



TAGORE DENTAL COLLEGE & HOSPITAL

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

E-mail : tagore_dch@gmail.com Website : www.tagoredch.com

Recognized by The Dental Council of India, New Delhi
Affiliated to the Tamilnadu Dr. M.G.R. Medical University, Chennai.

DT: 10/08/2020

POLICY DOCUMENTS FOR WELFARE MEASURES

The following are the welfare measures undertaken by the institution for teaching and non-teaching staffs

1. In-house staff quarters for teaching and non-teaching staffs. Staffs quarters available for teaching and non-teaching staffs at a very minimal cost.
2. Employee's provident fund. All employees are eligible for provident fund scheme with employer and employee contribution as per the rules and regulations of the government. However, employees drawing more than 15000/- per month are exempted from the PF scheme at the discretion of the individual. All non-teaching staff and undergraduate dental staffs (tutors) are covered under PF.
3. Paid maternity leave.
4. Group insurance.
5. Subsidized transport.
6. Subsidized canteen.
7. Free internet access.
8. Subsidized medical and dental health care treatment.
9. Financial assistance for attending and conducting program.
10. Encourage informal get-together of staffs for better understanding and co-operation.
11. Interest free loans for non-teaching staffs.
12. Uniform for nurses, attenders and house-keeping staffs.
13. Staffs affected with COVID-19 have been given paid leave for 7 days.


10/8/20
PRINCIPAL

पॉलिसी अनुसूची/ Policy Schedule - Workers Welfare Insurance	
Policy Number: 500103421810000195	व्यवसाय स्रोत / Business Source: 500103
जारीकर्ता कार्यालय/Issuing Office कार्यालय कोड/ Office Code: 500103 कार्यालय पता/ Office Address: CHENNAI TIDEL PARK DAB II Direct Agents Branch II, Module No.7 Ground Floor "C" Block, Tidel Park No-4, Rajiv Gandhi Salai, Taramani - 600113. State Code: 33, Tamil Nadu GSTIN: 33AAACN9967E1ZA Contact Number: 44 22540886 Mobile Number:	विक्रय चैनल विवरण/ Sales Channel Details कोड/ Code: 9000008707 नाम/ Name: Mr Y Mahesh Contact Number: 9840040687



ग्राहक का नाम/Customer Name: TAGORE DENTAL COLLEGE	ग्राहक आईडी/ Customer ID: 9503148095	पैन/ PAN: AAATT6235A
पता/ Address: RATNAMANGALAM VANDALUR VIA, CHENNAI 600048. DIST.: KANCHEEPURAM, TAMIL NADU, City: KANCHEEPURAM - DISTRICT OTHERS, District: KANCHEEPURAM, State: TAMIL NADU, PIN: 600048.	फोन/ Phone:	ई-मेल/ E-Mail:

पॉलिसी: 08/01/2019 के 15:35 से 07/01/2020 की मध्य रात्रि तक प्रभावी /Policy Effective from 15:35 hours, on 08/01/2019 to midnight of 07/01/2020			
प्रीमियम /Premium	₹ 29,400.00	कवर नोट संख्या तथा तिथि/Cover Note Number and Date	NA
CGST	₹ 2,646.00	प्रस्ताव संख्या और तिथि/Proposal Number and Date	8800190123802419 Dt. 23/01/2019
SGST/UTGST	₹ 2,646.00		
IGST	₹ 0.00		
पुनर्प्राप्त स्टाम्प शुल्क / Recoverable Stamp Duty	₹ 0.00	रसीद संख्या और तिथि/ Receipt Number and Date	500103811810003507 Dt. 08/01/2019
कुल / Total	₹ 34,692.00	पछिली पॉलिसी संख्या तथा समाप्ती तिथि/ Previous Policy Number and Expiry Date	500103421510000354 and Dt.17/12/2016
(Rupees Thirty Four Thousand Six Hundred Ninety Two Only.)			

