



Off : 04862 224366  
Fax: 04862 229586

# AL-AZHAR DENTAL COLLEGE

(APPROVED BY DENTAL COUNCIL OF INDIA & AFFILIATED TO KUHS)

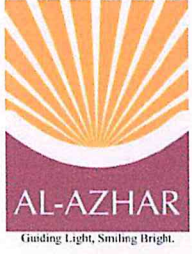
RUN BY NOORUL ISLAM TRUST

PERUMPILLICHIRA P. O., THODUPUZHA, IDUKKI DIST., KERALA- 685 605

**3.1.2 Average Percentage of teachers awarded national /international fellowships / financial support for advanced studies/collaborative research and participation in conferences during the last five years**

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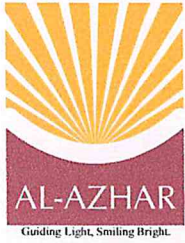
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**PERUMPILICHIRA P. O., THODUPUZHA, IDUKKI DIST., KERALA- 685 605**

---

**CERTIFICATE OF THE HEAD OF THE INSTITUTION**





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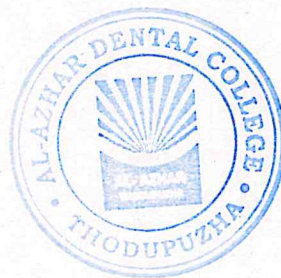
Dr HARVEY THOMAS, M.D.S.,

PRINCIPAL

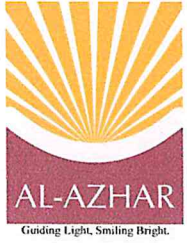
## TO WHOMSOEVER IT MAY CONCERN

This is to certify that, Average Percentage of teachers awarded national /international fellowships / financial support for advanced studies/collaborative research and participation in conferences during the last five years, details are given below:

YEAR	2022-23	2021-22	2020-21	2019-2020	2018-19
No of teachers awarded Fellowships/financial support	8	8	0	2	7
Total number of teachers	86	90	75	67	61



Prof. Dr. Harvey Thomas MDS  
Principal  
Al-Azhar Dental College  
Thodupuzha - 685 605



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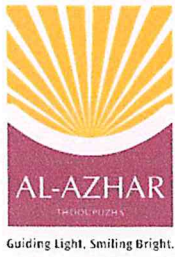
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---

**COPIES OF CERTIFICATES**





Off : 04862 224366  
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# AL-AZHAR DENTAL COLLEGE

(APPROVED BY DENTAL COUNCIL OF INDIA & AFFILIATED TO KUHS)

RUN BY NOORUL ISLAM TRUST

PERUMPILLICHIRA P. O., THODUPUZHA, IDUKKI DIST., KERALA- 685 605

---

**ACADEMIC YEAR 2022-2023**



# International College of Dentists

Collège International de Dentistes  
Internationale Zahnärztl. Akademie  
Colegio Internacional de Dentistas

INCORPORATED JULY 9, 1924 AT WASHINGTON, D.C.  
UNITED STATES OF AMERICA

This is to certify that in recognition of conspicuous services rendered

NOUS CERTIFIONS PAR LES PRÉSENTS QUE, EN RECONNAISSANCE D'ÉMERITES  
ES WIRD HIERMIT BESCHENKT, DASS IN ANERKENNUNG HERVORRAGENDEY VDIENSTE  
CERTIFICAMOS QUE EN RECONOCIMIENTO DE LOS SERVICIOS EMINENTES

in the Art and Science of Dentistry  
SERVICES RENDUS A L'ART ET A LA SCIENCE DENTAIRES PAR  
IN DER KUNST UND WISSENSCHAFT DER ZAHNHEILKUNDE  
EN EL ARTE Y CIENCIA DE LA ODONTOLOGIA

**Binila S Babu**  
**India**

has been elected a Fellow of the International College of Dentists  
CELUJCI A ETE NOMME MEMBRE DU COLLEGE INTERNATIONAL DE DENTISTES  
ZUM MITGLIED DER INTERNATIONALEN ZAHNARZTE AKADEMIE GEWAHLT WORDEN IST  
HA SIDO ELEGIDO MIEMBRO DEL COLEGIO INTERNACIONAL DE DENTISTAS

**F.A.C.D.**

Given under the hands and the seal of the College  
NOUS SOUSSIGNES, AVONS A CET EFFET APPOSE SUR LES PRÉSENTS LE SCAU DE NOTRE COLLEGE  
BESTATIGT UND MIT DEM SIEGEL DER AKADEMIE VERSEHEN  
DADO, FIRMADO, Y SELLADO CON EL SELLO DEL COLEGIO

This  
FAIT ET PASSE  
AM  
DE  
**February 17, 2028**  
Valid till 31<sup>st</sup> December 2026.



President  
LE PRÉSIDENT  
PRESIDENTE  
PRESIDENTE

*[Signature]*

Registrar  
LE SECRETAIRE-ARCHIVISTE  
REGISTRATOR  
SECRETARIO

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Prof. Dr. Harvey Thomas  
Principal  
Al-Azhar Dental College  
Thodupuzha - 685 605

*[Signature]*





INTERNATIONAL COLLEGE OF DENTISTS (REGD.)



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President**

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Sai Mandir Rd. Moradabad-244001  
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Section VI - India | Sri Lanka | Nepal Section

Dr Virmani's Dental Centre  
260 / C-8 / Sector 8, Rohini, Delhi-110085  
Email: icdsectionvi@gmail.com  
Website: www.icdsection6.com

**Dr Yogesh Kumar Virmani  
Secretary General / Registrar**

Mobile: (Off): +91 78385 66232  
Mobile: +91 98100 19636

To

Dr. Binila S Babu,

The convocation for Induction has been scheduled for 17<sup>th</sup> February 2023 to be held in Delhi at The Leela Ambience Convention Hotel, 1 CBD, Near Yamuna Sports Complex, Maharaja Surajmal Marg, New Delhi- 110032.

The Registration shall start at 3.30 p.m. followed by program to finish with dinner.

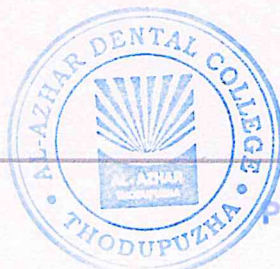
You are all requested to make it convenient to attend.

The Fellowship is bestowed only in Person.

Thanking you

Secretary General

Dr Yogesh Kumar Virmani



Prof. Dr. Harvey Thomas MDS  
Principal  
Al-Azhar Dental College  
Thodupuzha - 685 605





# CERTIFICATE

This Diploma Certificate is Proudly Presented to

**Dr. Renu Ann Mathew**

For Successful Completion of

**Diploma in Learning Disabilities**

as per the duration below

**6 Months**

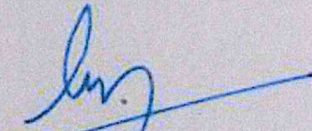
The Awardee of the Diploma Certificate has Complied with the Evaluation Standards as Specified by the Academic Council of British Learning and has also met the Quality Standards as Specified by the International Accreditation Bodies

This Credential was Awarded on

**28th Day of June 2022**

with the following Grade

**A**

  
Registrar

**UK Office :**

International House, 24 Holborn Viaduct,  
London EC1A 2BN, UK.  
Phone : +44 7883630675

**India Office :**

4th Floor, Spectrum Tower, Mindspace,  
Malad (West), Mumbai - 400 064. INDIA.  
Phone : +91 9004090099

[www.britishlearning.uk](http://www.britishlearning.uk)

[support@britishlearning.uk](mailto:support@britishlearning.uk)



Prof. Dr. Harvey Thomas MD  
Principal  
Al-Azhar Dental College  
Thodupuzha - 685 605

Unique Identification No : AOHZQL1W



SCAN HERE TO VERIFY  
AUTHENTICITY OF THIS CERTIFICATE



te #460460  
Oct-2022  
til: 01-Oct-2027



# Certificate of Completion

BEGIN ED INDIA HEREBY RECOGNIZES

## DR SHARON VINCENT

for completing the  
**Advanced Certified Lactation Professional  
ACLP Course**

**97 Hours (L-CERPs/ I-LEHs)**  
(including 5 Hours Communications Skills)

*Dana Hardy*

**DANA HARDY**

Begin Ed India, Executive Director  
IBCLC BSc/BSN/RN MA CCE IYCF/CS



Partnership  
SA  
International, USA  
Providership #CLT 109-31:  
d R-CERPs are recognized by the  
f Lactation Consultant Examiners.

L-CERP (LI  
Lactation Contin  
Recognitio  
I-LE  
India Lactation Ec

tficate is valid for 5 years from completion date and is renewable through Begin Ed India with continuing education and a renew



**Prof. Dr. Harvey Thomas MDS**  
Principal  
Al-Azhar Dental College  
Thodupuzha - 685 605





**SOCIETY OF PERIODONTISTS & IMPLANTOLOGISTS OF KERALA**

www.spik.in

**SPIK ANNUAL CONFERENCE 2022**  
— CERTIFICATE OF ATTENDANCE —

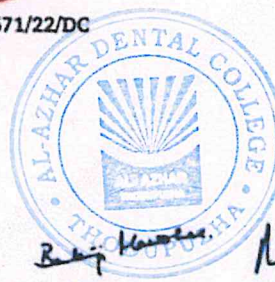
This is to certify that

Dr *ANU* **MATHEW**

has attended the SPIK ANNUAL CONFERENCE 2022  
held at Hotel AIDA, Kottayam on June 5, 2022.



