

BASIC
IMPLANTOLOGY
PROGRAMME

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ABOUT TAGORE DENTAL COLLEGE



INFRASTRUCTURE

The college has invested heavily in infrastructure, facilities and health technology. Faculty and students are encouraged to adopt the latest treatment protocols and techniques and the college hospital is on par with any top class tertiary care center.

To provide dental students with practical oriented training, the college operates a dental clinic for student population and

has implemented a nationally recognized service learning program.

Sophisticated laboratories in different departments, the porcelain lab and state-of-the-art equipments which include Panoramic Radiograph unit, Cephalostat, RVG, Implant Kit and image intensifier provide an integrated learning approach.



The Departments and Laboratories are fully equipped with the latest equipments. LCD projectors are available in the class rooms for projections and live demonstrations, to enable the students to understand their subject better. TV is also available for CD and DVD projections.

A purpose-built state-of-the-art dental care center, an excellent facility for developing our innovative approach to teaching and practice comprises:

- A reception area housing anatomized case notes to support teaching.
- A series of primary and secondary care consulting areas.
- A clinical skills lab.

CCTV is fixed in all departments, clinics, and laboratories to monitor the function of staff and students.

We have added 1 more floor -30, 000 sq ft, in our building to accommodate our growing institution and also for expanding for PG.

The Dental College is attached to Tagore Medical College which has a 400 bedded hospital and well equipped with modern treatment facilities in radiology, clinical lab, multiple theatre complexes, Intensive care facilities and well experienced Medical personnel for treating patients and teaching.



ABOUT DEPARTMENT OF PROSTHODONTICS



Students are exposed to a wide range of patients with prosthetic problem and all the students get extensive pre-clinical & clinical experience in the department.

Clinical practice includes exposure to complete denture cases removable partial dentures & Introduction to fixed partial dentures.

Students will be introduced to this specialty right from the first year up to the final year.

We have a well equipped pre clinical laboratory to cater to all hundred students with the latest equipments. Our dental ceramic laboratory has dental technicians who are trained abroad.



Preclinical Prosthetics Lab:

We have the largest lab with all facilities to accommodate 100 students and also provision for AV projection of all procedures demonstrated.

Clinical Prosthetic Lab :

Well equipped lab for the students to process their Clinical Prosthesis.

Ceramic Lab:

The ceramic lab is equipped with the state of the art equipment to process ceramic crowns and bridges. The technician is well trained in ceramics and the results speak for it.



CHAIRPERSON



Prof. (Mrs.) M. Mala M.A., M.Phil

Chairperson, Tagore Dental College

Prof M Mala is a dynamic, cheerful and hard working person. In recognition of her services, she was honoured with the “*Best Women Edupreneur 2015*” award by ICT Academy of Tamilnadu on 21.03.2015.

PRINCIPAL



Dr. Chitraa R. Chandran

MDS in Periodontics

Principal, Tagore Dental College

Being Principal of the college from its inception in 2007, she is a well respected person in the profession and has 21 years of teaching experience for the undergraduate course in various Dental Colleges. She has been the Vice Principal for 3 years and has gained experience in administrative affairs. She is the HOD and Professor in the Department of Periodontology & Implantology.

VICE PRINCIPAL ADMINISTRATION



Dr. C. J. Venkatakrisnan

MDS in Prosthodontics

Vice Principal (Administration),
Tagore Dental College

He is well respected by students, good administrator, tough task master and a good academician. He done his BDS at Rojus College and MDS at GDC College. His special interests include Implants CD.

VICE PRINCIPAL ACADEMICS



Dr. S. Balagopal

MDS in Conservative Dentistry

Vice Principal (Academics),
Tagore Dental College

He is a well known figure in academic circles, conducts various workshops, conferences and seminars. He is PG guide with 22 years of experience in teaching and guiding students.

READER



Dr. Pradeep
MDS in Prosthodontics
Reader,
Tagore Dental College

After completing his BDS course at SDM Dental College, he went on to pursue MDS degree at Balaji Dental College. His special interests include Complete Denture and CAD/CAM.



Dr. Narasimman
MDS in Prosthodontics
Reader,
Tagore Dental College

After completing his BDS course at Rojus College, he went on to pursue MDS degree at Balaji Dental College. His special interests include Implant ()



Dr. Jacob Mathew
MDS in Prosthodontics.
Reader,
Tagore Dental College

After completing his BDS course at Saveetha Dental College, he went on to pursue MDS degree at Balaji Dental College. His special interests include ()

SENIOR LECTURER



Dr. Helen Jacob

MDS in Prosthodontics.

Senior Lecturer, Tagore Dental College

After completing her BDS course at Rojus College, she went on to pursue MDS degree at Balaji Dental College. His special interests include ()



Dr. Rathinavel Pandian

MDS in Prosthodontics.

Senior Lecturer, Tagore Dental College

After completing his BDS course at SRM Dental College, he went on to pursue MDS degree at Balaji Dental College. His special interests include ()

SENIOR LECTURER



Dr. Vivek

MDS in Prosthodontics.

Senior Lecturer, Tagore Dental College

()



Dr. Nithiya Rajan

MDS in Prosthodontics.

Senior Lecturer, Tagore Dental College

()

LECTURER



Dr. Suganya
BDS in Prosthodontics
Lecturer,
Tagore Dental College

()



Dr. David
BDS in Prosthodontics
Lecturer,
Tagore Dental College

()



Dr. Gayathri
BDS in Prosthodontics
Lecturer,
Tagore Dental College

()

IMPLANTOLOGY PROGRAMME 2017

BASIC IMPLANTOLOGY PROGRAMME CONTENTS

Module I

Day 1

- Inauguration
- Introduction to implants
- History
- Biomaterials
- Components of implants (Endosseous, Root form)
- Surface characteristics (Micro and Macro Features)
- Applications of Dental implants
- Identification of implant components
- Diagnosis and treatment planning
- Hands on course

Day 2

- Sterilization and surgical protocol
- Surgical procedures
- Live surgery demo by Mentor

Module II

Day 3

- Case discussion
- Surgical placement of Implant by the participants

BASIC IMPLANTOLOGY PROGRAMME CONTENTS

Module III

Day 4

- Prosthetic options
- Impression techniques
- Screw and cement retained prosthesis
- Implant protected occlusion
- Loading protocols
- Demonstration of impression and restoration

Day 5 & 6

- Impression by the participants

Module IV

Day 7 & 8

- Restoration by the participants
- Advances in Implantology
- Maintenance of dental implants
- Management of ailing and failing implants

IMPLANT CO



Dr. C. J. Venkatakrishnan



Dr. Narasimman



Dr. Pradeep

Dr. S.



COORDINATORS



Dr. Jacob Mathew



Dr. Helen Jacob

Jimson



Dr. Rathinavel Pandian

BASIC IMPLANTOLOGY PROGRAMME SCHEDULE

Module I (1st Month)

Day 1(9.00-3.00) - 21/03/2017

Time	Topic	Faculty
9.00-9.30	Inaguration	
9.30-10.30	Introduction to implants	Dr.Venkatakrisnan
10.30-11.30	Applications of Dental implants	Dr.Pradeep
11.30-12.30	Diagnosis and treatment planning	Dr.Jacob
12.30-1.00	Lunch	
1.00-3.00	Identification of implant components&Hands on course	

Day 2(9.30-3.00) - 22/03/2017

9.30-10.30	Sterilization and surgical protocol	Dr.Jimson
10.30-11.30	Surgical procedures	Dr.Jimson
11.30-12.30	Live surgery	Dr.Jimson
12.30-1.00	Lunch	
1.00-3.00	Panel Discussion	All

Module II (1st Month) -

Day 3(9.30-3.00) - 12/04/2017

9.30-10.30	Case discussion	All
10.30-12.30	Surgical placement of Implant by the participants	
12.30-1.00	Lunch	
1.00-3.00	Surgical placement of Implant by the participants	

Module III (4thMonth)

Day 4(9.30-3.00) - 14/06/2107

Time	Topic	Faculty
9.30-10.30	Prosthetic options	Dr.Narasimman
10.30-11.30	Impression techniques	Dr.Pradeep
11.30-12.30	Screw and cement retained prosthesis	Dr.jacob
12.30-1.00	Implant protected occlusion	Dr.Venkatakrishnan
1.00-3.00	Loading protocols	Dr.Ratinavel

Day 5 & Day 6 (9.30-3.00)-(Six participants each day)(15/16/06/2017)

9.30-12.30	Impression by the participants
12.30-1.00	Lunch
1.00-3.00	Impression by the participants

Module IV (4thMonth)

Day 7 (9.30-3.00) -(21/06/2017)

Time	Topic	Faculty
9.30-10.30	Advances in Implantology	Dr.Narasimman
10.30-11.30	Maintenance of dental implants	Dr.Chitraa chandran
11.30-12.30	Management of ailing and failing implants	Dr.Chitraa chandran
12.30-1.00	Lunch	
1.00-3.00	Restoration by the participants	