Class Code:
Location Address: RATHINAMANGALAM, VANDALUR POST, CHENNAI 600127,,Chennai,Chennai,Tamil Nadu,600126.
Number of Families :70 Number of Lives covered:70

SL. No	Coverage	Coverage Description	Sum Insured
1	Option III	WORKERS WELFARE COVERAGE TO 70 NON TEACHING STAFF FOR A SUM INSURED OF RS. 3 LACS PER MEMBER UNDER OPTION III	21,00,000.00
	Excess: WORKERS WELFARE COVERAGE TO 70 NON TEACHING STAFF FOR A SUM INSURED OF RS. 3 LACS PER MEMBER UNDER OPTION III. AS PER WORKERS WELFARE POLICY CONDITIONS.		
	Additional Information: NA		
Clauses		As per Annexure I	

जसकी गवाही में दनि/ माह /वर्ष को उपरोक्त उल्लेखित कार्यालय पते पर अधोहस्ताक्षरी को वधिवित अधकृत कया जा रहा है उसके हाथ नरिधारति कए जाएं। यह अनुसूची, संलग्न पॉलिसी, खण्ड, पृष्ठांकन और पॉलिसी शब्दों, जो कंपनी वेबसाईट www.nationalinsuranceindia.nic.co.in पर उपलब्ध है, को एक अनुबंध के रुप में एक साथ पढा जाए तथा कोई भी शब्द या अभिव्यक्ति जिसके लिए यह वशिष्ट अर्थ पॉलिसी या अनुसूची के कसि भी हसिसे में संलग्न कया गया हो, एक ही अर्थ वहन करेगा चाहे जहाँ भी उल्लेखित हो। यह आशवासन दया जाता है कि प्रीमियम चेक के अस्वीकृत के मामले में, यह दस्तावेज स्वतः प्राथमकता नरिस्त हो जाएगी। **IN WITNESS WHEREOF, the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this 23/January/2019. This schedule, the attached policy, the clauses, the endorsements and policy wordings as available in the website www.nationalinsuranceindia.nic.co.in shall be read together as one contract and any word or expression to which the specific meaning has been attached in any part of this policy or of the schedule shall bear the same meaning wherever it may appear. It is warranted that IN CASE OF DISHONOUR OF THE PREMIUM CHEQUE, THIS DOCUMENT STANDS AUTOMATICALLY CANCELLED 'AB-INITIO'**

इंश्योरेंस इंडिया लिमिटेड



स्टाम्प इयुटी

Stamp

Consolidated Stamp Duty
(₹ 1.00)
has been Paid Centrally

कृते नेशनल इन्श्योरेंस कंपनी

लिमिटेड/ For and on behalf of National Insurance Company Limited

अधिकृत हस्ताक्षरकर्ता/ Authorized Signatory

□□□□□ □□□□□□ TAX INVOICE



Trusted Since 1906

Invoice Serial No: 30514O9P00000195

Details of Supplier:

National Insurance Company Limited.,
CHENNAI TIDEL PARK DAB II Direct Agents Branch II, Module No.7 Ground Floor "C" Block, Tidel Park No-4, Rajiv Gandhi Salai, Taramani - 600113
State : 33, Tamil Nadu
GSTIN No : 33AAACN9967E1ZA

Details Of Receiver : TAGORE DENTAL COLLEGE

Address : RATNAMANGALAM VANDALUR VIA, CHENNAI 600048. DIST. : KANCHEEPURAM, TAMIL NADU
City : KANCHEEPURAM - DISTRICT OTHERS,
District: KANCHEEPURAM,
State: TAMIL NADU,
PIN: 600048.

Place Of Supply State : Tamil Nadu
State Code : 33
GSTIN No : NA

SAC Code	Description of Service	Total(₹)	Discount	Taxable Value(₹)	CGST		SGST/UTGST		IGST	
					Rate	Amount(₹)	Rate	Amount(₹)	Rate	Amount(₹)
997139	Other non-life insurance services (excluding reinsurance services)	29,400	0%	29,400	9%	2,646	9%	2,646	0%	0
TOTAL		29,400		29,400		2,646		2,646		0

Total Invoice Value (In figures) : ₹ 34,692
Total Invoice Value (In words) : Rupees Thirty Four Thousand Six Hundred Ninety Two Only.
Amount of Tax Subject to Reverse Charge : No

E.&O.E

For and on behalf of

National Insurance Company Limited.



