



Date-20-06-2018

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: Herpes Zoster

Dear Sir,

With reference to the subject mentioned above, the department proposes to conduct a value-added course titled: **Herpes Zoster** on 20-07-2018. 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. A. Sugumaran

The HOD: Dr. K. Harsha Vardhan

The Expert: Dr. A. Buvanaratchagan

The committee has discussed about the course and is approved.

DEAN
SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL SCIENCES
OSUDU, AGARAM VILLAGE,
KODAPAKKAM POST,
PUDUCHERRY - 605 592

Subject Expert

HOD

Sri Lakshmi Narayana Institute of Medical Sciences



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SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL SCIENCES
OSUDU, AGARAM VILLAGE,
KOODAPAKKAM POST,
PUDUCHERRY - 605 502

Dr. A. BUVANARATCHAGAN, MD.,
Reg. No: 37150
Asso. Professor, Dermatology
Sri Lakshmi Narayana Institute of Medical Sciences
Osudu, Koodapakkam, Puducherry-605 502.

Subject Expert

PROFESSOR & HEAD
DEPT. OF DERMATOLOGY
SRI LAKSHMI NARAYANA INSTITUTE OF
MEDICAL SCIENCES
OSUDU, PUDUCHERRY.
HOD



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

27.06.2018

Sub: Organising Value-added Course: Herpes Zoster (July 2018 – Oct 2018)

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 “**Herpes Zoster**”. The course content is enclosed below.”

The hard copy of the application should be sent to the institution by registered/ speed post only so as to reach on or before 13-07-2018. Applications received after the mentioned date shall not be entertained under any circumstances.

DEAN
SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL SCIENCES
OSUDU, AGARAM VILLAGE,
KODAPAKKAM POST,
PUDUCHERRY - 605 502

Encl: Copy of Course content

Course Proposal

Course Title: Herpes zoster
Course Objective: To review clinical presentation and management of herpes zoster to second year mbbs students
Course Outcome: Completed
Course Audience: second year mbbs students
Course Coordinator: Dr. K. Harsha Vardhan
Course Faculties with Qualification and Designation:
1 . Dr. K. Harsha Vardhan
 Professor , Department of Dermatology
2. Dr. Buvanaratchagan
 Associate Professor , Department of Dermatology
Course Curriculum/Topics with schedule (Min of 30 hours)

SINo	Date	Topic	Time	Hours	Lecture taken by
1	20-7-18	Introduction on herpes zoster	4 to 6 pm	2hours	Dr. K. Harsha Vardhan
2	24-7-18	Pathogenesis	4:30 to 6:30 pm	2hours	Dr. Buvanaratchagan
3	27-7-18	VSV	5 to 7 pm	2hours	Dr. K. Harsha Vardhan
4	31-7-18	Clinical features	4 to 6 pm	2hours	Dr. Buvanaratchagan
5	2-8-18	Investigation	4:30 to 6:30 pm	2hours	Dr. K. Harsha Vardhan
6	7-8-18	Treatment	5 to 7 pm	2hours	Dr. Buvanaratchagan
7	10-8-18	General measures in management	4 to 6 pm	2hours	Dr. K. Harsha Vardhan
8	15-8-18	Prophylaxis	4:30 to 6:30 pm	2hours	Dr. Buvanaratchagan
9	20-8-18	Post herpetic neuralgia	5 to 7 pm	2hours	Dr. K. Harsha Vardhan
10	24-8-18	Complications	4 to 6 pm	2hours	
11	29-8-18	Future aspects in treatment	4:30 to 6:30 pm	2hours	Dr. K. Harsha Vardhan
12	4-9-18	Herpes zoster vaccine	5 to 7 pm	2hours	Dr. Buvanaratchagan
13	11-9-18	Herpes zoster varied presentations	4 to 6 pm	2hours	Dr. K. Harsha Vardhan
14	14-9-18	Case discussion	4:30 to 6:30 pm	2hours	Dr. Buvanaratchagan
15	19-9-18	Q&A,MCQs	4 to 6 pm	2hours	Dr. K. Harsha Vardhan
			Total Hours	30	