IMPLANTOLOGY PROGRAMME 2017





PARTICIPANTS



DR. ALAGESWARAN VIGNESH





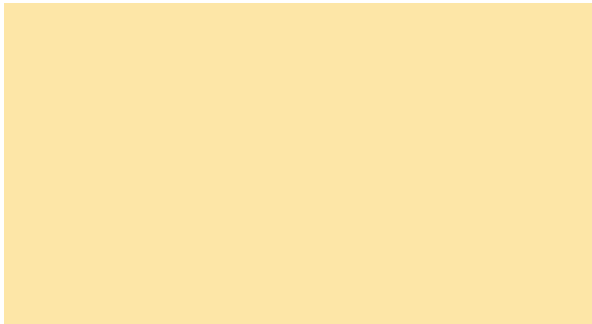
DR. K. ANUSHEEYA





DR. A. S. ARTHISRI





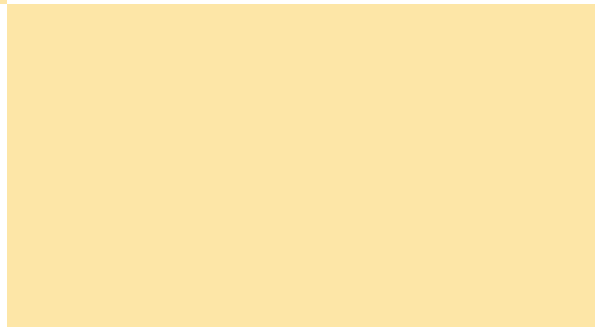
DR. J. CHIMERA





DR. T. B. DURGADEVI





DR. M. NASEEM FATHIMA





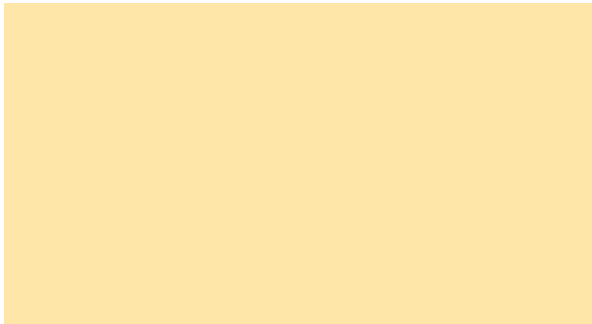
DR. M. NIVEDHA





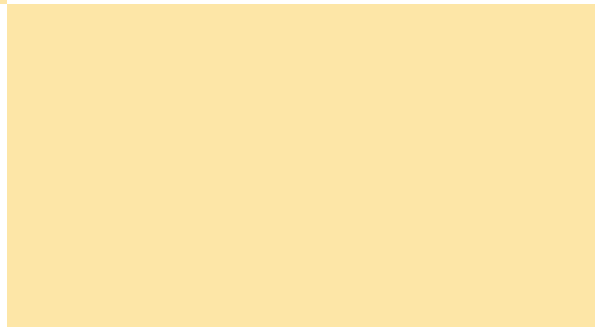
DR. NOURAH ABDUL KADER





DR. B. SHARMILAA





DR. K. C. SUBHIKSHA





DR. R. SUDHA





DR. R. SUGANYA

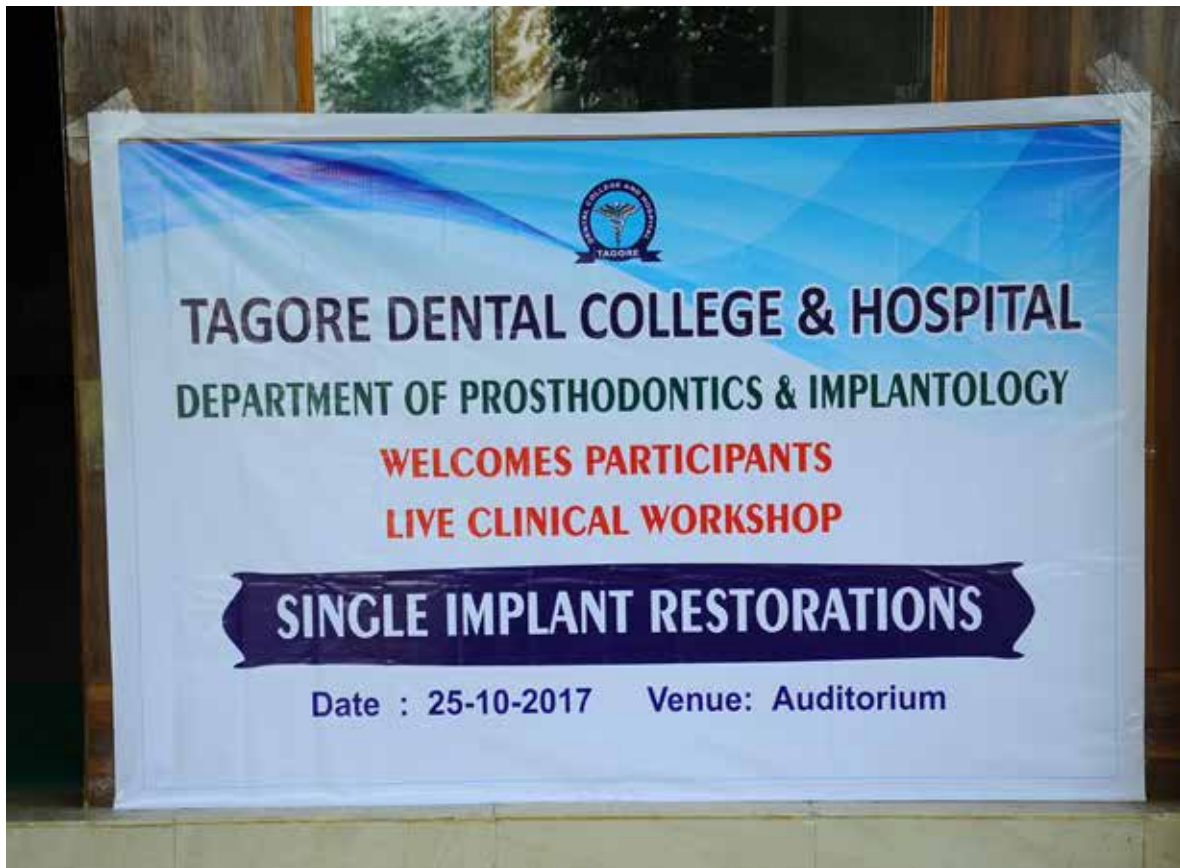




*Implant Course Completion
and
Certification Ceremony*

Programme
Photos

2017























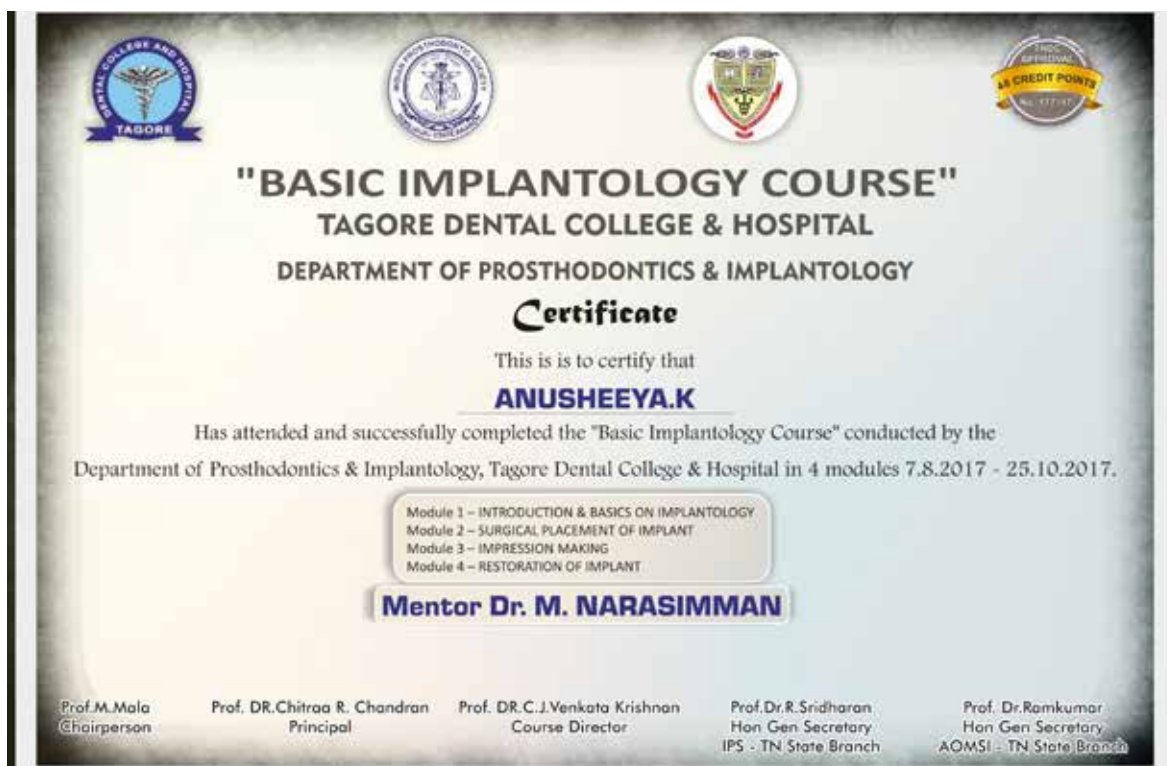


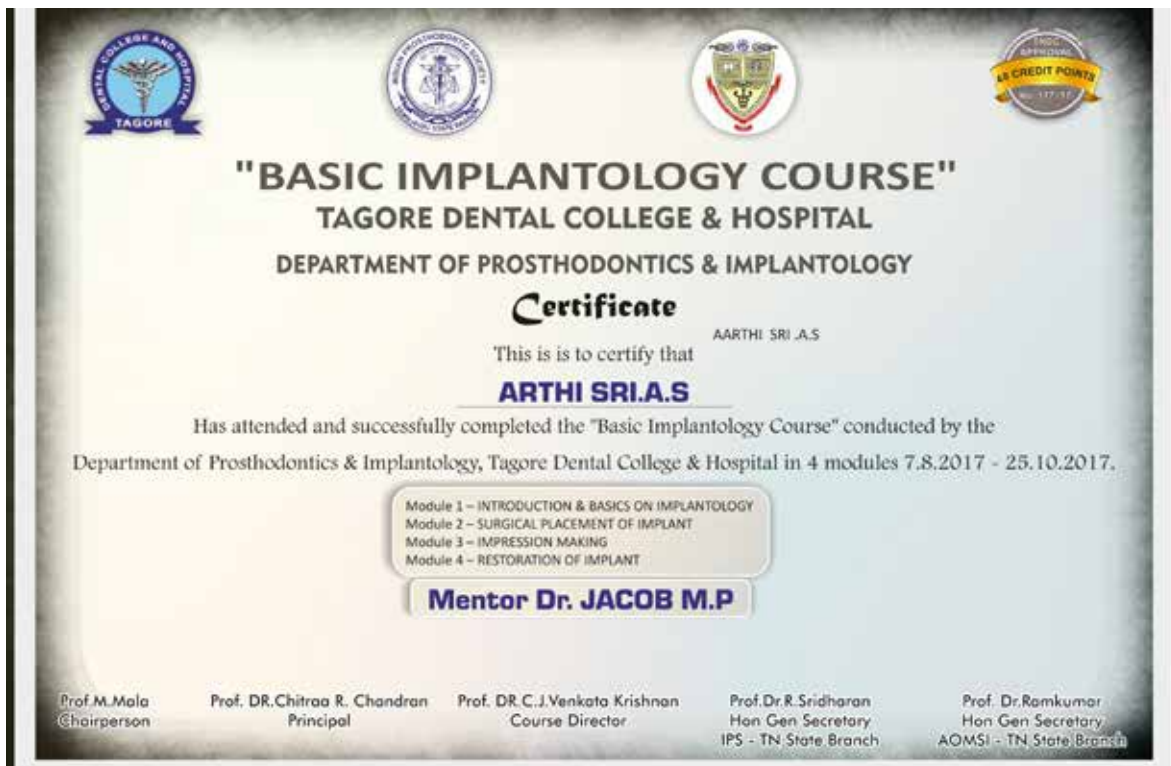






STUDENT'S CERTIFICATES



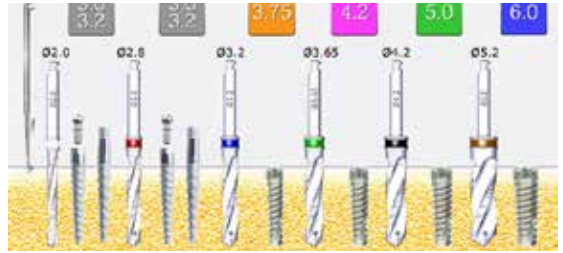
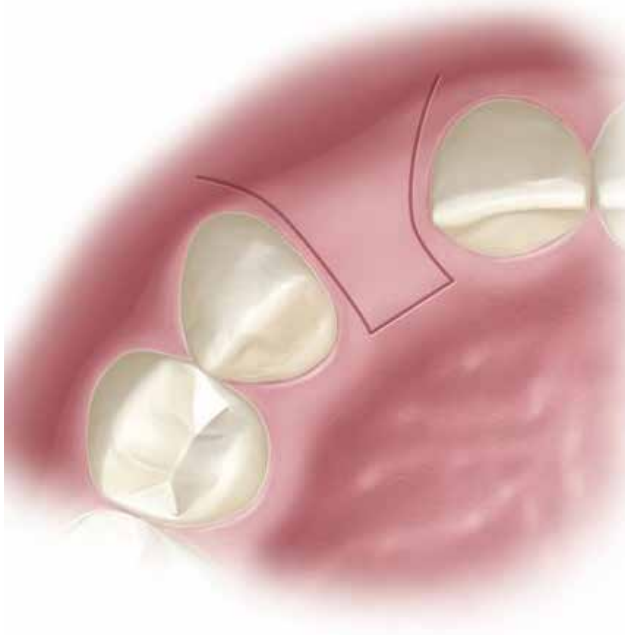






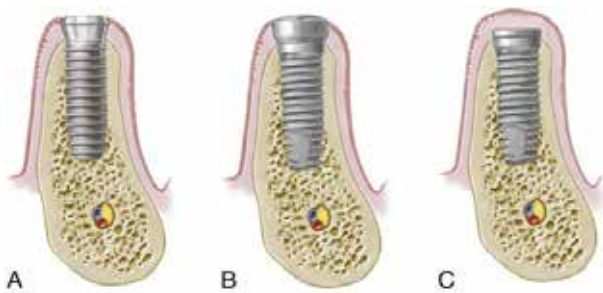
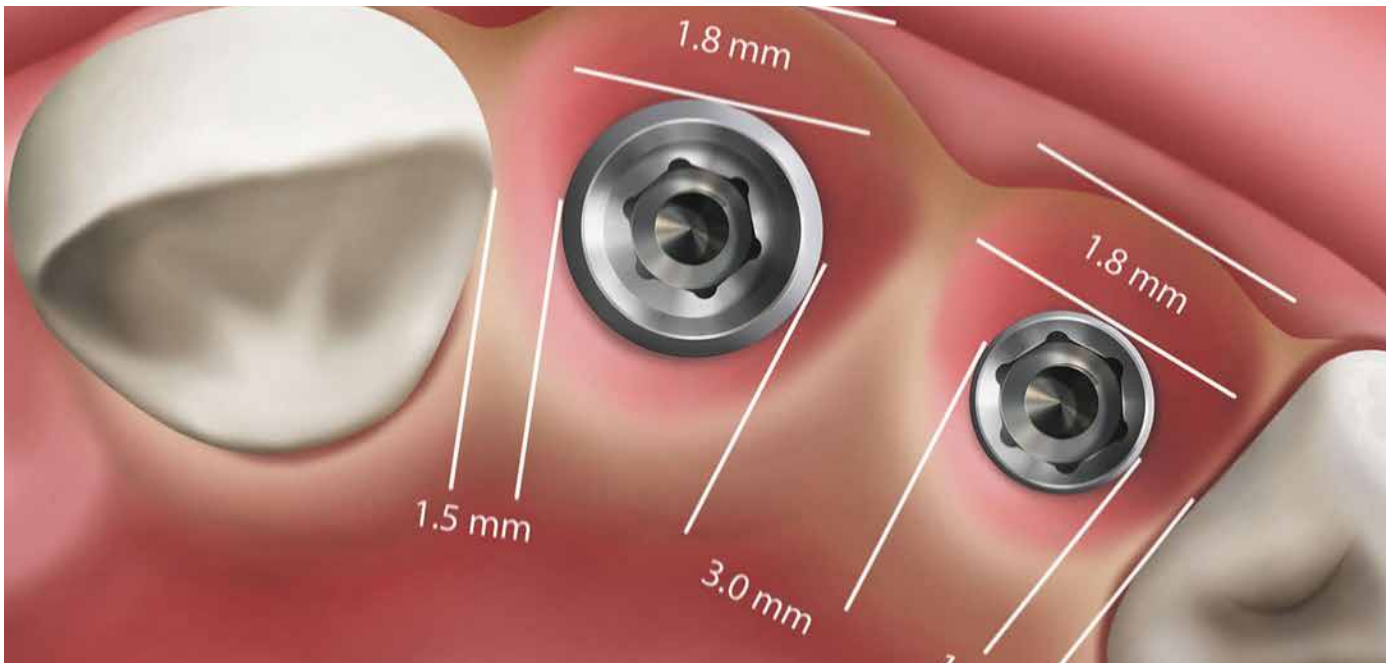






