



Sri Lakshmi Narayana Institute of Medical Sciences

Date 02/01/2019

From
Dr.R.Venkataramanan,
Professor and Head,
otorhinolaryngology,
SLIMS
Bharath Institute of Higher Education and Research,
Puducherry.

To
The Dean,
SLIMS
Bharath Institute of Higher Education and Research,
Puducherry.

Sub: Permission to conduct value-added course: : Hands on training on VEMP for assessment of Vertigo reg.

Dear Sir,

With reference to the subject mentioned above, the department proposes to conduct a value-added course titled: Simulation Based Training In Audiology on Jan 2019 to April 2019. We solicit your kind permission for the same.

Kind Regards

Dr.R.Venkataramanan

FOR THE USE OF DEANS OFFICE

Names of Committee members for evaluating the course:

The Dean:

The HOD:

The Expert:

The committee has discussed about the course and is approved.

Dean 

(Sign&Seal)

DEAN
Prof.K.BALAGURUNATHAN,M.S
(General surgeon)
SRI LAKSHMI NARAYANA
INSTITUTE OF MEDICAL SCIENCES
OSUDU PONDICHERRY


Dr. R. NITHISHA TIMOTHY, M.S.,
Reg. No. 108008
Assistant Professor ENT
Sri Lakshmi Narayana Institute of Medical Sciences
Osudu, Kudapakkam, Puducherry-605 002.

SUBJECT EXPERT
(Sign &Seal)


Dr. R. VENKATARAMANAN, M.S.,
Reg. No: 72549
Professor ENT
Sri Lakshmi Narayana Institute of Medical Sciences
Osudu, Kudapakkam, Puducherry-605 002.

HOD SIGN AND SEAL



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]

Ref. No. SLIMS/Dean Off/VAC/024

Date:03/01/19

From

The Dean
Sri Lakshmi Narayana Institute of Medical sciences,
Pondicherry – 605502

To

The Registrar,
Bharath Institute of Higher Education and Research,
Chennai - 600073.

Respected Sir

Sub: Request for permission and approval of Syllabus for certificate course (Value Added course) for the academic year 2018-19 - Reg
Ref: Requesting letter received from Departments

With reference to the above, herewith forwarding the proposed list of Value-added courses for necessary permission and approval of syllabus to conduct the same.

This is for your kind information and needful action.

Thankingyou

Yours faithfully

[DEAN]

DEAN
Prof.K.BALAGURUNATHAN,M.S
(General surgeon)
SRI LAKSHMI NARAYANA
INSTITUTE OF MEDICAL SCIENCES
OSUDU PONDICHERRY

Encl's:

1. Requesting letter received from department
2. Syllabus of the course
3. Details of faculty handling course

**Sri Lakshmi Narayana Institute of Medical Sciences,
Puducherry**

VALUE ADDED COURSE : Hands on training on VEMP for assessment of Vertigo

COURSE CO-ORDINATOR DETAILS

Faculty Name: Dr.R. Nithish Timothy

Email ID:entslims@gmail.com



Bharath

INSTITUTE OF HIGHER EDUCATION AND RESEARCH
(Declared as Deemed - to - be - University under section 3 of UGC Act 1956)

Ref. No. BHIER/ VAC/B-02

Date:05.01.2019

From

The Registrar,
Bharath Institute of Higher Education and Research,
Chennai - 600073.

To

The Dean
Sri Lakshmi Narayana Institute of Medical sciences,
Pondicherry – 605502

Sir / Madam,

Sub: Approval of Syllabus to conduct certificate course (Value Added course) for the academic year 2018-2019 – Reg.

Ref: Ref. No. SLIMS/Dean Off/VAC /024 Dated: 03.01.2019

With reference to the above, it is to inform that the proposal submitted to conduct Value Added Course has been accepted and approved by BIHER, council meeting. List of the VAC are mentioned below for the academic year 2018– 2019. The abstract of the VAC course completion detail should be submitted to the Registrar office.

Thanking you

Yours faithfully



REGISTRAR



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

07/01/2019

Sub: Organising Value-added Course: Hands on training on VEMP for assessment of Vertigo reg.

With reference to the above mentioned subject, it is to bring to your notice that SLIMS, **Bharath Institute of Higher Education and Research**, is organising “**Hands on training on VEMP for assessment of Vertigo**”. The course content and registration form is enclosed below.

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 15/01/2019. Applications received after the mentioned date shall not be entertained under any circumstances.

DEAN

DEAN
Prof. K. BALAGURUNATHAN, M.S
(General surgeon)
SRI LAKSHMI NARAYANA
INSTITUTE OF MEDICAL SCIENCES
OSUDU PONDICHERRY

Encl: Copy of Course content

VALUE ADDED COURSE

1. Name of the programme & Code

Hands on training on VEMP for assessment of Vertigo – A value added course for the medical students.
& ENT 09

2. Duration & Period

30 hrs & Jan 2019-April 2019

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:

Pre test and post test which includes 10 mcqs - *Enclosed as Annexure- III*

6. Certificate model

Enclosed as Annexure- IV

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

1 time Jan 2019- April 2019

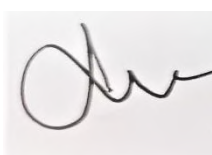
8. Year of discontinuation:2019

9. Summary report of each program year-wise

Value Added Course- Jan 2019- April 2019					
Sl. No	Course Code	Course Name	Resource Persons	Target Students	Strength & Year
1	ENT 09	Hands on training on VEMP for assessment of Vertigo	1.Dr.Venkataramann 2. Dr. Ganesh.S	3 rd year MBBS students	9 students & 2019

10. Course FeedBack

Enclosed as Annexure- V



RESOURCEPERSON

1. Dr.R. VENKATARAMANAN
2. Dr.S . GANESH



COORDINATOR

Dr.R. NITHISH TIMOTHY

COURSE PROPOSAL

1. NAME OF THE PROGRAMME

Hands on training on VEMP for assessment of Vertigo– A value added course for the medical students.