KDC NO. D/5671/22/DC



*Prof. Dr. Harvey Thomas MDS*  
Principal  
Al-Azhar Dental College  
Thodupuzha - 685 605

*Dr Sabu Kurian*

Dr Sabu Kurian  
President

*Dr Jayan Jacob Mathew*

Dr Jayan Jacob Mathew  
Secretary

*Dr Plato Palathingal*

Dr Plato Palathingal  
Scientific Convener

*Dr Balaji Manohar*

Dr Balaji Manohar  
Faculty

*Dr Mihir Kulkarni*

Dr Mihir Kulkarni  
Faculty

*Dr Jose Richard*

Dr Jose Richard  
KDC Observer





CHALAKUDY 53<sup>rd</sup> Kerala State Dental Conference  
**REVIVE '23**  
 LET'S RECONNECT  
 2023 JAN 20, 21, 22

**9**  
 CREDIT POINTS

**CERTIFICATE**  
 OF PARTICIPATION

Presented to **JOBY PAULOSE**  
 For His/Her participation in the 53<sup>rd</sup> Kerala State Dental Conference of Indian Dental Association - Kerala State Branch, held from the 20<sup>th</sup> to 22<sup>nd</sup> of January 2023 at Adlux International Convention Centre.

*[Signature]*  
 DR. SHIBU RAJAGOPAL  
 PRESIDENT  
 IDA, KERALA

*[Signature]*  
 DR. DEEBU J. MATHEW  
 HON. SECRETARY  
 IDA, KERALA

*[Signature]*  
 DR. G. S. ABHLASH  
 CONFERENCE SECRETARY  
 IDA, KERALA

*[Signature]*  
 DR. GEORGE SEBASTIAN PULLAN  
 ORGANIZING CHAIRMAN  
 IDA, KERALA

*[Signature]*  
 DR. SABU S. THAZHATH  
 ORGANIZING SECRETARY  
 IDA, KERALA

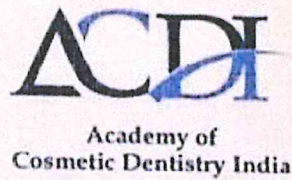
*[Signature]*  
 DR. SANTHOSH THOMAS  
 PRESIDENT  
 KERALA DENTAL COUNCIL



*[Signature]*

Prof. Dr. Harvey Thomas MDS  
 Principal  
 Al-Azhar Dental College  
 Thodupuzha - 685 605





7<sup>th</sup>  
**ACDI**  
**CONFERENCE**  
3,4,5 FEBRUARY 2023  
KOCHI, KERALA, INDIA

# CERTIFICATE OF PARTICIPATION

*Awarded to*

**DR BINILA S BABU**

*for participating and contributing to the success of the  
7th ACDI Conference held from 3 - 5 February 2023  
at Le Meridien Hotel and Convention Centre.*

**DR. B. MOHAN**  
President ACDI

**DR. PRASANTH DHANAPAL**  
Organizing Chairman

**DR. MATHEW VARGHESE K**  
Organizing Secretary

**Prof. Dr. Harvey T**

**Al-Azhar University**  
885 605

**DR. VINUTHA MANJUNATH**  
ACDI General Secretary

**DR. SUNIL M ERALY**  
Scientific Committee Chairman







**XIX** KSOMP ANNUAL STATE CONFERENCE &  
**IX** POST GRADUATE CONVENTION



INDIRA GANDHI INSTITUTE OF DENTAL SCIENCES



# CERTIFICATE OF PARTICIPATION

PRESENTED TO

DR. LAKSHMI PRIYA

for having participated and contributed to the success of

**MILAN 2023 - XIX ANNUAL CONFERENCE AND IX PG CONVENTION**  
organized by Indira Gandhi Institute of Dental Sciences,  
Kothamangalam at PGS Vedanta, Kochi on 4th and 5th March 2023.



Prof. Dr. Narvey Thomas MDS  
Principal  
Al-Azhar Dental College  
Thodupuzha - 685 605

Dr. Niveditha  
KSOMP President &  
Organising Chairperson

Dr. Anila Karunakaran  
KSOMP Secretary

Dr. Sanu Tom Abraham  
Principal, ICIDS

Dr. Athira C P  
Organising Secretary

Dr. Litu Mary Thampy  
Scientific Convener

Dr. Shinu Koshy  
Registration Convener

Dr. Ravi Kumar V  
KCC Observer





# INDIAN PROSTHODONTIC SOCIETY KERALA STATE BRANCH

## 2023 IPSKCON 6TH IPS KERALA STATE CONFERENCE



*Awarded to*

Dr. ....*LITTO MANUJA*.....

for having participated as a **DELEGATE** in the 6th Annual State Conference of Indian Prosthodontic Society Kerala State Branch  
'IPSKCON 23' held on April 29<sup>th</sup> & 30<sup>th</sup> 2023

hosted by PMS College of Dental Science & Research, Vattappara, Trivandrum.

*[Signature]*  
Prof. Dr. Harvey Thomas M  
Principal  
Al-Azhar Dental College  
Thodupuzha - 686 605

*[Signature]*  
Prof. Dr. Cherian KP  
President IPSK

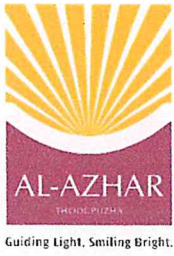
*[Signature]*  
Prof. Dr. Rupesh P.L  
Secretary IPSK

*[Signature]*  
Prof. Dr. Shyam Mohan A  
Organising Chairman  
IPSKCON23

*[Signature]*  
Prof. Dr. Arun Kumar G  
Organising Secretary  
IPSKCON23

*[Signature]*  
Dr. Terry Thomas  
KDC Observer





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RUN BY NOORUL ISLAM TRUST  
PERUMPILLICHIRA P. O., THODUPUZHA, IDUKKI DIST., KERALA- 685 605

---

**ACADEMIC YEAR 2021-2022**





# CERTIFICATE OF PARTICIPATION

Awarded To

**Binila S Babu**

FOR PARTICIPATING AND CONTRIBUTING TO THE SUCCESS OF

## Phoenix 2021

VIRTUAL CONFERENCE ORGANISED BY

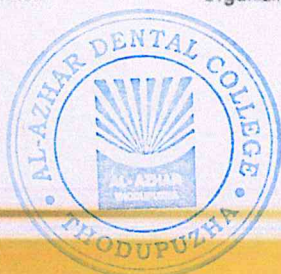
### INDIAN ASSOCIATION OF PUBLIC HEALTH DENTISTRY KERALA CHAPTER

FROM 19<sup>TH</sup> TO 27<sup>TH</sup> JUNE 2021

**Dr. Civy V Pulayath**  
Organizing Committee Chairman

**Dr. Sudeep C B**  
Organizing Committee Secretary

**Dr. Eby Aluckal**  
Organizing Committee Treasurer



**Prof. Dr. Harvey Thomas MDS**  
Principal  
Al-Azhar Dental College  
Thodupuzha - 685 600





# 4<sup>th</sup> KERALA STATE TRIPLE 'O' CONFERENCE TRIPLE 'O' SUMMIT 2021

25, 26, 27 NOVEMBER 2021



AZEEZIA




## Certificate of Appreciation

This is to certify that

**Dr Rema J**

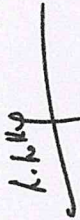


.....  
has actively contributed towards chairing the scientific paper presentation at the  
4th Kerala State Triple 'O' Conference organized by Azeezia College of Dental Sciences  
and Research on 25th, 26th and 27th November 2021.

  
Dr. Harvey Thomas M.  
Principal  
Al-Azhar Dental College  
Thodupuzha - 685 605



Dr. Joseph Edward  
Organizing Chairman



Dr. R. Rathy  
Organizing Secretary



Dr. M.S Deepa  
Co-Organizing Secretary  
& Hon. Treasurer



Dr. Eapen Thomas  
Triple 'O' Kerala  
President



Dr. Sunil S  
Triple 'O' Kerala  
Secretary





# 4<sup>th</sup> KERALA STATE TRIPLE 'O' CONFERENCE TRIPLE 'O' SUMMIT 2021

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## Certificate of Participation

Awarded to

**DR ANJANA MOHAN KUMAR**

for attending and contributing to the success of the conference organized by

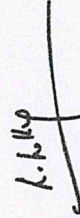
Azeezia College of Dental Sciences and Research, Kollam.



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Principal  
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Thodupuzha - 685 605



Dr. Joseph Edward  
Organizing Chairman



Dr. R. Rathy  
Organizing Secretary



Dr. M.S Deepa  
Co-Organizing Secretary  
& Hon. Treasurer



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Triple 'O' Kerala  
Secretary





# 4<sup>th</sup> KERALA STATE TRIPLE 'O' CONFERENCE TRIPLE 'O' SUMMIT 2021

25, 26, 27 NOVEMBER 2021



AZEEZIA



## Certificate of Participation

Awarded to

**DR JAYESH J UNNITHAN**

.....  
for attending and contributing to the success of the conference organized by  
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Prof. Dr. Harvey Thomas BDS  
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Organizing Secretary

Dr. M.S Deepa  
Co- Organizing Secretary  
& Hon. Treasurer

Dr. Eapen Thomas  
Triple 'O' Kerala  
President

Dr. Sunil S  
Triple 'O' Kerala  
Secretary





# 4<sup>th</sup> KERALA STATE TRIPLE 'O' CONFERENCE TRIPLE 'O' SUMMIT 2021

25, 26, 27 NOVEMBER 2021



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## Certificate of Participation

Awarded to

**SHANILA ABDUL MAJID**

for attending and contributing to the success of the conference organized by

Azeezia College of Dental Sciences and Research, Kollam.