IMPLANT DENTISTRY BASIC START UP KIT

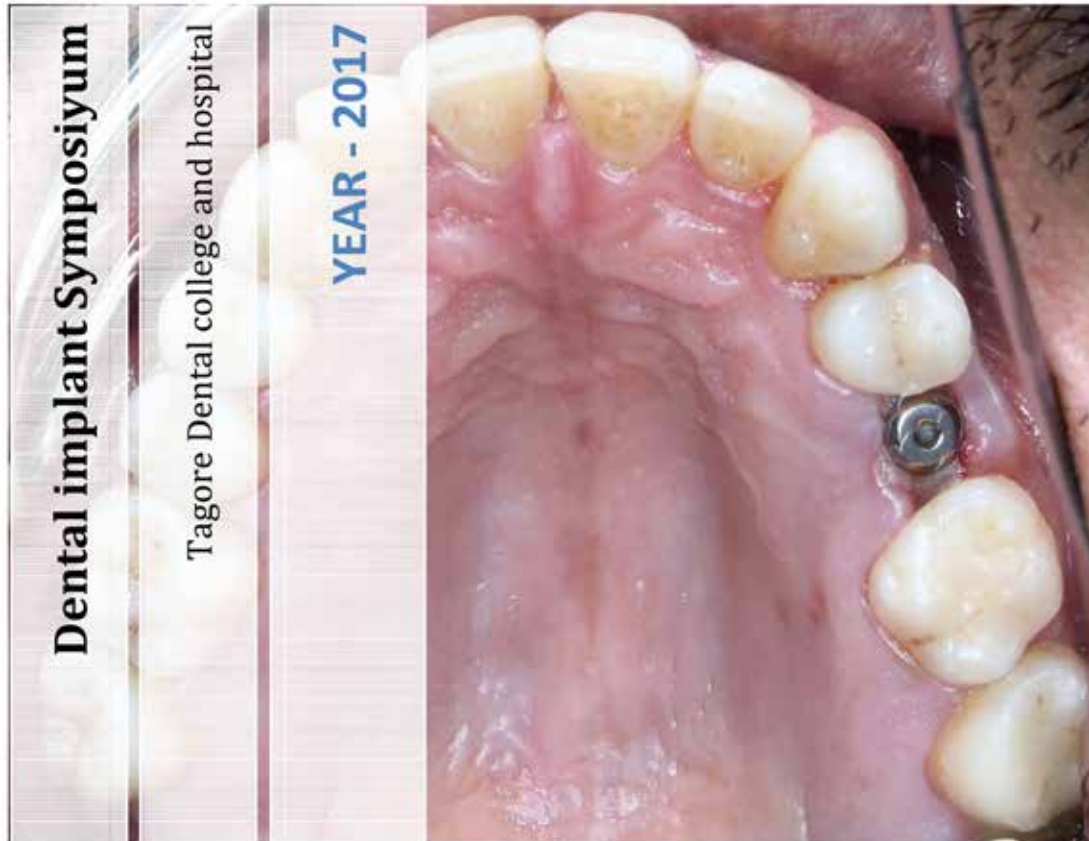
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ANNEXURE



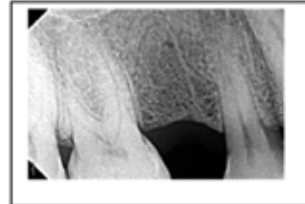


This basic Implantology symposium will help you learn and understand the surgical and prosthetic protocols you need to know while dealing with straight forward cases needing Implants to replace teeth. It covers all aspects of risk assessment pre prosthetic planning, infection control, variable drilling protocols, restorative materials and designs and basic principles of guided bone regeneration. The CRRI of Tagore Dental College & Hospital will showcase their Implant cases which they have experienced. By the end of the course, each participant will have placed an implant and restored the case.

**Tagore Dental College and
Hospital
Rathinamangalam
Melakkottaiyur(P.O)
Chennai 600 127**

Course Contents

- **Inauguration**
- Introduction to implants
 - History
 - Biomaterials
 - Components of implants(End osseous, Root form)
 - Surface characteristics(Micro and Macro Features)
- Applications of Dental implants
- Identification of implant components
- Diagnosis and treatment planning
- Sterilization and surgical protocol
- Surgical procedures
- **Live surgery demo by Mentor**
- Case discussion
- Prosthetic options
- Impression techniques
- Screw and cement retained prosthesis
- Implant protected occlusion
- Loading protocols
- **Demonstration of impression and restoration**
- Advances in Implantology
- Maintenance of dental implants
- **Management of ailing and failing implants**



Faculty Details

Dr.Chitraa R.Chandran,M.D.S,
Principal,Prof & HOD,
Dept of Periodontics,
Tagore Dental College And Hospital,

Dr.C.J.Venkatakrishnan.M.D.S.,
Vice - Principal, Prof & HOD,
Dept of Prosthodontics,
Tagore Dental College and Hospital,

Dr.Jimson.M.D.S.,
Prof & HOD,
Dept of oral and maxillofacial surgery,

Dr.Jacob.M.D.S,
Reader,
Dept of Prosthodontics,
Tagore Dental College and Hospital,

Dr.Rathinavel Pandia.M.D.S,
Senior Lecturer,
Dept of Prosthodontics,

Tagore Dental College and Hospital,

Dr.Pradeep.M.D.S,
Reader,
Dept of Prosthodontics,
Tagore Dental College and Hospital,

Dr.M.Narasimman..M.D.S,
Reader,
Dept of Prosthodontics,
Tagore Dental College and Hospital,

Dr.Helen.M.D.S.,
Senior Lecturer,
Dept of Prosthodontics,
Tagore Dental College and Hospital,

FURTHER DETAILS CONTACT

Dr C J Venkatakrishnan – 9841109234 & Dr Narasimman -+91-9884242784



Dental Implant Systems:

Dental Implants are used to replace missing teeth or to anchor fixed full and partial dentures. Shaped like small screws, implants are placed into the bone to anchor the restoration that will be fixed to an abutment via either cementation or a screw. Most often made from titanium, some dental implants are now available in zirconia or other materials. Systems: Placement of the implant requires knowledge of surface treatment, shape, compatible lengths, and diameter appropriate for the space involved. For the restorative dentist, the implant system must give a wide range of choices for fixed and removable prosthetics. Dental implants are now widely used in a range of restorative situations and with guided surgical techniques and digital treatment planning, the results are more predictable and longer lasting making them a better option for both patients and clinicians.



Implant Surgical Kit:

Surgical kits are well designed for easy and simple access to the surgical instruments for bone preparation and implant placement.






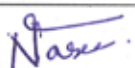





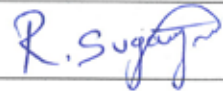
The surgical containers are made from the best known polymer, which is resistant for thousands of sterilization cycles.

The design of the containers is so efficient, that it's allows placement of all needed instruments in small size kits which is do not take up much space in the surgical tray.

All the kits have extra cavity's for spare instruments, so even the small kits can be expanded with additional tools.

Tagore Dental College and hospital
 Department of Prosthodontics and Crown & Bridge

BASIC IMPLANTOLOGY COURSE - 2017
 Registered participants list

Sr.No.	Participant Name	Registration No	Signature
1.	ALAGESWARAN VIGNESH.S	541219006	
2.	ANUSHEEYA.K	541219011	
3.	ARTHISRI.A.S	541219013	
4.	CHIMERA.J	541219017	
5.	DURGADEVI.T.B	541219021	
6.	NASEEM FATHIMA.M	541219050	
7.	NIVEDHA.M	541219053	
8.	NOURAH ABDUL KADER	541219055	
9.	SHARMILAA.B	541219081	
10.	SUBHIKSHA.K.C	541219088	
11.	SUDHA.R	541219089	
12.	SUGANYA.R	541219090	


 COURSE IN-CHARGE


 PRINCIPAL

Dr. CHITRAA R. CHANDRAN
 PRINCIPAL
 TAGORE DENTAL COLLEGE AND HOSPITAL,
 RATHINAMANGALAM, VANDALUR POST,
 MELAKOTTAHUR, CHENNAI-600 121



TAGORE DENTAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127. Ph : 044-30102222
E-mail : tagoredch@gmail.com Web site : www.tagoredch.com

Regd. Office : No.29, Mahalingapuram Street, Mahalingapuram, Chennai - 600 017. Ph : 044-28173772 / 28175144

Dr. Chitraa R. Chandran, M.D.S.,
Principal
Professor & Head of Periodontics

09/11/2017
Chennai

To,
The Registrar,
The Tamil Nadu Dental Council,
Arihanth Towers,
Koyambedu, Chennai- 600 107.

Respected sir/Madam,

Sub: Submitting the concise report of CDE Program – Basic
Implantology course – 2017.

Ref:- Your letter dated 05-10-2017

We have successfully completed the “Basic Implantology course” on 24th October 2017 for the CRRIs in Tagore dental college and hospital in four modules and Eight days as per the schedule. I hereby am thanking you for your kind support by Recognizing and allotting the CDE Points (TNDC approval No.177/17) for the Course. I request you to kindly provide the same support for future Programmes.

Thanking you,

Yours sincerely,


PRINCIPAL

Dr. CHITRAA R. CHANDRAN
PRINCIPAL
TAGORE DENTAL COLLEGE AND HOSPITAL
RATHINAMANGALAM, VANDALUR POST,
MELAKOTTAIYUR, CHENNAI-600 127.

Note: Details of the approval letter is enclosed.
Details of the Participants enclosed.
Details of Completed program Schedule









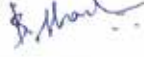


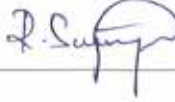
Residence :
Flat 4AB, Block II, Sidharth Heights,
55, Aroot Road, Saligramam,
Chennai - 600 093.
Ph : 4271 8146

Clinic :
33, Arya Gowder Road,
West Mambalam,
Chennai - 600 033.
Ph : 2489 1252

Tagore Dental College and hospital
Department of Prosthodontics and Crown & Bridge

BASIC IMPLANTOLOGY COURSE - I
Attendance certificate

DATE: 22.03.2017

Sr.No.	Participant Name	Signature
1.	ALAGESHWARAN VIGNESH	
2.	ANUSHEEYA.K	
3.	ARTHISRI	
4.	CHIMERA.J	
5.	DURGA DEVI.T.B.	
6.	NASEENA FATHIMA	
7.	NIVEDHA.M	
8.	NOURAH ABDUL KADER	
9.	SHARMILA	
10.	SUBHIKSHA.K.C	
11.	SUDHA.R	
12.	SUGANYA.R	


COURSE IN-CHARGE


PRINCIPAL

Dr. CHITRAA R. CHANDRAN
PRINCIPAL,
TAGORE DENTAL COLLEGE AND HOSPITAL
RATHINAMANGALAM, VANDALUR POST,
MELAKOTTAIYUR, CHENNAI-600 127.

