



SREE MOOKAMBIKA INSTITUTE OF DENTAL SCIENCES

PADANILAM WELFARE TRUST, V.P.M. HOSPITAL COMPLEX,
PADANILAM, KULASEKHARAM, K.K.DIST. TAMIL NADU, PIN-629161
(Approved by the Govt.of Tamilnadu Recognised by Dental Council of India
and Affiliated to The Tamilnadu Dr.M.G.R. Medical University, Chennai)
Website: smids.sreemookambikainstitute.com
Email id:smidsbds1999@gmail.com

HR POLICIES

1. All the original certificates regarding the qualifications and working experience shall be produced for verification, along with their photocopies; which shall be retained at the College office.
2. The employee is bound to work on full time basis and discharge thier duties exclusively to the interests of the institution.
3. The appointment is based as per the approval of the Chairman / Director of the College.
4. Maintenance of decorum, discipline and punctuality and professional excellence of high order, commensurate to the post.
5. Additional duties, administrative and any other duties if and when assigned / allocated by the Principal with the concurrence of the management in the interest of the College shall be accepted and performed to the best of your ability
6. The employee shall not accept any other assignments of any kind from any other institutions while serving at this College and shall give an Affidavit to the effect that you have not given your name to and / or cause to show your name in any other institution in any capacity
7. The employee is bound to take permission from the management before representing the in stitution elsewhere
8. The employee will be model and source of inspiration to all others in the College in maintaining high personal/ professional and ethical standards
9. The Income Tax, Professional Tax and any other statutory Tax if any payable, shall be deducted at source as applicable at the time of such deductions
10. The employee is eligible for leave as per the regulations listed in the College
11. The employee's services may be relieved at the discretion of the management represented by the Chairman / Director without assigiing any reason or whatsoever giving you one month's notice to this effect
12. The employee can relinquish the services at our college without giving any reason or whatsoever by giving three months' notice to the Chairman / Director representing the Management ofthe College to this effect or in lieu thereof a sum equal to the amount of salary which would have been accrued by the employee during the period or remaining period of notice
13. The employee should be present in the College during the working hours
14. The appointed staff of the collage will continue to work for minimum three years in that capacity and a prior-permission from the management is required to start your own clinic/establishment within the radius of 10 kilometres from the institution.



Dr. Elizabeth koshi MDS
Principal
Sree Mookambika Institute of Dental Sciences
V.P.M. Hospital Complex
Padanilam- Kulasekharam-629 161
K.K. Dist., Tamilnadu



SREE MOOKAMBIKA INSTITUTE OF DENTAL SCIENCES

PADANILAM WELFARE TRUST, V.P.M. HOSPITAL COMPLEX,
PADANILAM, KULASEKHARAM, K.K.DIST. TAMIL NADU, PIN-629161

(Approved by the Govt. of Tamilnadu Recognised by Dental Council of India
and Affiliated to The Tamilnadu Dr.M.G.R. Medical University, Chennai)

Website: smids.sreemookambikainstitute.com

Email id: smidsbds1999@gmail.com

15. Any matters pertaining to the institution should not be disclosed at any point of the time.
Confidentiality of high order to be maintained throughout your service.

16. as per the college regulation, those recruited staff can be relieved only at the end of academic year.



Dr. Elizabeth. Anitha MDS
Sree Mookambika Institute of Dental Sciences
V.P.M. Hospital Complex
Padanilam, Kulasekharam - 629161
K.K. Dist., Tamilnadu



SREE MOOKAMBIKA INSTITUTE OF DENTAL SCIENCES

PADANILAM WELFARE TRUST, V.P.M. HOSPITAL COMPLEX,
PADANILAM, KULASEKHARAM, K.K.DIST. TAMIL NADU, PIN-629161
(Approved by the Govt. of Tamilnadu Recognised by Dental Council of India
and Affiliated to The Tamilnadu Dr.M.G.R. Medical University, Chennai)
Website: smids.sreemookambikainstitute.com
Email id: smidsbds1999@gmail.com

Guidelines for Appointment of Teaching Staff

SELECTION COMMITTEE

Chairman - Administration
Director
Principal
Vice Principal
Head of the concerned Department
Senior Staff member of Institution
HR
Staff Advisors

RECRUITMENT PROTOCOL

+The selection committee shall prepare a job description and job specification for the candidate to be recruited.

* The committee shall augment candidature from any or all of the following sources:

- Advertisement in the Newspapers
- Files maintained for storing the unsolicited applications
- Campus recruitment
- The committee deems it fit, may also conduct walk in Interviews for augmenting the required candidates.

* The committee shall short list the candidates in the following processes:

- Personal Interviews
- Aptitude tests, including class room demonstrations
- The committee shall finalize the shortlisted candidates
- Final evaluation and recommendation is prepared by the committee
- The Principal and the Chairman who interview the candidate and decides on the appointment

An Offer of appointment shall be released by principal / chairman

* All appointments are subject to the discretion of the management policies

Attachments:

Personal Data Sheets
Appointment Offer department
Show Cause Memo
Leave Forms



Dr. Elizabeth Koshi
Principal MDS
Sree Mookambika Institute of Dental Sciences
V. P. M. Hospital Complex
Padanilam, Kulasekharam 629 161
K.K. Dist., Tamilnadu



SREE MOOKAMBIKA INSTITUTE OF DENTAL SCIENCES

PADANILAM WELFARE TRUST, V.P.M. HOSPITAL COMPLEX,
PADANILAM, KULASEKHARAM, K.K.DIST. TAMIL NADU, PIN-629161

(Approved by the Govt. of Tamil Nadu Recognised by Dental Council of India
and Affiliated to The Tamil Nadu Dr.M.G.R. Medical University, Chennai)

Website: smids.sreemookambikainstitute.com

Email id: smidsbds1999@gmail.com

Guidelines for Appointment of Non Teaching Staff

SELECTION COMMITTEE

Chairman - Administration

Director

Principal

Vice Principal

Head of the concerned Department

Senior Staff member of Institution

HR

Staff Advisors

RECRUITMENT PROTOCOL

+The selection committee shall prepare a job description and job specification for the candidate to be recruited.