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Al-Azhar Dental College  
Thodupuzha - 685 605

Dr. Joseph Edward  
Organizing Chairman

Dr. R. Rathy  
Organizing Secretary

Dr. M.S Deepa  
Co-Organizing Secretary  
& Hon. Treasurer

Dr. Eapen Thomas  
Triple 'O' Kerala  
President

Dr. Sunil. S  
Triple 'O' Kerala  
Secretary





# 4<sup>th</sup> KERALA STATE TRIPLE 'O' CONFERENCE TRIPLE 'O' SUMMIT 2021

25, 26, 27 NOVEMBER 2021



AZEEZIA



## Certificate of Appreciation

This is to certify that

Elizabeth Sojan

.....  
has been awarded the second prize for paper presentation in the scientific session of the 4th Kerala State Triple 'O' Conference organized by Azeezia College of Dental Sciences and Research on 25th, 26th and 27th November 2021.

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Organizing Chairman

Dr. R. Rathy  
Organizing Secretary

Dr. M.S Deepa  
Co-Organizing Secretary  
& Hon. Treasurer

Dr. Eapen Thomas  
Triple 'O' Kerala  
President

Dr. Sunil S  
Triple 'O' Kerala  
Secretary

Prof. Dr. Harvey Thomas M.D.  
Principal  
Al-Azhar Dental College  
Thodupuzha - 685 605





**12<sup>TH</sup> IFEA WORLD ENDODONTIC CONGRESS 2020NE**  
 &  
**29<sup>th</sup> National Congress of Indian Endodontic Society**  
 In association with Dental Council of India  
 & Indian Association of Conservative Dentistry & Endodontics

**Certificate of Appreciation**

Presented to

*Dr Binila S Babu*

In honor and appreciation of your significant contribution as a  
**CHAIRPERSON FOR A SCIENTIFIC SESSION**  
 of 12th IFEA World Endodontic Online Congress 2020ne  
 held during **31st July to 01st of August 2021.**

	<i>A. Kohli</i>	<i>M.R. Srinivasan</i>	<i>Apni Singh</i>
Dr Catherine Ricci IFEA President	Dr Anil Kohli Congress President	Dr M.R. Srinivasan Congress Organizing Chairman	Dr V Gopi Krishna Congress Organizing Secretary



**IFEA  
WEC  
2020NE**



Prof. Dr. Harvey  
 Principal  
 Al-Azhar Dental College  
 Thodupuzha - 685 605



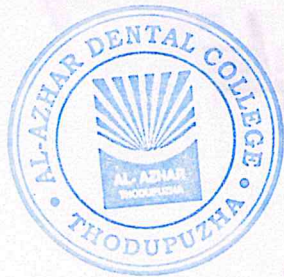


# 25<sup>th</sup> IOS National PG Students' Convention, Mangaluru

"GLORIOUS PAST - EMPOWERING THE FUTURE"

A. J. Institute of Dental Sciences

CERTIFICATE OF APPRECIATION



is awarded to

**DR. JOSE (session - 2)**

for his/her contribution to the success of scientific program by participating

as a Judge / Chairperson / Co-Chairperson

during 25<sup>th</sup> IOS National PG Students' Convention held from 28<sup>th</sup> April to 1<sup>st</sup> May 2022

at A. J. Auditorium, A. J. Campus, Mangaluru.

Prof. Dr. Harvey Thomas MDS  
Principal  
Al-Azhar Dental College  
Thodupuzha - 685 605

Dr. Rohan Rai  
Chairman, Scientific Committee

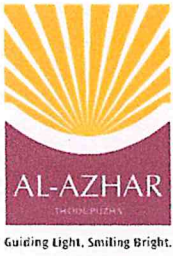
Dr. Gautham Hegde  
Organizing Secretary

Dr. K Nillan Shetty  
Organizing Chairman

Dr. Sridevi Padmanabhan  
Hon. Secretary, IOS-HO

Dr. Srikrishna Chalasoni  
President, IOS-HO





Off : 04862 224366  
Fax: 04862 229586

# AL-AZHAR DENTAL COLLEGE

(APPROVED BY DENTAL COUNCIL OF INDIA & AFFILIATED TO KUHS)  
RUN BY NOORUL ISLAM TRUST

PERUMPILLICHIRA P. O., THODUPUZHA, IDUKKI DIST., KERALA- 685 605

---

**ACADEMIC YEAR 2019-2020**



34<sup>th</sup> IACDE NATIONAL CONFERENCE,

NAVI MUMBAI, 2019

*To ACE is to excell'*



Aesthetic, Conservative & Endodontic excellence!

*Certificate of Attendance*

PRESENTED TO

Dr. MOUSHMI. C. B

FOR HAVING ATTENDED AND CONTRIBUTED TO THE SUCCESS OF THE

**34<sup>th</sup> IACDE NATIONAL CONFERENCE,**

HELD ON 29<sup>th</sup> NOVEMBER TO 1<sup>st</sup> DECEMBER, 2019

AT THE CIDCO CONVENTION AND EXHIBITION CENTRE, NAVI MUMBAI.

Dr. Girish Parmar President, IACDE	Dr. P. Karunakar Conference Secretary	Dr. U. Hoshing Organising Secretary	Dr. Shishir Singh Organising Chairperson



Prof. Dr. Harvey Thomas MDS  
Principal  
Al-Azhar Dental College  
Thodupuzha - 685 605





# Certificate of Participation

**73<sup>rd</sup> INDIAN DENTAL CONFERENCE**  
2020 JAN 23 - 26 • KOVALAM • THIRUVANANTHAPURAM

**Dr. BINILA S BABU**

This is to certify that .....  
has attended the 73rd Indian Dental Conference conducted at Kovalam, Thiruvananthapuram  
on 23rd - 26th of January 2020 and contributed to making the conference a success.



*[Signature]*  
Observer  
Kerala Dental Council

*[Signature]*  
Dr. Ashok Dhobie  
Hon. Secretary General  
IDA

*[Signature]*  
Dr. Janak Sabharwal  
President  
IDA

*[Signature]*  
Dr. Sanjay S. Joshi  
Conference Secretary  
IDC 2020

*[Signature]*  
Dr. Suresh Kumar G.  
Organising Secretary  
IDC 2020

*[Signature]*  
Dr. M. Raveendranath  
Chairman  
IDC 2020



The conference is entitled to 18 credit points vide. Kerala Dental Council order : No: 301/20/DC



Prof. Dr. Harvey Thomas MD  
Principal  
Al-Azhar Dental College  
Thodupuzha - 685 605

ER/KOCH/IDC192046





Off : 04862 224366  
Fax: 04862 229586

# AL-AZHAR DENTAL COLLEGE

(APPROVED BY DENTAL COUNCIL OF INDIA & AFFILIATED TO KUHS)

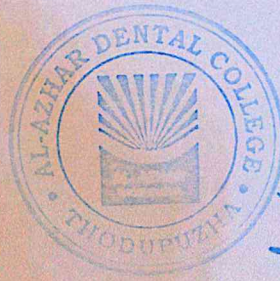
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PERUMPILLICHIRA P. O., THODUPUZHA, IDUKKI DIST., KERALA- 685 605

---

**ACADEMIC YEAR 2018-2019**





Prof. Dr. Hanley Thomas MDS  
Principal  
Al-Azhar Dental College  
Thodupuzha - 685 605

*Dr. B. Veerendra Kumar*  
Hon. President, IAOMP

*Dr. Nadeem Jeddy*  
Hon. Secretary, IAOMP

*Dr. R. Heera*  
Organizing Chairperson

*Dr. T. T. Sivakumar*  
Organizing Secretary

*Dr. V. Ipe Varghese*  
Patron  
KDC Observer

## CERTIFICATE OF APPRECIATION

Awarded to

*Dr. Lakshmi Priya*

for having contributed as an Organizing Member at the

XXVIII National Conference of the Indian Association of Oral & Maxillofacial Pathologists

held at Kovalam, Thiruvananthapuram on 1<sup>st</sup> to 3<sup>rd</sup> November, 2019.



# 51<sup>st</sup> Kerala State Dental Conference



**ida**  
Indian Dental Association  
Kerala State

## Milan '19

**Redefining Dentistry... Redefining Fellowship**

Host : IDA Malabar Branch

### Certificate of Attendance

This is to certify that



Order No.: D 7326/18/DC

## DR. JAYESH J UNNITHAN

has participated and contributed towards the success of

**MILAN 19**

**The 51<sup>st</sup> Kerala State Dental Conference 2019**

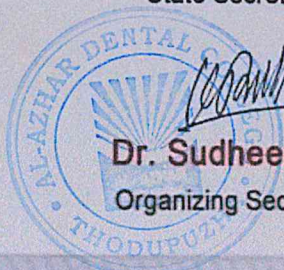
held on **4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup> January 2019** at **Kozhikode.**

**Dr. Ciju A Paulose**  
State President

**Dr. Suresh Kumar G**  
State Secretary

**Dr. Muhammad Sameer P.T.**  
Conference Secretary

**Dr. Dinesh K.R**  
Organizing Chairman



**Dr. Sudheer K.T**  
Organizing Secretary

**Prof. Dr. Hariharan Thomas MDS**  
Observer  
Kerala Dental Council  
Al-Azhar Dental College  
Thodupuzha - 685 605





Continuing Dental Education  
 72nd INDIAN DENTAL CONFERENCE, INDORE  
 Certificate of Attendance