Authorized Signatory

पॉलिसी अनुसूची/ Policy Schedule - Group Personal Accident	
Policy Number: 500103422010000037	व्यवसाय स्रोत / Business Source: 500103
जारीकर्ता कार्यालय/Issuing Office कार्यालय कोड/ Office Code: 500103 कार्यालय पता/ Office Address: TIDEL PARK DA BRANCH II Direct Agents Branch II,Module No.7 Ground Floor "C" Block,Tidel Park No-4, Rajiv Gandhi Salai, Taramani - 600113. State Code: 33 , Tamil Nadu GSTIN: 33AACN9967E1ZA Contact Number: 44 22540886 Mobile Number: 0	विक्रय चैनल विवरण/ Sales Channel Details कोड/ Code: 9000008707 नाम/ Name: Mr Y.Mahesh Contact Number: 9840040687 सह दलाल कोड / Co Broker Code: Customer Care Toll Free Number: 1800 345 0330 email:customer.support@nic.co.in



ग्राहक का नाम /Customer Name: TAGORE DENTAL COLLEGE	ग्राहक आईडी /Customer ID: 9503148095	पैन /PAN: AAATT6235A
पता/ Address: RATNAMANGALAM VANDALUR VIA, CHENNAI 600048. DIST. : KANCHEEPURAM, TAMIL NADU, City: KANCHEEPURAM - DISTRICT OTHERS, District: KANCHEEPURAM, State: TAMIL NADU, PIN: 600048.	फोन /Phone:	
	ई-मेल /E-Mail:	

पॉलिसी: 04/08/2020 के 18:00 से 03/08/2021 की मध्य रात्रि तक प्रभावी /Policy Effective from 18:00 hours, on 04/08/2020 to midnight of 03/08/2021

प्रीमियम/ Premium	₹ 28,000.00	कवर नोट संख्या और तिथि/ Cover Note Number and Date	NA
CGST	₹ 2,520.00	प्रस्ताव संख्या और तिथि/Proposal Number and Date	8800200828960541 Dt. 28/08/2020
SGST/UTGST	₹ 2,520.00		
IGST	₹ 0.00		
केरला बाढ़ उपकर/Kerala Flood Cess	₹ 0.00		
कम:जीएसटी_टीडीएस / Less:GST_TDS	₹ 0.00		
पुनर्प्राप्ति योग्य स्टाम्प ड्यूटी /Recoverable Stamp Duty	₹ 0.00	रसीद संख्या और तिथि/Receipt Number and Date	500103811810003507,500103811310004390, 500103811610004730,500103812010000753 Dt. 08/01/2019,26/11/2013,27/12/2016,04/08/2020
कुल /Total Amount	₹ 33,040.00	पछिली पॉलिसी संख्या और समाप्ति तिथि/ Previous Policy Number and Expiry Date	NA

(Rupees Thirty Three Thousand Forty Only.)

LocationAddress:

1)RATHINAMANGALAM, VANDALUR POST, CHENNAI 600127,,Chennai,Chennai,Tamil Nadu,600126.

SL. No	Coverage	Coverage Description	Sum Insured
1	Table II	PERSONAL ACCIDENT COVERAGE FOR 70 NON TEACHING STAFF FOR A SUM INSURED OF RS. 2 LAKHS UNDER TABLE II	1,40,00,000.00
	Excess: PERSONAL ACCIDENT COVERAGE FOR 70 NON TEACHING STAFF FOR A SUM INSURED OF RS. 2 LAKHS UNDER TABLE II. AS PER GPA POLICY CONDITIONS.		
	Additional Information: NA		
Clauses		As per Annexure I	

टिप्पणियाँ/ Remarks: Subject to Exclusion of Communicable Diseases".