* The committee shall augment candidature from any or all of the following sources:

- Advertisement in the Newspapers

- Files maintained for storing the unsolicited applications

- Campus recruitment

- The committee deems it fit, may also conduct walk in Interviews for augmenting the required candidates.

* The committee shall short list the candidates in the following processes:

- Personal Interviews

- Aptitude tests, including class room demonstrations

- The committee shall finalize the shortlisted candidates

- Final evaluation and recommendation is prepared by the committee

- The Principal and the Chairman who interview the candidate and decides on the appointment

An Offer of appointment shall be released by principal / chairman

* All appointments are subject to the discretion of the management policies

Attachments:

Personal Data Sheets

Appointment Offer department

Show Cause Memo

Leave Forms



Dr. Elizabeth Koshi
Principal MDS
Sree Mookambika Institute of Dental Sciences
V.P.M. Hospital Complex
Padanilam, Kulasekharam 629 161
K.K. Dist., Tamil Nadu



SREE MOOKAMBIKA INSTITUTE OF DENTAL SCIENCES

PADANILAM WELFARE TRUST, V.P.M. HOSPITAL COMPLEX,
PADANILAM, KULASEKHARAM, K.K.DIST. TAMIL NADU, PIN-629161
(Approved by the Govt. of Tamil Nadu Recognised by Dental Council of India
and Affiliated to The Tamil Nadu Dr.M.G.R. Medical University, Chennai)
Website: smids.sreemookambikainstitute.com
Email id: smidsbds1999@gmail.com

Faculty Empowerment Strategies

The institution is supportive and friendly towards the teaching and non-teaching staff and the institution has effective welfare measures. The non-teaching staff and their families are benefitted by the ESI collaboration and regular dental camps conducted by the college.

Maternity leave is provided to the female staff according to norms. Provident fund is provided for the non-teaching staff to increase their quality of life. Dental health facility is extended to all employees and their dependents.

Alt staffs are provided with medical leave on submission of a certificate issued by the concerned medical officer.

Teaching staff is provided with duty leave for presenting scientific papers / posters at National level conferences. Support and encouragement are given for National and International presentations and publications. In recognition to their academic excellence, senior staffs in college with more than 10 years' experience are honoured with awards and felicitations.

Medical Leave Rule

- Maximum number of leave on medical ground is restricted to 30 days in a year. Such leave will be leave without pay. On such ground the employee has to produce a medical certificate from the medical officer authorized by the management. On expiry of leave the employee should produce a medical fitness certificate from the said medical officer.

Maternity Leave Rule

- Those women employees who have put in not less than one-year continuous service preceding the date of her expected delivery, shall be eligible for maternity leave with allowance.
- For those women employees who have put in less than one-year continuous service can avail maternity leave without salary.
- The maximum period for which any woman employee entitled to maternity benefit shall be twelve weeks (84 Days) of which not more than six weeks shall precede the date of expected delivery.
- In the case of abortion up to 12 weeks of pregnancy leave without pay shall be sanctioned for four weeks, and for miscarriage after 26 weeks pregnancy, it shall be six weeks.
- Maternity leave can be combined with eligible Annual leave.
- LOP leave will be granted on case-to-case basis, only when annual and casual leave are exhausted.

Duty Leave

- Professors and Readers will be eligible for six Duty Leaves in a year for duties assigned by MGU or KUHS and beyond six days it should be compensated. Leave will be considered Duty Leave only if the Attendance Certificate is attached to the leave application.



Dr. Elizabeth Joshi MDS
Principal
Sree Mookambika Institute of Dental Sciences
V.P.M. Hospital Complex
Padanilam, Kulasekharam 629
K.K. Dist., Tamil Nadu.



SREE MOOKAMBIKA INSTITUTE OF DENTAL SCIENCES

PADANILAM WELFARE TRUST, V.P.M. HOSPITAL COMPLEX,
PADANILAM, KULASEKHARAM, K.K.DIST. TAMIL NADU, PIN-629161
(Approved by the Govt. of Tamilnadu Recognised by Dental Council of India
and Affiliated to The Tamilnadu Dr.M.G.R. Medical University, Chennai)

Website: smids.sreemookambikainstitute.com

Email id: smidsbds1999@gmail.com

- Professors and Readers of PG Departments will be eligible for three Conference Leave per year to attend National level Conferences. Leave will be considered only if the Conference certificate is attached. They are also informed to give a presentation to brief the conference to the concerned Departments and Students.
- Employees are provided with Bonafede certificate and salary certificate for opening bank accounts, availing bank loans etc. They are also given experience certificate and reference letters for helping in their future endeavours.

The staff is also to provide information regarding initiatives and innovative measures in teaching and clinical training. At the personal level, he / she is to appraise their strengths and weaknesses. The staff also needs to explain their future plans in terms of goals and their strategy for their achievement.