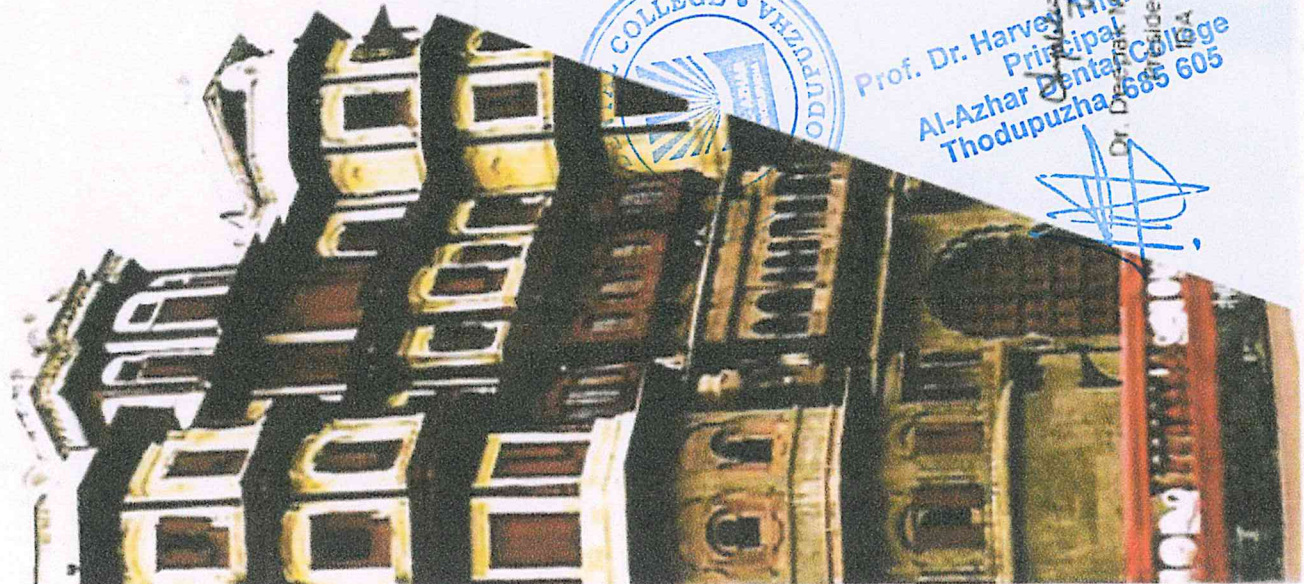


Certified that Dr. Litro Manual  
 has attended the 72nd IDC, Indore held on 18th - 20th Jan., 2019  
 for 18 hrs. duration organised by IDA INDORE BRANCH  
 & credited with 18 CDE Points.

	Dr. Ashok Dhole Hon. Sec. General IDA		Dr. Deshraj Jain Organising Chairman IDC 2019		Dr. Manish Verma Organising Secretary IDC 2019		Dr. Nitin Barve Conference Secretary IDC 2019		Dr. Rajeev Srivastava Scientific Chair IDC 2019
--	---	--	---	--	--	--	---	--	---



Prof. Dr. Harve Thomas MDS  
 Principal  
 Al-Azhar Dental College  
 Thodupuzha 685 605





**10<sup>th</sup> INDIAN PROSTHODONTIC SOCIETY  
TAMILNADU STATE BRANCH CONFERENCE - YERCAUD, SALI**



**Vinayaka Mission's Sankarachariyar Dental College**  
A Constituent college of Vinayaka Mission's Research Foundation { Deemed to be Univ }



**PROSTHODONTICS IN THE THIRD MILLENNIUM**

**CERTIFICATE OF ATTENDANCE**

Presented to Dr. LITTO for having attended and  
contributed towards the success of the 10<sup>th</sup> IPS TamilNadu State Branch Conference  
held on February 23<sup>rd</sup> & 24<sup>th</sup>, 2019 at Yercaud, Salem

**Dr. Jayashree Mohan**  
TN IPS President & Organizing Chairman

**Dr. C.J. Venkatakrishnan**  
TN IPS Secretary



**Dr. Ramesh.R**  
Organizing Secretary



**Prof. Dr. Harvey Thomas MDS**  
Principal  
Al-Azhar Dental College  
Thodupuzha - 685 605





20<sup>th</sup> NATIONAL PG CONVENTION, CHANDIGARH 2019  
SHAPE SALVAGE SMILE



Indian Association of Conservative  
Dentistry and Endodontics

# CERTIFICATE OF APPRECIATION

This is to certify that

Dr. .... *B. N. M. R.* .....

has "Chaired A Scientific Session" in 20th National PG Convention, Chandigarh  
from 7-10th March, 2019

*Dr. Jaidev Singh Dhillon*

DR. JAIDEV SINGH DHILLON  
ORGANISING CHAIRMAN

*Dr. Jagat Bhushan*

DR. JAGAT BHUSHAN  
CHAIRMAN SCIENTIFIC COMMITTEE

*Dr. Ajay Chhabra*

DR. AJAY CHHABRA  
ORGANISING SECRETARY

Prof. Dr. Harvey Thomas M.DS  
Principal  
Al-Azhar Dental College  
Thodupuzha - 685 605







# CAESOK 17<sup>TH</sup> MID TERM CONFERENCE & 9<sup>TH</sup> PG CONVENTION 2019

Seeding Life Through Regeneration



Order No: D 2014/19/DC

## Certificate of Participation

Awarded to

Dr. Binila S. Babu.....for attending and  
contributing to the success of CAESOK 17<sup>th</sup> Mid Term Conference & 9<sup>th</sup> PG Convention held  
on 6<sup>th</sup> & 7<sup>th</sup> April 2019 at Kozhikode.



Dr. Rajesh Pillai  
President, CAESOK

Dr. Afzal A  
Secretary, CAESOK

Dr. Kunjamma Thomas  
Organizing Patron

Dr. Ramesh Kumar M  
Conference Secretary

Dr. Prasanth Balan  
Organizing Chairman

Dr. Subija K Narayanan Kutty  
Organizing Secretary

Dr. Josey Mathew  
KDC, Observer

Dr. Harvey Thomas M.D  
Principal  
Dental College  
Thodupuzha





# CAESOK 17<sup>TH</sup> MID TERM CONFERENCE & 9<sup>TH</sup> PG CONVENTION 2019



*Seeding Life Through Regeneration*

## Certificate for Chairing Session

*Awarded to*

Dr. ..... **MOUSHMI!** .....

*in appreciation for Chairing the Scientific Session ( Paper / Poster presentation)*

*at CAESOK 17<sup>th</sup> Mid Term Conference & 9<sup>th</sup> PG Convention*

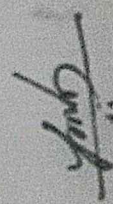
*held on 6<sup>th</sup> & 7<sup>th</sup> April 2019 at Kozhikode.*



Prof. Dr. Harvey Thomas M.S.  
Principal  
Al Azhar Dental College  
Kozhikode - 685 605



Dr. Afzal A  
Secretary, CAESOK



Dr. Kunjamma Thomas  
Organizing Patron



Dr. Ramesh Kumar M  
Conference Secretary

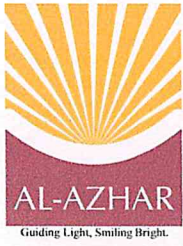


Dr. Subija K Narayanan Kutty  
Organizing Secretary



Dr. Jayasree S  
Scientific Committee Chairperson





Off : 04862 224366  
Fax: 04862 229586

# AL-AZHAR DENTAL COLLEGE

(APPROVED BY DENTAL COUNCIL OF INDIA & AFFILIATED TO KUHS)

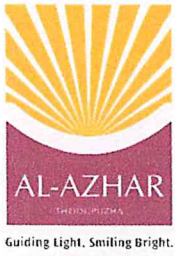
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PERUMPILLICHIRA P. O., THODUPUZHA, IDUKKI DIST., KERALA- 685 605

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**DOCUMENTS FROM FUNDING AGENCY**





Off : 04862 224366  
Fax: 04862 229586

# AL-AZHAR DENTAL COLLEGE

(APPROVED BY DENTAL COUNCIL OF INDIA & AFFILIATED TO KUHS)

RUN BY NOORUL ISLAM TRUST

PERUMPILLICHIRA P. O., THODUPUZHA, IDUKKI DIST., KERALA- 685 605

---

**ACADEMIC YEAR 2022-2023**





# AL-AZHAR DENTAL COLLEGE

(APPROVED BY DENTAL COUNCIL OF INDIA  
& AFFILIATED TO KERALA UNIVERSITY OF HEALTH SCIENCE)  
RUN BY NOORUL ISLAM TRUST  
Perumpillichira P. O., Thodupuzha, Idukki Dt., Kerala - 685 605  
URL: <http://www.alazhardental.org> E-mail- [alazhardentalcollege@gmail.com](mailto:alazhardentalcollege@gmail.com)

Office : 04862 - 224366  
Chairman : 04862-229193  
: 9447033439  
Fax : 04862 - 229586

Date .....

## EMPLOYEES REIMBURSEMENT REQUEST FORM

To  
Principal,  
Al-Azhar Dental College

From:  
Name: Beech S Babu  
Dept. Conservative Dentistry & Endodontics  
Desgn: Reader

Respected Sir,  
I, Dr Beech S Babu, request you to consider my application for the reimbursement of Rs. 10,000, towards the financial support as ..... (Registration Fee/TA/DA etc) for attending Fellowship by International College of Dentists Feb 17 2023 ..... (Name of the program of national /international fellowships / advanced studies/collaborative research/ participation in conferences /CDE programs etc., attended) during Feb 17 2023 to ..... ( Date of attending the program).

Place : 22/2/22  
Date: Thodupuzha

Yours Sincerely,  
Name: Beech S Babu  
Signature: [Signature]

Recommendation of the Principal :  
[Signature]

Prof. Dr. Harvey Thomas M.D.S  
Principal  
Al-Azhar Dental College  
Thodupuzha - 685 605  
[Signature]

Recommendation of the Finance Officer :

Signature (with date)

Orders of the Sanctioning Authority  
Amount of Rs 10,000/- may be reimbursed as per Rule.



[Signature]

Prof. Dr. Harvey Thomas M.D.S  
Principal  
Al-Azhar Dental College  
Thodupuzha - 685 605

[Signature]  
Signature (with date)  
DR. AMAL E.A  
Administrative Officer  
Al Azhar Dental College  
Thodupuzha - 685 605





# AL-AZHAR DENTAL COLLEGE

(APPROVED BY DENTAL COUNCIL OF INDIA  
& AFFILIATED TO KERALA UNIVERSITY OF HEALTH SCIENCE)  
RUN BY NOORUL ISLAM TRUST  
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Office : 04862 - 224366  
Chairman : 04862-229193  
: 9447033439  
Fax : 04862 - 229586

Date .....