REFERENCE BOOKS:

1. Rooks Textbook of dermatology 9th edition
2. Fitzpatrick 's dermatology in general medicine 8th edition

ABSTRACT- VALUE ADDED COURSE

1. Name of the programme & code

Herpes zoster and DR08

2. Duration & Period

30 hrs & July 2018 to Oct 2018

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. Course Feed Back

Enclosed as Annexure- IV

7. No. of times offered during the same

July 2018 to oct 2018

8. Year of discontinuation: 2019

9. Summary report of each program year-wise

Value Added Course- July 2018 to Oct 2018					
Sl. No	Course Code	Course Name	Resource Persons	Target Students	Strength & Year
1	DR08	Herpes zoster	Dr. Buvanaratchagan	2nd year MBBS	15 (July 2018 - oct 2018)

10. Certificate model

Enclosed as Annexure- V

Dr. Buvanaratchagan

Dr. K. Harsha Vardhan

RESOURCE PERSON

COORDINATOR

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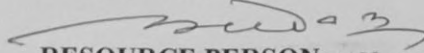
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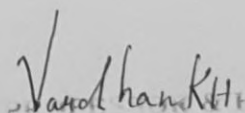
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Enclosed as Annexure- V

Dr. Buvanaratchagan


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Asso. Professor, Dermatology
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Osudu, Kudapakkam, Puducherry-605 002.


Dr. K. Harsha Vardhan HEAD
DERMATOLOGY
SRI LAKSHMI NARAYANA INSTITUTE OF
MEDICAL SCIENCES
COORDINATOR

ANNEXURE-1

Herpes zoster



Participant handbook

Course details

Course title	Herpes zoster overview
Course code	DR08
Objective	<ul style="list-style-type: none">• To learn about clinical features• To learn about diagnosis• To learn about treatment
Further learning opportunities	Recent advances in management
Key competencies	To make a diagnosis and provide adequate treatment
Target students	2 nd year mbbs students
Duration	30 hrs July 2018 to october 2018
Theory session	10 hrs
Practical Session	20hrs
Assessment procedure	Mcqs

Herpes zoster is viral infection that occurs with reactivation of the varicella-zoster virus. It is usually a painful but self-limited dermatomal rash. Symptoms typically start with pain along the affected dermatome, which is followed in 2-3 days by a vesicular eruption. Classic physical findings include painful grouped herpetiform vesicles on an erythematous base. Treatment includes antiviral medications such as acyclovir, famciclovir, and valacyclovir given within 72 hours of symptom onset.

Reactivation of varicella-zoster virus (VZV) that has remained dormant within dorsal root ganglia, often for decades after the patient's initial exposure to the virus in the form of varicella (chickenpox), results in herpes zoster (shingles).^[1] While usually a self-limited rash with pain, it can be far more serious; in addition, acute cases often lead to postherpetic neuralgia (PHN) and is responsible for a significant economic burden.

Signs and symptoms of herpes zoster

The clinical manifestations can be divided into the following three phases:

- Preeruptive phase (preherpetic neuralgia)
- Acute eruptive phase
- Chronic phase (PHN)

The preeruptive phase is characterized by the following:

- Sensory phenomena along 1 or more skin dermatomes, lasting 1-10 days (average, 48 hours)
- Phenomena usually are noted as pain or, less commonly, itching or paresthesias ^[3]
- Pain may simulate headache, iritis, pleurisy, brachial neuritis, cardiac pain, appendicitis or other intra-abdominal disease, or sciatica
- Other symptoms, such as malaise, myalgia, headache, photophobia, and, uncommonly, fever

The acute eruptive phase is marked by the following:

- Patchy erythema, occasionally accompanied by induration, in the dermatomal area of involvement
- Regional lymphadenopathy, either at this stage or subsequently
- Grouped herpetiform vesicles developing on the erythematous base (the classic finding)
- Cutaneous findings that typically appear unilaterally, stopping abruptly at the midline of the limit of sensory coverage of the involved dermatome
- Vesicular involution: Vesicles initially are clear but eventually cloud, rupture, crust, and involute
- After vesicular involution, slow resolution of the remaining erythematous plaques, typically without visible sequelae
- Scarring can occur if deeper epidermal and dermal layers have been compromised by excoriation, secondary infection, or other complications
- Almost all adults experience pain, typically severe
- A few experience severe pain without a vesicular eruption (ie, zoster sine herpete)
- Symptoms tend to resolve over 10-15 days
- Complete healing of lesions may require up to a month

PHN is characterized by the following:

- Persistent or recurring pain lasting 30 or more days after the acute infection or after all lesions have crusted (9-45% of all cases) ^[4]
- Pain usually is confined to the area of original dermatomal involvement
- The pain can be severe and incapacitating
- Pain can persist for weeks, months, or years
- Slow resolution of pain is especially common in the elderly ^[5]
- PHN is observed more frequently after cases of herpes zoster ophthalmicus (HZO) and in instances of upper-body dermatomal involvement
- Less common postherpetic sequelae include hyperesthesia or, more rarely, hypoesthesia or anesthesia in the area of involvement

Common features of herpes zoster ophthalmicus are as follows:

- Classic symptoms and lesions of herpes zoster
- Ophthalmic manifestations including conjunctivitis, scleritis, episcleritis, keratitis iridocyclitis, Argyll-Robertson pupil, glaucoma, retinitis, choroiditis, optic neuritis,

optic atrophy, retrobulbar neuritis, exophthalmos, lid retraction, ptosis, and extraocular muscle palsies

Other forms include the following:

- Herpes zoster of maxillary branch of cranial nerve (CN) V
- Herpes zoster of mandibular branch of CN V
- Herpes zoster oticus (Ramsay Hunt syndrome)
- Glossopharyngeal and vagal herpes zoster
- Herpes occipitocollaris (vertebral nerves C2 and C3 involvement)
- Herpes zoster encephalomyelitis
- Disseminated herpes zoster
- Unilateral herpes zoster involving multiple dermatomes
- Recurrent herpes zoster
- Herpes zoster involving urinary bladder, bronchi, pleural spaces, or gastrointestinal tract
- Herpes zoster with motor complications

Diagnosis

Diagnosis is based primarily on the history and physical findings. In most cases, confirming the diagnosis via laboratory testing has no utility. In select patient populations, however—particularly immunocompromised patients—the presentation can be atypical and may require additional testing.

Laboratory studies for VZV include the following:

- Direct fluorescent antibody (DFA) testing of vesicular fluid or a corneal lesion
- Polymerase chain reaction (PCR) testing of vesicular fluid, a corneal lesion, or blood
- Tzanck smear of vesicular fluid (lower sensitivity and specificity than DFA or PCR)

Management

Episodes of herpes zoster are generally self-limited and resolve without intervention; they tend to be more benign and mild in children than in adults.

Conservative therapy includes the following:

- Nonsteroidal anti-inflammatory drugs (NSAIDs)
- Wet dressings with 5% aluminum acetate (Burrow solution), applied for 30-60 minutes 4-6 times daily
- Lotions (eg, calamine)

Primary medications for acute zoster-associated pain include the following:

- Narcotic and nonnarcotic analgesics (both systemic and topical)
- Neuroactive agents (eg, tricyclic antidepressants [TCAs])
- Anticonvulsant agents

Steroid treatment is traditional but controversial. Typically, a substantial dose (eg, 40-60 mg of oral prednisone every morning) typically is administered as early as possible in the course of the disease and is continued for 1 week, followed by a rapid taper over 1-2 weeks.