Dr. Elizabeth Koshi MDS
Principal
Sree Mookambika Institute of Dental Sciences
V.P.M. Hospital Complex
Padanilam, Kulasekharam 629 161
K.K. Dist., Tamilnadu



SREE MOOKAMBIKA INSTITUTE OF DENTAL SCIENCES

PADANILAM WELFARE TRUST, V.P.M. HOSPITAL COMPLEX,
PADANILAM, KULASEKHARAM, K.K.DIST. TAMIL NADU, PIN-629161
(Approved by the Govt. of Tamilnadu Recognised by Dental Council of India
and Affiliated to The Tamilnadu Dr.M.G.R. Medical University, Chennai)

Website: smids.sreemookambikainstitute.com

Email id: smidsbds1999@gmail.com

APP / ADCH / / Dated.....

.....Name.....

.....Address.....

DearName.....

Sub.: Appointment to the post of..... in the Department of..... In Sree Mookambika Institute Of Dental Sciences, Kulasekharam

This is to inform you that you have been appointed as in the Department of in Sree Mookambika Institute Of Dental Sciences, Kulasekharam with effect from on the following terms and conditions:

1. You will be paid salary and allowances as per the UGC scale.
2. Your appointment is based on the approval of The Tamilnadu Dr.M.G.R. Medical University, Chennai and Dental Council of India (DCI).
3. You are bound to work on a full-time College.
4. You are eligible for leave as per the college guidelines,
- 5' You shall be on probation for one year from the date of joining the institution. The same may however be extended or the contract of employment may be terminated if so deemed necessary-by the Management. on completion of such time, base on performance you would be considered confirmed.
6. You have read the terms and conditions and agree and accept on terms thereof.

You may sign this order as a token of your acceptance of appointment.

With warm and good wishes.

Yours faithfully,

Director

(Please affix your signature as a token of acceptance)

(Name)



Dr. Elizabeth Koshi MDS
Principal
Sree Mookambika Institute of Dental Sciences
V.P.M. Hospital Complex
Padanilam, Kulasekharam-629 161
K.K. Dist., Tamilnadu



SREE MOOKAMBIKA INSTITUTE OF DENTAL SCIENCES

PADANILAM WELFARE TRUST, V.P.M. HOSPITAL COMPLEX,
PADANILAM, KULASEKHARAM, K.K.DIST. TAMIL NADU, PIN-629161
(Approved by the Govt. of Tamil Nadu Recognised by Dental Council of India
and Affiliated to The Tamil Nadu Dr.M.G.R. Medical University, Chennai)
Website: smids.sreemookambikainstitute.com
Email id: smidsbds1999@gmail.com

SREE MOOKAMBIKA INSTITUTE OF DENTAL SCIENCES			
PRE INTERVIEW CERTIFICATE VERIFICATION REPORT			
Name of the Candidate			
Date of Interview			
S.NO	DOCUMENTS	VERIFIED (TICK MARK)	REMARKS
1.	Proof of age (SSLC/Birth of Cert./ Passport)		
2.	AADHAR CARD		
3.	PAN CARD		
4.	BDS		
5.	BDS First Year Mark List		
6.	BDS Second Year Mark List		
7.	BDS Third Year Mark List		
8.	BDS Final Year Part I Mark List		
9.	BDS Final Year Part II Mark List		
10.	Internship Certificate		
11.	BDS Degree Certificate		
12.	MDS		
13.	MDS First Year Mark List		
14.	MDS Second Year Mark List		
15.	MDS Third Year Mark List		
16.	MDS Degree Certificate		
17.	Any Other additional Qualifications		
18.	Council Registration Certificate		
19.	Publications		



(Signature)
Sree Mookambika Institute of Dental Sciences
V.P.M. Hospital Complex
K.K. Dist., Tamil Nadu



SREE MOOKAMBIKA INSTITUTE OF DENTAL SCIENCES

PADANILAM WELFARE TRUST, V.P.M. HOSPITAL COMPLEX,
PADANILAM, KULASEKHARAM, K.K.DIST. TAMIL NADU, PIN-629161

(Approved by the Govt.of Tamilnadu Recognised by Dental Council of India
and Affiliated to The Tamilnadu Dr.M.G.R. Medical University, Chennai)

Website: smids.sreemookambikainstitute.com

Email id:smidsbds1999@gmail.com

SREE MOOKAMBIKA INSTITUTE OF DENTAL SCINECES			
PRE INTERVIEW CERTIFICATE VERIFICATION REPORT			
Name of the Candidate			
Date of Interview			
S.NO	DOCUMENTS	VERIFIED (TICK MARK)	REMARKS
1.	Proof of age (SSLC/Birth of Cert./ Passport)		
2.	AADHAR CARD		
3.	PAN CARD		
4.	BSc.		
5.	BSc.First Year Mark List		
6.	BSc. Second Year Mark List		
7.	BSc.Third Year Mark List		
8.	BSc. Degree Certificate		
9.	MSc.		
10	MSc. First Year Mark List		
11	MSc. Second Year Mark List		
12	MSc. Degree Certificate		
13	Any Other additional Qualifications		
14	Council Registration Certificate(if any)		
15	Publications(if any)		



Dr. Elizabeth Koshi MOS
Principal
Sree Mookambika Institute of Dental Sciences
V.P.M. Hospital Complex
Padanilam, Kulasekharam-629 161
K.K. Dist., Tamilnadu



SREE MOOKAMBIKA INSTITUTE OF DENTAL SCIENCES

PADANILAM WELFARE TRUST, V.P.M. HOSPITAL COMPLEX,
PADANILAM, KULASEKHARAM, K.K.DIST. TAMIL NADU, PIN-629161
(Approved by the Govt.of Tamilnadu Recognised by Dental Council of India
and Affiliated to The Tamilnadu Dr.M.G.R. Medical University, Chennai)

Website: smids.sreemookambikainstitute.com

Email id:smidsbds1999@gmail.com

STUDENT'S LEAVE APPLICATION

<u>Student's Name</u>		<u>Year/Batch</u>	
<u>Day Scholar</u>		<u>Hostelite</u>	

<u>Leave Date</u>	<u>From</u>	<u>To</u>	<u>No. of days</u>

Reason for Leave

Contact Address

While on leave contact tele no.

