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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

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



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CERTIFICATE OF THE HEAD OF INSTITUTION



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DR. HARVEY THOMAS M.D.S

PRINCIPAL

TO WHOMSOEVER IT MAY CONCERN

This is to certify that the Appointment Orders & the Joining Reports of the teaching staff uploaded are of the preceding academic year (2021-22).



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



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APPOINTMENT ORDERS



AL-AZHAR DENTAL COLLEGE

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Off - 04862-224366
Chairman - 04862-229193
- 9447033439
Fax - 04862-229586

APPOINTMENT ORDER

Ref. No.: AADC/IX/68/11

Date: 26-11-2011

To,

Dr. Litto Manuel
Chemparathy (H)
Ezhumuttom P. O.
Thodupuzha

Dear Sir,

Sub: Appointment to the Post of Reader in the Department of Prosthodontics,
Al-Azhar Dental College, Perumpilichira, Thodupuzha.

This is to inform that you have been appointed to the post of Reader in the Department of Prosthodontics, Al-Azhar Dental College, with effect from 26-11-2011, on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of M. G. University, Kottayam and Dental Council of India.
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes

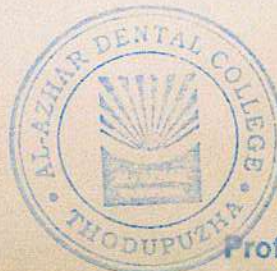
Yours faithfully

Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

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Prof. Dr. Harvey Thomas MDS
Principal
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APPOINTMENT ORDER

Date :01-07-2011

Ref. No. AADC/IX/49A/11

To,

Dr. Vinni Mary Oommen
Kanjirathil (H), Pathil
Velloor
Kottayam West P. O
Pin-686003

Dear Sir,

Sub: Appointment to the post of Sr. Lecturer - Reg:-

This is to inform that you have been appointed to the post of Sr. Lecturer in the department of Prosthodontics in our Dental College with effect from 01-07-2011 on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of M. G. University, Kottayam and Dental Council of India.
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, and to collaborate with other departments.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes
Yours faithfully


Mr. K. M. Moosa
(Chairman)

(Please affix your signature as a token of acceptance)

Copy to:

Secretary to the Chairman
Managing Director
Principal
Vice Principal
A.O. Academics
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Prof. Dr. Harvey Thomas MDS
Principal
Al-Azhar Dental College
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Date

APPOINTMENT ORDER

Ref. No.: AADC/IX/133 /14

25-08-2014

To,

**Dr. Joyce Thomas
Mangarakunnel (h)
Vadakenirappu P.O.,
Neezhoor, Kottayam**

Dear Sir,


Sub: Appointment to the Post of **Sr. Lecturer.**, in the dept. of **Prosthodontics**
Al-Azhar Dental College, Perumpillichira, Thodupuzha.

This is to inform that you have been appointed to the post of **Sr. Lecturer** in the **Dept. of - Prosthodontics**, Al-Azhar Dental College, with effect from **25-08-2014**, on the following terms and conditions.


1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes
Yours faithfully


Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

.....


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Prof. Dr. Harvey Thomas MDS
Principal
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APPOINTMENT ORDER

Ref. No.: AADC/IX/54/22

Date: 04-01-2022

To,

Dr. Rahul J,
TC 25/ 2171/ Rani Bhavan,
Opposite Ayurveda College,
Thyvila Road,
Thiruvananthapuram-695001

Dear Sir,

Sub: Appointment to the Post of **Reader** in the Department of **Prosthodontics**,
Al-Azhar Dental College, Perumpillichira, Thodupuzha.

This is to inform that you have been appointed to the post of **Reader** in the Department of **Prosthodontics**, Al-Azhar Dental College, with effect from **04-01-2022**, on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes
Yours faithfully

Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

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Date

APPOINTMENT ORDER

Ref. No.: AADC/IX/21 /2020

11-02-2020

To,

Dr. Manuel James
Vattakkavil (H)
Karimannoor P.O.,
Idukki

Dear Sir,

Sub: Appointment to the Post of **Sr. Lecturer.**, in the dept. of **Prosthodontics**
Al-Azhar Dental College, Perumpillichira, Thodupuzha.

This is to inform that you have been appointed to the post of **Sr. Lecturer** in the **Dept. of - Prosthodontics**, Al-Azhar Dental College, with effect from **11-02-2020**, on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes
Yours faithfully

Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

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Date

APPOINTMENT ORDER

Ref. No.: AADC/IX/331A/21

Date: 01-04-2021

To

Dr. Vishnu Thomas,
Puthiyaparambil (H),
Vayalasserry Road,
Palarivattam, Kochi.