STUDENT'S REGISTRATION FORM

Tagore Dental College and hospital
Department of Prosthodontics and Crown & Bridge

BASIC IMPLANTOLOGY COURSE - I
Registration form

Title of the course: BASIC IMPLANTOLOGY COURSE-I

Date of the course: 22-03-2017

Dental college affiliation: TAGORE DENTAL COLLEGE & HOSPITAL (Aff. to

Dr. MGR Medical University)

Applicant's information

- Name: ALAGESWARAN VIGINESH.S.
- Qualification: CRRI/B.D.S/M.D.S.
- Age/Sex: 22 years / MALE
- Date of birth: 30-10-1994
- Residential address: NO. 6/9, K.K. NAGAR 7TH STREET,
NANGANALLUR,
CHENNAI-114

- Mobile No: 9597960812
- Alternative contact no: 9791696962
- E-mail id: alages301094@gmail.com
- DCI Reg No & State:
- University registration No:

Payment Details

- Cash
- Cheque
 - Cheque no:
 - Bank: Axis Bank
 - Branch: Nanganallur.
 - Issue Date:


Applicant's signature


Course in-Charge

Tagore Dental College and hospital
Department of Prosthodontics and Crown & Bridge

BASIC IMPLANTOLOGY COURSE - I
Registration form

Title of the course: *BASIC IMPLANTOLOGY.*

Date of the course: *22-03-2017*

Dental college affiliation: *TAGORE DENTAL COLLEGE (Aff. to Dr. MGR Medical University)*

Applicant's information

- Name: *ANUSHEEYA-K.*
- Qualification: *CRR1/B.D.S/M.D.S.*
- Age/Sex: *22/F*
- Date of birth: *10-04-1995*
- Residential address: *DOOR.No-3/50A,*
[HOSTEL] APPATTUVILAK,
THUCKALAY (POST) /
KANYAKUMARI DISTRICT.

- Mobile No: *9942019444.*
- Alternative contact no:
- E-mail id:
- DCI Reg No & State:
- University registration No:
- Payment Details
 - Cash
 - Cheque
 - Cheque no:
 - Bank:
 - Branch:
 - Issue Date:

Anusheeya K
Applicant's signature

A. Thiruv
Course in-Charge

Tagore Dental College and hospital
Department of Prosthodontics and Crown & Bridge

BASIC IMPLANTOLOGY COURSE - I
Registration form

Title of the course: *BASIC IMPLANTOLOGY COURSE - I*

Date of the course: *22.3.2017*

Dental college affiliation: *Tagore Dental College & Hospital*
(Aff. to MGR Medical University)

Applicant's information

- Name: *ARTH SRI . A . S*
- Qualification: *CRR1/B.D.S/M.D.S.*
- Age/Sex: *21 Years . Female*
- Date of birth: *31.10.1994*
- Residential address: *Plot No. 176A, Flat No. A3,
RRT Flats, Alayalokam
Perumal Koil Street,
Chennai - 600116.*

- Mobile No: *9841680665*
- Alternative contact no: *9841690665*
- E-mail id: *thillaarthisri@yahoo.com*
- DCI Reg No & State:
- University registration No:
- Payment Details
 - Cash
 - Cheque
 - Cheque no:
 - Bank:
 - Branch:
 - Issue Date:

B. Arthi Sri
Applicant's signature

d. Shun
Course in-Charge

Tagore Dental College and hospital
Department of Prosthodontics and Crown & Bridge

BASIC IMPLANTOLOGY COURSE - I
Registration form

Title of the course: **BASIC IMPLANTOLOGY COURSE-I**

Date of the course: **22.03.17**

Dental college affiliation: **TAGORE DENTAL COLLEGE & HOSPITAL.**

Applicant's information **CAY. to Dr. MGR Medical University.**

- Name: **J. CHIMERA**
- Qualification: **CRR1/B.D.S/M.D.S.**
- Age/Sex: **21 FEMALE**
- Date of birth: **13 MAY 1995**
- Residential address: **6/9 GANGA NAGAR,
SHIRUVOTTIYUR,
CHENNAI -19.**

- Mobile No: **9566182941.**
- Alternative contact no: **9445716731**
- E-mail id: **chimerajokerio@gmail.com.**
- DCI Reg No & State:
- University registration No:

• Payment Details

Cash

Cheque

- Cheque no:
- Bank: **SYNDICATE BANK.**
- Branch: **T. NAGAR**
- Issue Date: **1ST APRIL.**


Applicant's signature


Course in-Charge

Tagore Dental College and hospital
Department of Prosthodontics and Crown & Bridge

BASIC IMPLANTOLOGY COURSE - I
Registration form

Title of the course: *BASIC IMPLANTOLOGY COURSE - I*

Date of the course: *22.03.17*

Dental college affiliation: *TAGORE DENTAL COLLEGE AND HOSPITAL (Aff. to*

Dr. MGR Medical University

Applicant's information

- Name: *DURGA DEVI T.B*
- Qualification: *CRRi/B.D.S/M.D.S.*
- Age/Sex: *21 / Female*
- Date of birth: *20.01.1995*
- Residential address: *NO: 7/14, BAJANAI KOIL 4TH STREET,
RAJESHWARI APP. (F-BLOCK), CHOLLAIMEDU, CHENNAI-600 094*

- Mobile No: *9840285698*
- Alternative contact no: *9894692341*
- E-mail id: *tweetdurgadevi@gmail.com*
- DCI Reg No & State:
- University registration No:
- Payment Details

- Cash
- Cheque
 - Cheque no:
 - Bank:
 - Branch:
 - Issue Date:

Durgadevi

Applicant's signature

d. h. h.

Course in-Charge

Tagore Dental College and hospital
Department of Prosthodontics and Crown & Bridge

BASIC IMPLANTOLOGY COURSE - I
Registration form

Title of the course: *BASIC IMPLANTOLOGY COURSE*

Date of the course: *22/3/17*

Dental college affiliation: *Tagore dental college (Aff. to Dr.MGR Medical University)*

Applicant's information

- Name: *M. NASEEMA FATHIMA*
- Qualification: *CRRI/B.D.S/M.D.S.*
- Age/Sex: *22/F*
- Date of birth: *24.02.1995*
- Residential address:

*Tagore dental college,
girl's hostel,
Chennai.*

- Mobile No: *9765503420*
- Alternative contact no: *9842379224*
- E-mail id:
- DCI Reg No & State:
- University registration No:
- Payment Details

- Cash
- Cheque

NET TRANSFERRING

- Cheque no:
- Bank:
- Branch:
- Issue Date:

Naseema fathima

Applicant's signature

J. h...

Course in-Charge

Tagore Dental College and hospital
Department of Prosthodontics and Crown & Bridge

BASIC IMPLANTOLOGY COURSE - I
Registration form

Title of the course: *Basic Implantology course.*

Date of the course: *22/3/17*

Dental college affiliation: *Tagore Dental College. (Aff. to Dr. MGR Medical University)*

Applicant's information

- Name: *Nivedha.M*
- Qualification: *CRR1/B.D.S/M.D.S.*
- Age/Sex: *22/F*
- Date of birth: *21/3/1995.*
- Residential address: *Girls hostel,
Tagore Dental College and hospital,
Rathinamangalan,
Chennai - 600127.*

- Mobile No: *9600600804.*
- Alternative contact no:
- E-mail id: *nlv654@gmail.com.*
- DCI Reg No & State:
- University registration No:

Payment Details

- Cash
- Cheque
 - Cheque no:
 - Bank:
 - Branch:
 - Issue Date:

Nivedha
Applicant's signature

d.huel
Course in-Charge

Tagore Dental College and hospital
Department of Prosthodontics and Crown & Bridge

BASIC IMPLANTOLOGY COURSE - I
Registration form

Title of the course: **BASIC IMPLANTOLOGY COURSE - I**

Date of the course: **22-03-2017**

Dental college affiliation: **TAGORE DENTAL COLLEGE Aff. to Dr. MGR Medical University)**

Applicant's information

- Name: **NOURAH ABDUL KADER**
- Qualification: **CRRI/B.D.S/M.D.S.**
- Age/Sex: **22/F**
- Date of birth: **12-09-1994**
- Residential address:

**11-A, MG Road, Shashi Nagar,
1st Main road, Keerini Flats, Door no.: 30,
Adyar, Ch-20**

- Mobile No: **9962433378**
- Alternative contact no: **8198717353**
- E-mail id: **nourahkader123@gmail.com**
- DCI Reg No & State:
- University registration No:
- Payment Details

- Cash
- Cheque
- Cheque no:
- Bank:
- Branch:
- Issue Date:


Applicant's signature


Course in-Charge

Tagore Dental College and hospital
Department of Prosthodontics and Crown & Bridge

BASIC IMPLANTOLOGY COURSE - I
Registration form

Title of the course: *BASIC IMPLANTOLOGY COURSE - I*

Date of the course: *22.03.2017*

Dental college affiliation: *Tagore Dental College & Hospital
(Aff. to Dr. MGR Medical University)*

Applicant's information

- Name: *SHARMILAA. B.*
- Qualification: CRRI/B.D.S/M.D.S.
- Age/Sex: *24 Years. Female*
- Date of birth: *08-06-1998.*
- Residential address: *No. 20, B2, Sai Durbar,
415 Main Road, New Colony,
Chrompet,
Chennai - 600044.*

- Mobile No: *9551722724*
- Alternative contact no:
- E-mail id: *sharmibala36@gmail.com*
- DCI Reg No & State:
- University registration No:
- Payment Details
 - Cash
 - Cheque
 - Cheque no:
 - Bank:
 - Branch:
 - Issue Date:

B. Sharmila

Applicant's signature

[Signature]

Course in-Charge

Tagore Dental College and hospital
Department of Prosthodontics and Crown & Bridge

BASIC IMPLANTOLOGY COURSE - I
Registration form

Title of the course: *BASIC IMPLANTOLOGY COURSE*

Date of the course: *22.3.2017*

Dental college affiliation: *TAGORE DENTAL COLLEGE & HOSPITAL (Aff. to
Dr. MGR Medical
University)*

Applicant's information

- Name: *K.C. SUBHIKSHA*
- Qualification: *CRRI/B.D.S/M.D.S. - CRRI*
- Age/Sex: *22 years / FEMALE*
- Date of birth: *21.04.1995*
- Residential address: *" SOUNDIRA ENCLAVE "*
*2, ANANTHARAMAN STREET, RADHA NAGAR,
CHROMEPET, CHENNA-44.*

- Mobile No: *9791132395*
- Alternative contact no: *9841376802*
- E-mail id: *subhiksha.kc@gmail.com*
- DCI Reg No & State:
- University registration No:
- Payment Details
 - Cash
 - Cheque
 - Cheque no:
 - Bank: *INDIAN OVERSEAS BANK*
 - Branch: *STATION ROAD EAST*
 - Issue Date:

K.C. Subhiksha
Applicant's signature

[Signature]
Course in-Charge

Tagore Dental College and hospital
Department of Prosthodontics and Crown & Bridge

BASIC IMPLANTOLOGY COURSE - I
Registration form

Title of the course: BASIC IMPLANTOLOGY COURSE

Date of the course: 22nd March 2017

Dental college affiliation: TAGORE DENTAL COLLEGE AND HOSPITAL (Aff. to Dr. MTR Medical University)

Applicant's information

- Name: SUDHA.R.
- Qualification: CRRI/B.D.S/M.D.S.
- Age/Sex: 22/F
- Date of birth: 22/12/1994
- Residential address:

1/64, PONNIAMMAN KOIL STREET, SUBRANANIYAM NAGAR,
JYAPANTHANGAL, CH-56

- Mobile No: ~~800080~~ 8680095689
- Alternative contact no: 9710604237
- E-mail id: Sudha.r1994bds@gmail.com
- DCI Reg No & State:
- University registration No: 541219089

Payment Details

- Cash
- Cheque
 - Cheque no:
 - Bank:
 - Branch:
 - Issue Date:

Net banking - Axis Bank

Applicant's signature




Course in-Charge

Tagore Dental College and hospital
Department of Prosthodontics and Crown & Bridge

BASIC IMPLANTOLOGY COURSE - I
Registration form

Title of the course: BASIC IMPLANTOLOGY

Date of the course: 22.03.2017

Dental college affiliation: TAGORE DENTAL COLLEGE. (Aff. to Dr.MGR Medical University)

Applicant's information

- Name: SUGANYA R
- Qualification: CRRI/B.D.S/M.D.S.
- Age/Sex: 22/F
- Date of birth: 24.05.1994
- Residential address:

PLOT NO-6, DOOR NO-1, ARTHI FLATS,
CHINMAYA COLONY, RAJAKILPAKAM,
CHENNAI - 600 073.