Department			Department		
Department	No. of Leave availed	Authorized Signatory	Department	No. of Leave availed	Authorized Signatory

Permission from parents(fax) Received Yes No

Warden Approval Yes No

Principal/ Vice principal Approval Yes No

Note: 80% attendance is required for University exam eligibility in both theory and practical respectively as per Dr.TNMGR University guidelines

Yours Sincerely,



SIGNATURE OF STUDENT

Dr. Elizabeth Koshi
Principal
Sree Mookambika Institute of Dental Sciences
V.P.M. Hospital Complex
Padanilam, Kulasekharam-629161
K. Dist., Tamilna.



SREE MOOKAMBIKA INSTITUTE OF DENTAL SCIENCES

PADANILAM WELFARE TRUST, V.P.M. HOSPITAL COMPLEX,
PADANILAM, KULASEKHARAM, K.K.DIST. TAMIL NADU, PIN-629161
(Approved by the Govt. of Tamilnadu Recognised by Dental Council of India
and Affiliated to The Tamilnadu Dr.M.G.R. Medical University, Chennai)

Website: smids.sreemookambikainstitute.com

Email id: smidsbds1999@gmail.com

HOSTEL LEAVE APPLICATION

Student,s Name		Year/ Batch	
----------------	--	-------------	--

Leave Date	From	To	No. of Days	

Reason for Leave

Contact Address

Tele/ Mob. No

No. of Leave availed

Permission from parents(fax/ email)

SMS from the registered Mob No. Received

Yes No

Signature of Parents:

Warden

Approval Yes No

Signature

Principal/ Vice principal

Approval Yes No

Signature

SIGNATURE OF STUDENT



[Handwritten Signature]
Dr. Elizabeth Koshi MOS
Srinivasapal
Mookambika Institute of Dental Sciences
V.P.M. Hospital Complex
Kulasekharam
Dist., Tamil



SREE MOOKAMBIKA INSTITUTE OF DENTAL SCIENCES

PADANILAM WELFARE TRUST, V.P.M. HOSPITAL COMPLEX,
PADANILAM, KULASEKHARAM, K.K.DIST. TAMIL NADU, PIN-629161
(Approved by the Govt.of Tamilnadu Recognised by Dental Council of India
and Affiliated to The Tamilnadu Dr.M.G.R. Medical University, Chennai)
Website: smids.sreemookambikainstitute.com
Email id:smidsbds1999@gmail.com

APPLICATION FOR LEAVE / OFF/ ON DUTY

Date

Name

Designation and Department

Employee Code :(Substitute).....Signature.....

To,

The Director

Through:- HOD / Principal

May kindly sanction me Leave/ Off as under

Casual	Annual	Compensatory	Maternity	Duty	Other

On/

From

To

Reason for Leave

Recommended/ Not recommended

Yours Sincerely

Signature of HOD

Signature of Staff

Signature of Principal



Dr. Elizabeth Koshi MDS
Principal
Sree Mookambika Institute of Dental Sciences
V.P.M. Hospital Complex
Padanilam, Kulasekharam-629
K.K. Dist., Tamilnadu.



SREE MOOKAMBIKA INSTITUTE OF DENTAL SCIENCES

PADANILAM WELFARE TRUST, V.P.M. HOSPITAL COMPLEX,
PADANILAM, KULASEKHARAM, K.K.DIST. TAMIL NADU, PIN-629161
(Approved by the Govt. of Tamilnadu Recognised by Dental Council of India
and Affiliated to The Tamilnadu Dr.M.G.R. Medical University, Chennai)
Website: smids.sreemookambikainstitute.com
Email id: smidsbds1999@gmail.com

LEAVE RULES

These rules are applicable to full time staff attending to duties six days a week' Management has the supreme right to refuse or revoke leave of any kind.

General Conditions .

No Leave can be claimed as a matter of right at any time. It will be allowed by the discretion of the Head of the institution/ director.

Leave should be applied in writing in the prescribed leave application form.

No employee shall proceed on leave except with the written sanction from the principal/ principal- in-charge. All registers, records, equipment, tools etc under his/her custody shall be handed over to the person designated by the authority concerned in writing before proceeding on annual leave or long leave.

While applying leave, the employee should suggest an alternate person to carry out his/her duties during the leave Period.

. Employee who remains absent without authorization or overstays the period of leave granted for more than 7 (seven) consecutive days shall be deemed to have voluntarily abandoned employment of his/her own accord.

There shall be 13 (thirteen) Festival holidays including 4 (four) national holidays in a year for all category of employees.

Maximum number of leave on medical ground is restricted to 30 days. Such leaves will be leave without pay. On such ground the employee has to produce a medical certificate from the medical officer authorized by the management. On expiry of the leave the employee should produce a medical fitness certificate from the said management office.

The management may recall an employee who is on leave at any time depending on requirement. If an employee is in judicial custody and applies for leave the management will not be bound to grant him/ her leave.

No employee will be granted any kind of leave after submission of notice of resignation from service. If on emergency leave has to be granted, the notice period will be extended to a period equivalent to leave availed.



