



Sri Lakshmi Narayana Institute of Medical Sciences

From

Dr. Vijay Kumar,
Assistant Professor and Head,
Department of TB & Chest,
Sri Lakshmi Narayana Institute of Medical Sciences
Bharath Institute of Higher Education and Research,
Chennai.

6.09.2017

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: Basics about Smoking Cessation

Dear Sir,

With reference to the subject mentioned above, the department proposes to conduct a value-added course titled: **Basics about Smoking Cessation** during October to November 2017. We solicit your kind permission for the same.

Kind Regards

Dr. Vijay Kumar

FOR THE USE OF DEANS OFFICE

Names of Committee members for evaluating the course:

The Dean: **Dr. Jaya lakshmi**

The HOD: **Dr. Vijay Kumar**

The Expert: **Dr. Prakash Rao Balan**

The committee has discussed about the course and is approved.



Dean

Dr. G. JAYALAKSHMI, BSC., MBBS., DTCO., M.D.,
DEAN
Sri Lakshmi Narayana Institute of Medical Sciences
Osudu, Agraram, Kudapakkam Post,
Villanur Commune, Puducherry - 605502.



Subject Expert

Dr Prakash Rao Balan



HOD

Dr. Vijay Kumar



OFFICE OF THE DEAN

Sri Lakshmi Narayana Institute of Medical Sciences

OSUDU, AGARAM VILLAGE, VILLIANUR COMMUNE, KUDAPAKKAM POST,
PUDUCHERRY - 605 502.

[Recognised by Medical Council of India, Ministry of Health letter No. U/12012/249/2005-ME (P-II) dt. 11/07/2011]
[Affiliated to Bharath University, Chennai - TN]

Circular

15.09.2017

Sub: Organising Value-added Course: Basics about smoking cessation.

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 organizing “**Basics about Smoking Cessation** . The course content is enclosed below.”

he 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 30.09.2017. Applications received after the mentioned date shall not be entertained under any circumstances.

Dean

Dr. G. JAYALAKSHMI, BSC., MBBS., DTCD., M.D.,
DEAN
Sri Lakshmi Narayana Institute of Medical Sciences
Osudu, Agaram, Kudapakkam Post,
Villianur Commune, Puducherry - 605502.

Encl: Copy of Course content

Course Proposal

Course Title: Basics about Smoking Cessation

Course Objective: To know about the basics of smoking cessation

Course Outcome: Management of nicotine addiction

Course Audience: Medical Interns of 2017 Batch

Course Coordinator: Dr.vijay kumar

Course Faculties with Qualification and Designation:

1.Dr.Vijay kumar,Assistant Professor & HOD

2.Dr. Prakash rao balan,Senior resident

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

SlNo	Date	Topic	Resource faculty	Time	Hours
1.	7.10.17	Introduction	Dr. Vijay kumar	2-6p.m	4
2.	14.10.17	Health hazards of smoking	Dr.Prakash rao balan	2-6p.m	4
3.	21.10.17	Smoking and cancer risk	Dr. Vijay kumar	2-6p.m	4
4.	28.10.17	Cigarette smoking and infection	Dr.Prakash rao balan	2-6p.m	4
5.	4.11.17	Effects of nicotine	Dr. Vijay kumar	2-6p.m	4
6.	11.11.17	Fagerstorm criteria for nicotine dependance	DrPprakash rao balan	2-6p.m	4
7.	18.11.17	Algothrim for treating tobacco use	Dr.Vijay kumar	2-6 P.M	4
8.	25.11.17	Stratergies to help the patient willing to quit tobacco use	Dr.Prakash rao balan	2-6p.m	4

9.	29.11.17	Multiple questions discussion	choice and	Dr. Vijay kumar	4-6p.m	2
			Total			34 hrs

REFERENCE BOOKS:

1. Bai JW, et al. (2017). Smoking cessation affects the natural history of COPD. *Int J Chron Obstruct Pulmon Dis*; 12: 3323–3328.
2. Behrakis PK, et al. (2017). Tobacco cessation guidelines for high-risk populations (TOB.g). <http://tob-g.eu/wp-content/uploads/TOB-G-BOOK-DIGITAL-VERSION.pdf>
3. Cahill K, et al. (2013). Pharmacological interventions for smoking cessation: an overview and network meta-analysis. *Cochrane Database Syst Rev*; 5: CD009329.
4. European Network for Smoking and Tobacco Prevention (2012). *ENSP Guidelines for Treating Tobacco Dependence*. Brussels, ENSP.
5. Lai DT, et al. (2010). Motivational interviewing for smoking cessation. *Cochrane Database Syst Rev*; 1: CD006936.
6. Livingstone-Banks J, et al. (2019). Relapse prevention interventions for smoking cessation. *Cochrane Database Syst Rev*; 2: CD003999

VALUE ADDED COURSE

1. Name of the programme & Code

Basics about Smoking Cessation CT05

2. Duration & Period

34 hrs & October– November 2017

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:

Assessment Evolution by DOPS method - *Enclosed as Annexure- III*

6. Certificate model

Enclosed as Annexure- IV

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

1 time October – November 2017

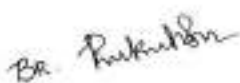
8. Year of discontinuation: 2018

9. Summary report of each program year-wise

Value Added Course- October – November 2017					
Sl. No	Course Code	Course Name	Resource Persons	Target Students	Strength & Year
1	CT05	Basics about Smoking cessation	Dr. Vijay kumar Dr.Prakash rao balan	CRRI Interns	8 students OCT – NOV2017

10. Course Feed Back

Enclosed as Annexure- V



RESOURCE PERSON
1. Dr.Prakash rao balan



COORDINATOR
Dr.Vijay Kumar

SMOKING CESSATION



PARTICIPANT HAND BOOK

COURSE DETAILS

Particulars	Description
Course Title	Diagnosis and management of smoking cessation
Course Code	CT05
Objective	1. INTRODUCTION: 2. HEALTH HAZARDS OF SMOKING: 3. CIGARETTE SMOKING AND CANCER RISK: 4. CIGARETTE SMOKING AND INFECTION 5. EFFECTS OF NICOTINE 6. FAGERSTORM CRITERIA FOR NICOTINE DEPENDANCE: 7. ALGOTHRIM FOR TREATING TOBACCO USE: 8. STRATERGIES TO HELP THE PATIENT WILLING TO QUIT TOBACCO USE: 9. CLINICAL GUIDELINES FOR PRESCRIBING PHARMACOTHERAPY IN TOBACCO CESSATION : 10. CLINICAL USE OF PHARMACOTHERAPY IN TOBACCO CESSATION:
Further learning opportunities	Nicotine dependence treatment
Key Competencies	On successful completion of the course the students will have skill in nicotine dependence treatment
Target Student	Interns of 2017 batch
Duration	34hrs Every October-November 2017
Theory Session	32 hrs +2hrs
Assessment Procedure	Multiple choice questions

1.INTRODUCTION:

Smoking should be regarded as a primary addictive disorder.

Cigarette smoking remains the leading cause of preventable premature morbidity and mortality in the United States and in many countries around the world.

An average of 443,000 people in the United States die prematurely from tobacco-related disease in a year, which includes one of every three cancers and one in five overall deaths.

Smoking, the largest preventable cause of cancer, is responsible for about 30% of cancer deaths.

2.HEALTH HAZARDS OF SMOKING:

Health hazards due to second hand smoke in non smokers:

Children	Adults
Hospitalization for respiratory tract infection in first year of life	Lung cancer
Wheezing	Myocardial infarction
Middle ear effusion	Reduced pulmonary function
Asthma	Irritation of eyes, nasal congestion, headache
Sudden infant death syndrome	Cough

Health hazards in smokers:

CANCER (See Table 46-2)**CARDIOVASCULAR DISEASE**

Sudden death
Acute myocardial infarction
Unstable angina
Stroke
Peripheral arterial occlusive disease (including thromboangiitis obliterans)
Aortic aneurysm

PULMONARY DISEASE

Lung cancer
Chronic bronchitis
Emphysema
Asthma
Increased susceptibility to pneumonia and to pulmonary tuberculosis
Increased susceptibility to desquamative interstitial pneumonitis
Increased morbidity from viral respiratory infection