Antiviral therapy may decrease the length of time for new vesicle formation, the number of days to attain complete crusting, and the days of acute discomfort. Usually, the earlier antiviral medications are started, the more effective they are in shortening the duration of zoster and in preventing or decreasing the severity of PHN. Ideally, therapy should be initiated within 72 hours of symptom onset.

Oral treatment with the following has been found beneficial:

- Acyclovir
- Famciclovir
- Valacyclovir

Hospital admission should be considered for patients with any of the following:

- Severe symptoms
- Immunosuppression
- Atypical presentations (eg, myelitis)
- Involvement of more than 2 dermatomes
- Significant facial bacterial superinfection
- Disseminated herpes zoster
- Ophthalmic involvement
- Meningoencephalopathic involvement

Prevention and treatment of postherpetic neuralgia

Prompt treatment of acute zoster and its associated pain (eg, with antiviral therapy) can prevent the development of PHN. Once PHN has developed, various treatments are available, including the following:

- Neuroactive agents (eg, TCAs)^[6]
- Anticonvulsant agents (eg, gabapentin,^[7] pregabalin)
- Narcotic and nonnarcotic analgesics, both systemic (eg, opioids) and topical

A live attenuated VZV vaccine introduced in 2005 (Zostavax) has demonstrated a reduction in the incidence rate of herpes zoster. It is approved for use in patients aged 50 years and older and has been judged to be cost-effective.^[8] The new zoster vaccine recombinant (adjuvanted) (Shingrix) has been approved by the US Food and Drug Administration (FDA). It has been judged more effective than the current vaccine and has been deemed safe and effective for adults aged 50 years and older, based on two randomized, placebo-controlled, observer-blind clinical trials.


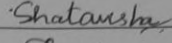
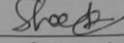
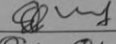
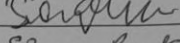
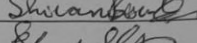
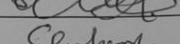
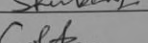
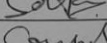
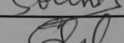

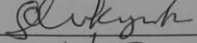
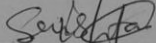
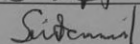
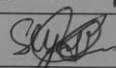
Annexure 2

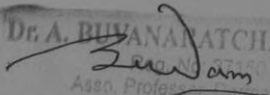
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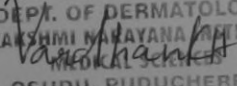
Participant list of Value-added course: **HERPES ZOSTER -DR08**

(July 2018 – Oct 2018)

2 nd Year MBBS Student			
Sl. No	Name of the Student	Reg No	Signature
1	SHACHI SHASTRI	U17MB371	
2	SHATAVISHA MUKHERJEE	U17MB372	
3	SHEDAM OMKAR MAHADEV	U17MB373	
4	SHIVA VEERANNA HOUSR	U17MB374	
5	SHIVAM ANMOL	U17MB375	
6	SHIVANI BISWAL	U17MB376	
7	SHREYA KUMARI	U17MB377	
8	SHUBHAM KAMDE	U17MB378	
9	SOTALA MANULIKHA CHOWDARI	U17MB379	
10	SOUNDHARYA.K	U17MB380	
11	SOURABH DAS	U17MB381	
12	SRI KAVYA G	U17MB382	
13	SRISHTI SINGH	U17MB383	
14	SRITAMA SAHA	U17MB384	
15	SYAMA SAJEEV	U17MB390	


Dr. A. BUVANARATCHAGAN, MD.
Asst. Professor, Dermatology
Sri Lakshmi Narayana Institute of Medical Sciences
Dr. Buvanaratchagan
Puducherry-605 502

RESOURCE PERSON


PROFESSOR & HEAD
DEPT. OF DERMATOLOGY
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MEDICAL SCIENCES
OSUDU, PUDUCHERRY.
Dr. R. Harsha Vardhan