[Handwritten Signature]
Principal
Sree Mookambika Institute of Dental Sciences
V.P.M. Hospital Complex
Padanilam, Kulasekharam-629 161
K.K. Dist., Tamilnadu



SREE MOOKAMBIKA INSTITUTE OF DENTAL SCIENCES

PADANILAM WELFARE TRUST, V.P.M. HOSPITAL COMPLEX,
PADANILAM, KULASEKHARAM, K.K.DIST. TAMIL NADU, PIN-629161

(Approved by the Govt. of Tamilnadu Recognised by Dental Council of India
and Affiliated to The Tamilnadu Dr.M.G.R. Medical University, Chennai)

Website: smids.sreemookambikainstitute.com

Email id: smidsbds1999@gmail.com

ANNUAL LEAVE

All teaching staff shall be entitled to a maximum of 30 days. Annual leave calculated at the rate of one day leave for every 11 days of duty. Annual leave will be considered after the first 12 months of continuous service.

Non teaching and administrative staff are eligible for 15 days of Annual Leave in a year.

Single day Annual Leave can be available only after expiry of casual leaves. However single day Annual Leave on Saturday's will not be permitted until until and otherwise recommended by HOD and approved by Principal/ Director.

Annual leave shall not be prefixed/ suffixed wit casual leave, compensatory leave.

All holidays including weekly holiday(Sunday) falling with in the period of annual leave will be treated as leave.

Encashment of leave in any form is not admissible. In case of deficiency of staff in a Department on the basis of the recommendation of the HOD. Principal/ Director can sanction payment of salary to the employee for not availing Annual leave.

Application for annual leave should be accumulated up to a maximum of 60 days in credit and the excess of 60 days will automatically lapse.

Usually extention of Annual leave will be sanctioned. In exigency, if any employee proceeding on annual leave desires an extention he/she shall make an application in writing to the authority in advance and get necessary approval.



Dr. Elizabeth Koshi MDS
Principal
Sree Mookambika Institute of Dental Sciences
V.P.M. Hospital Complex
Padanilam, Kulasekharam-629 161
K.K. Dist., Tamilnadu



SREE MOOKAMBIKA INSTITUTE OF DENTAL SCIENCES

PADANILAM WELFARE TRUST, V.P.M. HOSPITAL COMPLEX,
PADANILAM, KULASEKHARAM, K.K.DIST. TAMIL NADU, PIN-629161

(Approved by the Govt. of Tamil Nadu Recognised by Dental Council of India
and Affiliated to The Tamil Nadu Dr.M.G.R. Medical University, Chennai)

Website: smids.sreemookambikainstitute.com

Email id: smidsbds1999@gmail.com

STAFF APPRAISAL FORM

PART 1

BASIC INFORMATION

1. Review Period:

2. Name of the Staff: _____

3. Educational Qualification: _____

4. Designation:- _____

5. Department: _____

6. Date of Joining: _____

7. Experience:

In house:

Out house:

Total :

8. Date of Birth: _____

Age _____

9. Mobile Number: _____

10. E- Mail: _____

PART II

ACADEMIC ACHIEVEMENTS

11. Progress report of the academic year

odd/even sem

S.no	Subject handled	University result%
	overall	



[Handwritten Signature]
Sree Mookambika Institute of Dental Sciences
V.P.M. Hospital Complex
Kulasekharam, K.K. Dist., Tamil Nadu



SREE MOOKAMBIKA INSTITUTE OF DENTAL SCIENCES

PADANILAM WELFARE TRUST, V.P.M. HOSPITAL COMPLEX,
PADANILAM, KULASEKHARAM, K.K.DIST. TAMIL NADU, PIN-629161
(Approved by the Govt.of Tamilnadu Recognised by Dental Council of India
and Affiliated to The Tamilnadu Dr.M.G.R. Medical University, Chennai)
Website: smids.sreemookambikainstitute.com
Email id:smidsbds1999@gmail.com

Type of innovative methods(class room)

13.FG & SIG Contribution

FG	SIG

14. No of students placed in your department:

15.What is your special contribution for placement:

16.What actions have you taken for the following and what were the result?

- Cleanliness of the student : _____
Late arrival of students : _____
Improper uniform of students : _____
Cleanliness of class rooms : _____

17.Unique contribution

DEPARTMENT	COLLEGE

18.Leave record

Casual leave	Spell leave	Loss of pay	Total absence

19.No.of permission during the year: _____



Dr. Elizabeth Koski MDS
Principal
Sree Mookambika Institute of Dental Sciences
V.P.M. Hospital Complex
Padanilam, Kulasekharam-629 161
K.K Dist., Tamilnadu



SREE MOOKAMBIKA INSTITUTE OF DENTAL SCIENCES

PADANILAM WELFARE TRUST, V.P.M. HOSPITAL COMPLEX,
PADANILAM, KULASEKHARAM, K.K.DIST. TAMIL NADU, PIN-629161
(Approved by the Govt. of Tamilnadu Recognised by Dental Council of India
and Affiliated to The Tamilnadu Dr.M.G.R. Medical University, Chennai)

Website: smids.sreemookambikainstitute.com
Email id: smidsbds1999@gmail.com

20.No of sapling planted: _____

21.Club activities:

PART III

CO-CURRICULAR ACTIVITIES

22.List of seminar and workshops attended during the academic year.

23.List of articles published during academic year.

24.Appreciation/award and recognition earned:

25.List of sponsorship/consultancy/project work:

26.Other activities inside/outside the campus towards development of self&Students

27.About your work at college Name

I am satisfied because _____

I am not satisfied because _____

28.Suggestions for betterment of academics

29.The strength and weakness analysis of your performance is as under:

Strength	Weakness
1.	1.
2.	2.