GASTROINTESTINAL DISEASE

Peptic ulcer
Esophageal reflux

REPRODUCTIVE DISTURBANCES

Reduced fertility
Premature birth
Lower birth weight
Spontaneous abortion
Abruptio placentae
Premature rupture of membranes
Increased perinatal mortality

ORAL DISEASE (SMOKELESS TOBACCO)

Oral cancer
Leukoplakia
Gingivitis
Gingival recession
Tooth staining

OTHER

Non-insulin-dependent diabetes mellitus
Earlier menopause
Osteoporosis
Cataract
Tobacco amblyopia (loss of vision)
Age-related macular degeneration
Premature skin wrinkling
Aggravation of hypothyroidism
Altered drug metabolism or effects

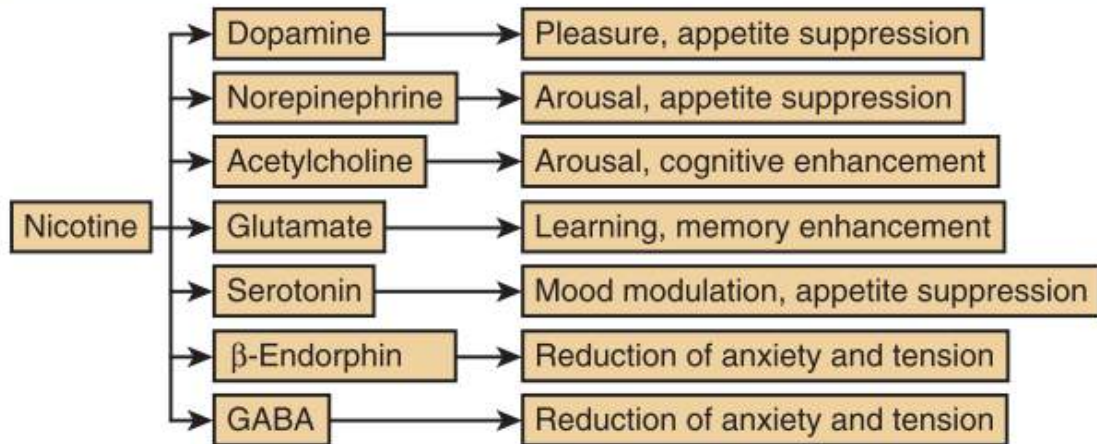
3.CIGARETTE SMOKING AND CANCER RISK:

Cancer Site	Average Relative Risk
Lung	15.0–30.0
Larynx	10.0*
Oral cavity	4.0–5.0
Oropharynx and hypopharynx	4.0–5.0*
Esophagus	1.5–5.0*
Pancreas	2.0–4.0
Urinary tract	3.0
Nasal cavity, sinuses, nasopharynx	1.5–2.5
Stomach	1.5–2.0
Liver	1.5–2.5
Kidney	1.5–2.0
Uterine cervix	1.5–2.5
Myeloid leukemia	1.5–2.0

4.CIGARETTE SMOKING AND INFECTION:

Tuberculosis
Legionnaires' disease
HIV infection
Periodontal disease
Pneumococcal pneumonia
Meningococcal disease
Influenza
<i>Helicobacter pylori</i>
Common cold

5.EFFECTS OF NICOTINE:



6.FAGERSTORM CRITERIA FOR NICOTINE DEPENDANCE:

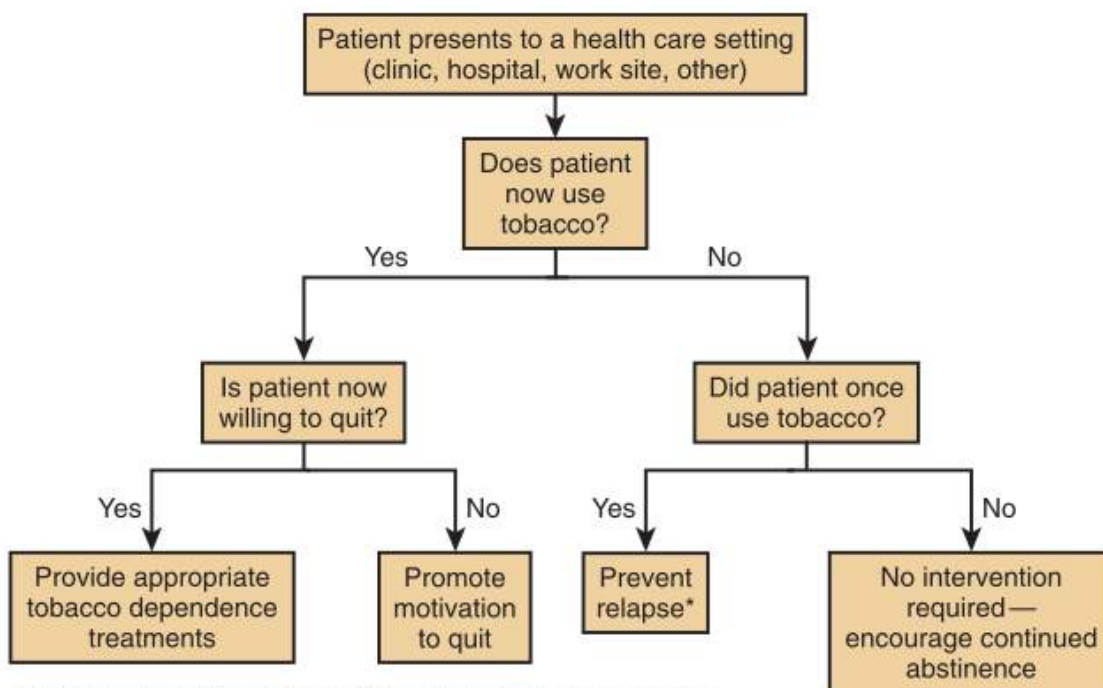
Questions	Answers	Points
1. How soon after you wake up do you smoke your first cigarette?	Within 5 min	3
	6–30 min	2
	31–60 min	1
	After 60 min	0
2. Do you find it difficult to refrain from smoking in places where it is forbidden, e.g., in church, at the library, in cinema, etc.?	Yes	1
	No	0
3. Which cigarette would you hate most to give up?	The first one in the morning	1
	All others	0
4. How many cigarettes/day do you smoke?	10 or less	0
	11–20	1
	21–30	2
	31 or more	3
5. Do you smoke more frequently during the first hours after waking than during the rest of the day?	Yes	1
	No	0
6. Do you smoke if you are so ill that you are in bed most of the day?	Yes	1
	No	0

The most important question is time to first cigarette, and smokers who smoke within 30 minutes of awakening are usually heavily addicted to nicotine.

These patients and those with Fagerstrom scores ≥ 7 comprise a group of individuals likely to benefit from nicotine replacement therapy (NRT) or varenicline.

In contrast, patients with low Fagerstrom scores who are able to cope with smoke-free environments for an extended time period (>4 hours) without developing discomforting withdrawal symptoms, may not require NRT.

7. ALGORITHM FOR TREATING TOBACCO USE:



*Relapse prevention interventions are not necessary in the case of the adult who has not used tobacco for many years.

8. STRATEGIES TO HELP THE PATIENT WILLING TO QUIT TOBACCO USE:

Strategies for Implementation	Action
Ask—Systematically identify all tobacco users at every visit.	Implement an office-wide system that ensures that, for every patient at every clinic visit, tobacco-use status is queried and documented.
Advise—Strongly urge all tobacco users to quit.	In a clear, strong, and personalized manner, urge every tobacco user to quit.
Assess—Determine willingness to make a quit attempt.	Ask every tobacco user if he or she is willing to make a quit attempt at this time (e.g., within the next 30 days).
Assist—Aid the patient in quitting.	Help the patient with a quit plan. Provide practical counseling (problem solving/skills training). Provide intra-treatment social support. Help patient obtain extra-treatment social support. Recommend the use of approved pharmacotherapy except in special circumstances.
Arrange—Schedule follow-up contact.	Schedule follow-up contact, either in person or via telephone.

