Sri Lakshmi Narayana Institute of Medical Sciences
OSUDU, AGARAM VILLAGE, VILLIANUR COMMUNE, KUDAPAKKAM POST,
PUDUCHERRY – 605 502

Date 2-08-2021

From
Dr Rajini S
Professor and Head,
Department of Community medicine,
Sri Lakshmi Narayana Institute of Medical Sciences
Bharath Institute of Higher Education and Research,
Chennai.

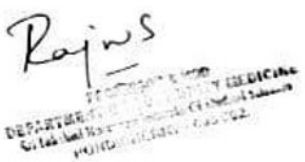
To
The Dean,
Sri Lakshmi Narayana Institute of Medical College
Bharath Institute of Higher Education and Research,
Chennai.

Sub: Permission to conduct value-added course: Oral hygiene

Respected Sir,

With reference to the subject mentioned above, the department proposes to conduct a value-added course titled: Oral hygiene for III MBBS students from Sept 2021 to Dec 2021 . We solicit your kind permission for the same.

Kind Regards



Dr.Rajini.S

Sri Lakshmi Narayana Institute of Medical Sciences

OSUDU, AGARAM VILLAGE, VILLIANUR COMMUNE, KUDAPAKKAM POST,
PUDUCHERRY – 605 502

FOR THE USE OF DEANS OFFICE

Names of Committee members for evaluating the course:

The Dean: Dr.Jayakumar

The HOD: Dr.Rajini

The Expert: Dr.Thiruselvakumar

The committee has discussed about the course and is approved.

PROFESSOR & HOD
DEPARTMENT OF COMMUNITY MEDICINE
Sri Lakshmi Narayana Institute Of Medical Sciences
PONDICHERRY - 605 502.

HEAD OF THE DEPARTMENT

RESOURCE PERSON

DEAN
Dr. P. JAYAKUMAR, M.S., M.CH.,
DIRECTOR / DEAN
Sri Lakshmi Narayana Institute of Medical Sciences
Osudu, Agaram Post, Pondicherry-605502

Sri Lakshmi Narayana Institute of Medical Sciences

OSUDU, AGARAM VILLAGE, VILLIANUR COMMUNE, KUDAPAKKAM POST,
PUDUCHERRY – 605 502

Circular

19-8-2021

Sub: Organising Value-added Course: Oral hygiene course- reg

With reference to the above mentioned subject, it is to bring to your notice that Sri Lakshmi Narayana Institute of Medical Sciences, **Bharath Institute of Higher Education and Research**, is organising **"Oral hygiene course" from September 7th, 2021**

The application must reach the institution along with all the necessary documents as mentioned. The hard copy of the application should be sent to the institution by registered/ speed post only so as to reach on or before 1st Sept 2021. Applications received after the mentioned date shall not be entertained under any circumstances.

DEAN
Dr. P. JAYAKUMAR, M.S., M.CH.,
DIRECTOR / DEAN
Sri Lakshmi Narayana Institute of Medical Sciences
Osudu, Agaram Post, Pondicherry 605502.

VALUE ADDED COURSE

1. Name of the programme & Code

Oral Hygiene PSM02

2. Duration & Period

30 hrs –September 2021 -December 2021

3. Information Brochure and Course Content of Value Added Courses

Enclosed as Annexure- I

4. List of students enrolled

Enclosed as Annexure- II

5. Assessment procedures:

Multiple choice questions- *Enclosed as Annexure- III*

6. Certificate model

Enclosed as Annexure- IV

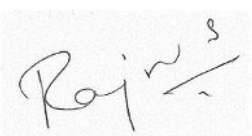
7. No. of times offered during the same year: 1

8. Year of discontinuation: - 2021

9. Summary report of each program year-wise

Value Added Course- 2021 Sept – Dec2021					
Sl. No	**Course Code**	**Course Name**	**Resource Persons**	**Target Students**	**Strength & Year**
1	PSM01	Oral Hygiene	Dr.S.Rajini Dr.C.kameshvell Dr.Thiruselvakumar.D	III[rd] MBBS	13 2021

10. Course Feed Back *Enclosed as Annexure V*



RESOURCE PERSON **CO-ORDINATOR**

Course Proposal

Course Title: "Oral hygiene"

Course Objective: To assess the oral hygiene and gain knowledge about the various preventive aspects of oral health

Course Outcome: To apply the knowledge gained in various Oral hygienes

Course Audience: III MBBS students

Course Coordinator: Dr.Rajini.S

Course Faculties with Qualification and Designation:

1.Dr.Rajini.S Professor

2.Dr.Thiruselvakumar Associate Prof

3.Dr.C.Kameshvell, Associate Prof

Course Curriculum/Topics with schedule (Min of 30 hours)