Please note the above and initiate suitable steps for converting area of weakness ,which will enable you to excel in your field of work(Training needed area)

1)

2)



Signature of member faculty

Dr. Elizabeth Koshi MDS
Principal
Sree Mookambika Institute of Dental Sciences
V.P.M. Hospital Complex
Padanilam, Kulasekharam-629 161
K.K. Dist., Tamilnadu



SREE MOOKAMBIKA INSTITUTE OF DENTAL SCIENCES

PADANILAM WELFARE TRUST, V.P.M. HOSPITAL COMPLEX,
PADANILAM, KULASEKHARAM, K.K.DIST. TAMIL NADU, PIN-629161
(Approved by the Govt.of Tamilnadu Recognised by Dental Council of India
and Affiliated to The Tamilnadu Dr.M.G.R. Medical University, Chennai)

Website: smids.sreemookambikainstitute.com
Email id: smidsbds1999@gmail.com

EVALUATION LIST TO BE FILLED BY THE FIRST YEAR STUDENT

Name of the student(optional): _____

Date: _____

S.no	Attributes of the teacher	DR.SIVA SREE RENGAS ANATOMY	DR.PADMAPRIYA BIOCHEMISTRY	DR.JILSHA PHYSIOLOGY	DR.ADLIN PHYSIOLOGY	DR.ANGELIN ORAL PATHOLOGY	DR.GEETHA ORAL PATHOLOGY	DR.JEELYN ORAL PATHOLOGY	DR.APARNA PROSTHODONTICS	DR.MEERA PROSTHODONTICS	DR.ESHONA PROSTHODONTICS						
1.	Does the teacher's teaching helps you to understanding the subject																
2.	Does he/she answer to your question in class?																
3.	Do you find his/her teaching method interesting?																
4.	Is he/she available after college hours to help you with your study																
5.	Does he/she come to class on time																
6.	Is his/her behaviour proper with you																
7.	Is he/she able to do demonstration in clinical/practical classes?																
8.	Does he/she encourage you to participate in extra-curricular activities?																
9.	Attitude towards student?																
10.	How do you rate his/her teaching methods?																
	Total																

Rating (1-10 each) 1-Terrible,2-very poor,3-poor,4-Moderate,5-Fair/Average,6-Above average,7-Good,8-Very Good,9-Excellent,10-Outstanding

To be evaluated every 6 months(January,June)



Dr. Elizabeth Koshi MDS
Principal
 Sree Mookambika Institute of Dental Sciences
 V.P.M. Hospital Complex
 Padanilam Kulasekharam-629 161
 K.K. Dist., Tamilnadu



SREE MOOKAMBIKA INSTITUTE OF DENTAL SCIENCES

PADANILAM WELFARE TRUST, V.P.M. HOSPITAL COMPLEX,
PADANILAM, KULASEKHARAM, K.K.DIST. TAMIL NADU, PIN-629161
(Approved by the Govt.of Tamilnadu Recognised by Dental Council of India
and Affiliated to The Tamilnadu Dr.M.G.R. Medical University, Chennai)
Website: smids.sreemookambikainstitute.com
Email id:smidsbds1999@gmail.com

EVALUATION LIST TO BE FILLED BY THE SECOND YEAR STUDENT

Name of the student(optional): _____

Date: _____

S.no	Attributes of the teacher	Dr. N. Rishi Sheela PATHOLOGY	Dr. Praveedha C. Marathe PATHOLOGY	Dr. Radha Priyadarshini PATHOLOGY	Dr. Bindhuja PATHOLOGY	Dr. K. Geetha MICROBIOLOGY	Dr. Vidhya MICROBIOLOGY	Dr. Jemini Shashi MICROBIOLOGY	Dr. Sathya Jeevan MICROBIOLOGY	Dr. Girish MICROBIOLOGY	Dr. Neelaven MICROBIOLOGY	Dr. V. Ganesh PHARMACOLOGY	Dr. Junaid PHARMACOLOGY	Dr. Neha PHARMACOLOGY	Dr. Suhana PHARMACOLOGY	Dr. Manoj DENTAL MATERIALS	Dr. Sarah Christopher DENTAL MATERIALS	Dr. Elizabeth Isaac DENTAL MATERIALS	Dr. James DENTAL MATERIALS	Dr. Abhishek Hines DENTAL MATERIALS	Dr. Aparna DENTAL MATERIALS	Dr. Sowmya Mohan DENTAL MATERIALS	Dr. Eshana DENTAL MATERIALS	
1.	Does the teacher's teaching helps you to understanding the subject																							
2.	Does he/she answer to your question in class?																							
3.	Do you find his/her teaching method interesting?																							
4.	Is he/she available after college hours to help you with your study																							
5.	Does he/she come to class on time																							
6.	Is his/her behavior proper with																							
7.	Is he/she able to do demonstration in clinical/practical classes?																							
8.	Does he/she encourage you to participate in extra-curricular activities?																							
9.	Attitude towards student?																							
10.	How do you rate his/her teaching methods?																							
	Total																							

Rating (1-10 each) 1-Terrible,2-very poor,3-poor,4-Moderate,5-Fair/Average,6-Above average,7-Good,8-Very Good,9-Excellent,10-Outstanding

To be evaluated every 6 months(January,June)



Dr. Elizabeth Koshi MDS
 Principal
 Sree Mookambika Institute of Dental Sciences
 V.P.M. Hospital Complex
 Padanilam, Kulasekharam-629
 K.K. Dist., Tamilnadu



