunch break. The normal working hours of the College is from 8.30 a.m. to 3.00 p.m. with 30 minutes lunch break. The College normally works for 6 days in a week.

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Residence :

Brindavan,

No. 4, Door No. 5,

Valliammal Nagar II Street,

Kalasrayam,

Chennai - 600 034.

Clinic :

VK's Dental Care

No. No. 8, Old No. 15, C. 4 & 5, Aravinthan

Masilmann Street, T. Nagar, Chennai - 600 005

Ph: 044 - 2411 8889 Mobile No: 99234

mail: vk.dental@gmail.com



TAGORE DENTAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127. Ph : 044 - 3010 2222

E-mail : tagoredch@gmail.com / admin@tagoredch.in Website : www.tagoredentalcollege.com

Trust office : No. 25, Mahalingam Street, Mahalingapuram, Nungambakkam, Chennai - 600 034. Ph : 044 - 2817 3772 / 2817 5144

Dr. C. J. Venkatakrisnan, M.D.S., Ph.D.,

PRINCIPAL

Professor & Head of Prosthodontics

You are requested to report to the Principal, Tagore Dental College & Hospital on **01.03.2023** along with the following documents.

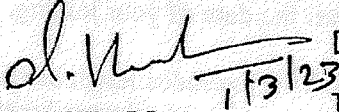
1. Your Degree Certificates
2. Registration Certificates with Dental Council
3. Appointment Order, Relieving order and Experience Certificates from Previous Institution
4. Address Proof (Chennai Address)
5. Photo ID Proof - Driving License & Voter ID Card & Passport Copy
6. Pan Card & Aadhaar Card
7. 10 Copies of Passport size photo.
8. TDS from Previous Institution, Professor - 4 years, Reader - 3 years

You are requested to sign a copy of this letter in token of your acceptance of this offer and return the same to this office at the earliest.

I congratulate you and wish you all the best.

For **TAGORE DENTAL COLLEGE & HOSPITAL**

PRINCIPAL


1/3/23

Dr.C.J.VENKATA KRISHNAN, M.D.S., Ph.D.,
PRINCIPAL
TAGORE DENTAL COLLEGE & HOSPITAL
RATHINAMANGALAM, VANDALUR POST,
MELAKOTTAIYUR, CHENNAI-600 127.

By signing below, I accept the specified terms and conditions of the employment that are in force and may be framed from time to time by Tagore Dental College & Hospital, Chennai - 600 127. and agree to put forth my best efforts to support the goals and objectives of the college. I am reporting for duty on **01.03.2023**

Copy to: 1. Accounts Department
2. Personal file

SIGNATURE: Lalajelvi &
DATE: 01.03.2023

Residence :
Bhindavan,
Plot No. 4, Door No. 5,
Valliammal Kodanai Street,
Masaravakkam,
Chennai - 600 034

Clinic :
VK's Dental Care
New No. 8, Old No. 15, G. 4 & 5, Aravind Apts,
Masilamani Street, T. Nagar, Chennai - 600 017.
Ph : 044 - 2458 1881 Mobile : 98411 0034
www.venkatakrisnan.com



TAGORE DENTAL COLLEGE & HOSPITAL

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E-mail : tagoredch@gmail.com / admin@tagoredch.in Website : www.tagoredentalcollege.com

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Dr. C. J. Venkatakrisnan, M.D.S., Ph.D.,
PRINCIPAL
Professor & Head of Prosthodontics

01.03.2023

REF: TDC & H/SL – AP/04/2023

To
Dr. Shankar
No.10/284 D, Ooty Main Road, Gudalur,
The Nilgiris-643212
Mobile No: 8870074097
Email Id: srishankar346@gmail.com

Dear Dr. Shankar

Sub: Offer of Appointment – Reg.

The Management is pleased to offer you an appointment in our College as Senior Lecturer in the department of Prosthodontics.

Your basic salary has been fixed at Rs.15, 000/- per month, with the allowances such as DA @30%, as HRA 10% - and totaling to Rs.25, 000/- pm with effect from the date of your joining.

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Chennai - 600 087

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Masilamani Street, T. Nagar, Chennai - 600 017.
Ph : 044 - 2434 0809 Mobile : 9841109234
E-mail : venkatmds9@gmail.com



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Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127. Ph : 044 - 3010 2222

E-mail : tagoredch@gmail.com / admin@tagoredch.in Website : www.tagoredentalcollege.com

Trust office : No. 25, Mahalingam Street, Mahalingapuram, Nungambakkam, Chennai - 600 034. Ph : 044 - 2817 3772 / 2817 5144

Dr. C. J. Venkatakrishnan, M.D.S., Ph.D.,
PRINCIPAL
Professor & Head of Prosthodontics

You are requested to report to the Principal, Tagore Dental College & Hospital on **01.03.2023** along with the following documents.

1. Your Degree Certificates
2. Registration Certificates with Dental Council
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4. Address Proof (Chennai Address)
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6. Pan Card & Aadhaar Card
7. 10 Copies of Passport size photo.
8. TDS from Previous Institution, Professor - 4 years, Reader - 3 years

You are requested to sign a copy of this letter in token of your acceptance of this offer and return the same to this office at the earliest.