Dear Sir,

Sub: Appointment to the Post of **Sr. Lecturer** in the Department of **Prosthodontics**,
Al-Azhar Dental College, Perumpillichira, Thodupuzha.

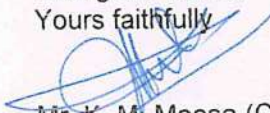
This is to inform that you have been appointed to the post of **Sr. Lecturer** in the
Department of **Prosthodontics**, Al-Azhar Dental College, with effect from 01-04-2021, on the
following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of M. G. University, Kottayam and Dental Council of India.
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes

Yours faithfully


Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

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Principal
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: 9447033439
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Date _____

APPOINTMENT ORDER

Ref. No.: AADC/IX/46/21

Date: 01-07-2021

To,

Dr. Ajay Soman,
Pinackal (H),
Kudavathoor P.O.,
Thodupuzha,
Idukki-685590

Dear Sir,

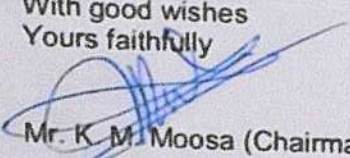
Sub: Appointment to the Post of **Sr. Lecturer** in the Department of **Prosthodontics**,
Al-Azhar Dental College, Perumpillichira, Thodupuzha.

This is to inform that you have been appointed to the post of **Sr. Lecturer** in the
Department of **Prosthodontics**, Al-Azhar Dental College, with effect from **01-07-2021**, on the
following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes
Yours faithfully


Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

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Prof. Dr. Harvey Thomas MDS
Principal
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9447033439
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Date _____

APPOINTMENT ORDER

Ref. No.: AADC/IX/67/22

Date: 25-04-2022

To,

Dr. Junu Henry,
Jubin Villa,
Mylom P.O.,
Kalayapuram, Kollam.

Dear Sir,

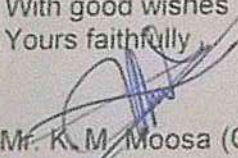
Sub: Appointment to the Post of **Senior Lecturer** in the Department of **Prosthodontics** in Al-Azhar Dental College, Perumpillichira P.O, Thodupuzha- Reg.

This is to inform that you have been appointed to the post of **Senior Lecturer** in the Department of **Prosthodontics** in Al-Azhar Dental College, with effect from **25-04-2022**, on the following terms and conditions.

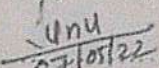
1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes
Yours faithfully,


Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)


Junu
25/04/22

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Prof. Dr. Harvey Thomas MDS
Principal
Al-Azhar Dental College
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9447033439
Fax: 04862 - 229568

Date _____

APPOINTMENT ORDER

Ref. No.: AADC/IX/57/22

Date: 01-02-2022

To,
Dr. Jovin Cherian M,
Mangattumalayil House,
Aranmula P.O.,
Pathanamthitta-689533

Dear Sir,

Sub: Appointment to the Post of **Sr. Lecturer** in the Department of **Prosthodontics** in Al Azhar Dental College, Perumpillichira P.O, Thodupuzha-Reg

This is to inform that you have been appointed to the post of **Sr. Lecturer** in the Department of **Prosthodontics** in Al-Azhar Dental College, with effect from **01-02-2022**, on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.

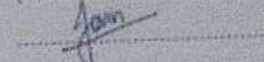
You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes

Yours faithfully

Mr. K.M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)



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Principal
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Chairman : 04862-229193
: 9447033439
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Date

APPOINTMENT ORDER

Ref. No.: AADC/IX/01/18

04-01-2018

To,

**Dr. Elsamaría Sebastian,
Parayannilam
Karimannoor P.O.,
Thodupuzha**

Dear Sir,

Sub: Appointment to the Post of **Jr. Lecturer.**, in Al-Azhar Dental College, Perumpillichira, Thodupuzha.

This is to inform that you have been appointed to the post of **Jr. Lecturer** in Al-Azhar Dental College, with effect from **04-01-2018**, on the following terms and conditions.


1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes
Yours faithfully

Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

..... 

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Date

APPOINTMENT ORDER

Ref. No: AADC/IX/18/19

05-12-2019

To,

**Dr. Ajas Mon P.A
Padath (H),
Nettoor P. O.,
Maradu(via),
Ernakulam-682 304.**

Dear Sir,


Sub: Appointment to the Post of **Jr. Lecturer.**, in Al-Azhar Dental College, Perumpillichira, Thodupuzha.

This is to inform that you have been appointed to the post of **Jr. Lecturer** in Al-Azhar Dental College, with effect from **05-12-2019**, on the following terms and conditions.

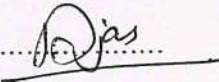
1. You will be paid salary and allowances as per UGC scale.
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4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes
Yours faithfully


Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

..... 