9. CLINICAL GUIDELINES FOR PRESCRIBING PHARMACOTHERAPY IN TOBACCO CESSATION :

- In general, all smokers trying to quit smoking should be offered pharmacotherapy.
- There are seven first-line smoking cessation medications—five types of nicotine replacement therapy, sustained-release bupropion, and varenicline. Varenicline or the combination of nicotine patch plus ad libitum short-acting nicotine products appears to be most effective. However, the choice of first-line therapy should be governed by patient preference, familiarity of the clinician with the medication, contraindications for specific patients, and prior experience of the patient with specific pharmacotherapies.
- Second-line therapies include clonidine and nortriptyline. These should be reserved for individuals with contraindications to/or failure of response to first-line medications.

- Bupropion and nicotine replacement therapies may delay but not prevent weight gain after smoking cessation. It is recommended that patients start or increase physical activity, but strict dieting is discouraged because this appears to increase the likelihood of relapse to smoking. Patients should be reassured that weight gain after quitting is self-limited and poses much less of a risk to health than smoking.
- Transdermal nicotine (patches), nicotine gum, and bupropion appear to be safe for patients with chronic cardiovascular disease. Other medications are likely to be much safer than smoking in the presence of medical disease but need further evaluation.
- In smokers with prolonged withdrawal symptoms or in those who cannot resist smoking without medication, long-term therapy with nicotine replacement medication, bupropion, or varenicline appears to be safe and effective therapy.
- Recent research suggests that combining bupropion with nicotine patches or combining nicotine patches with ad libitum use of nicotine gum or nicotine nasal spray increases abstinence rates compared to the rates produced by a single form of therapy.

10. CLINICAL USE OF PHARMACOTHERAPY IN TOBACCO CESSATION:

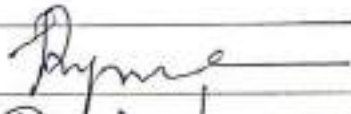
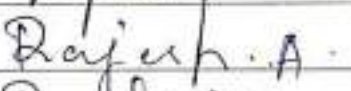
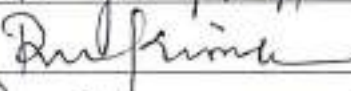
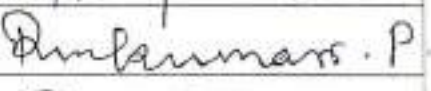
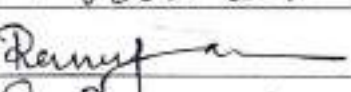
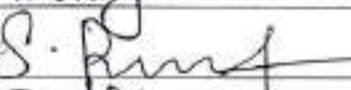
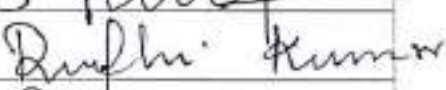
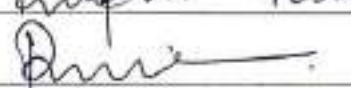
Pharmacotherapy	Precautions/ Contraindications	Adverse Effects	Dosage	Duration	Availability
FIRST-LINE					
Bupropion hydrochloride, sustained release	History of seizure History of eating disorders	Insomnia Dry mouth	150 mg every morning for 3 days then 150 mg twice daily (begin treatment 1–2 wk prequit)	7–12 wk maintenance up to 6 mo	Prescription only
Nicotine gum	Temporomandibular joint disorder	Mouth soreness Dyspepsia	If 1–24 cigarettes/day, 2 mg gum (≤24 pieces/day) If ≥25 cigarettes/day, 4 mg gum (≤24 pieces/day)	Up to 12 wk	OTC only
Nicotine inhaler		Local irritation of mouth and throat	6–16 cartridges/day	Up to 6 mo	Prescription only
Nicotine nasal spray	Chronic nasal disorders, including rhinitis, polyps, and sinusitis	Nasal irritation Throat burning	8–40 doses/day	3–6 mo	Prescription only
Nicotine patch	Skin diseases, such as atopic or eczematous dermatitis	Local skin reaction Insomnia	21 mg/24 hr 14 mg/24 hr 7 mg/24 hr 15 mg/16 hr	4 wk then 2 wk then 2 wk 8 wk	Prescription and OTC
Nicotine lozenge	None	Nausea, hiccups, heartburn	If time to first cigarette >30 min, 2 mg; if time to first cigarette <30 min, 4 mg, up to 20 per day	12 weeks	OTC only
Varenicline	Significant kidney disease Patients on dialysis	Nausea Abnormal or vivid strange dreams Depressed mood and other psychiatric symptoms Trouble sleeping	0.5 mg/day for 3 days, 0.5 mg twice /day for 4 days, then 1 mg twice/day (begin treatment 1 wk prequit)	3–6 mo	Prescription only
SECOND-LINE					
Clonidine	Rebound hypertension	Dry mouth Drowsiness Dizziness Sedation	Initial 0.10 mg twice daily, titrate to 0.15–0.75 mg/day	3–10 wk	Prescription only (oral formulation) Prescription only (patch)
Nortriptyline	Risk for arrhythmias	Sedation Dry mouth	Initial 25 mg/day, titrate to 75–100 mg/day	3–6 mo	Prescription only