- Mobile No: 9092498177
- Alternative contact no: 8870380299
- E-mail id: suganyaramu94@gmail.com
- DCI Reg No & State:
- University registration No:
- Payment Details NET TRANSFERRING.
 - Cash
 - Cheque BANK - TMB Tambaram branch.
 - Cheque no:
 - Bank:
 - Branch:
 - Issue Date:


Applicant's signature


Course in-Charge



TAGORE DENTAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur (post), Chennai - 600 0127. Ph : 044-30102222
E-mail : tagoredch@gmail.com Web site : www.tagoredch.com

Regd. Office : No.29, Mahalingapuram Street, Mahalingapuram, Chennai - 600 017. Ph : 044-28173772 / 28175144

Dr. Chitraa R. Chandran, M.D.S.,
Principal
Professor & Head of Periodontics

Dt : 3/08/2017
Chennai

To,
The Registrar,
The Tamil Nadu Dental Council,
Arihanth Towers,
Koyambedu,
Chennai.

Sub: Request for CDE Credit Points

Respected sir/Madam,

As we are conducting the "Basic Implantology course" for the CRRI's in Tagore dental college and hospital. I hereby request you to recognise the course and provide the CDE Credit points.

Academic hours will be spent by the participants:

Lecture: 26 hours

Live surgical Demo: 2 hour

Hands on: 2 hours

Surgical placement of Implant by the participants: 16 hours

Thanking you,

Yours sincerely,

Note: Details of the program is enclosed.


PRINCIPAL

Residence :
Flat 4AB, Block II, Sidharth Heights,
55, Arcot Road, Saligramam,
Chennai - 600 093.
Ph : 4271 8146

Dr. CHITRAA R. CHANDRAN
Clinic : PRINCIPAL
38, Arya Gowder Road,
TAGORE DENTAL COLLEGE AND HOSPITAL
RATHINAMANGALAM, VANDALUR POST,
MELAKKOTTAIYUR, CHENNAI-600 033.
Ph : 2489 1252

Tagore Dental College and hospital
Department of Prosthodontics and Crown & Bridge

BASIC IMPLANTOLOGY COURSE - I
CASE SHEET

Serial No: Register No:
Name: Age / Sex:
Address: Contact numbers:
Res:
Off:
Mobile:
E-mail:

Chief complaint:

Clinical History:

Medical History:

Diabetes mellitus: Hypertension:
Blood Dyscrasias: Cardiac problems:
H/O Jaw fracture or Jaw lesions: Neural disorders:
Exposure to Radiation: Chemotherapy:
Any drug intake: Other disorder / disability:

Habits:

Smoking: Duration

Alcohol:

Betel nut chewing:

Brushing:

Clinical Examinations:

BP:

Pulse:

Mouth opening:

State of Edentulousness:

Partially Edentulous:

Kennedy's Classification:

Class I Class II Class III Class IV

Missing Tooth / Teeth:

Completely Edentulous:

Maxilla Mandible: Both jaws:

Skeletal Jaw Relationship:

Class I Class II Class III

Investigations:

A. Radiological

IOPA: OPG: CT:

Others:

B. Laboratory :

Blood Sugar:

HB:

Others:

Pre-treatment Evaluation:

A. Clinical Examination :

Nature soft tissue:

Conditions of standing teeth:

Oral Hygiene:

Alveolar ridge conditions:

Other Observations:

B. Study Model:

Mesio-distal Width:

Inter – occlusal gap:

C. Radiographic:

Available Bone Height:

Relations of anatomical structures:

Available Bone density (if CT available):

Pre – Treatment Procedure:

(A) Surgical Stent :

Blow down stent:

Modified Partial Denture:

Modified complete denture:

(B) Available bone width by Bone mapping :

(C) Other Observation:

(D) Bone Augmentation Procedure :

Done	not done:	If done: Horizontal	Vertical
Source of bone graft:		Autogenous	
Alloplastic			

Treatment Plan:

(A) Total No of implants :

(B) Site & Size & Type :

(C) Single / Two Stage :

(D) Any adjacent procedure :

Surgical procedure:

Follow – up:

A. Clinical

1 month 3 month 6 month 12 month 24 month

Plaque index

B. Radiographic

Vertical bone loss

Any other Radiolucency

Status of osseointegration

C. Mobility of implant

D. Patient's satisfaction

Pain / Discomfort

Aesthetics

Other Problems:

Prosthetic Rehabilitation:

Healing collar (specific type):

Provisional prosthesis provided:

Implant transfer used:

Impression technique:

Impression material used:

Abutment / implant analogue:

Final abutment:

Final Prosthesis:

Crown

Bridge

Over denture

Hybrid

Material Used:

Ceramic PFM

All ceramic

IMPLANT SURGERY CONSENT FORM

The Implant surgery procedure has been explained to me and I understand what is necessary to accomplish the placement of the implant under the gum or in the bone. The Dr./s have carefully examined me. To my knowledge, I have given an accurate report of my health history. Any prior allergic or unusual reactions to drugs, foods, insect bites, anesthetics, pollen, dusts, blood or blood disease, gum or skin reactions, abnormal bleeding or any other conditions concerning my health are included.

I was informed of other methods that would replace missing teeth. I have tried or considered these methods and I prefer an implant(s) to help secure the replaced missing teeth.

I understand that any of the following may occur: bone disease, loss of bone and / or gum tissue inflammation, swelling infection, sensitivity, looseness of teeth, followed by necessity of extraction. Also, possible are temporomandibular joint problems, headaches. Referred pains to the back of the neck and facial muscles, and tired muscles when chewing I understand that if conventional removable dentures are used, I may suffer injury to and / or loss teeth and bone as well.

The Dr./ s have explained to me that there is no method to accurately predict the gum and bone healing capabilities in each patient following the placement of an implant . I understand that smoking, alcohol ,or departures form acceptable dietary practices may affect gum healing and may limit the success of the implant(s) , I agree to follow home care and diet recommendations per his/her instructions, I agree to report for check-ups as instructed. A reasonable fee will be made for any reason, at the discretion of the Dr./ s, it is deemed that the implant is not serving properly, it is agreed that the implant will be removed . It will be replaced with conventional prostheses or another implant, depending on the decision of the Dr./ s.

I have been informed and understand that occasionally there are complications of surgery, drugs and / or anesthesia, pain, swelling, infection, discoloration and numbness of the lip , chin , face , tongue , cheek , or teeth may occur , the exact duration of which may not be determined. The numbness may be irreversible, Also possible are inflammation of vein, injury to teeth if present, bone fractures, nasal or sinus penetration, delayed healing and allergic reactions. It has been explained to me that implants may fail and must be removed.

With full understanding, I authorize the Dr./ s to perform dental services for me, including implants and other surgery. I agree to the type of anesthesia chosen, I agree not to operate a motor vehicle or other hazardous devices for 24hrs or until fully recovered from the effects of the anesthesia or drugs given for my care, whichever is longer.

I authorize photos, slides videos, x-rays or any other viewing of my care and treatment during its progress to be used for the advancement of dentistry, I approve any modifications in designs, materials, or care if in the professional judgment of the Dr./ s it is in my best interests.

I agree to participate as a subject in the research done by Dr.Narasimman in Ragas dental college and hospital and agreed to come for regular review as required in this study.

I understand that there is no warranty or guarantee as to any result. I am further advised that I can get additional explanations of risks before or during the progress of my treatment merely be asking.

The procedure and its risk have been explained to me by attending dentist.

Signature of Patient

Date:

Signature of the Dentist

Date:

Impartial witness

1.

2.

TAMIL NADU DENTAL COUNCIL

(Statutory Body constituted under The Dentists Act, 1948)

Ph : 044-23638476
Fax : 044-43201213
E-mail : tndental107@gmail.com
Website : www.tndentalcouncil.org

Arihant Majestic Towers,
5-0-3, # 216, J. N. Salai,
Koyambedu,
Chennai – 600 107

Ref.No.TNDC/TDCH/161/CDE-P/17

Sep 18, 2017

To
Dr Chitraa R Chandran
Principal
Tagore Dental College & Hospital,
Chennai – 600 127.

Madam,

Sub :- Your request for allocation of CDE points for your CDE programme – Reg.

Ref :- Your letter dated 18.09.17.

With reference to your letter cited, it is informed that 05 (Five) points are allotted to your following CDE programme :-

CDE Programme :- "Live Clinical Programme"

Date :- 25th October 2017

You are requested to include the following information in the CDEP certificate to be issued to the participating dentists.

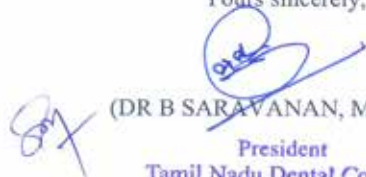
1. *TNDC approval No. 161/17*

2. *TNDC Regn. No. :-*

3. *Credit points: - 05*

Kindly send a draft format of the CDEP Certificate incorporating the above particulars to this Office. You are requested to send the attendance particulars with (i) Registration Numbers and (ii) Signatures of dentists of this Council to this Office within 2 weeks after conduct of the said CDE programme. In the attendance list, if the signature of any dentist is not found, the credit points will not be given to that dentist. Strict compliance to the above is mandatory to permit allocation of CDE credit points to future programmes, conducted by you / your organisation.

Yours sincerely,


(DR B SARAVANAN, MDS, Ph.D.,)
President
Tamil Nadu Dental Council
Chennai-107.

TAMIL NADU DENTAL COUNCIL

(Statutory Body constituted under The Dentists Act, 1948)

Ph : 044-23638476
Fax : 044-43201213
E-mail : tndental107@gmail.com
Website : www.tndentalcouncil.org

Arihant Majestic Towers,
5-0-3, # 216, J. N. Salai,
Koyambedu,
Chennai – 600 107

Ref.No.TNDC/TDCH/162/CDE-P/17

Sep 21, 2017

To
Dr Chitraa R Chandran
Principal
Tagore Dental College & Hospital,
Chennai – 600 127.

Madam,

Sub :- Your request for allocation of CDE points for your CDE programme – Reg.

Ref :- Your letter dated 21.09.17.

With reference to your letter cited, it is informed that following points are allotted to your following CDE programme :-

CDE Programme :- "Live Surgical Program & Student Convention"

Date :- 28th November 2017 – 05 points
29th November 2017 – 06 points

You are requested to include the following information in the CDEP certificate to be issued to the participating dentists.

1. *TNDC approval No. 162/17*
2. *TNDC Regn. No. :-*
3. *Credit points: - as above*

Kindly send a draft format of the CDEP Certificate incorporating the above particulars to this Office. You are requested to send the attendance particulars with (i) Registration Numbers and (ii) Signatures of dentists of this Council to this Office within 2 weeks after conduct of the said CDE programme. In the attendance list, if the signature of any dentist is not found, the credit points will not be given to that dentist. Strict compliance to the above is mandatory to permit allocation of CDE credit points to future programmes, conducted by you / your organisation.

Yours sincerely,



(DR B SARAVANAN, MDS, Ph.D.,)

President
Tamil Nadu Dental Council
Chennai-107.

Dept. of Prosthodontics

Tagore Basic Implantology Course – 2017

1st Module assessment Test (50 Marks)

MCQ (20x1=20 marks) Short Notes (5x6=30 marks)

1. Best graft material in implant dentistry is classified as _____ bone.
 - a. autogenous
 - b. synthetic
 - c. allogenic
 - d. xenograft

2. Increased implant surface energy
 - a. improved biological activity
 - b. reduces biological activity
 - c. no effect
 - d. unknown

3. The osseointegration phenomena is so strong, therefore bruxism will not affect the implant longevity.
 - a. true
 - b. false
 - c. unrelated
 - d. inversely related

4. The most risky complication in implant surgery is
 - a. nerve injury
 - b. blood vessel injury
 - c. neither
 - d. both

5. Material used for implant surface grit blasting are
 - a. resorbable
 - b. biocompatible
 - c. osseointegrative
 - d. All the above

6. The _____ of implant fixture is more important than the height of the fixture
 - a. diameter
 - b. screw
 - c. thread design
 - d. collar

7. It is always recommended to wait _____ minimum before the implantation at extraction site in the posterior region.
 - a. 6 days
 - b. 6 weeks
 - c. 6 months
 - d. 6 hours

15. Clinical signs of osseointegration are all the following, except

- a. mobility
- b. clear sound on percussion
- c. no parasthesia
- d. no pain

16. Osteoid around a healing implant is rich in all, except

- a. calcium
- b. phosphorous
- c. fluoride
- d. osteopontin

17. Factors affecting osseointegration are all except

- a. metabolic diseases
- b. diabetes
- c. smoking
- d. none of the above

18. Biologic width around implants is

- a. 2mm
- b. 3mm
- c. 2-3mm
- d. 3-4mm

19. Thread designs are all except

- a. square
- b. u
- c. buttress
- d. v

20. The following are implant abutment attachments except

- a. internal hex
- b. external hex
- c. external taper
- d. spline

Short Notes

1. Diagnostic Criteria / Aids for Implant Placement
2. Components of Implant
3. Primary Stability
4. Cellular response during osseointegration
5. One Stage V/s Two Stage placement
6. MISCH bone classification