SlNo	Date	Topic	Faculty	Time	Hours
1	7-9-21	Introduction to Oral hygiene	Dr.S.Rajini	4-5p.m	1
2	14-9-21	Anatomy of oral cavity	Dr.Thiruselvakumar	4-6p.m	2
3	21-9-21	Physiology and Biochemistry of Oral cavity	Dr.C.Kameshvell	2-4p.m	2
4	28-9-21	Health conditions	Dr.S.Rajini	4-6p.m	2
5	5-10-21	Dental caries	Dr.Thiruselvakumar	4-6p.m	2
6	12-10-21	Peridontal disease	Dr.C.Kameshvell	4-6p.m	2
7	19-10-21	Oral cancers	Dr.Thiruselvakumar	4-5p.m	1
8	26-10-21	Oro dental trauma		4-5p.m	1
9	02-11-21	Noma	Dr.C.Kameshvell	2-4p.m	2
10	09-11-21	Cleft lip and cleft palate	Dr.S.Rajini	4-5p.m	1
11	16-11-21	Oral health inequalities		4-6p.m	2
12	23-11-21	Prevention of oral lesions	Dr.C.Kameshvell	4-6p.m	2
13	30-11-21	Control of oral diseases	Dr.S.Rajini	4-6p.m	2

14	07-12-21	Case scenario session 1	Dr.Thiruselvakumar	4-6p.m	2
15	14-12-21	Case scenario session 2	Dr.C.Kameshvell	4-6p.m	2
16	21-12-21	Assessment I	Dr.S.Rajini	4-6p.m	2
17	22-12-21	Assessment II	Dr.Thiruselvakumar	4-6p.m	2
		Total Hours	Dr.C.Kameshvell		30

REFERENCE BOOKS: (Minimum 2)

1. Neuberger W, inventor; Ceramoptec Industries Inc, assignee. Method and tools for oral hygiene. United States patent US 6,561,808. 2003 May 13.
2. Choo A, Delac DM, Messer LB. Oral hygiene measures and promotion: review and considerations. Australian dental journal. 2001 Sep;46(3):166-73.

the gums which can spread to other parts of the body and have serious, and in rare cases fatal, results.

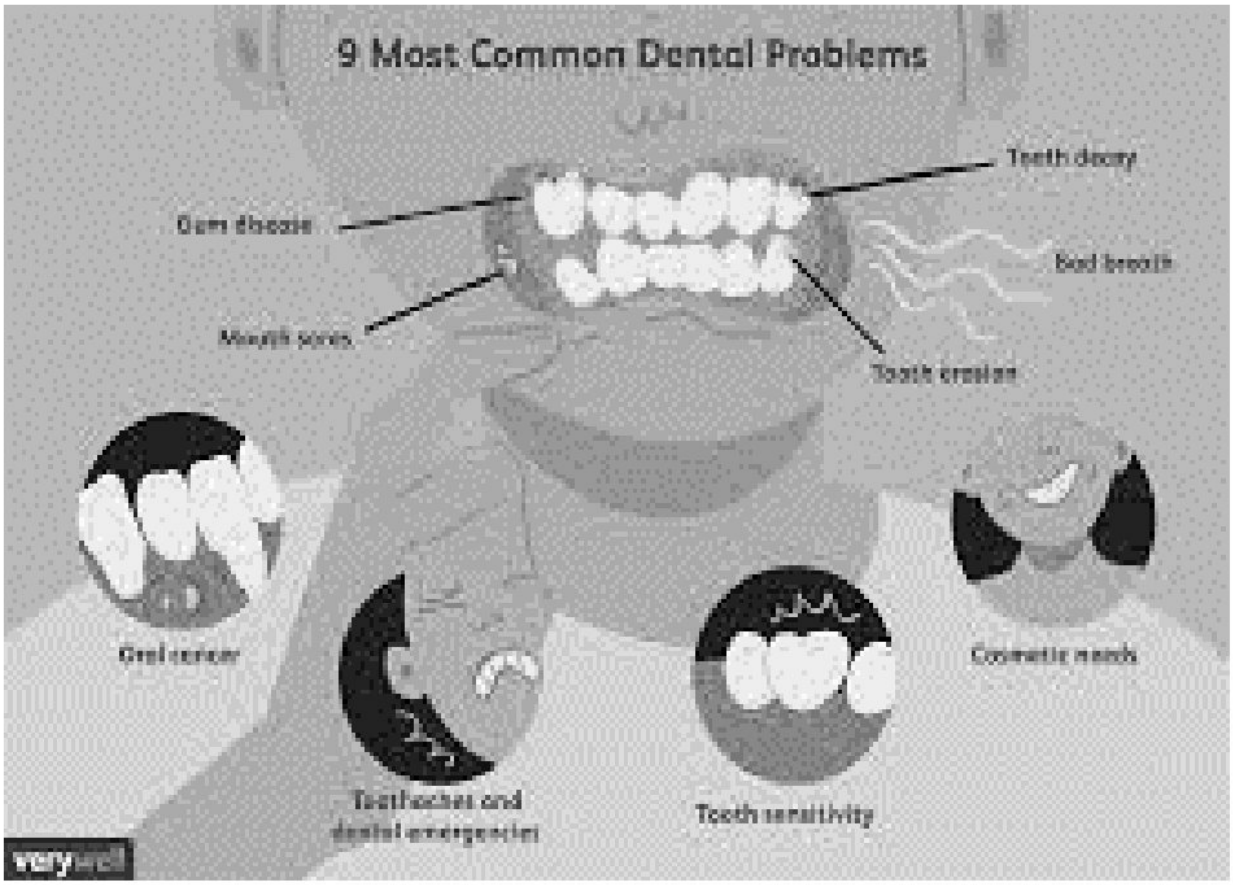
Community water fluoridation and school-based dental sealants programs are both cost-saving, proven strategies to prevent tooth decay.[3, 4]