"Notwithstanding any other provision of this Policy to the contrary, this Policy does not insure any loss, cost, damage or expense, arising out of, attributable to, or occurring concurrently or in any sequence with a communicable disease.

As used herein, communicable disease means any infectious or contagious substance:

1. Including, not limited to, a virus, bacterium, parasite or other organism or any mutation thereof, whether deemed living or not, and

2. Regardless of the method of transmission, whether direct or indirect, including, but not limited to, airborne transmission, bodily fluid

transmission, transmission from or to any surface or object, solid, liquid or gas or between humans, animals, or from any animal to any

human or from any human to any animal,that can cause or threaten damage to human health or human welfare or causes or threatens

damage, deterioration, loss of value, marketability or loss of use to tangible or intangible property insured hereunder.

For avoidance of doubt, no coverage extension, additional coverage, global extension, exception to any exclusion or other coverage grant

shall afford any coverage that would otherwise be excluded through this exclusion, including but not limited to any closure by public or civil

authorities, or any denial of access to Insured Premises, or Customer and or Supplier premises (including service / utility providers)

hereunder.

For further avoidance of doubt, loss, cost, damage or expense, includes any cost to clean-up, detoxify, remove, monitor or test: (1) for a

communicable disease or (2) any tangible or intangible property insured hereunder that is affected by such communicable disease.

All other terms and conditions of the Policy remain unchanged."



Printed on 20/10/2020 by ID: 74368

नेशनल इन्श्योरेंस कम्पनी लिमिटेड
National Insurance Company Limited
CIN:U10200WB1906GOI001713

पंजीकृत एवं प्रधान कार्यालय: 3 मिडिलटन स्ट्रीट, कोलकाता 700 071.
Registered & Head Office: 3 Middleton Street, Kolkata 700 071.

पंजीकृत एवं प्रधान कार्यालय: 3 मिडिलटन स्ट्रीट, कोलकाता 700 071.
Registered & Head Office: 3 Middleton Street, Kolkata 700 071.

Page no: 1

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इन्श्योरेन्स इंडिया लिमिटेड

सटांप इयुटी
Stamp
लिमिटेड/ For and on behalf of National Insurance
Company Limited
"Consolidated Stamp Duty
Has Been Paid Centrally"

कृते नेशनल इन्श्योरेन्स कंपनी
Company Limited
अधिकृत हस्ताक्षरकर्ता/ Authorized
Signatory





**COMBINED CHALLAN OF A/C NO. 01, 02, 10, 21 & 22 (With
EMPLOYEES' PROVIDENT FUND ORGANISATION)**

TRRN 4182003008862

Establishment Code & Name : TBTAM0062088000 TAGORENENTAL COLLEGE - HOSPITAL
Address : KELAMBAKKAM MAIN ROAD, RATHINAMANGALAM, VANDALUR, CHENNAI, KANCHEEPURAM

Dues for the wage month of February 2020

Total Subscribers : EPF 78
Total Wages : 7,13,277
EPS 78
EDLI 78
7,13,277

SL.	PARTICULARS	A/C.01 (Rs.)	A/C.02 (Rs.)	A/C.10 (Rs.)	A/C.21 (Rs.)	A/C.22 (Rs.)	TOTAL
1	Administration Charges	0	3,566	0	0	200	3,766
2	Employer's Share Of	26,175	0	59,422	3,571	0	89,168
3	Employee's Share Of	85,597	0	0	0	0	85,597
Grand Total : One Lakh Seventy-Eight Thousand Five Hundred Thirty-One Rupees Only							1,78,531

(Only for offline payment in case permitted by EPFO)

FOR BANKS USE ONLY

Amount Received _____
Date of presentation of _____
Date of Realisation of _____
SBI Branch Name _____
SBI Branch Code _____

FOR ESTABLISHMENT USE (To be manually filled by
Cheque/DD No. _____ Date: _____
Cheque/DD drawn bank &
Name of the Depositor _____
Date of Deposit _____ Mobile No. _____
Signature of the

(This is a system generated challan on 18-MAR-2020 19:25, the particulars shown in this challan are populated from the Electronic Challan Cum Return (ECR) uploaded by the establishment for the specified month and year.