2. AIM

Training the students with hands on experience on VEMP as an objective assessment of Vertigo

3. OBJECTIVES

- a) To teach the students to connect the electrodes of VEMP
- b) To teach the students to interpret the VEMP waves

4. METHODOLOGY

Students who are interested in participating in value added course are enrolled and the course is conducted for them during the non college hours for a period of 30 hours from Jan 2019 – April 2019 . This course is conducted every 6 months.

Course Audience: 3rd year MBBS students

Course Coordinator: Dr. R. Nithish Timothy

Course Faculties with Qualification and Designation:

1.Dr. R. Venkataramanan

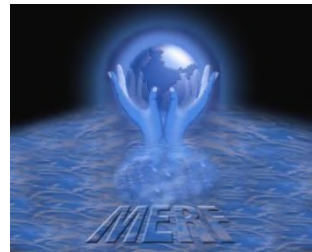
2.Dr. S. Ganesh

Schedule followed during the course

No	Topic	Title	Duration	Date and time
1	Hands on training on VEMP for assessment of Vertigo	Introduction of Vestibular Evoked Myogenic Potential (VEMP)	4 hrs	4pm-6pm(2/1/19),4pm-6pm(10/1/19)
		Principle and method of recording VEMP	4 hrs	4pm-6pm(23/1/19),4pm-6pm(28/1/19)
		Ocular and cervical VEMP	4 hrs	4pm-6pm(5/2/19),4pm-6pm(12/2/19),
		Clinical uses of VEMP	4 hrs	4pm-6pm(15/2/19),4pm-6pm(20/2/19),
		Basis of analysis VEMP	4 hrs	4pm-6pm(26/2/19),4pm-6pm(5/3/19)
		Demonstration of VEMP and interpretation of results	5 hrs	4pm-6pm(11/3/19),4pm-6pm(14/3/19),4pm-5pm(18/3/19)
		Hands on training on VEMP lead connection and interpretation of results and DOPS	5 hrs	4pm-6pm(25/3/19),4pm-6pm(4/4/19),4pm-5pm(11/4/19)
		TOTAL	30HRS	

- REFERENCE BOOKS:
- 1) SCOTT BROWN 7th edition
 - 2) ANIRBAN BISWAS 3rd edition

VESTIBULAR EVOKED MYOGENIC POTENTIALS ITS INDICATIONS & CURRENT STATUS



VESTIBULAR EVOKED MYOGENIC POTENTIALS

- An otolith(saccule)-mediated short - latency reflex recorded from averaged sternocleidomastoid electromyography in response to clicks or **tonebursts**.
- Increasingly used in the evaluation of patients with vertigo



- Conventional vestibular assessment - evaluation of horizontal semicircular canal
- VEMP – evaluation of saccule, inferior vestibular nerve & vestibulocollic pathway
- VEMP is a polysynaptic response & helps in the assessment of *lower brainstem function*, unlike the caloric tests & ABR which assess *the upper brainstem*



- Sacculle and saccular nerves have the lowest threshold to response to acoustic stimuli – *basis of VEMP test*
- This sound sensitivity is thought to be a remnant from the sacculle's use as an organ of hearing in lower animals



HISTORY OF VEMP

- Sound-evoked vestibular responses in humans were described by Tullio (1929) & Von Békésy (1935)
- Townsend et al. noticed the true origin of these potentials was the saccule
- Colebatch and Halmagyi first recorded VEMPs (1992)
- Kovach reintroduced VEMP (1994)
- Clinically used since 1992



VEMP - INDICATIONS

- Indicated in the diagnosis of peripheral and central vestibulopathies
- Differentiation of labyrinthine from retro labyrinthine lesions
- Used to monitor the efficacy of intratympanic gentamycin treatment
- Can be used in intraoperative, neurophysiological monitoring



VEMP - PATHWAYS

Sound stimulation of saccule Inferior vestibular nerve

Vestibular nucleus

MVST

LVST

Accessory nucleus & Nerve Sternocleidomastoid

Leg muscles

muscle

VEMPS are ipsilateral



- Click evoked VEMP – most reproducible, symmetric, and technically easy to perform.
- Air- and bone-conducted short tone bursts
- Bone conduction VEMP
- Galvanic VEMP
- Forehead taps



EQUIPMENT

- Evoked response computer
- Sound generator
- Surface electrodes to pick up neck muscle activation