## EMPLOYEES REIMBURSEMENT REQUEST FORM

To  
Principal,  
Al-Azhar Dental College

From:  
Name: Dr. Remu Ann Mathew  
Dept: Pedodontics  
Desgn: Reader

Respected Sir,  
I, Dr Remu Ann Mathew, request you to consider my application for  
thereimbursement of Rs. 1500, towards the financial support  
as Advanced Studies (Registration Fee/TA/DA etc) for attending  
Diploma in Learning Disabilities.  
..... (Name of the program of national  
/international fellowships / advanced studies/collaborativeresearch/participation in  
conferences /CDE programs etc., attended) during 28/June 2022 to ..... ( Date of  
attending the program).

Place: Thodupuzha  
Date: 12/7/22

Yours Sincerely,  
Name: Dr Remu Ann Mathew  
Signature: [Signature]

Recommendation of the Principal :

Prof. Dr. Harvey Thomas Signature (with date)  
Principal  
Al-Azhar Dental College  
Thodupuzha - 685 605

Recommendation of the Finance Officer :

Signature (with date) [Signature]

Orders of the Sanctioning Authority

Amount of Rs 1500 may be reimbursed as per Rule.

Signature (with date) [Signature]

Designation  
Dr. AMAL E.A  
Administrative Officer  
Al Azhar Dental College  
Thodupuzha - 685 605



Prof. Dr. Harvey Thomas MDS  
Principal  
Al-Azhar Dental College  
Thodupuzha - 685 605





# AL-AZHAR DENTAL COLLEGE

(APPROVED BY DENTAL COUNCIL OF INDIA & AFFILIATED TO KERALA UNIVERSITY OF HEALTH SCIENCE)  
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Perumpillichira P. O., Thodupuzha, Idukki Dt., Kerala - 685 605  
URL: <http://www.alazhardental.org> E-mail: [alazhardentalcollege@gmail.com](mailto:alazhardentalcollege@gmail.com)

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Chairman : 04862-229193  
9447033439  
Fax : 04862 - 229586

## EMPLOYEES REIMBURSEMENT REQUEST FORM

To  
Principal,  
Al-Azhar Dental College

From:  
Name: Dr. Shaaron Vincent  
Dept: Pedodontics  
Design: Sr. Lecturer

Respected Sir,  
I, Dr. Shaaron Vincent, request you to consider my application for the reimbursement of Rs. 1500, towards the financial support as \_\_\_\_\_ (Registration Fee/TA/DA etc) for attending Advanced ethical lecture professional ACP course (Name of the program of national /international fellowships / advanced studies/collaborative research/ participation in conferences /CDE programs etc., attended) during 01.10.2022 to \_\_\_\_\_ ( Date of attending the program).

Place: Thodupuzha  
Date: 01.10.22

Yours Sincerely,  
Name: Dr. Shaaron Vincent  
Signature: Sharon

Recommendation of the Principal :

Prof. Dr. Harvey Thomas MDS  
Signature (with date)  
Al-Azhar Dental College  
Thodupuzha - 685 605

Recommendation of the Finance Officer :

Signature (with date)

Orders of the Sanctioning Authority

Amount of Rs. 1500 may be reimbursed as per Rule.

Signature (with date)

Designation



Prof. Dr. Harvey Thomas  
Principal  
Al-Azhar Dental College  
Thodupuzha - 685 605

Dr. AMAL E.A  
Administrative Officer  
Al Azhar Dental College  
Thodupuzha - 685 605





# AL-AZHAR DENTAL COLLEGE

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Chairman : 04862-229193  
: 9447033439  
Fax : 04862 - 229586

## EMPLOYEES REIMBURSEMENT REQUEST FORM

To  
Principal,  
Al-Azhar Dental College

From:  
Name: Dr. Anu Mathew  
Dept. Periodontics  
Design: Sr. Lecturer

Respected Sir,  
I, Dr. Anu Mathew, request you to consider my application for the reimbursement of Rs. 500/-, towards the financial support as ..... (Registration Fee/TA/DA etc) for attending SPK Annual conference 2022 ..... (Name of the program of national /international fellowships / advanced studies/collaborative research/ participation in conferences /CDE programs etc., attended) during D.S. 06.22 to ..... ( Date of attending the program).

Place : Thodupuzha  
Date : 05.06.22

Yours Sincerely,  
Name: Dr. Anu Mathew  
Signature : [Signature]

Recommendation of the Principal :

[Signature]  
Prof. Dr. Harvey Thomas MDS  
Principal  
Al-Azhar Dental College  
Thodupuzha - 685 605

Signature (with date)

Recommendation of the Finance Officer :

Signature (with date)

Orders of the Sanctioning Authority

Amount of Rs. 500 may be reimbursed as per Rule.

[Signature]  
Signature (with date)

Designation



[Signature]  
Dr. AMAL E.A  
Administrative Officer  
Al-Azhar Dental College  
Thodupuzha - 685 605





# AL-AZHAR DENTAL COLLEGE

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: 9447033439  
Fax : 04862 - 229586

## EMPLOYEES REIMBURSEMENT REQUEST FORM

To  
Principal,  
Al-Azhar Dental College

From:  
Name: Dr. Joby Paulose  
Dept. Orthodontics  
Design: Professor of HOD

Respected Sir,  
I, Dr. Joby Paulose, request you to consider my application for the  
reimbursement of Rs. 1500, towards the financial support as .....  
(Registration Fee/TA/DA etc) for attending 53rd Kerala State Dental Conference  
"Revolve 23" ..... (Name of the program of national  
/international fellowships / advanced studies/collaborative research/ participation in  
conferences /CDE programs etc., attended) during 20.01.23 to 22.01.23 ( Date of  
attending the program).

Place: Thodupuzha  
Date: 22.02.23

Yours Sincerely,  
Name: Dr. Joby Paulose  
Signature: [Signature]

Recommendation of the Principal :

[Signature] Signature (with date)  
Prof. Dr. Harvey Thomas MDS  
Principal  
Al-Azhar Dental College  
Thodupuzha - 685 605

Recommendation of the Finance Officer :

Signature (with date)  
[Signature]

Orders of the Sanctioning Authority  
Amount of Rs. 1500 may be reimbursed as per Rule.

Signature (with date)  
Designation  
[Signature]  
D. AMAL E.A.



[Signature]  
Prof. Dr. Harvey Thomas MDS  
Principal  
Al-Azhar Dental College  
Thodupuzha - 685 605

Administrative Officer  
Al Azhar Dental College  
Thodupuzha - 685 605





# AL-AZHAR DENTAL COLLEGE

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Fax : 04862 - 229586

## EMPLOYEES REIMBURSEMENT REQUEST FORM

To  
Principal,  
Al-Azhar Dental College

From:  
Name: Dr. Binila S Babu  
Dept. Conservative dentistry and Endodontics  
Desgn: Reader

Respected Sir,  
I, Dr. Binila S Babu, request you to consider my application for the  
reimbursement of Rs. 1500/-, towards the financial support as .....  
(Registration Fee/TA/DA etc) for attending 7th A.D.I. Conference.  
..... (Name of the program of national  
/international fellowships / advanced studies/collaborative research/ participation in  
conferences /CDE programs etc., attended) during 13.02.23 to 5.02.23 ( Date of  
attending the program).

Place : Thodupuzha  
Date: 5.03.23

Yours Sincerely,  
Name: Dr. Binila S Babu  
Signature : Binila S Babu

Recommendation of the Principal :

[Signature]  
Prof. Dr. Harvey Thomas MDS  
Principal  
Al-Azhar Dental College  
Thodupuzha - 685 605  
Signature (with date)

Recommendation of the Finance Officer :

Signature (with date)

Orders of the Sanctioning Authority

Amount of Rs. 1500 ..... may be reimbursed as per Rule.

Signature (with date)

Designation



[Signature]  
Dr. AMAL E.A  
Administrative Officer  
Al-Azhar Dental College  
Thodupuzha - 685 605  
Prof. Dr. Harvey Thomas MDS  
Principal  
Al-Azhar Dental College  
Thodupuzha - 685 605





# AL-AZHAR DENTAL COLLEGE

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: 9447033439  
Fax : 04862 - 229586

## EMPLOYEES REIMBURSEMENT REQUEST FORM

To  
Principal,  
Al-Azhar Dental College

From:  
Name: *Dr. Lakshmi Priya*  
Dept. *Oral Pathology*  
Desgn: *Professor & HOD*

Respected Sir,  
I, Dr *Lakshmi Priya*, request you to consider my application for the reimbursement of Rs. *1500*, towards the financial support as .....  
(Registration Fee/TA/DA etc) for attending *MILAN 2023 - XIX Annual Conference & IXP6 Conventions* (Name of the program of national /international fellowships / advanced studies/collaborative research/ participation in conferences /CDE programs etc., attended) during *4.3.23* to *5.3.23* ( Date of attending the program).

Place: *Thodupuzha*  
Date: *5.4.23*

Yours Sincerely,  
Name: *Dr. Lakshmi Priya*  
Signature: *[Signature]*

Recommendation of the Principal :

*[Signature]*  
Prof. Dr. Harvey Thomas MDS  
Principal  
Al-Azhar Dental College  
Thodupuzha-685 605

Recommendation of the Finance Officer :

Signature (with date)

Orders of the Sanctioning Authority

Amount of Rs *1500* may be reimbursed as per Rule.