Gum (Periodontal) Disease

About 4 in 10 adults aged 30 years or older had gum (periodontal) diseases in 2009–2014.[5] Gum disease is mainly the result of infections and inflammation of the gums and bone that surround and support the teeth. Certain chronic conditions increase one's risk for periodontal disease including diabetes, a weakened immune system, poor oral hygiene, and heredity. Tobacco use is also an important risk factor for gum disease. If early forms of periodontal diseases are not treated, the bone that supports the teeth can be lost, and the gums can become infected. Teeth with little bone support can become loose and may eventually have to be extracted.

Oral Cancer

In 2016, there were nearly 45,000 new cases of cancer of the oral cavity and pharynx diagnosed in the United States and more than 10,000 deaths. The 5-year survival rate for these cancers is about 61 percent. The mortality rate from oral cancer is nearly three times as high in males as it is in females (4 vs 1.4 for every 100,000 people) and nearly twice as high in white and black populations as it is in Hispanic population (2.6 vs. 1.5 for every 100,000 people).[6] Preventing high risk behaviors, that include cigarette, cigar or pipe smoking, use of smokeless tobacco, and excessive use of alcohol are critical in preventing oral cancers. Early detection is key to increasing the survival rate for these cancers. Oral Human Papilloma Virus (HPV), the most common sexually transmitted disease, can cause cancers in the back of the throat, called "oropharyngeal cancers." More research is needed to determine whether HPV itself causes oropharyngeal cancers, or if other factors (such as smoking or chewing tobacco) interact with HPV to cause these cancers.



Key facts

- **Oral diseases pose a major health burden for many countries and affect people throughout their lifetime, causing pain, discomfort, disfigurement and even death.**
- **These diseases share common risk factors with other major non communicable diseases.**
- **It is estimated that oral diseases affect nearly 3.5 billion people.**
- **Untreated dental caries (tooth decay) in permanent teeth is the most common health condition according to the Global Burden of Disease 2017.**

- **More than 530 million children suffer from dental caries of primary teeth (milk teeth).**
- **Severe periodontal (gum) disease, which may result in tooth loss, is also very common, with almost 10% of the global population affected.**
- **Oral cancer (cancer of the lip or mouth) is one of the three most common cancers in some countries of Asia and the Pacific.**
- **Treatment for oral health conditions is expensive and usually not part of universal health coverage (UHC). In most high-income countries, dental treatment averages 5% of total health expenditure and 20% of out-of-pocket health expenditure.**
- **Most low- and middle-income countries are unable to provide services to prevent and treat oral health conditions.**
- **Factors contributing to oral diseases are an unhealthy diet high in sugar, use of tobacco and harmful use of alcohol.**
- **Most oral health conditions are largely preventable and can be treated in their early stages.**