SREE MOOKAMBIKA INSTITUTE OF DENTAL SCIENCES

PADANILAM WELFARE TRUST, V.P.M. HOSPITAL COMPLEX,
PADANILAM, KULASEKHARAM, K.K.DIST. TAMIL NADU, PIN-629161
(Approved by the Govt.of Tamilnadu Recognised by Dental Council of India
and Affiliated to The Tamilnadu Dr.M.G.R. Medical University, Chennai)

Website: smids.sreemookambikainstitute.com
Email id:smidsbds1999@gmail.com

EVALUATION LIST TO BE FILLED BY THE THIRD YEAR STUDENT

Name of the student(optional):

Date:

S.no	Attributes of the teacher	Dr. Isaac Oral Pathology	Dr. Jeslin Beyenso Oral Pathology	Dr. Angelin Binu Oral Pathology	Dr. Girish Oral Pathology	Dr. Prasanth T Oral Pathology	Dr. Geetha Varghese Oral Pathology	Dr. Anand Abubakar General Surgery	Dr. Indran General Surgery	Dr. Joseline Princy General Surgery	Dr. SriLakshmi General Surgery	Dr. Suhain Perumbadi General Medicine	Dr. Riju Dennis General Medicine	Dr. Mohan Das General Medicine	Dr. Gopa Kumar General Medicine
1.	Does the teacher's teaching helps you to understanding the subject														
2.	Does he/she answer to your question in class?														
3.	Do you find his/her teaching method interesting?														
4.	Is he/she available after college hours to help you with your study														
5.	Does he/she come to class on time														
6.	Is his/her behaviour proper with you														
7.	Is he/she able to do demonstration in clinical/practical classes?														
8.	Does he/she encourage you to participate in extra-curricular activities?														
9.	Attitude towards student?														
10.	How do you rate his/her teaching methods?														
	Total														

Rating (1-10 each) 1-Terrible,2-very poor,3-poor,4-Moderate,5-Fair/Average,6-Above average,7-Good,8-Very Good,9-Excellent,10-Outstanding

To be evaluated every 6 months(January,June)



Dr. Elizabeth koshi MDS
Principal
Sree Mookambika Institute of Dental Sciences
V.P.M. Hospital Complex
Padanilam, Kulasekharam-625 161
K.K. Dist., Tamilnadu



SREE MOOKAMBIKA INSTITUTE OF DENTAL SCIENCES

PADANILAM WELFARE TRUST, V.P.M. HOSPITAL COMPLEX,
PADANILAM, KULASEKHARAM, K.K.DIST. TAMIL NADU, PIN-629161
(Approved by the Govt.of Tamilnadu Recognised by Dental Council of India
and Affiliated to The Tamilnadu Dr.M.G.R. Medical University, Chennai)

Website: smids.sreemookambikainstitute.com
Email id: smidsbds1999@gmail.com

EVALUATION LIST TO BE FILLED BY THE FINAL YEAR PART II STUDENT

Name of the student(optional): _____

Date: _____

S.no	Attributes of the teacher	Dr. Elizabeth Koshi Periodontology	Dr.S. Rajesh Conservative	Dr.Vijay Marthai Conservative	Dr.L. Mano Conservative	Dr.Sarah Christopher Conservative	Dr.Mohamed Riya Conservative	Dr. Elizabeth Isaac Conservative	Dr.Jisha Jayakumar Pillai Conservative	Dr.Nishanth Krishna Conservative	Dr.Momhammed Nisar Sajid Conservative	Dr.Mathew Jose Oral & Maxillofacial Surgery	Dr.Sajesh.S Oral & Maxillofacial Surgery	Dr.Nandagopan.S Oral & Maxillofacial Surgery	Dr.S.Sindhuja Devi Oral & Maxillofacial Surgery	Dr.Magleen Darnay Oral & Maxillofacial Surgery	Dr.A.Merbon Jeovitson Oral & Maxillofacial Surgery
1.	Does the teacher's teaching helps you to understanding the subject																
2.	Does he/she answer to your question in class?																
3.	Do you find his/her teaching method interesting?																
4.	Is he/she available after college hours to help you with your study																
5.	Does he/she come to class on time																
6.	Is his/her behaviour proper with you																
7.	Is he/she able to do demonstration in clinical/practical classes?																
8.	Does he/she encourage you to participate in extra-curricular activities?																
9.	Attitude towards student?																
10.	How do you rate his/her teaching methods?																
	Total																

Rating (1-10 each) 1-Terrible,2-very poor,3-poor,4-Moderate,5-Fair/Average,6-Above average,7-Good,8-Very Good,9-Excellent,10-Outstanding

To be evaluated every 6 months(January,June)



Dr. Elizabeth Koshi MDS
 Principal
 Sree Mookambika Institute of Dental Sciences
 V.P.M. Hospital Complex
 Padanilam, Kulasekharam-629161
 K.K. Dist., Tamilnadu



SREE MOOKAMBIKA INSTITUTE OF DENTAL SCIENCES

PADANILAM WELFARE TRUST, V.P.M. HOSPITAL COMPLEX,
PADANILAM, KULASEKHARAM, K.K.DIST. TAMIL NADU, PIN-629161
(Approved by the Govt.of Tamilnadu Recognised by Dental Council of India
and Affiliated to The Tamilnadu Dr.M.G.R. Medical University, Chennai)

Website: smids.sreemookambikainstitute.com

Email id:smidsbds1999@gmail.com

EVALUATION LIST TO BE FILLED BY THE FINAL YEAR PART-II STUDENT

Name of the student(optional):

Date:

