

THE TAMIL NADU DR. M.G.R. MEDICAL UNIVERSITY
No.69, ANNA SALAI, GUINDY, CHENNAI - 600 032.

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E-mail : mail@tnmgrmu.ac.in Fax : 91-44-22353698

PROCEEDINGS OF THE REGISTRAR

PRESENT : Prof. Dr.T. BALASUBRAMANIAN, M.S.: D.L.O.,

Proc.No. Affln.IV(2)/10291/2016

Dated: 06. 12.2017

Sub:	AFFILIATION – The Tamil Nadu Dr. M.G.R. Medical University, Chennai - BDS Degree Course – Chettinad Dental College & Research Institute, Kancheepuram District - Grant of Continuance of Provisional Affiliation for BDS Degree Course for the academic year 2017-2018 – Orders - issued - Regarding.
Ref: 1.	Proc. No. Affln.IV(2)/57116/2015, dated 09.09.2016
2	Recommendations of the Perusal Committee Meeting held on 16.06.2017.
3.	Recommendations of the Affiliation Sub-committee Meeting held on 20.06.2017
4.	Resolution No.31, passed at the 253 rd meeting of the Governing Council held on 29.06.2017
5.	This University's letter No. Affln. IV(2)/48102/2016. dated 11.08.2017.
6.	Letter No. CDCRI/PRIN/0168/2017 dated 21.09.2017 & CDCRI/PRIN/0174/2017, dated 05.10.2017 received from the Chettinad Dental College & Research Institute, Kancheepuram District

ORDER:

The Tamil Nadu Dr. M.G.R. Medical University grants Continuance of Provisional Affiliation to Chettinad Dental College & Research Institute, Kancheepuram District for conducting B.D.S. Degree course for the academic year 2017-2018 as indicated below subject to the usual conditions already intimated in the Provisional Affiliation order of this University.

Name of the Institution	Name of the Course	Date of Governing Council Resolution	Continuance of Provisional Affiliation granted for the Academic Year	Sanctoned Intake
Chettinad Dental College & Research Institute, Kancheepuram District	B.D.S. Degree Course	Resolution No.31, passed at the 253 rd meeting of the Governing Council held on 29.06.2017	2017-2018	100 Seats (One Hundred) Batch:To conduct entire BDS Degree Course.

2) The admission procedure of the Government as per the scheme of admission enunciated by the Supreme Court of India should be followed.

3) Any other conditions which the University considers necessary to impose from time to time should be followed strictly.

4) The receipt of this proceeding should be acknowledged.

Sd/-

Prof. Dr.T. BALASUBRAMANIAN,
REGISTRAR

To

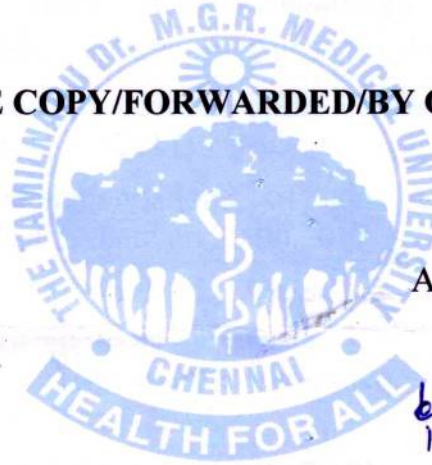
The Principal,
Chettinad Dental College & Research Institute,
IT Highway, Kelambakkam,
Kancheepuram District -603 103

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.
- 5) The Secretary,
Selection Committee,
161, Periyar E.V.R. High Road,
Kilpauk, Chennai – 600 010.
- 6) The Deputy Controller of Examination
- 7) The Assistant Registrar (Examination)
- 8) Examination Section (BDS) - for information and taking necessary action
- 9) Stock file
- 10) Spare

TRUE COPY/FORWARDED/BY ORDER/



S. J. J. J.
ASSISTANT REGISTRAR
AFFILIATION

6/18/217

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