VEMP - technique



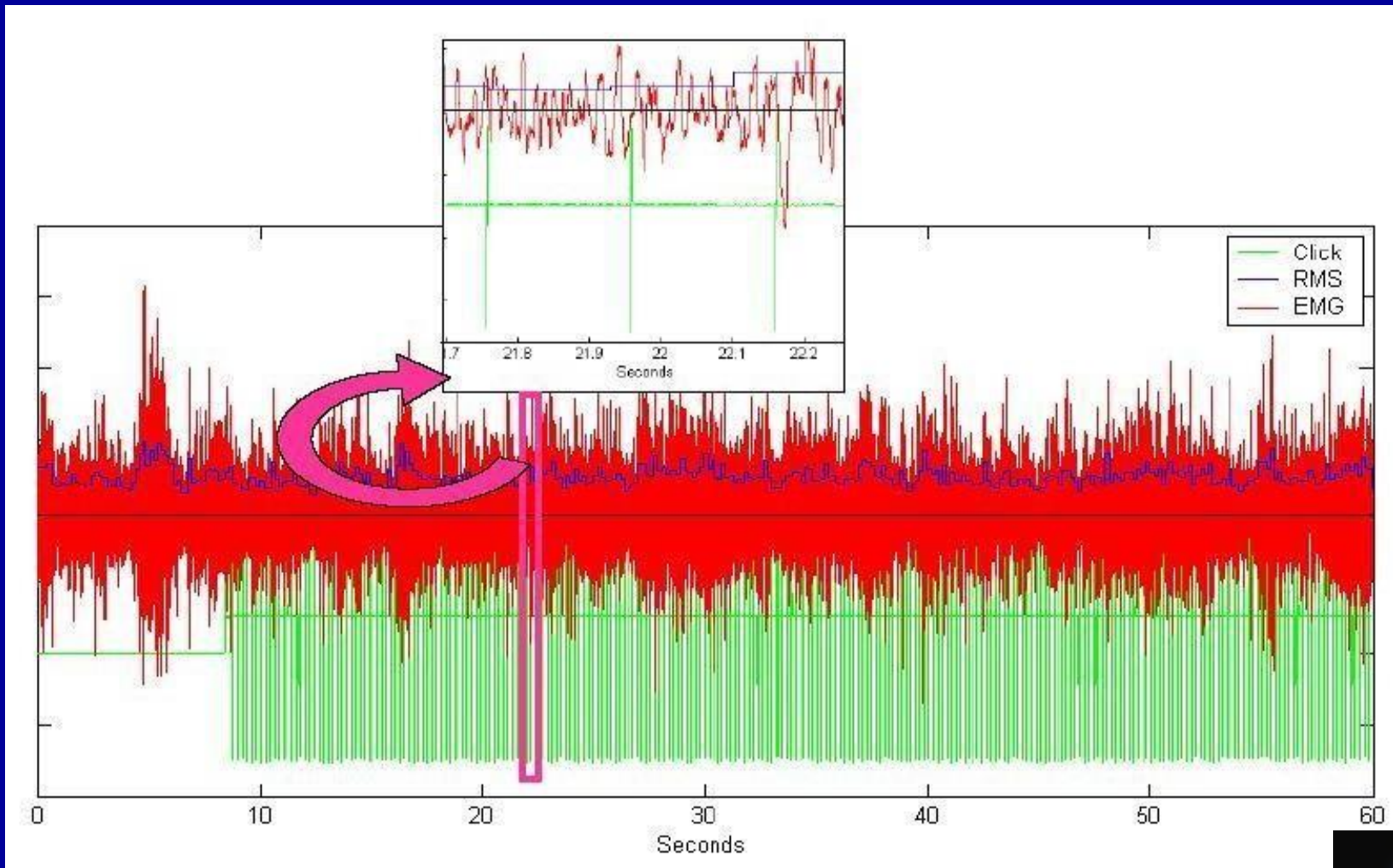
- Subjects are instructed to tense the muscle during runs of acoustic stimulation, relax between runs
- Inserts are preferable to headphones
- The response is ipsilateral, hence bilateral stimuli and bilateral recording is done
- Loud clicks (0.1 msec) or tone bursts (typically 95-100 dB nHL or louder) are repetitively presented to each ear in turn at 200 msec intervals (5/second)
- Optimum frequency: 500 - 1000 Hz
- 3 repetitions on each side



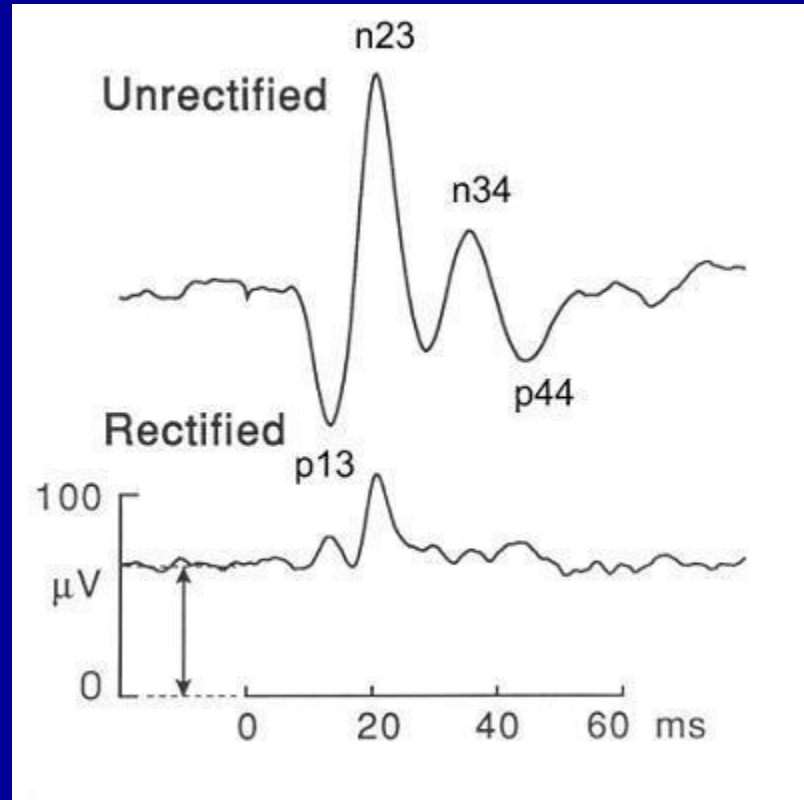
- Myogenic potentials are amplified, bandpass filtered (5-1K Hz), and averaged for at least 100 presentations
- The response evoked in the neck EMG is averaged and presented as a VEMP
- VEMP is recorded in the first 30 ms after the stimulus
- The latency, amplitude, and threshold for the p13-n23 wave is measured



NORMAL VEMP



NORMAL VEMP



The initial biphasic p13 and n23 response is larger
The late response (n34 and p44) represents cochlear stimulation.

VEMP measures

- *Threshold - most clinically useful*
 - measures threshold in four different frequencies (250,500,750 and 1000Hz)
 - third window in the inner ear - decreased threshold
- **Latency** - prolonged in multiple sclerosis
- **Amplitude** - measured from the P13 to N23
 - fairly variable response, even between ears of the same patient



ABNORMAL VEMP

- Asymmetry is calculated by **Amplitude Asymmetric ratio**
- If the ratio is **more than 33%** then asymmetry exists
- Absent (no reproducible wave, or P1 latency outside of norms)