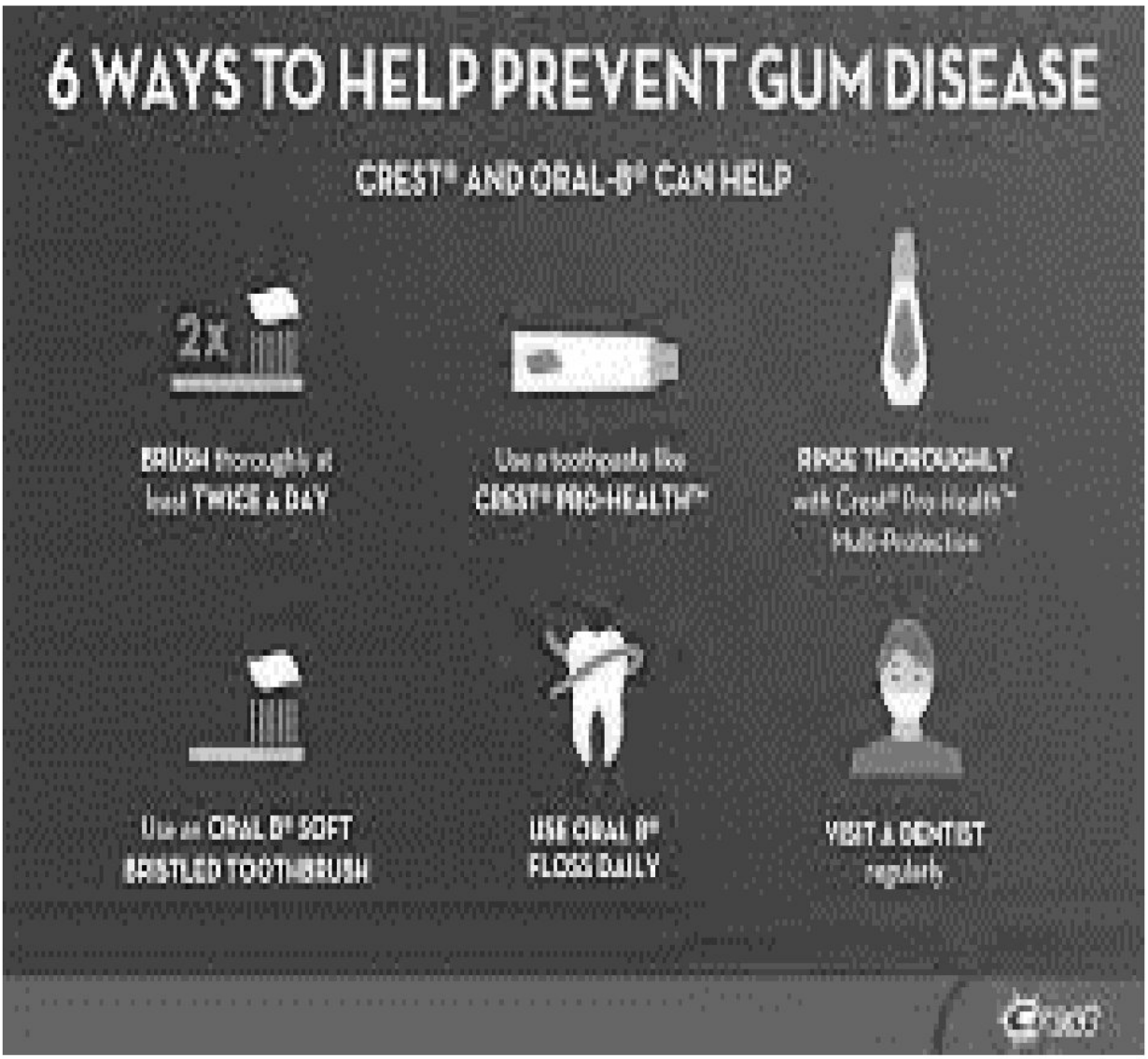
Oral health conditions

The majority of oral health conditions are: dental caries (tooth decay), periodontal diseases, oral cancers, oral manifestations of HIV, oro-dental trauma, cleft lip and palate, and noma (severe gangrenous disease starting in the mouth mostly affecting children). Most oral health conditions are largely preventable and can be treated in their early stages.

The *Global Burden of Disease Study 2017* estimated that oral diseases affect close to 3.5 billion people worldwide, with caries of permanent teeth being the most common condition. Globally, it is estimated that 2.3 billion people suffer from caries of permanent teeth and more than 530 million children suffer from caries of primary teeth.[2]

In most low- and middle-income countries, with increasing urbanization and changes in living conditions, the prevalence of oral diseases continues to increase. This is primarily due to inadequate exposure to fluoride (in the water supply and oral hygiene products such as

toothpaste) and poor access to oral health care services in the community. Marketing of food and beverages high in sugar, as well as tobacco and alcohol, has led to a growing consumption of products that contribute to oral health conditions and other noncommunicable diseases.



Dental caries (tooth decay)

Dental caries result when plaque forms on the surface of a tooth and converts the free sugars (all sugars added to foods by the manufacturer, cook, or consumer, plus sugars naturally present in honey, syrups, and fruit juices) contained in foods and drinks into acids that destroy the tooth over time. A continued high intake of free sugars, inadequate exposure to fluoride and a lack of

removal of plaque by toothbrushing can lead to caries, pain and sometimes tooth loss and infection.