I congratulate you and wish you all the best.

For TAGORE DENTAL COLLEGE & HOSPITAL

PRINCIPAL

Dr.C.J.VENKATA KRISHNAN, M.D.S., Ph.D.,
PRINCIPAL
TAGORE DENTAL COLLEGE & HOSPITAL
RATHINAMANGALAM, VANDALUR POST,
MELAKOTTAIYUR, CHENNAI-600 127.

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2. Personal file

SIGNATURE:
DATE : 01.03.2023

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Valasaravakkam,
Chennai - 600 087

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New No. 8, Old No. 15, G - 4 & 5, Aravind Apts.,
Masilamani Street, T. Nagar, Chennai - 600 017.
Ph : 044 - 2434 0809 Mobile : 9841169234
E-mail : venkatmds9@gmail.com



TAGORE DENTAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127. Ph : 044 - 3010 2222

E-mail : tagoredch@gmail.com / admin@tagoredch.in Website : www.tagoredentalcollege.com

Trust office : No. 25, Mahalingam Street, Mahalingapuram, Nungambakkam, Chennai - 600 034. Ph : 044 - 2817 3772 / 2817 5144

Dr. C. J. Venkatakrisnan, M.D.S., Ph.D.,

PRINCIPAL

Professor & Head of Prosthodontics

REF: TDC & H/SL – AP/06/2023

01.03.2023

To

Dr. Sahana

No.14, Indira Gandhi Street,

East Shanmugapuram Colony, Villupuram

Mobile No: 9500905677

Email Id: saisahana29@gmail.com

Dear Dr. Sahana

Sub: Offer of Appointment – Reg.

The Management is pleased to offer you an appointment in our College as Senior Lecturer in the department of Prosthodontics.

Your basic salary has been fixed at Rs.15, 000/- per month, with the allowances such as DA @30%, as HRA 10% - and totaling to Rs.25, 000/- pm with effect from the date of your joining.

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Residence :

Brindavan,

Plot No. 4, Door No. 5,

Valliamai Nagar II Street,

Valasaravakkam,

Chennai - 600 087

Clinic :

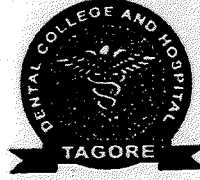
VK's Dental Care

New No. 8, Old No. 15, G - 4 & 5, Aravind Apts.,

Masilamani Street, T. Nagar, Chennai - 600 017.

Ph : 044 - 2434 0809 Mobile : 9841109234

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Dr. C. J. Venkatakrisnan, M.D.S., Ph.D.,

PRINCIPAL

Professor & Head of Prosthodontics

You are requested to report to the Principal, Tagore Dental College & Hospital on **01.03.2023** along with the following documents.

1. Your Degree Certificates
2. Registration Certificates with Dental Council
3. Appointment Order, Relieving order and Experience Certificates from Previous Institution
4. Address Proof (Chennai Address)
5. Photo ID Proof - Driving License & Voter ID Card & Passport Copy
6. Pan Card & Aadhaar Card
7. 10 Copies of Passport size photo.
8. TDS from Previous Institution, Professor - 4 years, Reader - 3 years

You are requested to sign a copy of this letter in token of your acceptance of this offer and return the same to this office at the earliest.

I congratulate you and wish you all the best.

For TAGORE DENTAL COLLEGE & HOSPITAL

PRINCIPAL

[Handwritten Signature]
1/3/23

Dr.C.J.VENKATA KRISHNAN, M.D.S., Ph.D.,
PRINCIPAL
TAGORE DENTAL COLLEGE & HOSPITAL
RATHINAMANGALAM, VANDALUR POST,
MELAKOTTAIYUR, CHENNAI-600 127.

By signing below, I accept the specified terms and conditions of the employment that are in force and may be framed from time to time by Tagore Dental College & Hospital, Chennai - 600 127. and agree to put forth my best efforts to support the goals and objectives of the college. I am reporting for duty on **01.03.2023**

Copy to: 1. Accounts Department
2. Personal file

[Handwritten Signature]
SIGNATURE:
DATE: 01.03.2023

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Chennai - 600 087

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Dr. C. J. Venkatakrisnan, M.D.S., Ph.D.,

PRINCIPAL

Professor & Head of Prosthodontics

REF: TDC & H/SL – AP/13/2023

10.03.2023

To

Dr. Nazrin. M

No. 17, Velayudham Street, Radha Nagar,

Chrompet, Chennai- 600044

Mobile No: 9790792312

Email Id: nazrin2312@gmail.com

Dear Dr. Nazrin. M

Sub: Offer of Appointment – Reg.

The Management is pleased to offer you an appointment in our College as Senior Lecturer in the department of Conservative dentistry & Endodontics.

Your basic salary has been fixed at Rs.15, 000/- per month, with the allowances such as DA @30%, as HRA 10% - and totaling to Rs.25, 000/- pm with effect from the date of your joining.