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



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Fax : 04862 - 229586

Date

APPOINTMENT ORDER

Ref. No.: AADC/IX/129/14

Date: 15.05.2014

To,

Dr. Thoufeekmon K.I
Kunnumpurathu (H)
Poothakuzhy
Kanjirapally, Kottayam

Dear Sir,

Sub: Appointment to the Post of **Jr. Lecturer** in **Al -Azhar Dental College, Perumpillichira P.O, Thodupuzha - Reg.**

This is to inform that you have been appointed to the post of **Jr. Lecturer** in Al-Azhar Dental College, with effect from **15-05-2014** on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes
Yours faithfully

Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

.....

Copies to:

Principal
Managing Director
Administrative Officer
Office file
Personal file
Accounts Section



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

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

Date

APPOINTMENT ORDER

Ref. No.: AADC/IX/06/18

01-08-2018

To,

**Dr. Mahin Konthalam
Ukkiniveetil House,
Elamdesam P.O.,
Thodupuzha-685588.**

Dear Sir,

Sub: Appointment to the Post of **Jr. Lecturer.**, in Al-Azhar Dental College, Perumpillichira, Thodupuzha.

This is to inform that you have been appointed to the post of **Jr. Lecturer** in Al-Azhar Dental College, with effect from **01-08-2018**, on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes
Yours faithfully

Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

.....

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



AL-AZHAR DENTAL COLLEGE

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Off - 04862-224366

Chairman - 04862-229193

- 9447033439

Fax - 04862-229586

APPOINTMENT ORDER

Ref. No. AADC/IX/47/11

Date: 13.06-2011

To,

Dr. Muhammed Afnan
Aliyakunnel(H)
Udumbannoor P. O.,
Thodupuzha.

Dear Sir,

Sub: Appointment to the post of **Sr. Lecturer** - Reg:-

This is to inform that you have been appointed to the post of **Sr. Lecturer** in the department of **Oral Pathology & Microbiology**, in our Dental College with effect from **13-06-2011**, on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of M. G. University, Kottayam and Dental Council of India.
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, and to collaborate with other departments.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes

Yours faithfully


Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

.....


Copies to:

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Managing Director
Administrative Officer
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Prof. Dr. Harvey Thomas MDS
Principal
Al-Azhar Dental College
Thodupuzha - 685 605



AL-AZHAR DENTAL COLLEGE

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Chairman : 04862-229193
9447033439
Fax : 04862 - 229586

Date

APPOINTMENT ORDER

Ref. No.: AADC/IX/33/16

Date: 12-04-2016

To,

Dr. Joe Manuel
Purayidathil House,
Calicut University P.O.,
Malapuram Dst

Dear Sir,

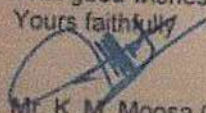
Sub: Appointment to the Post of **Sr. Lecturer** in the Department of **Oral Pathology** Al-Azhar Dental College, Perumpillichira P.O. Thodupuzha-Reg

This is to inform that you have been appointed to the post of **Sr.Lecturer** in the Department of **Oral Pathology** in Al-Azhar Dental College, with effect from **12.04.2016**, on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of M. G. University, Kottayam and Dental Council of India.
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.

You may sign the duplicate of this order as a token of your acceptance of the appointment.


With good wishes
Yours faithfully


Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

Copies to:
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Managing Director
Administrative Officer
Office file
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Accounts Section




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



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: 9447033439
Fax : 04862 - 229586

Date

APPOINTMENT ORDER

Ref. No.: AADC/IX/34/21

Date: 15-03-2021

To,

Dr. Elizabeth Sojan
Chemmanoor House,
Muthavatoor Road,
Chavakkad P.O,
Thrissur.

Dear Sir,

Sub: Appointment to the Post of **Sr. Lecturer** in the Department of **Oral Pathology** Al-Azhar Dental College, Perumpillichira P.O, Thodupuzha-Reg

This is to inform that you have been appointed to the post of **Sr.Lecturer** in the Department of **Oral Pathology** in Al-Azhar Dental College, with effect from **15.03.2021**, on the following terms and conditions.