Attributes of the teacher	Faculty Members															
	Dr. P. Anil Kumar Orthodontics	Dr. Amal S Nair Orthodontics	Dr. Anjana S Nair Orthodontics	Dr. A. Jebilla Pringle Orthodontics	Dr. Jejo Mathew Orthodontics	Dr. Janu S Nair Orthodontics	Dr. Anun Sadasivan Periodontology	Dr. Chitra Ginja Vallabhan Periodontology	Dr. Steffy Vijayakumar Periodontology	Dr. Sheetal Menon Periodontology	Dr. Indhuja . R S Periodontology	Dr. T. Sweetal Prosthodontics	Dr. T. C. Gini Prosthodontics	Dr. Aparna Mohan Prosthodontics	Dr. James Rex Prosthodontics	Dr. Allen Jim Hines Prosthodontics
1. Does the teacher's teaching helps you to understanding the subject																
2. Does he/she answer to your question in class?																
3. Do you find his/her teaching method interesting?																
4. Is he/she available after college hours to help you with your study																
5. Does he/she come to class on time																
6. Is his/her behaviour proper with you																
7. Is he/she able to do demonstration in clinical/practical classes?																
8. Does he/she encourage you to participate in extra-curricular activities?																
9. Attitude towards student?																
10. How do you rate his/her teaching methods?																
Total																

Rating (1-10 each) 1-Terrible,2-very poor,3-poor,4-Moderate,5-Fair/Average,6-Above average,7-Good,8-Very Good,9-Excellent,10-Outstanding

To be evaluated every 6 months(January,June)




Dr. Elizabeth Koshi MDS
 Principal
 Sree Mookambika Institute of Dental Sciences
 V.P.M. Hospital Complex
 Padanilam, Kulasekharam 629 161
 K.K. Dist., Tamilnadu



SREE MOOKAMBIKA INSTITUTE OF DENTAL SCIENCES

PADANILAM WELFARE TRUST, V.P.M. HOSPITAL COMPLEX,
PADANILAM, KULASEKHARAM, K.K.DIST. TAMIL NADU, PIN-629161
(Approved by the Govt. of Tamilnadu Recognised by Dental Council of India
and Affiliated to The Tamilnadu Dr.M.G.R. Medical University, Chennai)

Website: smids.sreemookambikainstitute.com
Email id: smidsbds1999@gmail.com

EVALUATION LIST TO BE FILLED BY THE FINAL YEAR PART-III STUDENT

Name of the student(optional): _____

Date: _____

S.no	Attributes of the teacher	Dr.Soumya Mohan.B Prosthodontics	Dr.E. Eshona Pearl Prosthodontics	Dr.Tatu Joy Oral Medicine	Dr.Rahul.R. Oral Medicine	Dr.Redwin Manthil Oral Medicine	Dr.Farukh Khan Oral Medicine	Dr.Lekshmi P.S Oral Medicine	Dr.Dhanya S.V Oral Medicine	Dr.Chintu. S Pedodontics	Dr.Annie Edwin Pedodontics	Dr.Johnny Sungantha Pearl Pedodontics	Dr.Joe Joseph Public Health Dentistry	Dr.Bijuvin Raj.V Public Health Dentistry	Dr.T.S. Manoj Kumar Public Health Dentistry	Dr.Vemalin Preeminda Public Health Dentistry
1.	Does the teacher's teaching helps you to understanding the subject															
2.	Does he/she answer to your question in class?															
3.	Do you find his/her teaching method interesting?															
4.	Is he/she available after college hours to help you with your study															
5.	Does he/she come to class on time															
6.	Is his/her behaviour proper with you															
7.	Is he/she able to do demonstration in clinical/practical classes?															
8.	Does he/she encourage you to participate in extra-curricular activities?															
9.	Attitude towards student?															
10.	How do you rate his/her teaching methods?															
	Total															

Rating (1-10 each) 1-Terrible,2-very poor,3-poor,4-Moderate,5-Fair/Average,6-Above average,7-Good,8-Very Good,9-Excellent,10-Outstanding

To be evaluated every 6 months(January,June)



Dr. Elizabeth Koshi MDS
 Principal
 Sree Mookambika Institute of Dental Sciences
 V.P.M. Hospital Complex
 Padanilam, Kulasekharam-629 161
 K.K. Dist., Tamilnadu



SREE MOOKAMBIKA INSTITUTE OF DENTAL SCIENCES

PADANILAM WELFARE TRUST, V.P.M. HOSPITAL COMPLEX,
PADANILAM, KULASEKHARAM, K.K.DIST. TAMIL NADU, PIN-629161
(Approved by the Govt.of Tamilnadu Recognised by Dental Council of India
and Affiliated to The Tamilnadu Dr.M.G.R. Medical University, Chennai)

Website: smids.sreemookambikainstitute.com
Email id:smidsbds1999@gmail.com

EVALUATION SHEET TO BE FILLED BY THE CONCERNED AUTHORITY

NAME OF THE EVALUATER(OPTIONAL)

DATE:

SL.NO	ATTRIBUTES OF THE STAFF					
1.	Motivation					
2.	Interpersonal relationship					
3.	Technical Ability					
4.	Leadership Skills					
5.	Team Work					
6.	Quality of work					
7.	Work Knowledge					
8.	Academic Proficiency					
9.	Adaptability					
10.	Patient Service					
	Total					

Rating (1-10 each) 1-Terrible,2-very poor,3-poor,4-Moderate,5-Fair/Average,6-Above average,7-Good,8-Very Good,9-Excellent,10-Outstanding

To be evaluated every 6 months (January,June)



Dr. Elizabeth. Govil
Dr. Elizabeth. Govil MDS
Sree Mookambika Institute of Dental Sciences
V.P.M. Hospital Complex
Padanilam Kulasekharam-629 161
K.K Dist., Tamilnadu