TAGORE BASIC IMPLANTOLOGY

S no.	NAMES	MODE OF PAYMENT	SIGNATURE
1.	ALAGESHWARAN VIGNESH.S <i>Dr. Navin.</i> 9597960812	Cheque	
2.	ANUSHEEYA.K 9942019444	Cash	
3.	ARTHI SRI A.S 9841680665	Cash	
4.	CHIMERA.J 9566182941	Cheque	
5.	DURGA DEVI T.B 9840285698	Cash	
6.	NASEEMA FATHIMA.M <i>Dr. Pradeep.</i> 9715503420 <i>+3</i>	Net transfer	
7.	NIVETHA.M 9600600804	Cash	
8.	NOURAH ABDUL KHADAR <i>Dr. Navin.</i> 9962433378 <i>+3</i>	Cash	
9.	SHARMILAA.B 9551722721	Cheque	
10.	SUBHIKSHA.K.C 9791132395	Cheque	
11.	SUDHA.R 8680095689	Net transfer	
12.	SUGANYA.R 9092498177	Net transfer	
13.	MOHAMED ASHIK RAHMAN.A.K		

INVOICES





Dental Materials | Instruments | Equipments
 No 16 Old No. 7, 5th Street, Jai Nagar,
 Arumbakkam Chennai: 600106,
 Ph: 7604884533 Ph :044 45554564
 E-mail: bpotracchennai@yahoo.co.in

ORIGINAL INVOICE

To, TAGORE DENTAL COLLEGE & HOSPITAL CHENNAI	P.O. No:		Date:
	D.C. No:	927	Date: 01.03.17
	Invoice No:	909	Date: 01.03.17
	Payment:	At The Earliest	

ALL CREDITS AND RETURNS ARE SUBJECTED TO THE DISCRETION OF BPO-TRAC


Item No	Material Description	Unit	Price/Pack	Extended price
1	GDC BP Handle Round 10-130 5EM	13 Nos	450	5850.00
2	GDC Needle Holder NHMH	13 Nos	300	3900.00
3	GDC Scissor Curved S16C	13 Nos	350	4550.00
4	GDC Periosteal Elevator P9	13 Nos	280	3640.00
5	GDC Tissue Forceps Toothed TP 46	13 Nos	225	2925.00
BPO-TRAC TIN: 33521024077			Sub Total:	20865.00
Company: CST: 821048/ Dt: 07-09-2004			VAT 5 %	1043.25
DL No: 3172/MZII/20B, 3336/MZII/21B, Dt:01-06-2012			Post & HDLG	
Please Pay	In Words : Twenty one thousand nine hundred and eight		In Figure	21908.25
This Amount	rupees twenty five paise only			

BPO-TRAC's sole responsibility in the event of any claimed defect is limited to the replacement of the materials or credit

of the purchase price. BPO-TRAC will not be responsible for any other claim for incidental and consequential damages.

For BPO-TRAC

Authorized Signatory

BILL OF SALES										
SUBJECT TO CHENNAI JURISDICTION Print Date & Time: 3-Mar-2017 12:30										
Confident Sales India Pvt Ltd - Chennai No.13, Velu Street,2nd Floor West Mumbalam Chennai, Tamil Nadu 600033 E-Mail :mshetty@giasmdof.vsnl.net.in Website : www.confidentonline.com TIN No.: 33751403851 CST No.: 898016 Dated 06-12-2007 Phone No.: 044 2474 0072					Head Office CONFIDENT SALES INDIA PVT. LTD., BANGALORE No.47, II Floor, Pete Channappa Indl. Estate Kamakshipalya, Magadi Main Road, Bangalore PIN - 560079, Karnataka, India, Ph-080-23002500 Email: sales_enquiry@confidentonline.com					
Buyer Address :					Invoice No. :		Date :			
TAGORE DENTAL COLLEGE, CHENNAI Rathina Mangalam, Vandalur, Phone No. : 28173144 TIN No. : Order Through : UDHAY KUMAR.R-CHENNAI					IN0125		CHEBS01700953		3-3-2017	
							Shipment No.		Date :	
							CHESH01701018		3-3-2017	
							Sales Order No.		Date :	
		CHEOE01701053		3-3-2017						
		Buyer's Order No.		Date :						
Despatch Through				Destination						
Company Name: MIS Implant Technologies Ltd.										
S.No.	Product Code	Description of Goods	Category	Qty	MRP	Rate	Disc(%)	Net Amt.		
1	MF513375	LANCE INTERNAL HEX.IMPLANT DIA.3.75 L 13 MM	INSTRUMENT	4.00 PCS	5,152.50	3,000.00		12,000.00		
2	MF511375	LANCE INTERNAL HEX.IMPLANT DIA.3.75 L 11.50 MM	INSTRUMENT	3.00 PCS	5,152.50	3,000.00		9,000.00		
3	MF510375	LANCE INTERNAL HEX.IMPLANT DIA.3.75 L 10 MM	INSTRUMENT	3.00 PCS	5,152.50	3,000.00		9,000.00		
4	MF510420	LANCE INTERNAL HEX.IMPLANT DIA.4.20 L 10 MM	INSTRUMENT	3.00 PCS	5,152.50	3,000.00		9,000.00		
5	MF513420	LANCE INTERNAL HEX.IMPLANT DIA.4.20 L 13 MM	INSTRUMENT	1.00 PCS	5,152.50	3,000.00		3,000.00		
6	MF511420	LANCE INTERNAL HEX.IMPLANT DIA.4.20 L 11.50 MM	INSTRUMENT	1.00 PCS	5,152.50	3,000.00		3,000.00		
7	MDCPH13	DIRECT PLASTIC CYLINDER INTERNAL HEX. WITH HEX	INSTRUMENT	15.00 NO	1,007.60	733.33		10,999.95		
NET TOTAL								55,999.95		
Output Vat @ 5 %								2,800.00		
Round Off								0.05		
TOTAL								58,800.00		
E. & O. E										
Amount in Words :										
INR Fifty Eight Thousand Eight Hundred Only										
FORM VAT 515 No.:										
Remarks : GOODS ONCE SOLD CANNOT BE TAKEN BACK OR EXCHANGED										
For CONFIDENT SALES INDIA PVT LTD - CHENNAI										
Declaration:										
We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.										
								 Authorised Signatory / Competent Person		
'This is a Computer Generated Invoice'										

RETAIL INVOICE/TAX INVOICE

M J K ENTERPRISES 5, NETHAJI STREET THARAMANI CHENNAI-600113 TAMILNADU CONTACT: 7373355351 E.mail: Jaipugazh7@gmail.com		Invoice no. MAR/2016-17/003	Dated. 08-MAR-2017	
		Supplier's Ref. -nill-	Other Reference. -nill-	
		Document no. -nill-	Dated. -Nill-,	
Buyer TAGORE DENTAL COLLEGE AND HOSPITAL RATHINAMANGALAM		Despatched through	Destination	
		Mode of payment.		
S.No	Description of goods	Rate	Quantity	Amount
1	NORIS IMPRESSION COPING	1,100	13	14300.00
2	NORIS IMPLANT ANALOG	600	13	7800.00
3	NORIS HEALING ABUTMENT	600	13	7800.00
	VAT@5%			1495.00
	Total			31395.00
Amount chargeable (in words) Thirty one thousand three hundred and ninety five rupees only				
Company's VAT TIN : 33786415600				
Declaration: We declare that this invoice shows the actual price of Goods described and that all particulars are true and correct. All disputes are subject to Tamilnadu jurisdiction.				
			For MJK ENTERPRISES  Authorised signatory	

Tax Invoice

MEDIBLUE HEALTHCARE PVT LTD - (2016-2017) Plot No 83,H No 5-35/198/2, Shaktipuram,Prashanti Nagar IE Kukatpally Hyderabad - 500 072 CIN: U24233AP2011PTCO72224 Contact : 040-23075571,+91 9505875577,+91 8801944598 E-Mail : nasim@mediblueworld.com	Invoice No. 1611	Dated 27-Mar-2017
	Delivery Note PAID DOOR DELIVERY	Mode/Terms of Payment IMMEDIATE
Consignee TAGORE DENTAL COLLEGE & HOSPITAL RATHNAMANGALAM VANDALUR , CHENNAI CHENNAI - 600 031 PHONE : 044 28362299	Supplier's Ref.	Other Reference(s)
	Buyer's Order No. CH/29/MB	Dated 23-Feb-2017
Buyer (if other than consignee) TAGORE DENTAL COLLEGE & HOSPITAL RATHNAMANGALAM VANDALUR , CHENNAI CHENNAI - 600 031 PHONE : 044 28362299	Despatch Document No.	Delivery Note Date 27-Mar-2017
	Despatched through TRANSPORT	Destination CHENNAI
Terms of Delivery		

SI No.	No. & Kind of Pkgs.	Description of Goods	Quantity	Rate	per	Amount
1		General Surgery Kit	30 Nos	200.00	Nos	6,000.00
		C S T @ 5 %			5 %	300.00
Total			30 Nos			6,300.00 ₹

Amount Chargeable (in words) E. & O.E
Six Thousand Three Hundred INR Only

Declaration We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.	Company's Bank Details Bank Name : Kotak Mahindra Bank A/c No. : 0511324466 Branch & IFS Code : Kukatpally & KKBK0000560
Customer's Seal and Signature	for MEDIBLUE HEALTHCARE PVT LTD - (2016-2017) Authorised Signatory

SUBJECT TO HYDERABAD JURISDICTION
 This is a Computer Generated Invoice



Tax Invoice

MEDIBLUE HEALTHCARE PVT LTD - (2016-2017) Plot No 83,H No 5-35/198/2, Shaktipuram,Prashanti Nagar IE Kukatpally Hyderabad - 500 072 CIN: U24233AP2011PTCO72224 Contact : 040-23075571,+91 9505875577,+91 8801944598 E-Mail : nasim@mediblueworld.com		Invoice No. 1611	Dated 27-Mar-2017
Consignee TAGORE DENTAL COLLEGE & HOSPITAL RATHNAMANGALAM VANDALUR , CHENNAI CHENNAI - 600 031 PHONE : 044 28362299		Delivery Note PAID DOOR DELIVERY	Mode/Terms of Payment IMMEDIATE
Buyer (if other than consignee) TAGORE DENTAL COLLEGE & HOSPITAL RATHNAMANGALAM VANDALUR , CHENNAI CHENNAI - 600 031 PHONE : 044 28362299		Supplier's Ref.	Other Reference(s)
		Buyer's Order No. CH/29/MB	Dated 23-Feb-2017
		Despatch Document No.	Delivery Note Date 27-Mar-2017
		Despatched through TRANSPORT	Destination CHENNAI
		Terms of Delivery	

Sl No.	No. & Kind of Pkgs.	Description of Goods	Quantity	Rate	per	Amount
1		General Surgery Kit	30 Nos	200.00	Nos	6,000.00
		C S T @ 5 %			5 %	300.00
Total			30 Nos			6,300.00 ₹

Amount Chargeable (in words) E. & O.E
Six Thousand Three Hundred INR Only

Declaration We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.	Company's Bank Details Bank Name : Kotak Mahindra Bank A/c No. : 0511324466 Branch & IFS Code : Kukatpally & KKBK0000560
--	---

Customer's Seal and Signature	for MEDIBLUE HEALTHCARE PVT LTD - (2016-2017) Authorised Signatory
-------------------------------	--

SUBJECT TO HYDERABAD JURISDICTION

This is a Computer Generated Invoice

3

BPO-TRAC

Dental Materials | Instruments | Equipments

No 16 Old No. 7, 5th Street, Jai Nagar,

Arumbakkam Chennai: 600106,

Ph: 7604884533 Ph :044 45554564

E-mail: bpotracchennai@yahoo.co.in

ORIGINAL INVOICE

To, TAGORE DENTAL COLLEGE & HOSPITAL CHENNAI	P.O. No:		Date:
	D.C. No:	927	Date: 01.03.17
	Invoice No:	909	Date: 01.03.17
	Payment:	At The Earliest	

ALL CREDITS AND RETURNS ARE SUBJECTED TO THE DISCRETION OF BPO-TRAC

Item No	Material Description	Unit	Price/Pack	Extended price
1	GDC BP Handle Round 10-130 5EM	13 Nos	450	5850.00
2	GDC Needle Holder NHMH	13 Nos	300	3900.00
3	GDC Scissor Curved S16C	13 Nos	350	4550.00
4	GDC Periosteal Elevator P9	13 Nos	280	3640.00
5	GDC Tissue Forceps Toothed TP 46	13 Nos	225	2925.00
BPO-TRAC TIN: 33521024077			Sub Total:	20865.00
Company: CST: 821048/ Dt: 07-09-2004			VAT 5 %	1043.25
DL No: 3172/MZII/20B, 3336/MZII/21B, Dt:01-06-2012			Post & HDLG	
Please Pay	In Words : Twenty one thousand nine hundred and eight		In Figure	21908.25
This Amount	rupees twenty five paise only			


BPO-TRAC's sole responsibility in the event of any claimed defect is limited to the replacement of the materials or credit

of the purchase price. BPO-TRAC will not be responsible for any other claim for incidental and consequential damages.