Periodontal (gum) disease

Periodontal disease affects the tissues that both surround and support the tooth. The disease is characterized by bleeding or swollen gums (gingivitis), pain and sometimes bad breath. In its more severe form, the gum can come away from the tooth and supporting bone, causing teeth to become loose and sometimes fall out. Severe periodontal diseases are estimated to affect nearly 10% of the global population. The main causes of periodontal disease are poor oral hygiene and tobacco use.

Oral cancer

Oral cancer includes cancers of the lip, other parts of the mouth and the oropharynx. The global incidence of cancers of the lip and oral cavity) is estimated at 4 cases per 100 000 people. However, there is wide variation across the globe: from no recorded cases to around 20 cases per 100 000 people.[3] Oral cancer is more common in men and in older people, and varies strongly by socio-economic condition.

In some Asian-Pacific countries, the incidence of oral cancer ranks among the three top cancers.[3] Tobacco, alcohol and areca nut (betel quid) use are among the leading causes of oral cancer.[4] In North America and Europe, human papillomavirus infections are responsible for a growing percentage of oral cancers among young people.[5]

Oral manifestations of HIV infection

Oral manifestations occur in 30-80% of people with HIV,[6] with considerable variations depending on the affordability of standard antiretroviral therapy (ART).

Oral manifestations include fungal, bacterial or viral infections of which oral candidiasis is the most common and often the first symptom. Oral HIV lesions cause pain, discomfort, dry mouth, and difficulties swallowing.

Early detection of HIV-related oral lesions can be used to diagnose HIV infection and monitor the disease's progression. Early detection is also important for timely treatment.

Oro-dental trauma

Oro-dental trauma results from injury to the teeth, mouth and oral cavity. Around 20% of people suffer from trauma to teeth at some point in their life.[7] Oro-dental trauma can be caused by oral factors such as lack of alignment of teeth and environmental factors (such as unsafe playgrounds, risk-taking behaviour and violence). Treatment is costly and lengthy and sometimes can even lead to tooth loss, resulting in complications for facial and psychological development and quality of life.

Noma

Noma is a severe gangrenous disease of the mouth and the face. It mostly affects children between the ages of 2 and 6 years suffering from malnutrition, affected by infectious disease, living in extreme poverty with poor oral hygiene and/or with weakened immune systems.

Noma is mostly found in sub-Saharan Africa, although cases have also been reported in Latin America and Asia. Noma starts as a soft tissue lesion (a sore) of the gums, inside the mouth. The initial gum lesion then develops into an acute necrotizing gingivitis that progresses rapidly, destroying the soft tissues and further progressing to involve the hard tissues and skin of the face.

In 1998, WHO estimated that there were 140 000 new cases of noma annually. Without treatment, noma is fatal in 90% of cases. Survivors suffer from severe facial disfigurement, have difficulty speaking and eating, face social stigma, and require complex surgery and rehabilitation. Where noma is detected at an early stage, its progression can be rapidly halted, through basic hygiene, antibiotics and improved nutrition.

Cleft lip and palate

Clefts of the lip or palate affect more than 1 in 1000 newborns worldwide. Genetic predisposition is a major cause. However, poor maternal nutrition, tobacco consumption, alcohol and obesity during pregnancy also play a role.[8] In low-income settings, there is a high mortality rate in the

neonatal period. If lip and palate clefts are properly treated by surgery, complete rehabilitation is possible.