Signature (with date)

Designation

*[Signature]*  
Dr. AMAL E.A  
Administrative Officer  
Al Azhar Dental College

*[Signature]*  
Prof. Dr. Harvey Thomas MDS  
Principal

Thodupuzha - 685 605





# AL-AZHAR DENTAL COLLEGE

(APPROVED BY DENTAL COUNCIL OF INDIA  
& AFFILIATED TO KERALA UNIVERSITY OF HEALTH SCIENCE)  
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Office : 04862 - 224366  
Chairman : 04862-229193  
: 9447033439  
Fax : 04862 - 229586

## EMPLOYEES REIMBURSEMENT REQUEST FORM

To  
Principal,  
Al-Azhar Dental College

From:  
Name: Dr. Letto Manuel  
Dept. Prosthodontics  
Desgn: Professor

Respected Sir,  
I, Dr Letto Manuel, request you to consider my application for the reimbursement of Rs. 1500/-, towards the financial support as ..... (Registration Fee/TA/DA etc) for attending 6th IPS Kerala State Branch Conference IPS KLON 2023 (Name of the program of national /international fellowships / advanced studies/collaborative research/ participation in conferences /CDE programs etc., attended) during 29.4.23 to 30.4.23 ( Date of attending the program).

Place : Thodupuzha  
Date: 30.5.23

Yours Sincerely,  
Name: Dr. Letto Manuel  
Signature: [Signature]

Recommendation of the Principal :

Signature (with date)

Recommendation of the Finance Officer :

Signature (with date)

Orders of the Sanctioning Authority

Amount of Rs 1500 may be reimbursed as per Rule.

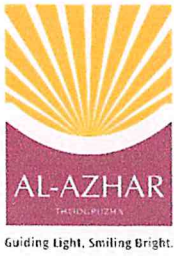
Signature (with date)

Designation



Prof. Dr. Harvey Thomas MDS  
Principal  
Al-Azhar Dental College  
Thodupuzha - 685 605





Off: 04862 224366  
Fax: 04862 229586

# AL-AZHAR DENTAL COLLEGE

(APPROVED BY DENTAL COUNCIL OF INDIA & AFFILIATED TO KUHS)

RUN BY NOORUL ISLAM TRUST

PERUMPILICHIRA P. O., THODUPUZHA, IDUKKI DIST., KERALA- 685 605

---

**ACADEMIC YEAR 2021-2022**





# AL-AZHAR DENTAL COLLEGE

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## EMPLOYEES REIMBURSEMENT REQUEST FORM

To  
Principal,  
Al-Azhar Dental College

From:  
Name: Dr. Binila S. Babu  
Dept. Conservative  
Design: Senior Lecturer

Respected Sir,  
I, Dr. Binila S. Babu, request you to consider my application for the reimbursement of Rs. 1000, towards the financial support as .....  
(Registration Fee/TA/DA etc) for attending Phoenix 2021 .....  
..... (Name of the program of national /international fellowships / advanced studies/collaborative research/ participation in conferences /CDE programs etc., attended) during 19.6.21 to 27.6.21 ( Date of attending the program).

Place: Thodupuzha  
Date: 27.7.21

Yours Sincerely,  
Name: Dr. Binila S. Babu  
Signature:

Signature (with date)

Recommendation of the Principal :

Recommendation of the Finance Officer :

Signature (with date)  
Principal

Orders of the Sanctioning Authority  
Amount of Rs. 1000 may be reimbursed as per Rule.

Signature (with date)  
Designation



Prof. Dr. Harvey Thomas MDS  
Principal  
Al-Azhar Dental College  
Thodupuzha - 685 605  
  
Dr. AMAL E.A  
Administrative Officer  
Al Azhar Dental College  
Thodupuzha





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Fax : 04862 - 229586

Date .....

## EMPLOYEES REIMBURSEMENT REQUEST FORM

To  
Principal,  
Al-Azhar Dental College

From:  
Name: *Rema Sanyal*  
Dept. *Oral medicine & Radiology*  
Desgn: *HOD of Professor*

Respected Sir,  
I, Dr *Rema Sanyal*, request you to consider my application for the reimbursement of Rs. *1500*, towards the financial support as .....  
(Registration Fee/TA/DA etc) for attending *17th Kerala People's Conference Summit 2021*.  
..... (Name of the program of national /international fellowships / advanced studies/collaborative research/ participation in conferences /CDE programs etc., attended) during *28/11/2021 to 29/11/2021* ( Date of attending the program).

Place: *Thodupuzha*  
Date: *16/12/2021*

Yours Sincerely,  
Name: *Rema Sanyal*  
Signature: *Rema*

*[Signature]*  
Signature (with date)  
V.A. AFZAL, M.D.S.  
Principal  
Al-Azhar Dental College  
Thodupuzha P.O., Thodupuzha-685 605

Recommendation of the Principal :

Recommendation of the Finance Officer :

*[Signature]*  
Signature (with date)

Orders of the Sanctioning Authority  
Amount of Rs *1500* may be reimbursed as per Rule.

*[Signature]*  
Signature (with date)  
Designation  
**Dr. AMAL E.A**  
Administrative Officer  
Al Azhar Dental College  
Thodupuzha - 685 605

*[Signature]*  
Prof. Dr. Harvey Thomas M.D.S  
Principal  
Al-Azhar Dental College  
685 605





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Date .....

## EMPLOYEES REIMBURSEMENT REQUEST FORM

To  
Principal,  
Al-Azhar Dental College

From:  
Name: Arjuna Mohankumar  
Dept. Oral medicine & Radiology  
Desgn: Reader

Respected Sir,  
I, Dr. Arjuna Mohankumar, request you to consider my application for the reimbursement of Rs. 1500, towards the financial support as .....  
(Registration Fee/TA/DA etc) for attending 4<sup>th</sup> Kerala People's Conference  
Sept, 2021 ..... (Name of the program of national /international fellowships / advanced studies/collaborative research/ participation in conferences /CDE programs etc., attended) during 25<sup>th</sup> to 27<sup>th</sup> ( Date of attending the program).

Place: Thodupuzha  
Date: 16/12/21

Yours Sincerely,  
Name: Arjuna Mohankumar  
Signature: [Signature]

Recommendation of the Principal :  
[Signature]

[Signature]  
Signature (with date)

Recommendation of the Finance Officer :

[Signature]  
Signature (with date)

Orders of the Sanctioning Authority  
Amount of Rs 1500/- may be reimbursed as per Rule.

[Signature]  
Signature (with date)  
Designation MALE.A  
Administrative Officer



[Signature]  
Prof. Dr. Harvey Thomas M.D.S  
Principal  
Al-Azhar Dental College  
Thodupuzha - 685 605





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Date .....

## EMPLOYEES REIMBURSEMENT REQUEST FORM

To  
Principal,  
Al-Azhar Dental College

From:  
Name: Payesh Yurethan  
Dept: Oral medicine & radiology  
Desgn: Reader

Respected Sir,  
I, Dr Payesh Yurethan, request you to consider my application for the reimbursement of Rs 1500/-, towards the financial support as .....  
(Registration Fee/TA/DA etc) for attending 4<sup>th</sup> Kerala People's Conference on Dentistry,  
2021..... (Name of the program of national /international fellowships / advanced studies/collaborative research/ participation in conferences /CDE programs etc., attended) during 25/11/21 to 27/11/21 ( Date of attending the program).

Place: Thodupuzha  
Date: 18/12/21

Yours Sincerely,  
Name: Payesh Yurethan  
Signature: [Signature]

Recommendation of the Principal :

[Signature]

Signature (with date)

Prof. Dr. Harvey Thomas  
Principal  
Al-Azhar Dental College  
Thodupuzha - 685 605

Recommendation of the Finance Officer :

Signature (with date)

Orders of the Sanctioning Authority

Amount of Rs 1500/- may be reimbursed as per Rule.

Signature (with date)

Designation  
Dr. AMAL E.A  
Administrative Officer  
Al Azhar Dental College  
Thodupuzha - 685 605



Prof. Dr. Harvey Thomas  
Principal  
Al-Azhar Dental College  
Thodupuzha - 685 605





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Date .....

## EMPLOYEES REIMBURSEMENT REQUEST FORM

To  
Principal,  
Al-Azhar Dental College

From: *Shamul Abdul Majeed*  
Name: .....  
Dept. *Oral medicine & Radiology*  
Desgn: *Reader*

Respected Sir,  
I, Dr. *Shamul Abdul Majeed*, request you to consider my application for the reimbursement of Rs. *1500*, towards the financial support as .....  
(Registration Fee/TA/DA etc) for attending *4<sup>th</sup> Kerala People's Conference on dent, 2017*  
..... (Name of the program of national /international fellowships / advanced studies/collaborative research/ participation in conferences /CDE programs etc., attended) during *25<sup>th</sup>* to *27<sup>th</sup> Nov* ( Date of attending the program).

Place: *Thodupuzha*  
Date: *15/12/17*

Yours Sincerely,  
Name: *Shamul Abdul Majeed*  
Signature :

Recommendation of the Principal :

*Recommended*

*[Signature]*  
Signature (with date)  
Prof. Dr. Harvey Thomas  
Principal  
Al-Azhar Dental College  
Thodupuzha - 685 605

Recommendation of the Finance Officer :

*[Signature]*  
Signature (with date)

Orders of the Sanctioning Authority

Amount of Rs. *1500* may be reimbursed as per Rule.

*[Signature]*  
Signature (with date)  
Designation: **IAE.A**  
Administrative Officer  
Al Azhar Dental College  
Thodupuzha - 685 605



*[Signature]*  
Prof. Dr. Harvey Thomas  
Principal  
Thodupuzha - 685 605





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Date .....