For BPO-TRAC

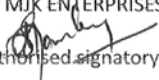

 Authorized Signatory

4

BILL OF SALES								
SUBJECT TO CHENNAI JURISDICTION Print Date & Time: 3-Mar-2017 12:30								
Confident Sales India Pvt Ltd - Chennai No.13, Velu Street,2nd Floor West Mumbalam Chennai, Tamil Nadu 600033 E-Mail :mshetty@giasmdol.vsnl.net.in Website : www.confidentonline.com TIN No.: 33751403851 CST No.: 898016 Dated 06-12-2007 Phone No.: 044 2474 0072					Head Office CONFIDENT SALES INDIA PVT. LTD., BANGALORE No.47, II Floor, Pete Channappa Indl. Estate Kamakshipalya, Magadi Main Road, Bangalore PIN - 560079, Karnataka, India, Ph-080-23002500 Email: sales_enquiry@confidentonline.com			
Buyer Address : TAGORE DENTAL COLLEGE, CHENNAI Rathina Mangalam, Vandalur, Phone No. : 28173144 TIN No. : Order Through : UDHAY KUMAR.R-CHENNAI					Invoice No. : CHEBS01700953		Date : 3-3-2017	
					Shipment No. CHESH01701018		Date : 3-3-2017	
					Sales Order No. CHEOE01701053		Date : 3-3-2017	
					Buyer's Order No.		Date :	
					Despatch Through		Destination	
Company Name: MIS Implant Technologies Ltd.								
Sl.No.	Product Code	Description of Goods	Category	Qty	MRP	Rate	Disc(%)	Net Amt.
1	MF513375	LANCE INTERNAL HEX.IMPLANT DIA.3.75 L 13 MM	INSTRUMENT	4.00 PCS	5,152.50	3,000.00		12,000.00
2	MF511375	LANCE INTERNAL HEX.IMPLANT DIA.3.75 L 11.50 MM	INSTRUMENT	3.00 PCS	5,152.50	3,000.00		9,000.00
3	MF510375	LANCE INTERNAL HEX.IMPLANT DIA.3.75 L 10 MM	INSTRUMENT	3.00 PCS	5,152.50	3,000.00		9,000.00
4	MF510420	LANCE INTERNAL HEX.IMPLANT DIA.4.20 L 10 MM	INSTRUMENT	3.00 PCS	5,152.50	3,000.00		9,000.00
5	MF513420	LANCE INTERNAL HEX.IMPLANT DIA.4.20 L 13 MM	INSTRUMENT	1.00 PCS	5,152.50	3,000.00		3,000.00
6	MF511420	LANCE INTERNAL HEX.IMPLANT DIA.4.20 L 11.50 MM	INSTRUMENT	1.00 PCS	5,152.50	3,000.00		3,000.00
7	MDCPH13	DIRECT PLASTIC CYLINDER INTERNAL HEX. WITH HEX	INSTRUMENT	15.00 NO	1,007.60	733.33		10,999.95
NET TOTAL								55,999.95
Output Vat @ 5 %								2,800.00
Round Off								0.05
TOTAL								58,800.00
E. & O. E								
Amount in Words : INR Fifty Eight Thousand Eight Hundred Only FORM VAT 515 No.: Remarks : GOODS ONCE SOLD CANNOT BE TAKEN BACK OR EXCHANGED <div style="text-align: right;">For CONFIDENT SALES INDIA PVT LTD - CHENNAI</div>								
Declaration: We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.								
							 Authorized Signatory / Competent Person	
'This is a Computer Generated Invoice'								

5

RETAIL INVOICE/TAX INVOICE

M J K ENTERPRISES S,NETHAJI STREET THARAMANI CHENNAI-600113 TAMILNADU CONTACT:7373355351 E.mail:Jaipugazh7@gmail.com		Invoice no.MAR/2016-17/003	Dated.08-MAR-2017	
		Supplier's Ref .-nil-	Other Reference. -nil-	
		Document no. -nil-	Dated. -Nil-	
Buyer TAGORE DENTAL COLLEGE AND HOSPITAL RATHINAMANGALAM		Despatched through	Destjnation	
		Mode of payment.		
S.No	Description of goods	Rate	Quantity	Amount
1	NORIS IMPRESSION COPING	1,100	13	14300.00
2	NORIS IMPLANT ANALOG	600	13	7800.00
3	NORIS HEALING ABUTMENT	600	13	7800.00
		VAT@5%		1495.00
	Total			31395.00
Amount chargeable(in words) Thirty one thousand three hundred and ninety five rupees only Company's VAT TIN :33786415600 <u>Declaration:</u> We declare that this invoice shows the actual price of Goods described and that all particulars are true and correct. All disputes are subject to Tamilnadu jurisdiction.				
			For MJK ENTERPRISES  Authorised signatory	




Dental materials | Instruments | Equipments
 No 16 Old No. 7, 5th Street, Jai Nagar,
 Arumbakkam Chennai: 600106,
 Ph: 7604884533 , Fax:044 45554564
 E-mail: bpotraccennai@yahoo.co.in
DELIVERY CHALLAN

To, TAGORE DENTAL COLLEGE & HOSPITAL CHENNAI	Purchase Order No:	Date:
	Delivery Challan No:	Date:
	927	01.03.2017

All Credits and returns are subjected to the discretion of BPO-TRAC

Item No	Material Description	Unit/Pack	Quantity
1	GDC BP Handle Round 10-130 5EM		13Nos
2	GDC Needle Holder NHMH		13Nos
3	GDC Scissor Curved S16C		13Nos
4	GDC Periosteal Elevator P9		13Nos
5	GDC Tissue Forceps Toothed TP 46		13Nos

Remark

Received By:	For BPO-TRAC
Customer's Signature with Seal.	 Authorized Signatory.



Dental materials | Instruments | Equipments

No 16 Old No. 7, 5th Street, Jai Nagar,

Arumbakkam Chennai: 600106,

Ph: 7604884533 , Fax:044 45554564

E-mail:bpotraccennai@yahoo.co.in

DELIVERY CHALLAN

To, TAGORE DENTAL COLLEGE & HOSPITAL CHENNAI	Purchase Order No:	Date:
	Delivery Challan No:	Date:
	927	01.03.2017

All Credits and returns are subjected to the discretion of BPO-TRAC

Item No	Material Description	Unit/Pack	Quantity
1	GDC BP Handle Round 10-130 5EM		13Nos
2	GDC Needle Holder NHMH		13Nos
3	GDC Scissor Curved S16C		13Nos
4	GDC Periosteal Elevator P9		13Nos
5	GDC Tissue Forceps Toothed TP 46		13Nos

Remark

Received By:	For BPO-TRAC
Customer's Signature with Seal.	Authorized Signatory.



Esthetic Dental Creations
 New No;5,Old No;2/2,1st Floor,Mahalingam, 1st Cross
 Street, Mahalingapuram, Chennai - 600034.
 Phone: 04442139431. Mobile: 9840080151.
 EmailID: edcchennai@gmail.com.

GSTIN:33AMOPT7363B1ZU

INVOICE

To M/s.Tagore Dental College Chennai -				Invoice No: EDC16-17/83 Invoice Date: 31-Oct-17 HSN Code:		
Ord.No./Date	O.Form.No	Product Name	Notation	Units	Rate	Total(₹)
EDC16-17/111 16-Sep-17	111	Implant-PFM Crown	3	1	1,250.00	1,250.00
C.name/Hosp No :		Patient:				
EDC16-17/112 16-Sep-17	112	Implant-PFM Crown	6 6	2	1,250.00	2,500.00
C.name/Hosp No :		Patient:				
EDC16-17/113 16-Sep-17	113	Implant-PFM Crown	6	1	1,250.00	1,250.00
C.name/Hosp No :		Patient:				
EDC16-17/114 16-Sep-17	114	Implant-PFM Crown	6	1	1,250.00	1,250.00
C.name/Hosp No :		Patient:				
EDC16-17/115 16-Sep-17	115	Implant-PFM Crown	2	1	1,250.00	1,250.00
C.name/Hosp No :		Patient:				
EDC16-17/138 24-Aug-17	138	Implant-PFM Crown	3	1	1,250.00	1,250.00
C.name/Hosp No :		Patient:				
EDC16-17/154 20-Sep-17	154	Implant-PFM Crown	4	1	1,250.00	1,250.00
C.name/Hosp No :		Patient:Mr.Ramu				
EDC16-17/155 20-Sep-17	155	Implant-PFM Crown	6	1	1,250.00	1,250.00
C.name/Hosp No :		Patient:				
EDC16-17/181 23-Sep-17	181	Implant Milling Usage of castable Abutment	3 3	1 1	400.00 250.00	650.00
C.name/Hosp No :		Patient:				
EDC16-17/478 23-Aug-17	478	Implant-PFM Crown	3	1	1,250.00	1,250.00
C.name/Hosp No :		Patient:				
TOTAL UNITS				12		
Total Amount					13,150.00	
CGST@6%					789.00	
SGST@6%					789.00	
Previous Balance(`)					0.00	
Total Net Amount in words: Rupees Fourteen Thousand Seven Hundred Twenty-Eight only.				Round off Net Amount(₹) 14,728.00		
Bank Details						
NAME : Easthetic Dental Creations			BANK NAME : Axis Bank			
ACCOUNT NO: 911020013590889			IFSC : UTIB0000014			
BRANCH : T Nagar.						

STUDENT'S RECEIPTS



Tagore Dental College & Hospital

Rathinamangalam, Vandalore (Via)

Chennai - 600 048.

Phone No : 044 - 30102222

Admn.Office : 29,Thilak Street,T.Nagar,Chennai-17. Phone : 044-28341865

Rt.No : 19

Date : 1-4-2017

RECEIPT

Received with thanks from Thiru / Selvi **1213090/R.SUGANYA(G)**

a sum of Rupees Ten Thousand Only

by Cash / Cheque / D.D. on _____ No. Cash dated **1-4-2017**

towards **Being Amount Received Towards Basic Implantology Course 2017 asper List Prepared By Dr.Venkatakrishnan -Prosthodontics HOD.**

Rs. 10,000.00



Tagore Dental College & Hospital

Rathinamangalam, Vandalore (Via)

Chennai - 600 048.

Phone No : 044 - 30102222

Admn.Office : 29,Thilak Street,T.Nagar,Chennai-17. Phone : 044-28341865

Rt.No : 1354

Date : 28-9-2017

RECEIPT

Received with thanks from Thiru / Selvi **1213090/R.SUGANYA(G)**

a sum of Rupees Eight Thousand Only

by Cash / Cheque / D.D. on _____ No. Cash dated **28-9-2017**

towards **Being Amount Receivable Towards Basic Implantology Course 2017 asper List Prepared By Dr.Venkatakrishnan -Prosthodontics HOD.**

Rs. 8,000.00





Tagore Dental College & Hospital

Rathinamangalam, Vandalore (Via)

Chennai - 600 048.

Phone No : 044 - 30102222

Admn.Office : 29,Thilak Street,T.Nagar,Chennai-17. Phone : 044-28341865

Rt.No : 18

Date : 1-4-2017

RECEIPT

Received with thanks from Thiru / Selvi **1213089/R.SUDHA(G)**

a sum of Rupees Ten Thousand Only

by Cash / Cheque / D.D. on AXIS CHO

No. **056745**

dated **1-4-2017**

towards **Being Amount Received Towards Basic Implantology Course 2017 as per List Prepared By Dr.Venkatakrishnan -Prosthodontics HOD.**

Rs. 10,000.00



Tagore Dental College & Hospital

Rathinamangalam, Vandalore (Via)

Chennai - 600 048.

