



SANTOSH

Deemed to be University
(Established u/s 3 of the UGC Act, 1956)

F. No. SU/2022/731(7)

Dated: 08.04.2022

MEMORANDUM

SUBJECT : TO START A VALUE-ADDED CERTIFICATE COURSE IN "PORCELAIN LAMINATE VENEERS" IN THE DEPARTMENT OF PROSTHODONTICS & CROWN AND BRIDGE, SANTOSH DENTAL COLLEGE & HOSPITAL, GHAZIABAD, DELHI NCR *****

With reference to her letter on the subject cited above, Dr. Puja Malhotra, Professor & HOD of Prosthodontics And Crown & Bridge is informed that the changes for starting a Value-Added Certificate Course on "**QUALITY ASSURANCE IN CLINICAL LABORATORY**" has been considered and **approved** by the Board of Studies, Academic Council and the Board of the Management in their meetings held on 23.03.2022, 24.03.2022 and 30.03.2022 respectively and granted permission to start the above certificate course on the following terms and conditions:-

1. Name of the Course

"PORCELAIN LAMINATE VENEERS"

2. Duration of the Course

Two Months- 16 Hours [every Saturday from 1 to 3 pm]

3. Eligibility Criteria

BDS 3rd year (onward)

4. Course Fee:

Rs.500 per student

5. Course Director:

Dr. Puja Malhotra, Professor & HOD of Prosthodontics And Crown & Bridge

6. Course Syllabus:

S.No	Topic
1	Introduction to Porcelain Veneers
2	Advantages and Disadvantages
3	Indications and Contraindications
4	Treatment planning and types of veneers
5	Clinical procedures and preparation
6	Gingival retraction and Impression making
7	Shade selection
8	Try in & cementation

The above is circulated to all teaching staff and concerned students of Santosh Medical College & Hospital for their information and necessary action.

The Course Director is informed that the students will be required to submit their APPLICATION in the Prescribed Format [Annexure -1] for participating in the Value Added/Fellowship Programme.

The Course Director is further informed that he/she will be required to submit the details of Course Completion Intimation and request for Certificates in the Prescribed Format [Annexure - 2] to the Registrar for further necessary action.


DR. ALPANA AGRAWAL
REGISTRAR

Encl.: Annexure-1 & 2 as above

Distribution: As above

Copy to:

1. The Secretariat
2. The Chancellor
3. The Vice Chancellor
4. Dean, Santosh Dental College & Hospital
5. Medical Superintendent, Santosh Hospital
6. HOD of the Department of Prosthodontics & Crown and Bridge
7. Director IQAC
8. Dean Research
9. Finance Department
10. Guard File





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Annexure -1

Application for Admission to Value Added Courses / Fellowship Courses

Month : _____ Year : _____

1.	Programme (Tick the relevant)	Value Added	/	Fellowship
2.	Name of the Programme			
3.	Name of the student (In Block Letters)			
4.	Name of the Institution Working / Studying			
5.	Address of the Institution Working / Studying			
6.	Designation / Year of Study			
7.	Course Studying in the University			
8.	Department (if any)			
9.	Academic Qualifications	Degree		Month & Year of Completion
		UG		
		PG		
		Ph.D.		
Any others				
10.	Residential Address			
11.	Mobile Nos.			
12.	Official E-mail ID			
13.	Personal E-mail ID			
14.	Date of Birth			
15.	Aadhar Number			
16.	Course Fee			
17.	Amount paid towards Course Fee			
18.	Amount of Fee Concession obtained			
19.	Date of payment of fee			
20.	Mode of payment	Cash	Cheque / DD	Online

Date :

Station :

Signature

Signature of Course Director

Forwarding Authority (HOD)

Registrar



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To
The Registrar
Santosh Deemed to be University
Ghaziabad, NCR Delhi

Date: _____

Course Completion intimation and request for Certificates

I, _____ <Name> _____, _____ <Designation> _____, the Course Director of the _____ <Value Added Course / Fellowship Programme> _____ entitled _____, certify that the following candidates have successfully completed the said course conducted from _____ to _____ and that they may be issued the respective Certificates accordingly.

S. No.	Name of the Student	Completed / Not Completed
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
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18.		
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20.		
21.		
22.		
23.		
24.		
25.		

Forwarding Authority (Course Director / HOD)