## EMPLOYEES REIMBURSEMENT REQUEST FORM

To  
Principal,  
Al-Azhar Dental College

From:  
Name: Elizabeth Sojan  
Dept. Oral pathology  
Design: Senior Lecturer

Respected Sir,  
I, Dr Elizabeth Sojan, request you to consider my application for the reimbursement of Rs 1500, towards the financial support as (Registration Fee/TA/DA etc) for attending 4<sup>th</sup> Kerala People 'o' Conference 2021 (Name of the program of national /international fellowships / advanced studies/collaborative research/ participation in conferences /CDE programs etc., attended) during 25<sup>th</sup> to 29<sup>th</sup> Nov ( Date of attending the program).

Place: Thodupuzha  
Date: 20/12/21

Yours Sincerely,  
Name: Elizabeth Sojan  
Signature: [Signature]

Recommendation of the Principal :

[Signature]

Prof. Dr. Harvey Thomas MDS  
Principal  
Al-Azhar Dental College  
Thodupuzha - 685 605  
Signature (with date)

Recommendation of the Finance Officer :

Signature (with date)

Orders of the Sanctioning Authority

Amount of Rs 1500/- may be reimbursed as per Rule.

[Signature]  
Signature (with date)

Designation

Dr. AMAL E.A

Administrative Officer

Al Azhar Dental College

Thodupuzha - 685 605

Prof. Dr. Harvey Thomas MDS  
Principal  
Al-Azhar Dental College  
Thodupuzha - 685 605







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Date .....

## EMPLOYEES REIMBURSEMENT REQUEST FORM

To  
Principal,  
Al-Azhar Dental College

From:  
Name: Babu s Babu  
Dept. Conservative dentistry & Endodontics  
Desgn: Reader

Respected Sir,  
I, Dr Babu s Babu, request you to consider my application for the reimbursement of Rs 1500, towards the financial support as .....  
(Registration Fee/TA/DA etc) for attending 12<sup>th</sup> FICAM World Endodontic Congress 20  
Zone of 29<sup>th</sup> National Congress of Indian Endodontic Society (Name of the program of national /international fellowships / advanced studies/collaborative research/ participation in conferences /CDE programs etc., attended) during 27<sup>th</sup> July to 1 Aug ( Date of attending the program).

Place: Thodupuzha  
Date: 20/12/21

Yours Sincerely,  
Name: Babu s Babu  
Signature: [Signature]

Recommendation of the Principal: [Signature]  
Recommended.

[Signature]  
Prof. Dr. Harvey Thomas MDS  
Principal  
Al-Azhar Dental College  
Thodupuzha - 685 605

Recommendation of the Finance Officer :

Signature (with date)

Orders of the Sanctioning Authority  
Amount of Rs 1500 may be reimbursed as per Rule.

[Signature]  
Signature (with date)  
Designation: A.E.A  
Administrative Officer  
Al Azhar Dental College  
Thodupuzha - 685 605

[Signature]  
Prof. Dr. Harvey Thomas MDS  
Principal  
Al-Azhar Dental College  
Thodupuzha





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Date .....

## EMPLOYEES REIMBURSEMENT REQUEST FORM

To  
Principal,  
Al-Azhar Dental College

From:  
Name: Rose Sunny  
Dept. Orthodontic Dentofacial Orthopaedics  
Desgn: Ss. Lecturer

Respected Sir,  
I, Dr Rose Sunny, request you to consider my application for the reimbursement of Rs. 1500, towards the financial support as 25<sup>th</sup> 108 (Registration Fee/TA/DA etc) for attending 25<sup>th</sup> National PG students Conference, Mangalore, 2022 (Name of the program of national /international fellowships / advanced studies/collaborative research/ participation in conferences /CDE programs etc., attended) during ..... to ..... ( Date of attending the program).

Place: Thodupuzha  
Date: 29/11/22

Yours Sincerely,  
Name: Rose Sunny  
Signature: [Signature]

[Signature]  
Signature (with date)

Recommendation of the Principal :  
[Signature]

Prof. Dr. Harvey Thomas MDS  
Principal  
Al-Azhar Dental College  
Thodupuzha - 685 605  
[Signature]  
Signature (with date)

Recommendation of the Finance Officer :

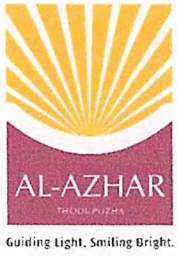
Orders of the Sanctioning Authority  
Amount of Rs 1500/- may be reimbursed as per Rule.

[Signature]  
Signature (with date)  
Designation

Prof. Dr. Harvey Thomas MDS  
Principal  
Al-Azhar Dental College  
Thodupuzha - 685 605

Dr. AMAL E.A  
Administrative Officer  
Al Azhar Dental College  
Thodupuzha - 685 605





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**ACADEMIC YEAR 2019-2020**





# AL-AZHAR DENTAL COLLEGE

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Fax : 04862 - 229586

Date .....

## EMPLOYEES REIMBURSEMENT REQUEST FORM

To  
Principal,  
Al-Azhar Dental College

From:  
Name: *Moushumi CB*  
Dept. *Conservative dentistry of endo/oroto*  
Desgn: *Head*

Respected Sir,  
I, Dr *Moushumi CB*, request you to consider my application for the reimbursement of Rs. *1500/-*, towards the financial support as ..... (Registration Fee/TA/DA etc) for attending *34<sup>th</sup> IADCE National conference, Noida Mumbai 2019* (Name of the program of national /international fellowships / advanced studies/collaborative research/ participation in conferences /CDE programs etc., attended) during *29<sup>th</sup> 10/19* to *15<sup>th</sup> 11/19* ( Date of attending the program).

Place: *Thodupuzha*  
Date: *14/12/19*

Yours Sincerely,  
Name: *Moushumi CB*  
Signature: *Moushumi*

Recommendation of the Principal :

*[Signature]*  
Prof. Dr. V.A. AFZAL., M.D.S.  
Principal  
Al-Azhar Dental College  
Perumpillichira P.O., Thodupuzha-685 605

Recommendation of the Finance Officer :

Signature (with date)

Orders of the Sanctioning Authority  
Amount of Rs *1500/-* may be reimbursed as per Rule.

*[Signature]*  
Signature (with date)  
Designation

Prof. Dr. Harvey Thomas M.D.S.  
Principal  
Al-Azhar Dental College  
Thodupuzha - 685 605

DR. NIAL E.A  
Administrative Officer  
Al Azhar Dental College  
Thodupuzha - 685 605





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Date .....

## EMPLOYEES REIMBURSEMENT REQUEST FORM

To  
Principal,  
Al-Azhar Dental College

From: *Bunla S Babu*  
Name: .....  
Dept. *CP of Endo Center*  
Desgn: *Asst Lect*

Respected Sir,  
I, Dr *Bunla S Babu*, request you to consider my application for the reimbursement of Rs. *1500*, towards the financial support as .....  
(Registration Fee/TA/DA etc) for attending *13<sup>th</sup> Indian Dental Conference 2020*  
..... (Name of the program of national /international fellowships / advanced studies/collaborative research/ participation in conferences /CDE programs etc., attended) during *24<sup>th</sup> Jan* to ..... ( Date of attending the program).

Place: *Thodupuzha*  
Date: *13/12/2020*

Yours Sincerely,  
Name: *Bunla S Babu*  
Signature: *Bunla*

Recommendation of the Principal :

*[Signature]*  
Prof. Dr. V.A. AFZAL., M.D.S.  
Principal  
Signature (with date)  
Perumpillichira P.O., Thodupuzha-685 605

Recommendation of the Finance Officer :

*[Signature]*  
Signature (with date)

Orders of the Sanctioning Authority

Amount of Rs *1500* may be reimbursed as per Rule.

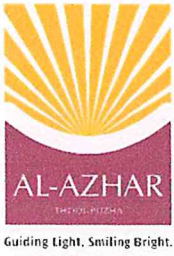
*[Signature]*  
Signature (with date)

Prof. Dr. Harvey Thomas M.D.S.  
Principal  
Al-Azhar Dental College  
Thodupuzha - 685 605



Designation  
Dr. AMAL E.A  
Administrative Officer  
Al Azhar Dental College  
Thodupuzha - 685 605





Off : 04862 224366  
Fax: 04862 229586

# AL-AZHAR DENTAL COLLEGE

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**ACADEMIC YEAR 2018-2019**





# AL-AZHAR DENTAL COLLEGE

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Fax : 04862 - 229586

## EMPLOYEES REIMBURSEMENT REQUEST FORM

To  
Principal,  
Al-Azhar Dental College

From:  
Name: Dr. Lakshmi Prinja  
Dept: Oral and Pathology  
Desgn: Professor

Respected Sir,  
I, Dr Lakshmi Prinja, request you to consider my application for the reimbursement of Rs. 1500, towards the financial support as .....  
(Registration Fee/TA/DA etc) for attending ASMR Annual Meeting XXVIII IAOMP National Conference (Name of the program of national /international fellowships / advanced studies/collaborative research/ participation in conferences /CDE programs etc., attended) during 1.11.19 to 3.1.19 ( Date of attending the program).

Place: Thodupuzha  
Date: 3.2.19

Yours Sincerely,  
Name: Dr. Lakshmi Prinja  
Signature: [Signature]

Recommendation of the Principal :

[Signature] Signature (with date)

Recommendation of the Finance Officer :

Signature (with date) [Signature] L., M.D.S.  
Principal  
Al-Azhar Dental College  
Perumpillichira P.O., Thodupuzha-685 605

Orders of the Sanctioning Authority  
Amount of Rs 1500 may be reimbursed as per Rule.