VALUE ADDED COURSE

Annexure- II

Basics about Smoking Cessation CT05

4. List of Students Enrolled OCT 2017-NOV2017

1 st Year MBBS Student			SIGNATURE
Sl. No	Name of the Student	Roll No	
1	RAJESH. V.	U13MB242	
2	RAJESH.A.	U13MB241	
3	RAJKIRAN.M.	U13MB243	
4	RAMKUMAR.P.	U13MB244	
5	RAMYA.K	U13MB245	
6	RAMYA.S	U13MB246	
7	Ranjith Kumar. S	U13MB247	
8	RAVI KRISHNAN.R	U13MB248	


RESOURCE PERSON


COORDINATOR



SRI LAKSHMI NARAYANA INSTITUTE OF HIGHER EDUCATION
AND RESEARCH

Annexure - III

BASICS ABOUT SMOKING CESSATION
MULTIPLE CHOICE QUESTIONS

Sri Lakshmi Narayana Institute of Medical Sciences, Puducherry



CANDIDATE AND ASSESSOR INFORMATION

Course code: CT05

Candidate Name Sri Kowshik M. B.

Assessor Name Dr VITAY KUMAR

Date of Assessment 9.11.17.

Assessor Position ASSISTANT PROFESSOR

Questions and Answers:

1. What is the average weight gain for those who quit smoking?

- A Less than 10 pounds
- B 10-15 pounds
- C 15-30 pounds
- D More than 30 pounds

2. Signs of cigarette addiction do NOT include which one of the following:

- A Smoking within 30 minutes of awakening in the morning
- B Smoking more than three cigarettes per day



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AND RESEARCH

- C Smoking even when sick and in bed
- D Difficulty eliminating the first cigarette in the morning

3. Other healthy habits may make up for smoking.

- A True
- B False

4. What kinds of substances are contained in a cigarette?

- A Chemicals used in wood varnish
- B Chemicals found in nail polish remover
- C Chemicals found in rat poison
- D All of the above

5. Which symptom is most likely to be associated with smoking cessation?

- A Blurred vision
- B Dry mouth
- C Anxiety
- D Stomach pain

6. Smoking and _____ are risk factors for heart disease.

- A High cholesterol
- B Human papillomavirus (HPV)



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AND RESEARCH

- C Blood infections
- D None of the above

7. Of the options below, the best advice for quitting smoking is:

- A Don't go cold turkey
- B Don't set a quit date
- C Don't tell anyone
- D Don't exercise right away at first

8. Addiction to nicotine is the same as addiction to cocaine or heroin.

- A True
- B False

9. It is best to clean house during the smoking cessation phase.

- A True
- B False

10. Which of these statements is FALSE?

- A Chemicals in cigarettes can reach breast milk
- B Cotinine is the breakdown product of nicotine
- C At least 250 chemicals have been found in secondhand smoke



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D Smoking increases pain perception



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AND RESEARCH

Annexure - III

BASICS ABOUT SMOKING CESSATION
MULTIPLE CHOICE QUESTIONS

Sri Lakshmi Narayana Institute of Medical Sciences, Puducherry



CANDIDATE AND ASSESSOR INFORMATION

Course code: CT05

Candidate Name

RAMYA . S

Assessor Name

D. VIJAY KUMAR

Date of Assessment

9.11.2017.