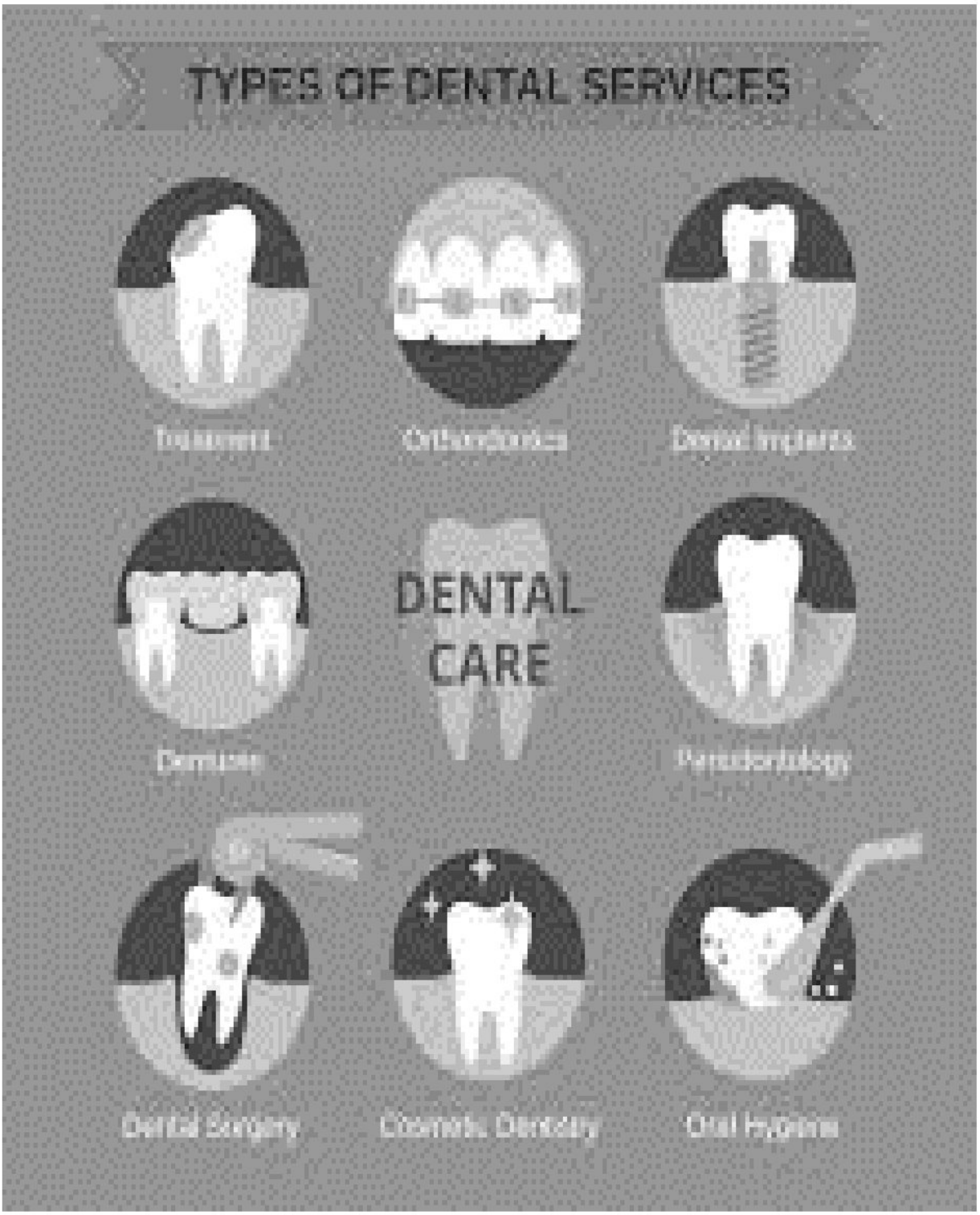
Noncommunicable diseases and common risk factors

Most oral diseases and conditions share modifiable risk factors (such as tobacco use, alcohol consumption and an unhealthy diet high in free sugars) common to the four leading noncommunicable diseases (cardiovascular disease, cancer, chronic respiratory disease and diabetes).

In addition, it is reported that diabetes is linked in a reciprocal way with the development and progression of periodontal disease. Moreover, there is a causal link between the high consumption of sugar and diabetes, obesity and dental caries.

Oral health inequalities

Oral diseases disproportionally affect the poor and socially-disadvantaged members of society. There is a very strong and consistent association between socioeconomic status (income, occupation and educational level) and the prevalence and severity of oral diseases.[9] This association exists from early childhood to older age, and across populations in high-, middle- and low-income countries.


TYPES OF DENTAL SERVICES
Orthodontics
Dental Implants
DENTAL CARE
Periodontology
Dental Surgery
Cosmetic Dentistry
Oral Hygiene

Prevention

The burden of oral diseases and other noncommunicable diseases can be reduced through public health interventions by addressing common risk factors.

These include:

- promoting a well-balanced diet low in free sugars and high in fruit and vegetables, and favouring water as the main drink;
- stopping use of all forms of tobacco, including chewing of areca nuts;
- reducing alcohol consumption; and
- encouraging use of protective equipment when doing sports and travelling on bicycles and motorcycles (to reduce the risk of facial injuries).

Adequate exposure to fluoride is an essential factor in the prevention of dental caries.

An optimal level of fluoride can be obtained from different sources such as fluoridated drinking water, salt, milk and toothpaste. Twice-daily tooth brushing with fluoride-containing toothpaste (1000 to 1500 ppm) should be encouraged.