Note :- The following amounts are being remitted directly by Government of India on account of PMRPY and PMPRPY-

- A) A/C no 1 (Employer share) (Rs.) - 0
B) A/C no 10 (Pension fund) (Rs.) - 0
C) Total (A + B) (Rs.) - 0
D) Total remittance by Employer (Rs.) - 1,78,531
E) Total amount of uploaded ECR (C + D) (1,78,531



**COMBINED CHALLAN OF A/C NO. 01, 02, 10, 21 & 22 (With
EMPLOYEES' PROVIDENT FUND ORGANISATION)**

TRRN 4182103010716

Establishment Code & Name TBTAM0062088000 TAGORENENTAL COLLEGE - HOSPITAL Dues for the wage month of February 2021
Address : KELAMBAKKAM MAIN ROAD, RATHINAMANGALAM, VANDALUR, CHENNAI, KANCHEEPURAM

Total Subscribers : EPF EPS EDLI
70 70 70
Total Wages : 6,43,265 6,43,265 6,43,265

SL.	PARTICULARS	A/C.01 (Rs.)	A/C.02 (Rs.)	A/C.10 (Rs.)	A/C.21 (Rs.)	A/C.22 (Rs.)	TOTAL
1	Administration Charges	0	3,216	0	0	200	3,416
2	Employer's Share Of	23,602	0	53,592	3,221	0	80,415
3	Employee's Share Of	77,215	0	0	0	0	77,215
Grand Total : One Lakh Sixty-One Thousand Forty-Six Rupees Only							1,61,046

(This is a system generated challan on 29-MAR-2021 14:20, the particulars shown in this challan are populated from the Electronic Challan Cum Return (ECR) uploaded by the establishment for the specified month and year.

Note :- The following amounts are being remitted directly by Government of India on account of PMRPY / ABRY.

	PMRPY	ABRY
A) A/C no 1 (Employer share) (Rs.) -	0	0
B) A/C no 10 (Pension fund) (Rs.) -	0	0
C) A/C no 1 (Employee share) (Rs.) -	0	0
D) Total (A + B + C) (Rs.) -	0	0
E) Total remittance by Employer (Rs.) -	1,61,046	
F) Total amount of uploaded ECR (D + E) (1,61,046	