Phone No : 044 - 30102222

Admn.Office : 29,Thilak Street,T.Nagar,Chennai-17. Phone : 044-28341865

Rt.No : 1362

Date : 3-10-2017

RECEIPT

Received with thanks from Thiru / Selvi **1213089/R.SUDHA(G)**

a sum of Rupees Eight Thousand Only

by Cash / Cheque / D.D. on _____

No. **Cash**

dated **3-10-2017**

towards **Being Amount Receivable Towards Basic Implantology Course 2017 as per List Prepared By Dr.Venkatakrishnan -Prosthodontics HOD.**

Rs. 8,000.00





Tagore Dental College & Hospital

Rathinamangalam, Vandalore (Via)
Chennai - 600 048.

Phone No : 044 - 30102222

Admn.Office : 29,Thilak Street,T.Nagar,Chennai-17. Phone : 044-28341865

Rt.No : 17

Date : 1-4-2017

RECEIPT

Received with thanks from Thiru / Selvi 1213088/K.C.SUBHIKSHA/(M)

a sum of Rupees Ten Thousand Only

by Cash / Cheque / D.D. on IOB CHQ No. 377129 dated 1-4-2017

towards **Being Amount Received Towards Basic Implantology Course 2017 asper List Prepared By Dr.Venkatakrishnan -Prosthodontics HOD.**

Rs. 10,000.00



Tagore Dental College & Hospital

Rathinamangalam, Vandalore (Via)
Chennai - 600 048.

Phone No : 044 - 30102222

Admn.Office : 29,Thilak Street,T.Nagar,Chennai-17. Phone : 044-28341865

Rt.No : 1361

Date : 3-10-2017

RECEIPT

Received with thanks from Thiru / Selvi 1213088/K.C.SUBHIKSHA/(M)

a sum of Rupees Eight Thousand Only

by Cash / Cheque / D.D. on _____ No. Cash dated 3-10-2017

towards **Being Amount Receivable Towards Basic Implantology Course 2017 asper List Prepared By Dr.Venkatakrishnan -Prosthodontics HOD.**

Rs. 8,000.00





Tagore Dental College & Hospital

Rathinamangalam, Vandalore (Via)

Chennai - 600 048.

Phone No : 044 - 30102222

Admn.Office : 29,Thilak Street,T.Nagar,Chennai-17. Phone : 044-28341865

Rt.No : 1403

Date : 5-10-2017

RECEIPT

Received with thanks from Thiru / Selvi 1213081/B.SHARMILA (M)HOSTEL FREE SEAT

a sum of Rupees Eight Thousand Only

by Cash / Cheque / D.D. on _____ No. Cash dated 5-10-2017

towards **Being Amount Received Towards Basic Implantology Course
2017 asper List Prepared By Dr.Venkatakrisnan
-Prosthodontics HOD.**

Rs. 8,000.00



Tagore Dental College & Hospital

Rathinamangalam, Vandalore (Via)

Chennai - 600 048.

Phone No : 044 - 30102222

Admn.Office : 29,Thilak Street,T.Nagar,Chennai-17. Phone : 044-28341865

Rt.No : 16

Date : 1-4-2017

RECEIPT

Received with thanks from Thiru / Selvi 1213081/B.SHARMILA (M)HOSTEL FREE SEAT

a sum of Rupees Ten Thousand Only

by Cash / Cheque / D.D. on _____ No. Cash dated 1-4-2017

towards **Being Amount Received Towards Basic Implantology Course
2017 asper List Prepared By Dr.Venkatakrisnan
-Prosthodontics HOD.**

Rs. 10,000.00





Tagore Dental College & Hospital

Rathinamangalam, Vandalore (Via)
Chennai - 600 048.

Phone No : 044 - 30102222

Admn.Office : 29,Thilak Street,T.Nagar,Chennai-17. Phone : 044-28341865

Rt.No : 15

Date : 1-4-2017

RECEIPT

Received with thanks from Thiru / Selvi **1213055/NOURAH ABDUL KADER(G)**

a sum of Rupees Ten Thousand Only

by Cash / Cheque / D.D. on _____ **No. Cash** dated **1-4-2017**

towards **Being Amount Received Towards Basic Implantology Course 2017 as per List Prepared By Dr.Venkatakrisnan -Prosthodontics HOD.**

Rs. 10,000.00



Tagore Dental College & Hospital

Rathinamangalam, Vandalore (Via)
Chennai - 600 048.

Phone No : 044 - 30102222

Admn.Office : 29,Thilak Street,T.Nagar,Chennai-17. Phone : 044-28341865

Rt.No : 1337

Date : 26-9-2017

RECEIPT

Received with thanks from Thiru / Selvi **1213055/NOURAH ABDUL KADER(G)**

a sum of Rupees Eight Thousand Only

by Cash / Cheque / D.D. on _____ **No. Cash** dated **26-9-2017**

towards **Tuition Fee (Admission,Laboratory/Computer/Internet,Library,Sports,Maintenance and Amenities,Extra curricular)...etc for _____ year BDS Degree Course.**

Rs. 8,000.00





Tagore Dental College & Hospital

Rathinamangalam, Vandalore (Via)

Chennai - 600 048.

Phone No : 044 - 30102222

Admn.Office : 29,Thilak Street,T.Nagar,Chennai-17. Phone : 044-28341865

Rt.No : 14

Date : 1-4-2017

RECEIPT

Received with thanks from Thiru / Selvi **1213053/M.NIVEDHA(G)HOSTEL**

a sum of Rupees Ten Thousand Only

by Cash / Cheque / D.D. on _____ No. **Cash** dated **1-4-2017**

towards **Being Amount Received Towards Basic Implantology Course 2017 asper List Prepared By Dr.Venkatakrishnan -Prosthodontics HOD.**

Rs. 10,000.00



Tagore Dental College & Hospital

Rathinamangalam, Vandalore (Via)

Chennai - 600 048.

Phone No : 044 - 30102222

Admn.Office : 29,Thilak Street,T.Nagar,Chennai-17. Phone : 044-28341865

Rt.No : 1456

Date : 16-10-2017

RECEIPT

Received with thanks from Thiru / Selvi **1213053/M.NIVEDHA(G)HOSTEL**

a sum of Rupees Eight Thousand Only

by Cash / Cheque / D.D. on _____ No. **Cash** dated **16-10-2017**

towards **Being Amount Receivable Towards Basic Implantology Course 2017 asper List Prepared By Dr.Venkatakrishnan -Prosthodontics HOD.Ms.M.Nivetha CRR1.**

Rs. 8,000.00





Tagore Dental College & Hospital

Rathinamangalam, Vandalore (Via)
Chennai - 600 048.

Phone No : 044 - 30102222

Admn.Office : 29,Thilak Street,T.Nagar,Chennai-17. Phone : 044-28341865

Rt.No : 13

Date : 1-4-2017

RECEIPT

Received with thanks from Thiru / Selvi 1213050/M.NASEEMA FATHIMA(G)HOSTEL

a sum of Rupees Ten Thousand Only

by Cash / Cheque / D.D. on _____ No. Cash dated 1-4-2017

towards **Being Amount Received Towards Basic Implantology Course 2017 asper List Prepared By Dr.Venkatakrisnan -Prosthodontics HOD.**

Rs. 10,000.00



Tagore Dental College & Hospital

Rathinamangalam, Vandalore (Via)
Chennai - 600 048.

Phone No : 044 - 30102222

Admn.Office : 29,Thilak Street,T.Nagar,Chennai-17. Phone : 044-28341865

Rt.No : 1468

Date : 20-10-2017

RECEIPT

Received with thanks from Thiru / Selvi 1213050/M.NASEEMA FATHIMA(G)HOSTEL

a sum of Rupees Eight Thousand Only

by Cash / Cheque / D.D. on _____ No. Cash dated 20-10-2017

towards **Being Amount Receivable Towards Basic Implantology Course 2017 asper List Prepared By Dr.Venkatakrisnan -Prosthodontics HOD.**

Rs. 8,000.00





Tagore Dental College & Hospital

Rathinamangalam, Vandalore (Via)

Chennai - 600 048.

Phone No : 044 - 30102222

Admn.Office : 29,Thilak Street,T.Nagar,Chennai-17. Phone : 044-28341865

Rt.No : 12

Date : 1-4-2017

RECEIPT

Received with thanks from Thiru / Selvi **1213021/T.B.DURGADEVI(G)**

a sum of Rupees Ten Thousand Only

by Cash / Cheque / D.D. on _____ No. Cash dated **1-4-2017**

towards **Being Amount Received Towards Basic Implantology Course
2017 as per List Prepared By Dr.Venkatakrisnan
-Prosthodontics HOD.**

Rs. 10,000.00



Tagore Dental College & Hospital

Rathinamangalam, Vandalore (Via)

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Rt.No : 1187

Date : 13-9-2017

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towards **Being Amount Received Towards Basic Implantology Course
2017 as per List Prepared By Dr.Venkatakrisnan
-Prosthodontics HOD.collected from T.B.Durga**

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Rathinamangalam, Vandalore (Via)
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Rt.No : 1396

Date : 4-10-2017

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towards **Being Amount Received Towards Basic Implantology Course 2017 asper List Prepared By Dr.Venkatakrishnan -Prosthodontics HOD.collected from J.Chimera**

Rs. 8,000.00



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Rt.No : 11

Date : 1-4-2017

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towards **Being Amount Received Towards Basic Implantology Course 2017 asper List Prepared By Dr.Venkatakrishnan -Prosthodontics HOD.**

Rs. 10,000.00





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Rathinamangalam, Vandalore (Via)

Chennai - 600 048.

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Rt.No : 10

Date : 1-4-2017

RECEIPT

Received with thanks from Thiru / Selvi **1213013/A.S.ARTHI SRI (G)**

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by Cash / Cheque / D.D. on _____ **No. Cash** dated **1-4-2017**

towards **Being Amount Received Towards Basic Implantology Course 2017 asper List Prepared By Dr.Venkatakrisnan -Prosthodontics HOD.**

Rs. 10,000.00

Accountant / FO



Tagore Dental College & Hospital

Rathinamangalam, Vandalore (Via)

Chennai - 600 048.

Phone No : 044 - 30102222

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Rt.No : 1360

Date : 3-10-2017

RECEIPT

Received with thanks from Thiru / Selvi **1213013/A.S.ARTHI SRI (G)**

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by Cash / Cheque / D.D. on _____ **No. Cash** dated **3-10-2017**

towards **Being Amount Receivable Towards Basic Implantology Course 2017 asper List Prepared By Dr.Venkatakrisnan -Prosthodontics HOD.**

Rs. 8,000.00

Accountant / FO



Tagore Dental College & Hospital

Rathinamangalam, Vandalore (Via)

Chennai - 600 048.

Phone No : 044 - 30102222

Admn.Office : 29,Thilak Street,T.Nagar,Chennai-17. Phone : 044-28341865

Rt.No : 9

Date : 1-4-2017

RECEIPT

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a sum of Rupees Ten Thousand Only

by Cash / Cheque / D.D. on _____ No. Cash dated 1-4-2017

towards **Being Amount Received Towards Basic Implantology Course 2017 asper List Prepared By Dr.Venkatakrisnan -Prosthodontics HOD.**

Rs. 10,000.00



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Rathinamangalam, Vandalore (Via)

Chennai - 600 048.

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Rt.No : 1359

Date : 3-10-2017

RECEIPT

Received with thanks from Thiru / Selvi 1213011/K.ANUSHEEYA(M)HOSTEL

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by Cash / Cheque / D.D. on _____ No. Csah dated 3-10-2017

towards **Being Amount Receivable Towards Basic Implantology Course 2017 asper List Prepared By Dr.Venkatakrisnan -Prosthodontics HOD.**

Rs. 8,000.00





Tagore Dental College & Hospital

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Chennai - 600 048.

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Rt.No : 8

Date : 1-4-2017

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Received with thanks from Thiru / Selvi **1213006/S.ALAGESWARAN VIGNESH (G)**

a sum of Rupees Ten Thousand Only

by Cash / Cheque / D.D. on Axis CHQ No. **078681** dated **1-4-2017**

towards **Being Amount Received Towards Basic Implantology Course 2017 as per List Prepared By Dr.Venkatakrisnan -Prosthodontics HOD.**

Rs. 10,000.00



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Chennai - 600 048.

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Admn.Office : 29, Thilak Street, T.Nagar, Chennai-17. Phone : 044-28341865

Rt.No : 1522

Date : 23-10-2017

RECEIPT

Received with thanks from Thiru / Selvi **1213006/S.ALAGESWARAN VIGNESH (G)**

a sum of Rupees Eight Thousand Only

by Cash / Cheque / D.D. on Axis Bank-Chq No. **078696** dated **23-10-2017**

towards **Being Amount Receivable Towards Basic Implantology Course 2017 as per List Prepared By Dr.Venkatakrisnan -Prosthodontics HOD.**

Rs. 8,000.00