COORDINATOR



SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL SCIENCES

ANNEXURE III

HERPES ZOSTER

COURSE CODE :DR08

MULTIPLE CHOICE QUESTIONS

Answer all the questions:

1. Causative agent of herpes zoster infection
 - A. Varicella zoster
 - B. Herpes simplex virus
 - C. Molluscum contagiosum
 - D. Human papilloma virus
2. Antiviral treatment for herpes zoster infection should start within how many hours of symptom onset?
 - A. 24 hours
 - B. 72 hours
 - C. 12 hours
 - D. 6 hours
3. What is the other name of herpes zoster oticus?
 - A. Ramsay hunt syndrome
 - B. Nethertan syndrome
 - C. Sweet syndrome
 - D. SAPHO syndrome
4. Herpesocipito collaris affects which vertebrta ?
 - A. C1 and C2
 - B. T2 and T3
 - C. C3 and C4
 - D. T1 and T2

5. Another term for preherpetic neuralgia?
 - A. Acute eruptive phase
 - B. Chronic phase
 - C. Pre eruptive phase
 - D. None of the above

6. Condition in which patients experience severe pain without a vesicular eruption in herpes zoster is called
 - A. Ramsay hunt syndrome
 - B. Zoster sine herpette
 - C. Herpes zoster occipito collaris
 - D. Disseminated herpes zoster

7. Name the new vaccine introduced in 2005 for herpes zoster infection?
 - A. Zostavax
 - B. Shingrix
 - C. Cetvarix
 - D. T-VEC

8. Name the main antiviral used in the herpes zoster infection?
 - A. Acyclovir
 - B. Zidovudine
 - C. Efavirenz
 - D. Indinavir

9. Which of the following is not a characteristic of pre eruptive phase of herpes zoster infection
 - A. Sensory phenomenon along one or more skin dermatomes lasting 1-10 days
 - B. Pain that stimulates headache,iritis,cardiac pain
 - C. Patchy erythema, vesicular involutijn and regional lymphadenopathy
 - D. Malaise,myalgia and photophobia

10. Hospital admission in herpes zoster is needed in conditions like
 - A. Immunosuppresion
 - B. Ophthalmic involvement
 - C. Involvement of more than 2 dermatomes
 - D. All of the above

ANNEXURE-3



**SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL
SCIENCES**

ANNEXURE III

HERPES ZOSTER

COURSE CODE :DR08

*Shatawisha
mukherjee,*

MULTIPLE CHOICE QUESTIONS

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(10/10)
Vardhan/CA
12/9/18

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ANNEXURE-3



SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL
SCIENCES

ANNEXURE III

HERPES ZOSTER

COURSE CODE :DR08

Shivani Biswal

MULTIPLE CHOICE QUESTIONS

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 C. 12 hours
 D. 6 hours
3. What is the other name of herpes zoster oticus?
 A. Ramsay hunt syndrome
 B. Nethertan syndrome
 C. Sweet syndrome
 D. SAPHO syndrome
4. Herpesoccipito collaris affects which vertebrta ?
 A. C1 and C2
 B. T2 and T3
 C. C3 and C4
 D. T1 and T2
5. Another term for preherpetic neuralgia?
 A. Acute eruptive phase
 B. Chronic phase
 C. Pre eruptive phase
 D. None of the above

10
10

Vardhan/CA,
19-9/18

6. Condition in which patients experience severe pain without a vesicular eruption in herpes zoster is called
- A. Ramsay hunt syndrome
 - B. Zoster sine herpette
 - C. Herpes zoster occipito collaris
 - D. Disseminated herpes zoster
7. Name the new vaccine introduced in 2005 for herpes zoster infection?
- A. Zostavax
 - B. Shingrix
 - C. Cetvarix
 - D. T-VEC
8. Name the main antiviral used in the herpes zoster infection?
- A. Acyclovir
 - B. Zidovudine
 - C. Efavirenz
 - D. Indinavir
9. Which of the following is not a characteristic of pre eruptive phase of herpes zoster infection
- A. Sensory phenomenon along one or more skin dermatomes lasting 1-10 days
 - B. Pain that stimulates headache,iritis,cardiac pain
 - C. Patchy erythema, vesicular involutijn and regional lymphadenopathy
 - D. Malaise,myalgia and photophobia
10. Hospiotal admission in herpes zoster is needed in conditions like
- A. Immunosuppresion
 - B. Ophthalmic involvement
 - C. Involvement of more than 2 dermatomes
 - D. All of the above