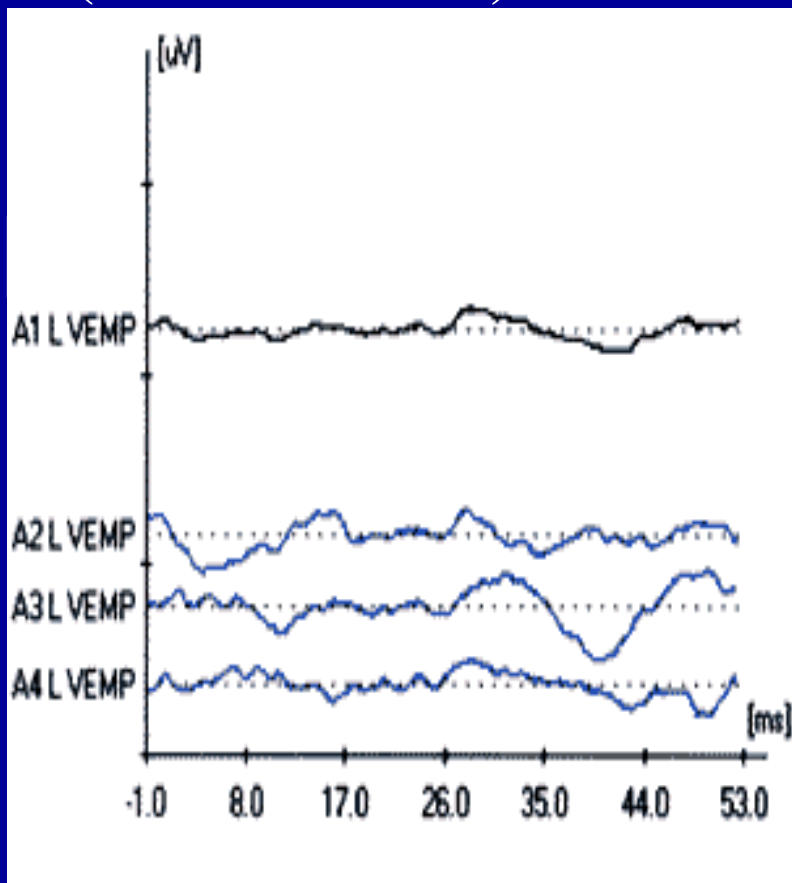


Attenuated or absent VEMP

- Conductive loss
- Herpes zoster oticus
- Meniere`s disease
- Aminoglycoside ototoxicity
- Vestibular schwannoma
- Post cochlear implantation
- Basilar artery migraine
- Cogan`s syndrome
- Mondini malformation
- Vestibular neuritis
- Idiopathic bilateral vestibulopathy (IBV)

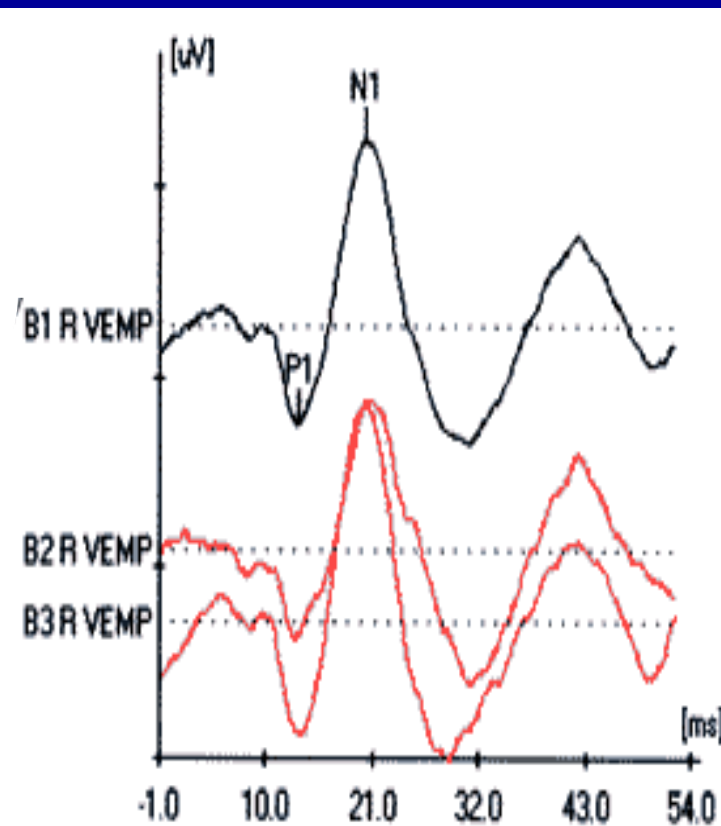


Left ear (Absent VEMP)