Access to oral health services

Unequal distribution of oral health professionals and a lack of appropriate health facilities in most countries means that access to primary oral health services is often low. Overall, according to a survey of adults expressing a need for oral health services, access ranges from 35% in low-income countries to 60% in lower-middle-income countries, 75% in upper-middle income countries and 82% in high-income countries.[10] Moreover, even in high income settings, dental treatment is costly, averaging 5% of total health expenditure and 20% of out-of-pocket health expenditure.[11] Efforts in support of UHC can help frame policy dialogue to address weak primary oral health services, and address substantial out-of-pocket expenses associated with oral health care in many countries

References

1. U.S. Department of Health and Human Services, (2000). Oral Health in America: A Report of the Surgeon General. National Institute of Dental and Craniofacial Research, National Institutes of Health. Rockville, MD.
2. Centers for Disease Control and Prevention. Oral Health Surveillance Report: Trends in Dental Caries and Sealants, Tooth Retention, and Edentulism, United States, 1999–2004 to 2011–2016. Atlanta, GA: Centers for Disease Control and Prevention, US Dept of Health and Human Services; 2019.
3. Community Preventive Services Task Force. The Guide to Community Preventive Services. Preventing dental caries: community water fluoridation (abbreviated). Available at: https://www.thecommunityguide.org/findings/dental-caries-cavities-community-water-fluoridationexternal icon.
4. Community Preventive Services Task Force. The Guide to Community Preventive Services. Preventing dental caries: school-based dental sealant delivery programs: Task Force findings and rationale statement (abbreviated). Available at: https://www.thecommunityguide.org/findings/dental-caries-cavities-school-based-dental-sealant-delivery-programsexternal icon.
5. Eke PI, Thornton-Evans GO, Wei L, Borgnakke WS, Dye BA, Genco RJ. Periodontitis in US Adults: National Health and Nutrition Examination Survey 2009-2014. J Am Dent Assoc. 2018;149(7):576-588.
6. Centers for Disease Control and Prevention. United States Cancer Statistics: Data Visualizations. Available at: https://gis.cdc.gov/Cancer/USCS/DataViz.html.
7. Centers for Disease Control and Prevention. HPV and Oropharyngeal Cancer. Available at: https://www.cdc.gov/cancer/hpv/basic_info/hpv_oropharyngeal.htm.

ANNEXURE II

SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL SCIENCES

TOPIC: ORAL HYGINE

SL.NO	University Reg. No.	NAME OF THE STUDENTS	SIGNATURE
1	U16MB277	BLESSY AMALA RISHA .J	
2	U16MB278	CAREENA DANIEL	
3	U16MB279	CHANDRA PRAKASH.M	
4	U16MB280	CHINJU.S.R	
5	U16MB281	DASARI VENKATA SAI MOUNISH	
6	U16MB282	DEBARPITA NATH	
7	U16MB283	DEEBAK .i	
8	U16MB284	DEEKSHITH .D.R	
9	U16MB285	DEEPIKAA .D.V	
10	U16MB268	DELFI MARY .E	
11	U16MB287	DEVIKA.U.M	
12	U16MB288	DHAKSHANA .M	
13	U16MB290	GAURAV KUMAR	

ANNEXURE III

ORAL HYGIENE

Question 1

What is the estimated global prevalence of untreated dental caries?

- **a)** 20%
- **b)** 40%
- **c)** 60%
- **d)** 80%

Question 2

From the list of oral microorganisms, which is primarily responsible for the initiation of dental caries?

- **a)** Mutans streptococci
- **b)** bifidobacteria
- **c)** Lactobacilli
- **d)** P. gingivalis

Question 3

Oral bacterial synthesise extracellular glucans (dextran and mutan) from which host dietary component?

- **a)** glucose
- **b)** Alpha limit dextrins
- **c)** Sucrose
- **d)** polysaccharides

Question 4

The critical pH below which demineralisation of tooth enamel occurs is usually around:

- **a)** 6.0
- **b)** 5.7
- **c)** 5.5
- **d)** 5.0

Question 5

A deficiency of which vitamin has been associated with enamel defects and increased risk of dental caries?

- **a)** Vitamin A
- **b)** Folic acid
- **c)** Vitamin C
- **d)** Vitamin D

Question 6

Which of the following foods do not contain free sugars

- **a)** Cows' milk
- **b)** Natural unsweetened orange juice
- **c)** Honey
- **d)** Agave nectar

Question 7

The best available evidence for an association between amount of sugars and risk of dental caries comes from which type of study design?

- **a)** Randomised controlled
- **b)** Non-randomised controlled
- **c)** Cross sectional observational
- **d)** Cohort

Question 8

The WHO made a strong recommendation that the maximum intake of free sugars by individuals within populations should be

- **a)** <5%
- **b)** 5-10%
- **c)** <10%
- **d)** >10%

Question 9

From the options listed, which type of carbohydrate cannot be metabolised by oral bacteria

- **a)** maltose
- **b)** malto-triose
- **c)** starch
- **d)** glucose
- **e)** None of those listed

Question 10

The **main** mechanism by which fluoride protects against dental caries is?

a) An intra oral topical effect by which fluoride is incorporated into the enamel during remineralisation

b) A systemic effect during the period of tooth development where fluoride is incorporated into the enamel during its formation

c) An intra-oral effect where fluoride inhibits the activity of streptococcus mutans

d) A life-long systemic effect whereby ingested fluoride is incorporated into the tooth enamel for form fluoroapatite