Annexure 4

Student Feedback Form

Course Name: **HERPES ZOSTER**

Subject Code: **DR08**

Name of Student: _____ 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	4	5

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

Suggestions if any:

Date:19-09-2018

Signature

Annexure 4
Student Feedback Form

Course Name: **HERPES ZOSTER**

Subject Code: **DR08**

Name of Student: Shreya Bhandari Roll No.: U17M8374

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:

Date: 19-09-2018

Signature
Shreya Bhandari

Annexure 4
Student Feedback Form

Course Name: **HERPES ZOSTER**

Subject Code: **DR08**

Name of Student: Shatabdi Mukherjee Roll No.: 1217MB372

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 - Non-Satisfactory


Suggestions if any:

Date: 19-09-2018

Signature
Shatabdi



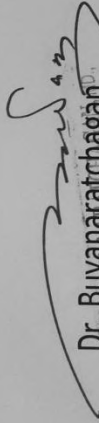
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Affiliated to Bharath Institute of Higher Education & Research
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CERTIFICATE OF MERIT

This is to certify that SHATHAVISHA MUKHESHA has actively participated in the Value Added Course on Herpes Zoster held during July 2018– Oct 2018 organized by Sri Lakshmi Narayana Institute of Medical Sciences, Pondicherry- 605 502, India.



Dr. A. Buvanaratchagan
REG. NO. AC-37150
RESOURCE PERSON
Sri Lakshmi Narayana Institute of Medical Sciences
Coimbatore, Pondicherry-605 502.

PROFESSOR & HEAD
DEPT. OF DERMATOLOGY
SRI LAKSHMI NARAYANA INSTITUTE OF
MEDICAL SCIENCES
PONDICHERRY.

Dr. K. Harsha Vardhan
COORDINATOR



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 SHIVANI BILSWAL has actively participated in the Value

Added Course on Herpes Zoster held during July 2018– Oct 2018 organized by Sri Lakshmi

Narayana Institute of Medical Sciences, Pondicherry- 605 502, India.

Buvanaratchagan
Dr. Buvanaratchagan

Asso. Professor, Dermatology
RESOURCE PERSON Medical Sciences
Ceetu, Kudalpakkam, Pondicherry-605 502

Vardhan Ka
PROFESSOR & HEAD
DEPT OF PNEUMATOLOGY
Dr. K. Harsha Vardhan
SRI LAKSHMI NARAYANA INSTITUTE OF
MEDICAL SCIENCES
OSU COORDINATOR

Course completion letter

Date-24-09-18

From
Dr. K. Harsha Vardhan
Department of Dermatology
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: Herpes zoster

Dear Sir,

With reference to the subject mentioned above, the department has conducted the value-added course title: **herpes zoster** on 20-7-18. 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. K. Harsha Vardhan

<HOD Sign and Seal>

Encl: Certificates

Photographs

Course completion letter

Date-24-09-18

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

Through Proper Channel

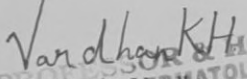
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Kind Regards


Dr. K. Harsha Vardhan
<HOD Sign and Seal>
PROFESSOR & HEAD
DEPT. OF DERMATOLOGY
SRI LAKSHMI NARAYANA INSTITUTE OF
MEDICAL SCIENCES
OSUDU - PUDUCHERRY.

Encl: Certificates

Photographs

