



THE TAMIL NADU Dr. M.G.R. MEDICAL UNIVERSITY

No.69, ANNA SALAI, GUINDY, CHENNAI - 600 032.

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Dr. PARAMESWARI SRIJAYANTH, M B B S., M.Sc., (Epid.,)
REGISTRAR (FAC)

Rc.No.Affln.IV(2)/24434/2018

Dated:15 .05.2019

To

The Principal,
Chettinad Dental College &
Research Institute, IT Highway ,
Kelambakkam,
Kancheepuram District – 603 103.

Sir,

Sub:	AFFILIATION- The Tamil Nadu Dr. M.G.R Medical University, Chennai – to start the M.D.S Degree Course in the Public Health Dentistry speciality with intake – 03 seats – To issue of Letter of Consent of Affiliation – for the academic year 2020-2021 – regarding.
Ref:	Your Letter No: CDCRI/PRIN/066/2018 dt. 04.04.2018
2.	Your Letter No: CDCRI /PRIN/205/2018 dt. 24.12,2018
3.	This University's Letter of even No.dt. 25.03.2019
4.	Your Letter No. CDCRI/PRIN/038/2019 dt. 20.03.2019 received on 26.03.2019.
5.	This University's letter of even No: dtd. 25.04.2019 & 14.05.2019
6.	Your Letter No. CDCRI/PRIN/67/2019 dt. 15.05.2019

In continuation to the reference cited, I am to enclose herewith the “Letter of Consent of Affiliation” in Form – B as prescribed by the Dental Council of India, New Delhi, so as to enable the Trust to apply to the Government of India for their formal permission to start the **M.D.S Degree Course in the Public Health Dentistry speciality with intake – 03 seats for the academic year 2020-2021.**

It is also informed that, the College should not publish the prospectus for starting the above said speciality in M.D.S. Degree Course in any form till the Government of India gives its Permission, and the University grants Provisional Affiliation.

Further, the issue of this Letter of Consent of Affiliation does not confer any rights to admit students to the proposed course till the permission of the Government of India and the affiliation of this University are obtained as the Letter of Consent of Affiliation is issued only for the limited purpose of enabling to apply to the Government of India for its permission.

The receipt of this letter may kindly be acknowledged.

Yours faithfully,


REGISTRAR (FAC)



Encl: Form B

Copy to:

1. The Secretary to Government of India,
Ministry of Health and Family Welfare
Department of Health,
Nirman Bhavan,
New Delhi – 110 011.
2. The Secretary,
Dental Council of India,
Kotla Road,
New Delhi: 110 002
3. The Secretary to Government,
Health and Family Welfare Department,
Fort St. George, Chennai - 600 009.
4. The Director of Medical Education,
162, Periyar E.V.R. High Road,
Kilpauk, Chennai – 600 010.