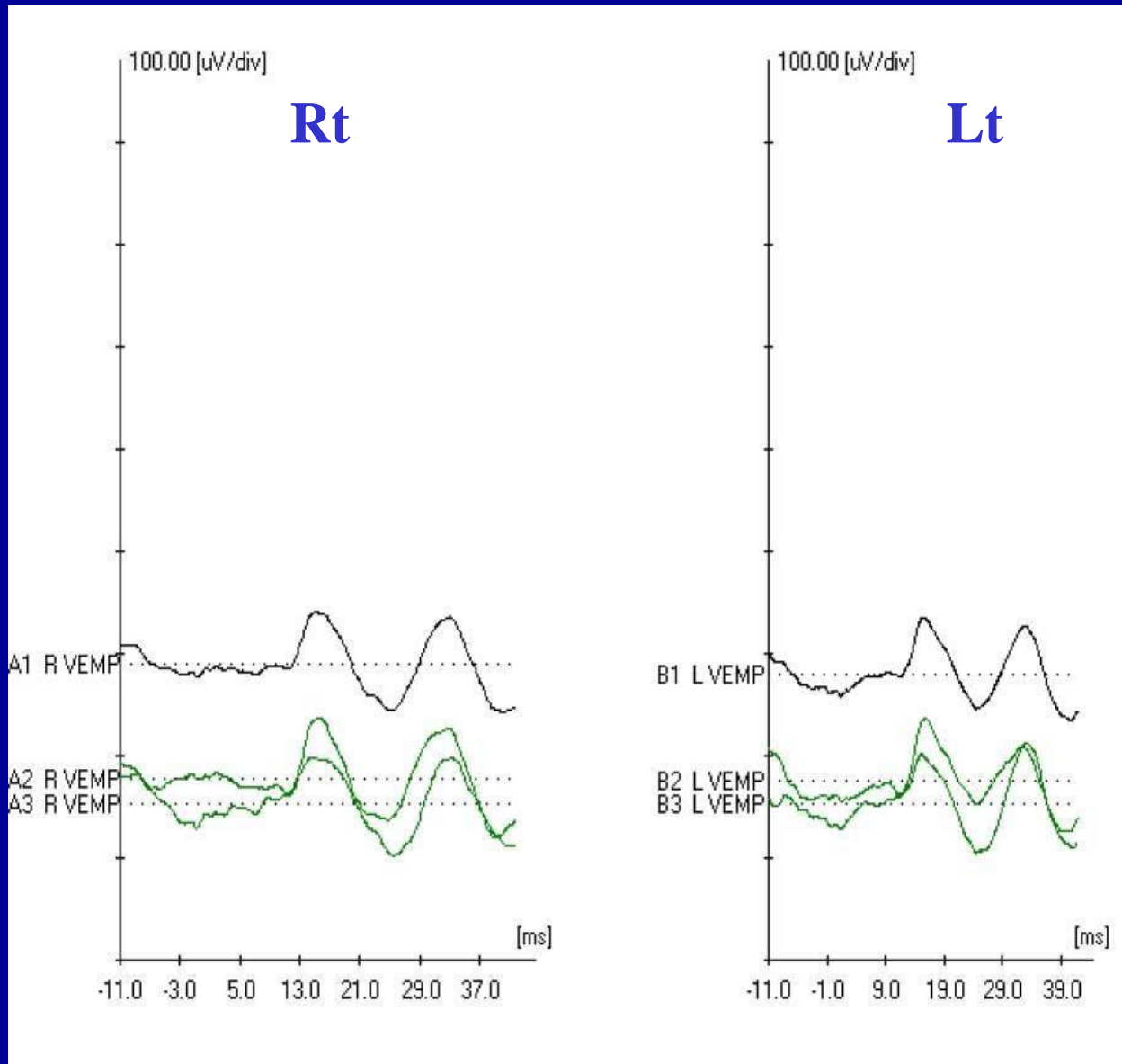


Right ear

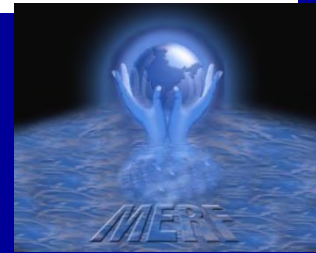
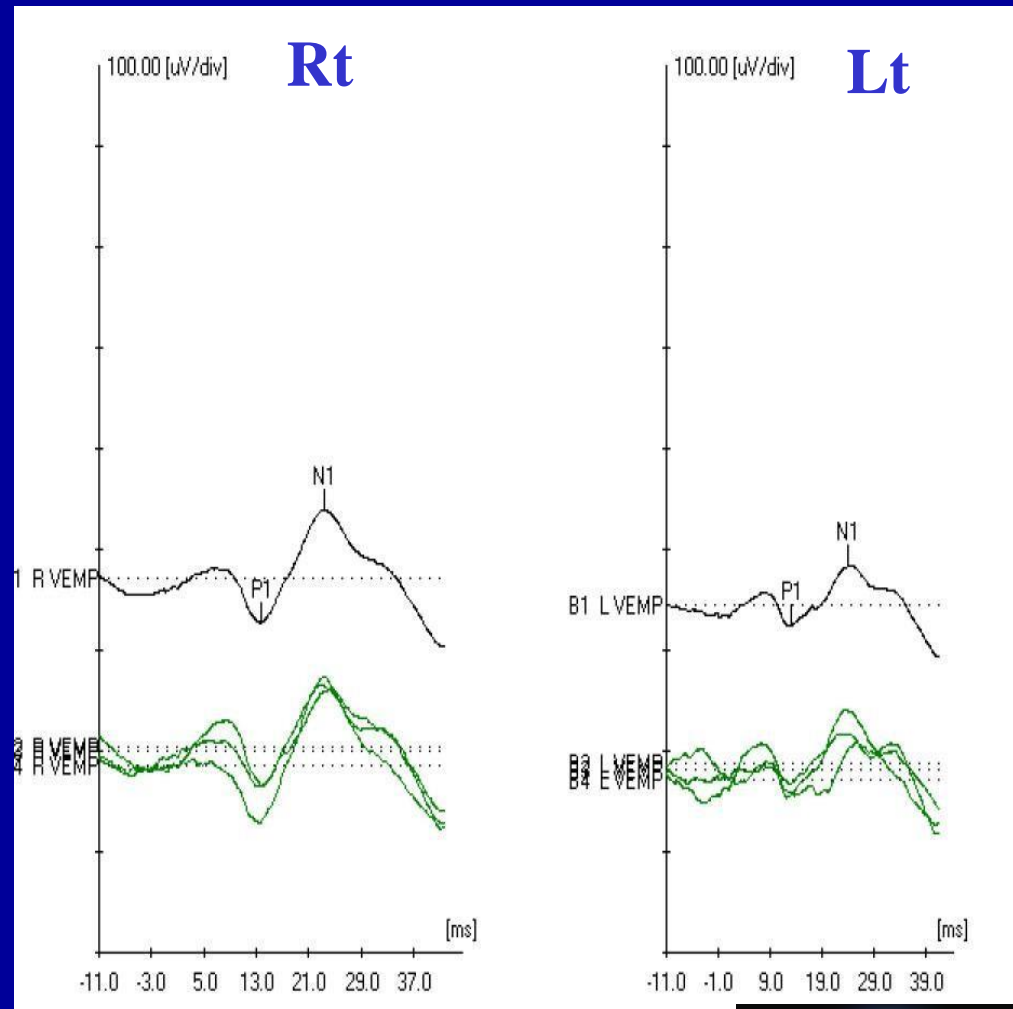
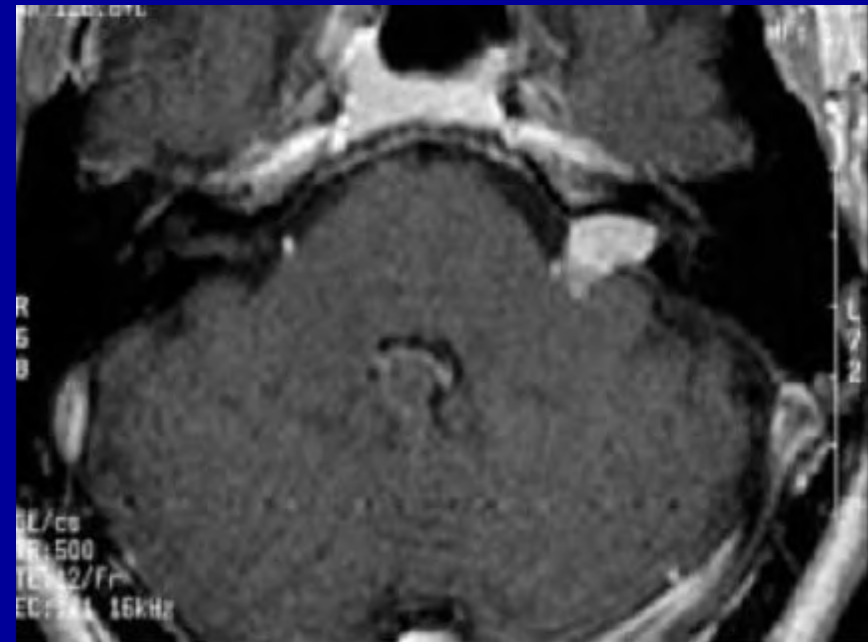
(Normal VEMP)