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Valasaravakkam,

Chennai - 600 067

Dr. C. J. VENKATA KRISHNAN, M.D.S., Ph.D.,

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Ph : 044 - 2434 0809 Mobile : 9841103231

E-mail : venkatmds@gmail.com



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PRINCIPAL

Professor & Head of Prosthodontics

You are requested to report to the Principal, Tagore Dental College & Hospital on **10.03.2023** along with the following documents.

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2. Registration Certificates with Dental Council
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6. Pan Card & Aadhaar Card
7. 10 Copies of Passport size photo.
8. TDS from Previous Institution, Professor - 4 years, Reader - 3 years

You are requested to sign a copy of this letter in token of your acceptance of this offer and return the same to this office at the earliest.

I congratulate you and wish you all the best.

For **TAGORE DENTAL COLLEGE & HOSPITAL**

PRINCIPAL

Dr.C.J.VENKATA KRISHNAN, M.D.S.,Ph.D.,
PRINCIPAL
TAGORE DENTAL COLLEGE & HOSPITAL
RATHINAMANGALAM, VANDALUR POST,
MELAKOTTAIYUR, CHENNAI-600 127.

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SIGNATURE:

DATE :

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Chennai - 600 087

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MELAKOTTAIYUR, CHENNAI-600 127.

Clinic :

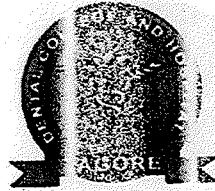
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Dr. C J. Venkatakrishnan, M.D.S., Ph.D.,

PRINCIPAL

Professor & Head of Prosthodontics

REF: TDC & H/SL - AP/17/2023

02.05.2023

To

Dr. Bharathkumar. A

No.5, Manickan Nagar, Sevilimedu,

kanchipuram- 631502

Mobile No. 956675854

Email Id: bharathvias@gmail.com

Dear Dr. Bharathkumar. A

Sub: Offer of Appointment - Reg.

The Management is pleased to offer you an appointment in our College as Senior Lecturer in the department of Orthodontics.

Your basic salary has been fixed at Rs.15,000/- per month, with the allowances such as DA @30%, as HRA 10% and totaling to Rs 25,000/- pm with effect from the date of your joining.

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Residence :

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Plot No. 4, Door No. 3,

Valluvar Nagar II Street,

Valasekuppam,

Chennai - 600 037

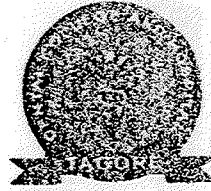
Clinic :

VK's Dental Care

Now No. 8, Old No. 10, G - 4 & 5, Aravind Apts.,
Mashanani Street, T. Nagar, Chennai - 600 017.

Ph : 044 - 2624 0809 Mobile : 9841109234

E-mail : vkr.dental@gmail.com



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Dr. C. J. Venkatakrisnan, M.D.S., Ph.D.,

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Professor & Head of Prosthodontics

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1. Your Degree Certificates
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8. TDS from Previous Institution, Professor - 4 years, Reader - 3 years

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For TAGORE DENTAL COLLEGE & HOSPITAL

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Dr. C. J. VENKATA KRISHNAN, M.D.S., Ph.D.,
PRINCIPAL

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SIGNATURE: *Dr. C. J. Venkatakrisnan*

DATE 02/5/23

Copy to: 1. Accounts Department
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Plot No. 4, Door No. 5,

Venugopal Nagar II, Meen,

Vadapavaram,

Chennai - 600 067

Clinic :

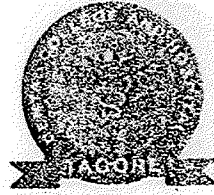
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PRINCIPAL

Professor & Head of Prosthodontics

REF: TDC & H/SL – AP/21/2023

02.05.2023

To

Dr. A. Sujareetha

109/C, Krishnan Street, Pillayarpalayam, Kanchipuram

Mobile No: 810359482

Email Id: sudha.r1994bds@gmail.com

Dear Dr. A. Sujareetha

Sub: Offer of Appointment – Reg.

The Management is pleased to offer you an appointment in our College as Senior Lecturer in the department of Conservative dentistry & Endodontics.

Your basic salary has been fixed at Rs.15, 000/- per month, with the allowances such as DA @30%, as HRA 10% - and totaling to Rs.25, 000/- pm with effect from the date of your joining.

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Clinic

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Ph : 044 - 2434 0803 Mobile : 9841049215

E-mail : venkatmds@tagoredch.com



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For TAGORE DENTAL COLLEGE & HOSPITAL

PRINCIPAL

Dr.C.J.VENKATA KRISHNAN,M.D.S.Ph.D.

PRINCIPAL

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RATHINAMANGALAM, VANDALUR POST,
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SIGNATURE: *A. Sivarashtra*

DATE: 02/05/23

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Brahmavaram,

Plot No. 4, Door No. 5,

Valluvar Street,

Velassaravakkam,

Chennai - 600 087

Clinic :

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E-mail : venkatam@tagoredentalcollege.com