SRI LAKSHMI NARAYANA INSTITUE OF HIGHER EDUCATON AND RESEARCH

ORAL HYGIENE

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SRI LAKSHMI NARAYANA INSTITUE OF HIGHER EDUCATON AND RESEARCH

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- d) glucose
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ANNEXURE IV

Sri Lakshmi Narayana Institute of Medical Sciences

Affiliated to Bharath Institute of Higher Education & Research

(Deemed to be University under section 3 of the UGC Act 1956)

CERTIFICATE OF MERIT

This is to certify that CAREENA DANIEL has actively participated in the Value Added Course on **ORAL HYGIENE** held during Sept 2021 – Dec 2021 Organized by Sri Lakshmi Narayana Institute of Medical Sciences, Pondicherry- 605 502, India.

Dr. Thiruselvakumar.D, MD
Resource Person
Associate Professor
Department of Community Medicine

Resource Person
Professor & HOD
Department of Community Medicine

Dr.P. Jayakumar, MD
Dean, SLIMS

Sri Lakshmi Narayana Institute of Medical Sciences

Affiliated to Bharath Institute of Higher Education & Research

(Deemed to be University under section 3 of the UGC Act 1956)

CERTIFICATE OF MERIT

This is to certify that CHINJU S.R has actively participated in the Value Added Course on **ORAL HYGIENE** held during Sept 2021 – Dec 2021 Organized by Sri Lakshmi Narayana Institute of Medical Sciences, Pondicherry- 605 502, India.

Dr. Thiruselvakumar.D, MD
Resource Person
Associate Professor
Department of Community Medicine

Resource Person
Professor & HOD
Department of Community Medicine

Dr.P. Jayakumar, MD
Dean, SLIMS

ANNEXURE V

Student Feedback Form

Course Name: **ORAL HYGINE**

Subject Code: **PSM02**

Name of Student: CAREENA DANIEL Roll No.: _____

We are constantly looking to improve our classes and deliver the best training to you. Your evaluations, comments and suggestions will help us to improve our performance

Sl. NO	Particulars	1	2	3	4	5
1	Objective of the course is clear			✓		
2	Course contents met with your expectations				✓	
3	Lecturer sequence was well planned				..	✓
4	Lectures were clear and easy to understand				✓	
5	Teaching aids were effective			✓		
6	Instructors encourage interaction and were helpful				✓	
7	The level of the course				✓	
8	Overall rating of the course	1	2	3	✓	5

** Rating: 5 – Outstanding; 4 - Excellent; 3 – Good; 2– Satisfactory; 1 - Not-Satisfactory*

Suggestions if any:

This session was good and interesting

Date: 22/12/2021

Careena Daniel
Signature

Student Feedback Form

Course Name: **ORAL HYGINE**

Subject Code: **PSM02**

Name of Student: CHINJU . S . R Roll No.: _____

We are constantly looking to improve our classes and deliver the best training to you. Your evaluations, comments and suggestions will help us to improve our performance

Sl. NO	Particulars	1	2	3	4	5
1	Objective of the course is clear			✓		
2	Course contents met with your expectations				✓	
3	Lecturer sequence was well planned					✓
4	Lectures were clear and easy to understand				✓	
5	Teaching aids were effective					✓
6	Instructors encourage interaction and were helpful				✓	
7	The level of the course					✓
8	Overall rating of the course	1	2	3	✓	5

** Rating: 5 – Outstanding; 4 - Excellent; 3 – Good; 2– Satisfactory; 1 - Not-Satisfactory*

Suggestions if any:

The programme was Interesting & Cheerful.

Date: 22/12/2021

Signature

Sri Lakshmi Narayana Institute of Medical Sciences

OSUDU, AGARAM VILLAGE, VILLIANUR COMMUNE, KUDAPAKKAM POST,
PUDUCHERRY – 605 502

Date 23-12-21

From
Dr.S.Rajini
Professor and Head,
Department of Community Medicine,
Sri Lakshmi Narayana Institute of Medical Sciences
Bharath Institute of Higher Education and Research,
Chennai.

Through Proper Channel

To
The Dean,
Sri Lakshmi Narayana Institute of Medical Sciences
Bharath Institute of Higher Education and Research,
Chennai.

Sub: Completion of value-added course: Oral Hygiene

Dear Sir,

With reference to the subject mentioned above, the department has conducted the value-added course titled: Oral Hygiene from Sept 2021 to Dec 2021. We solicit your kind action to send certificates for the participants, that is attached with this letter. Also, I am attaching the photographs captured during the conduct of the course.

Kind Regards

Dr.S.Rajini

Encl: Certificates

Photographs