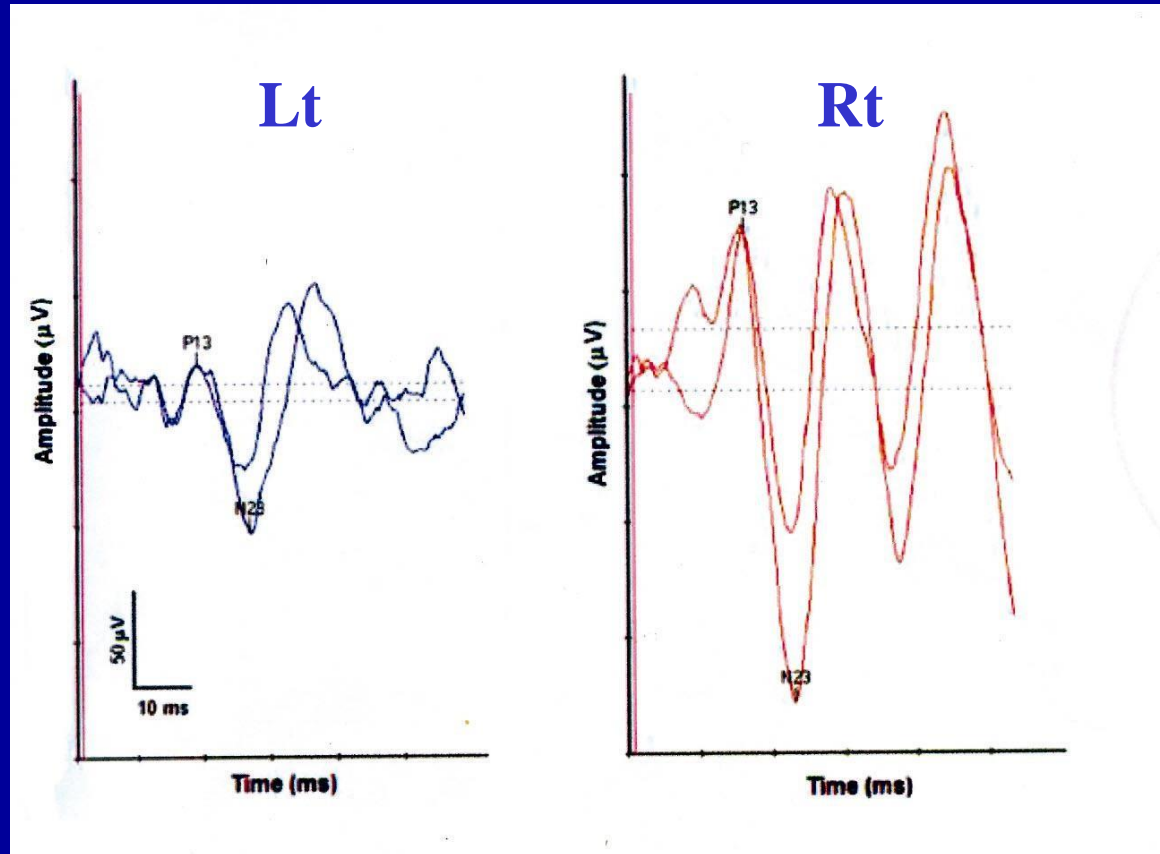
BILATERAL AMINOGLYCOSIDE OTOTOXICITY



LEFT ACOUSTIC NEUROMA



VEMP - Meniere's disease



Meniere's disease

- VEMP amplitudes can be increased in early Meniere's disease
- Absent VEMPs in advanced disease may represent collapse of the saccule
- Altered VEMP after administering glycerol