STAFF PUBLICATGIONS 2019-20/ 20-21

S.NO.	YEAR	AUTHOR NAME	PUBMED/SCOPUS	FUND
1.	2019-20	Prasanna sekhar	PUBMED	5000
2.	2019-20	R. Ajay	PUBMED	5000
3.	2019-20	Jacob Mathew Philip	PUBMED	5000
4.	2019-20	Jacob Mathew Philip	PUBMED	5000
5.	2019-20	N. Vivek Rajasimhan	PUBMED	5000
6.	2019-20	NarasimmanMuthuswamy	PUBMED	5000
7.	2020-21	Raghunathan Jagannathan	PUBMED	5000
8.	2020-21	Bhuvaneshwaribirlabose	PUBMED	5000
9.	2020-21	Madapusi Balaji T	PUBMED	5000
10.	2020-21	Balaji TM	PUBMED	5000
11.	2020-21	AnandhiSekarArthisri	PUBMED	5000
12.	2020-21	Dr.DeepikaChellapa	PUBMED	5000
13.	2020-21	Sree S. Tirukkovalluri	PUBMED	5000
14.	2020-21	Sunil Chandy Varghese	PUBMED	5000
15.	2020-21	Vandhana James	PUBMED	5000
16.	2020-21	SudaresanBalagopal	PUBMED	5000
17.	2020-21	SudaresanBalagopal	PUBMED	5000
18.	2020-21	G. Manikandan	PUBMED	5000
19.	2020-21	Karthikeyan Selvaraj	PUBMED	5000
20.	2020-21	Shari S. Devarajan	PUBMED	5000
21.	2020-21	Vandhanajames	PUBMED	5000
22.	2020-21	Charanya Chandrasekaran	PUBMED	5000
23.	2020-21	SudaresanBalagopal	PUBMED	5000
24.	2020-21	S. Balagopal	PUBMED	5000
25.	2020-21	SudaresanBalagopal	PUBMED	5000
26.	2020-21	SudaresanBalagopal	PUBMED	5000
27.	2020-21	T Saravanan	PUBMED	5000
28.	2020-21	Sri ganesh	PUBMED	5000
29.	2020-21	Ajay Ranganathan	PUBMED	5000
30.	2020-21	Arul Kumar N	PUBMED	5000
31.	2020-21	TamizhesaiBalavadivel	PUBMED	5000
32.	2020-21	MahaboobShahul Hameed	PUBMED	5000
33.	2019-20	Ashokan GS	SCOPUS	3000
34.	2019-20	S. Parvathi	SCOPUS	3000
35.	2019-20	Subamalani S	SCOPUS	3000
36.	2019-20	Jimson Samson	SCOPUS	3000
37.	2020-21	Raghunathan Jagannathan	SCOPUS	3000
38.	2020-21	Juala Catherine Jebaraj	SCOPUS	3000
39.	2020-21	Raghunathan Jagannathan	SCOPUS	3000
40.	2020-21	ThodurMadapusi Balaji	SCOPUS	3000
41.	2020-21	AnandhiSekarArthisri	SCOPUS	3000
42.	2020-21	TamizhesaiBalavadivel	SCOPUS	3000

STAFFS ACADEMIC LEAVE

JUNE 2019 – MAY 2020

S.NO.	STAFF NAME	NO. OF LEAVE DAYS
1.	Dr.Hemasathya	1 day
2.	Dr.Parthiban	4 days
3.	Dr.Makesh Raj	5 days
4.	Dr.Jacob	6 days
5.	Dr.Bhuvaneshwari	12 days
6.	Dr.N.Balaji	4 days
7.	Dr. Narasimman	1 day
8.	Dr. Delfin	6 days
9.	Dr. B. Lokesh	10 days
10.	Dr. Anandh	7 days
11.	Dr.Helen	6 days
12.	Dr. Bala	9 days
13.	Dr. Nobin Mathew	11 days
14.	Dr. Sunil	5 days
15.	Dr. Jai Santhosh	4 days
16.	Dr. Prasanna	6 days
17.	Dr. Vivek	3 days
18.	Dr. Preethi	6 days
19.	Dr. Parvathi	1 day
20.	Dr. Meeran Sheriff	9 days
21.	Dr. Deepika	1 day
22.	Dr. Vandana James	5 days
23.	Dr. Juala Catherine	5 days
24.	Dr. Vignesh	3 days
25.	Dr. Lakshmi Priya	6 days
26.	Dr. Rajesh	3 days
27.	Dr. Kameshwaran	4 days
28.	Dr. Gayathri	2 days
29.	Dr. Parthasarathy	1 day
30.	Dr. Vaishnavi	4 days
31.	Dr. Nithyarajan	7 days
32.	Dr. Nivedha	1 day
33.	Dr. Rathinavel	2 days
34.	Dr. Senthil	1 day
35.	Dr. Mahalakshmi	5 days
36.	Dr. Vinay	2 days
37.	Dr. Priyadharshini	1 day

JAN 2020- APRIL 2021

S.NO.	STAFF NAME	MONTH	NO. OF LEAVE DAYS
1.	Dr. Charanya	JAN	1 day
2.	Dr. Rathinavel	FEB	2 days
3.	Dr. Geethapriya	FEB, MARCH	3 days
4.	Dr. Mahalakshmi	FEB, APRIL	1 days
5.	Dr. Helen	FEB	1 day
6.	Dr. Parameshwaran	FEB, MARCH	3 days
7.	Dr. Shanthinipriya	MARCH	2 days