Assessor Position

ASSISTANT
PROFESSOR.

Questions and Answers:

1. What is the average weight gain for those who quit smoking?

- A Less than 10 pounds
- B 10-15 pounds
- C 15-30 pounds
- D More than 30 pounds

2. Signs of cigarette addiction do NOT include which one of the following:

- A Smoking within 30 minutes of awakening in the morning
- B Smoking more than three cigarettes per day



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AND RESEARCH

- C Smoking even when sick and in bed
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**SRI LAKSHMI NARAYANA INSTITUTE OF HIGHER EDUCATION
AND RESEARCH**

- C Blood infections
- D None of the above

7. Of the options below, the best advice for quitting smoking is:

- A Don't go cold turkey
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8. Addiction to nicotine is the same as addiction to cocaine or heroin.

- A True
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9. It is best to clean house during the smoking cessation phase.

- A True
- B False

10. Which of these statements is FALSE?


- A Chemicals in cigarettes can reach breast milk
- B Cotinine is the breakdown product of nicotine
- C At least 250 chemicals have been found in secondhand smoke



Sri Lakshmi Narayana Institute of Medical Sciences



This is to certify that Ramkumar.P(U13MB244) has actively participated in the Value Added Course on **BASICS ABOUT SMOKING CESSATION** held during October - November 2017 Organized by Sri Lakshmi Narayana Institute of Medical Sciences, Pondicherry- 605 502, India.


Dr. Prakash Rao Balan
RESOURCE PERSON


Dr. Vijay Kumar
COORDINATOR



Sri Lakshmi Narayana Institute of Medical Sciences

SEMESTER OF EVENT

This is to certify that _____Rajesh.A(U13MB241))_ has actively participated in the Value Added Course on **BASICS ABOUT SMOKING CESSATION** held during October - November 2017 Organized by Sri Lakshmi Narayana Institute of Medical Sciences, Pondicherry- 605 502, India.


Dr. Prakash Rao Balan

RESOURCE PERSON



Dr. Vijay Kumar

COORDINATOR

Student Feedback Form

Course Name: BASICS ABOUT SMOKING CESSATION

Subject Code: CT 05

Name of Student: SAI KOWSHIK · M · B Roll No.: U13MB249

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	4	5

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

Suggestions if any:

useful course.

Date: 9.11.2017

Sai Kowshik
Signature

Student Feedback Form

Course Name: BASICS ABOUT SMOKING CESSATION

Subject Code: CT 05

Name of Student: RAMVA . S Roll No.: U13MB246

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					✓
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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	4	✓5

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

Suggestions if any:

Good .

Date: 9.11.2017


Signature

From

29.11.2017

Dr. Vijay Kumar
Assistant Professor and Head,
Department of TB& Chest,
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: Basics about Smoking Cessation

Dear Sir,

With reference to the subject mentioned above, the department has conducted the value-added course titled: : **Basics about Smoking Cessation** October to November 2017 for 8 interns . 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. Vijay Kumar

Encl: Certificates

Photographs



Sri Lakshmi Narayana Institute of Medical Sciences



Date-20-10-2017

From
Dr. K. Harsha Vardhan
Professor and Head,
Department of Dermatology,
Sri Lakshmi Narayana Institute of Medical Sciences
Bharath Institute of Higher Education and Research,
Chennai.

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

Sub: Permission to conduct value-added course: Acne vulgaris

Dear Sir,

With reference to the subject mentioned above, the department proposes to conduct a value-added course titled: **Acne vulgaris** on 20-11-2017. We solicit your kind permission for the same.

Kind Regards

Dr. K. Harsha Vardhan

FOR THE USE OF DEANS OFFICE

Names of Committee members for evaluating the course:

The Dean: Dr. Jayalakshmi

The HOD: Dr. K. Harsha Vardhan

The Expert: Dr. A. Buvanaratchagan

The committee has discussed about the course and is approved.

Dr. G. JAYALAKSHMI, BSC., MBBS., DTCD., M.D.,
DEAN
Sri Lakshmi Narayana Institute of Medical Sciences
Osudu, Agaram, Kudapakkam Post,
Villanur Commune, Puducherry - 605502.

Subject Expert

HOD