Increased

- Superior SCC dehiscence syndrome
- Perilymphatic fistula

Asymmetrical amplitudes

- Tullio's phenomenon
- Spasmodic torticollis

Delayed

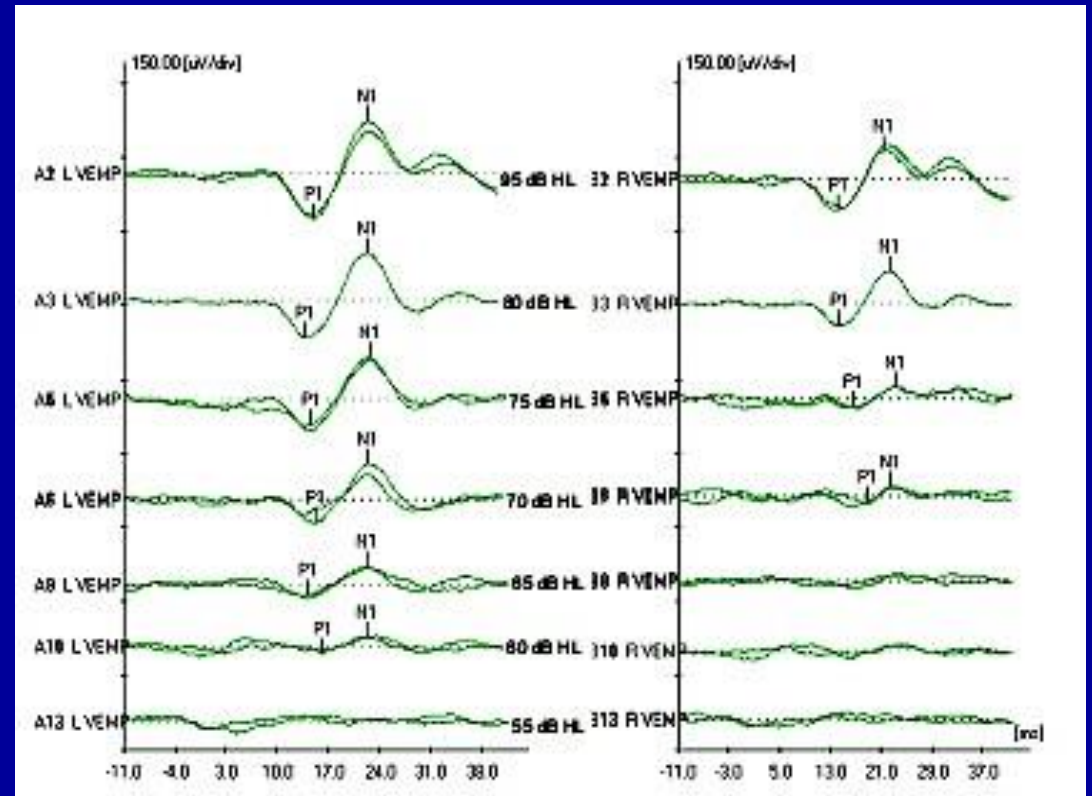
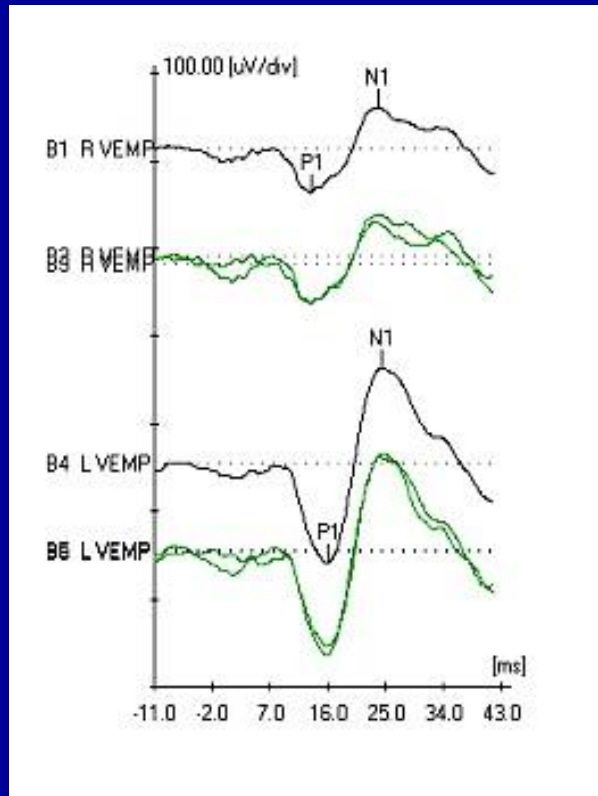
- Technical error /elderly
- Central lesions
 - Brainstem stroke
 - Multiple sclerosis
 - Spinocerebellar degeneration
 - Migraine



LEFT SUPERIOR SEMICIRCULAR DEHISCENCE

Lt

Rt



VEMP - ADVANTAGES

- Specific vestibular sensory system (sacculle) is assessed
- Retained in patients with profound SNHL
- Used in infants (latencies are shorter)
- Highly sensitive in the early diagnosis of retrocochlear lesions
- Robust, reproducible screening test of otolith function
- Minimal test time
- Easy to obtain & interpret
- Non-invasive, bedside test
- Does not cause discomfort



LIMITATIONS

- Conductive hearing loss obliterates VEMP's - an absent VEMP does not mean absent saccule function
- A person with a present VEMP and conductive hearing loss may have Superior semicircular canal dehiscence



CONCLUSION

- VEMP is a sound - evoked muscle reflex, or sonomotor response that can be recorded using evoked potential techniques by acoustical stimulation of the saccule
- VEMP has become an important investigative modality in the evaluation of patients with balance disorders



Annexure 2

**Bharath Institute of Higher Education and Research
SLIMS**

1	U16MB251	AARTHI.A
2	U16MB252	ABILASHA.K
3	U16MB253	ABITHA RAJLIN
4	U16MB254	ADAPALA PRIYANKA
5	U16MB255	ADHITHAYA RAJ .N
6	U16MB256	AJAY .N
7	U16MB257	AKSHYA .R
8	U16MB258	ALLARI KARTHIK ABHIROOP
9	U16MB259	AMAL ASHOK

ANNEXURE 3

SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL
SCIENCES

PUDUCHERRY

TOPIC: Vestibular evoked myogenic potential (ENT09)

STUDENT NAME:

UNIVERSITY NO:

1. Nystagmus is associated with all except:

- a. cerebellar disease b. vestibular disease
c. cochlear disease d. Arnold Chiari malformation

2. Cold caloric test stimulus

- a. cochlea b. lateral semi circular canal
c. posterior SCC d. all of the above

3. VEMP in sternocleidomastoid muscle detects lesion of

- a. cochlear nerve b. superior vestibular nerve
c. inferior vestibular nerve d. inflammatory myopathy

4. Epley's maneuver

- a. positional vertigo b. otosclerosis
c. ASOM d. CSOM

5. True about Hennebert's sign is :

- a. Fistula test positive without fistula b. Fistula test positive with
fistula
c. Fistula test negative without fistula d. Fistula test negative with
fistula

6. At what angle is Hallpike thermal caloric test done

- a. 15 degree b. 30 degree
c. 45 degree d. 60 degree

7. vertigo of peripheral vestibular origin are all except

- a. Meniere's disease
- b. BPPV
- c. Vestibulo-basilar insufficiency
- d. vestibular neuronitis

8. Caloric test has :

- a. Slow component only
- b. Fast component only
- c. Both Slow component & Fast component
- d. Mainly Slow component and Fast component occasionally

9. latest treatment in BPPV

- a. Intra-labyrinthine streptomycin
- b. intra-labyrinthine steroids
- c. Valsalva maneuver
- d. Epley's maneuver