Signature (with date) [Signature]  
Designation [Signature]



[Signature]  
Prof. Dr. Harvey Thomas MDS  
Principal  
Al-Azhar Dental College  
Thodupuzha - 685 605

Dr. AMAL E.A  
Administrative Officer  
Al Azhar Dental College  
Thodupuzha - 685 605





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## EMPLOYEES REIMBURSEMENT REQUEST FORM

To  
Principal,  
Al-Azhar Dental College

From:  
Name: *Dr. Jaysh J. Unnithan*  
Dept. *Oral Medicine and Radiology*  
Desgn: *Senior Lecturer*

Respected Sir,  
I, Dr. *Jaysh J. Unnithan*, request you to consider my application for the reimbursement of Rs. *1500*, towards the financial support as .....  
(Registration Fee/TA/DA etc) for attending *MKAN 19, 57<sup>st</sup> Kerala State Dental Conference* ..... (Name of the program of national /international fellowships / advanced studies/collaborative research/ participation in conferences /CDE programs etc., attended) during *4.1.19* to *6.1.19* ( Date of attending the program).

Place: *Thodupuzha*  
Date: *6.2.19*

Yours Sincerely,  
Name: *Dr. Jaysh J. Unnithan*  
Signature: *[Signature]*

*[Signature]*  
Signature (with date)

Recommendation of the Principal :

Recommendation of the Finance Officer :

*Prof. Dr. VA. AEZAL, M.D.S.*  
Signature (with date);  
Principal  
Al-Azhar Dental College  
Perumpillichira P.O., Thodupuzha-685 605

Orders of the Sanctioning Authority

Amount of Rs. *1500* may be reimbursed as per Rule.

Signature (with date)  
Designation *[Signature]*

*Dr. AMAL E.A*  
Administrative Officer  
Al-Azhar Dental College  
Thodupuzha - 685 605



*Prof. Dr. Harvey Thomas MDS*  
Principal  
Al-Azhar Dental College  
Thodupuzha - 685 605





# AL-AZHAR DENTAL COLLEGE

(APPROVED BY DENTAL COUNCIL OF INDIA  
& AFFILIATED TO KERALA UNIVERSITY OF HEALTH SCIENCE)  
RUN BY NOORUL ISLAM TRUST  
Perumpillichira P. O., Thodupuzha, Idukki Dt., Kerala - 685 605  
URL: <http://www.alazhardental.org> E-mail- [alazhardentalcollege@gmail.com](mailto:alazhardentalcollege@gmail.com)

Office : 04862 - 224366  
Chairman : 04862-229193  
: 9447033439  
Fax : 04862 - 229586

Date .....

## EMPLOYEES REIMBURSEMENT REQUEST FORM

To  
Principal,  
Al-Azhar Dental College

From:  
Name: L. Ho Manuel  
Dept: Restoration & Crown & Bridge  
Design: Professor of HoD

Respected Sir,  
I, Dr L. Ho Manuel, request you to consider my application for the reimbursement of Rs. 1500, towards the financial support as .....  
(Registration Fee/TA/DA etc) for attending 72<sup>nd</sup> Indian dental conference .....  
..... (Name of the program of national /international fellowships / advanced studies/collaborative research/ participation in conferences /CDE programs etc., attended) during 18<sup>th</sup> to 20<sup>th</sup> Jan 2019 (Date of attending the program).

Place: Thodupuzha  
Date: 16/07/19

Yours Sincerely,  
Name: L. Ho Manuel  
Signature: L. Ho Manuel

Recommendation of the Principal :

[Signature]  
Prof. Dr. V.A. AFZAL., M.D.S.  
Signature (with date)  
Al-Azhar Dental College  
Perumpillichira P.O., Thodupuzha-685 605

Recommendation of the Finance Officer :

[Signature]  
Signature (with date)

Orders of the Sanctioning Authority  
Amount of Rs 1500 may be reimbursed as per Rule

[Signature]  
Signature (with date)  
Designation ADMINISTRATIVE OFFICER

[Signature]  
Prof. Dr. Harvey Thomas MDS  
Principal  
Al-Azhar Dental College  
Thodupuzha - 685 605

[Signature]  
ADMINISTRATIVE OFFICER  
Al Azhar Dental College  
Thodupuzha - 685 605





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Date .....

## EMPLOYEES REIMBURSEMENT REQUEST FORM

To  
Principal,  
Al-Azhar Dental College

From:  
Name: Dr. Manuel  
Dept. Postgraduate of Crown & Bridge  
Desgn: Professor of HOD

Respected Sir,  
I, Dr. Dr. Manuel, request you to consider my application for the reimbursement of Rs. 1500, towards the financial support as .....  
(Registration Fee/TA/DA etc) for attending 10th Indian Postgraduate Society  
Perumpillichira State Branch Conference - 2019 (Name of the program of national  
/international fellowships / advanced studies/collaborative research/ participation in  
conferences /CDE programs etc., attended) during 23rd to 24th Feb (Date of  
attending the program).

Place: Perumpillichira  
Date: 16/12/19

Yours Sincerely,  
Name: Dr. Manuel  
Signature: Dr. Manuel

Recommendation of the Principal :

Dr. V.A. Afzal, M.D.S.  
Signature (with date)  
Principal  
Al-Azhar Dental College  
Perumpillichira P.O., Thodupuzha-685 605

Recommendation of the Finance Officer :

Signature (with date)

Orders of the Sanctioning Authority  
Amount of Rs. 1500/- may be reimbursed as per Rule.

Dr. Amal E.A  
Signature (with date)  
Designation  
Administrative Officer  
Al Azhar Dental College  
Thodupuzha - 685 605

Prof. Dr. Harvey Thomas MDS  
Principal  
Al-Azhar Dental College  
Thodupuzha - 685 605





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Date .....

## EMPLOYEES REIMBURSEMENT REQUEST FORM

To  
Principal,  
Al-Azhar Dental College

From:  
Name: Bale s Babu  
Dept. CD of Endodontics  
Desgn: Reader

Respected Sir,  
I, Dr Bale s Babu, request you to consider my application for the reimbursement of Rs. 1,500, towards the financial support as .....  
(Registration Fee/TA/DA etc) for attending 20th National PG Conference, Chandigarh - 2019 ..... (Name of the program of national /international fellowships / advanced studies/collaborative research/ participation in conferences /CDE programs etc., attended) during 7th to 16th (Date of attending the program).

Place: Thodupuzha  
Date: 13/12/19

Yours Sincerely,  
Name: Bale s Babu  
Signature [Signature]

Prof. Dr. V.A. AFZAL., M.D.S.  
Principal

Signature (with date)  
Perumpillichira P.O., Thodupuzha-685 605

Recommendation of the Principal :

Recommendation of the Finance Officer :

Orders of the Sanctioning Authority  
Amount of Rs 1,500/- may be reimbursed as per Rule.

Signature (with date)

Signature (with date)

Designation

Prof. Dr. V.A. AFZAL.  
Administrative Officer  
Al Azhar Dental College  
Thodupuzha - 685 605

Prof. Dr. Harvey Thomas MDS  
Principal  
Al-Azhar Dental College  
Thodupuzha - 685 605







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Date .....

## EMPLOYEES REIMBURSEMENT REQUEST FORM

To  
Principal,  
Al-Azhar Dental College

From:  
Name: Dr. S B Babu  
Dept. CO of Endodontics  
Desgn: Reader

Respected Sir,  
I, Dr Dr. S B Babu, request you to consider my application for the reimbursement of Rs. 1,500/-, towards the financial support as .....  
(Registration Fee/TA/DA etc) for attending IAES 50th Annual Meeting Conference  
9th Convention, Kochi, Kerala - 2017 (Name of the program of national /international fellowships / advanced studies/collaborative research/ participation in conferences /CDE programs etc., attended) during 6th to 7th April (Date of attending the program).

Place: Thodupuzha  
Date: 14/04/17

Yours Sincerely,  
Name: Dr. S B Babu  
Signature: Dr. S B Babu

Recommendation of the Principal :

[Signature]  
Prof. Dr. V.A. AFZAL., M.D.S.  
Principal  
Signature (with date)  
Al-Azhar Dental College  
Perumpillichira P.O., Thodupuzha-685 605

Recommendation of the Finance Officer :

[Signature]  
Signature (with date)

Orders of the Sanctioning Authority

Amount of Rs 1,500/- may be reimbursed as per Rule.

[Signature]  
Signature (with date)  
Designation

[Signature]  
Prof. Dr. Harvey Thomas MDS  
Principal  
Al-Azhar Dental College  
Thodupuzha - 685 605

[Signature]  
Administration Officer  
Al Azhar Dental College  
Thodupuzha - 685 605





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Date .....

## EMPLOYEES REIMBURSEMENT REQUEST FORM

To  
Principal,  
Al-Azhar Dental College

From:  
Name: Moushumi CB  
Dept. Conservation of esthetic appearance  
Desgn: Reader

Respected Sir,  
I, Dr Moushumi CB, request you to consider my application for the reimbursement of Rs 1500, towards the financial support as  
(Registration Fee/TA/DA etc) for attending CAESOK 17<sup>th</sup> national Forum Conference & 9<sup>th</sup> AG  
convention, Kozhikode 2019 (Name of the program of national /international fellowships / advanced studies/collaborative research/ participation in conferences /CDE programs etc., attended) during 6<sup>th</sup> to 9<sup>th</sup> April ( Date of attending the program).

Place: Thodupuzha  
Date: 16/4/17

Yours Sincerely,  
Name: Moushumi CB  
Signature: Moushumi CB

Recommendation of the Principal :

Prof. Dr. V.A. AFZAL., M.D.S.  
Principal  
Al-Azhar Dental College  
Perumpillichira P.O., Thodupuzha-685 605

Recommendation of the Finance Officer :

Signature (with date)

Orders of the Sanctioning Authority  
Amount of Rs 1500/- may be reimbursed as per Rule.

[Signature]  
Signature (with date)

Prof. Dr. Narvey Thomas MDS  
Principal  
Al-Azhar Dental College  
Thodupuzha - 685 605

[Signature]  
Designation E.A  
Administrative Officer  
Al Azhar Dental College  
Thodupuzha - 685 605