10. Dix-Hallpike maneuver is done for assessing

- a. vestibular function
- b. Corneal test
- c. Cochlear function
- d. audiometry

PRE TEST

6. at what angle is hall pike thermal caloric test done

- a. 15 degree
- b. 30 degree
- c. 45 degree
- d. 60 degree

7. vertigo of peripheral vestibular origin are all except

- a. meniers disease
- b. BPPV
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- d. audiometry

ANNEXURE 3

SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL SCIENCES
PUDUCHERRY

TOPIC: Vestibular evoked myogenic potential (ENT09)

STUDENT NAME: Abhilaasha .K

UNIVERSITY NO: V16MB252

3

1. Nystagmus is associated with all except:

- a. cerebellar disease b. vestibular disease
c. ~~cochlear~~ disease d. Arnold chiari malformation

2. cold caloric test stimulus

- a. ~~cochlea~~ b. lateral semi circular canal
c. posterior SCC d. all of the above

X

3. VEMP in sternocleidomastoid muscle detects lesion of

- a. cochlear nerve b. ~~superior~~ vestibular nerve
c. inferior vestibular nerve d. inflammatory myopathy

X

4. Epley's maneuver

- a. ~~positional~~ vertigo b. otosclerosis
c. ASOM d. CSOM

5. true about henneberts sign is :

- a. Fistula test positive without fistula b. ~~Fistula~~ test positive with fistula
c. ~~Fistula~~ test negative without fistula d. Fistula test negative with fistula

X

6. at what angle is hall pike thermal caloric test done

- a. 15 degree
- b. 30 degree
- c. 45 degree
- d. 60 degree

7. vertigo of peripheral vestibular origin are all except

- a. meniers disease
- b. BPPV
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- d. vestibular neuronitis

X

8. Caloric test has :

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- b. Fast component only
- c. Both Slow component & Fast component
- d. Mainly Slow component and Fast component occasionally

X

9. latest treatment in BPPV

- a. Intra labyrinthine streptomycin
- b. intra labyrinthine steroids
- c. Valsalva maneuver
- d. Eplyes maneuver

X

10. dix hall pike maneuver is done for assessing

- a. vestibular function
- b. Corneal test
- c. Cochlear function
- d. audiometry

ANNEXURE 3

SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL SCIENCES
PUDUCHERRY

TOPIC: Vestibular evoked myogenic potential (ENT09)

STUDENT NAME: Ajay-N

UNIVERSITY NO: V16MB256

4

1. Nystagmus is associated with all except:

- a. cerebellar disease b. vestibular disease
c. cochlear disease d. Arnold chiari malformation

2. cold caloric test stimulus

- a. cochlea b. lateral semi circular canal
c. posterior SCC d. all of the above

3. VEMP in sternocleidomastoid muscle detects lesion of

- a. cochlear nerve b. superior vestibular nerve
c. inferior vestibular nerve d. inflammatory myopathy

4. Epleys maneuver

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5. true about henneberts sign is :

- a. Fistula test positive without fistula b. Fistula test positive with fistula
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POST TEST

9

6. at what angle is hall pike thermal caloric test done

- a. 15 degree
- b. 30 degree
- c. 45 degree
- d. 60 degree

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8

ANNEXURE 3

SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL SCIENCES

PUDUCHERRY

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STUDENT NAME: Ajay . V

UNIVERSITY NO: U16MB256.

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- b. vestibular disease
- ~~c. cochlear disease~~
- d. Arnold chiari malformation

2. Cold caloric test stimulus

- a. cochlea
- ~~b. lateral~~ lateral semi circular canal
- c. posterior SCC
- d. all of the above

3. VEMP in sternocleidomastoid muscle detects lesion of

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- b. superior vestibular nerve
- ~~c. inferior vestibular nerve~~
- d. inflammatory myopathy

4. Epley's maneuver

- ~~a. positional vertigo~~
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SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL SCIENCES
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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 _____ has actively participated in the Value Added Course on Hands on training on VEMP for assessment of Vertigo held during Jan 2019 – April 2019 Organized by Sri Lakshmi Narayana Institute of Medical Sciences, Pondicherry- 605 502, India.

Dr.R.Venkataramanan
RESOURCE PERSON

Dr. R. Nithish thimothy
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 Dr.Akshaya.R (U16MB257) has actively participated in the Value Added Course on Hands on training on VEMP for assessment of Vertigo held during Jan 2019 – April 2019 Organized by Sri Lakshmi Narayana Institute of Medical Sciences, Pondicherry- 605 502, India.

Dr.R.Venkataramanan
RESOURCE PERSON

Dr. R. Nithish thimothy
COORDINATOR

Annexure 5
Course/Training Feedback Form
Student Feedback Form

Course Name: Hands on training on VEMP for assessment of Vertigo

Subject Code: **ENT09**

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:

Annexure 5

Course/Training Feedback Form

Student Feedback Form

Course Name: Hands on training on VEMP for assessment of Vertigo

Subject Code: ENT09

Name of Student: ABILASHA-K Roll No.: VI 6 MB252

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:

Good

Annexure 5

Course/Training Feedback Form

Student Feedback Form

Course Name: Hands on training on VEMP for assessment of Vertigo

Subject Code: ENT09

Name of Student: AKSHYA.R Roll No.: U16MB257

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:

EXCELLENT

ANNEXURE 6

Date : 15/04/2019

From
Dr. Venkataraman.R,
Dept of Otorhinolaryngology,
SLIMS
Bharath Institute of Higher Education and Research,
Puducherry.

Through Proper Channel

To
The Dean,
SLIMS,
Bharath Institute of Higher Education and Research,
Puducherry.

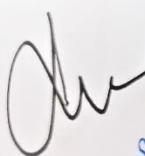
Sub: Completion of value-added course: Hands on training on VEMP for assessment of Vertigo reg.

Dear Sir,

With reference to the subject mentioned above, the department has conducted the value-added course titled: Hands on training on VEMP for assessment of Vertigo on Jan 2019 to April 2019. 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. Venkataraman.R



Dr. R. VENKATARAMANAN, MS.
Reg. No: 72549
Professor ENT
Sri Lakshmi Narayana Institute of Medical Sciences
Osudu, Kudapakkam, Puducherry-605 502.