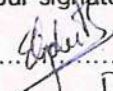
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4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes
Yours faithfully


Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

.....
 Dr. ELIZABETH SOJAN

Copies to:

Principal
Managing Director
Administrative Officer
Office file
Personal file
Accounts Section



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

Date

APPOINTMENT ORDER

Ref. No.: AADC/IX/44/21

Date: 05-04-2021

To,

**Dr. Hima Raj
Kallisseril Rajsudha,
Muthukulam P.O.,
Alappuzha.**

Dear Sir,


Sub: Appointment to the Post of **Sr. Lecturer** in the Department of **Oral Pathology** Al-Azhar Dental College, Perumpillichira P.O, Thodupuzha-Reg

This is to inform that you have been appointed to the post of **Sr.Lecturer** in the Department of **Oral Pathology** in Al-Azhar Dental College, with effect from **05.04.2021**, on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes
Yours faithfully


Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

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



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

Date

APPOINTMENT ORDER

Ref. No.: AADC/IX/ 02/18

02-02-2018

To,

**Dr.Ragendu M,
Devikripa,
B.T.College Road,
Vellappadu,Pala P.O.,
Kottayam-686575**

Dear Sir,


Sub: Appointment to the Post of **Jr. Lecturer.**, in Al-Azhar Dental College, Perumpillichira, Thodupuzha.

This is to inform that you have been appointed to the post of **Jr. Lecturer** in Al-Azhar Dental College, with effect from **02-02-2018**, on the following terms and conditions.


1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
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You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes
Yours faithfully


Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

..... 

Copies to:

Principal
Managing Director
Administrative Officer
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Accounts Section



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



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

Date

APPOINTMENT ORDER

Ref. No.: AADC/IX/07/18

01-08-2018

To,

Dr. Anees P.A
Pazhayampallil House,
Erattupetta,
Kottayam-686121.

Dear Sir,

Sub: Appointment to the Post of **Jr. Lecturer.**, in Al-Azhar Dental College, Perumpillichira, Thodupuzha.

This is to inform that you have been appointed to the post of **Jr. Lecturer** in Al-Azhar Dental College, with effect from **01-08-2018**, on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
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4. You are eligible for leave as per the regulations cited by the College.
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You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes
Yours faithfully

Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

.....

Copies to:

Principal
Managing Director
Administrative Officer
Office file
Personal file
Accounts Section



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



AL-AZHAR DENTAL COLLEGE

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

Date

APPOINTMENT ORDER

Ref. No.: AADC/IX/08/18

03-09-2018

To,

Dr. Shubin Nazar
Shubin Cottage, Near West H.S.S,
Thazhamel P.O.,
Anchal.

Dear Sir,


Sub: Appointment to the Post of **Jr. Lecturer.**, in Al-Azhar Dental College, Perumpillichira, Thodupuzha.

This is to inform that you have been appointed to the post of **Jr. Lecturer** in Al-Azhar Dental College, with effect from **03-09-2018**, on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
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You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes
Yours faithfully

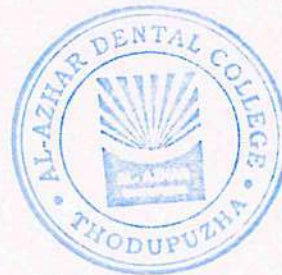

Mr. K. M. Moosa (Chairman)


(Please affix your signature as a token of acceptance)


.....

Copies to:

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



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

Date

APPOINTMENT ORDER

Ref. No.: AADC/IX/ 39/21

01-03-2021

To,

Dr. Fathima Abdul Salam,
Nedumpurathu House,
Perumbaikadu P O,
Kottayam.

Dear Sir,

Sub: Appointment to the Post of **Jr. Lecturer.**, in **Al-Azhar Dental College, Perumpillichira, Thodupuzha.**

This is to inform that you have been appointed to the post of **Jr. Lecturer in Al-Azhar Dental College**, with effect from **01-03-2021**, on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes
Yours faithfully

Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

.....
Fath

Copies to:

Principal
Managing Director
Administrative Officer
Office file
Personal file
Accounts Section



Harvey Thomas

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



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Off - 04862-224366

Chairman - 04862-229193

- 9447033439

Fax - 04862-229586

APPOINTMENT ORDER

Ref No. AADC/VII/50/A.O/08

02-05-2008

To,

Dr Augustine Daniel
Flat No. 7-A2,
Sunny Estates,
Mamangalam,
Kochi - 682 025

Dear Sir,

Sub: Appointment to the post of **Reader** in the Department of **Oral & Maxillofacial Surgery**, in Al-Azhar Dental College, Perumpillichira, Thodupuzha- 685605.

This is to inform that you have been appointed to the post of **Reader** in the Department of **Oral & Maxillofacial Surgery**, in Al-Azhar Dental College with effect from 02-05-2008, on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of M. G. University, Kottayam and Dental Council of India.
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes

Yours faithfully


Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

.....


Copies to:

Principal
Managing Director
Administrative Officer
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Accounts Section



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



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Office : 04862 - 224366

Chairman : 04862-229193

: 9447033439

Fax : 04862 - 229586

Ref. No.: AADC/IX/51/21

13-10-2021 Date

APPOINTMENT ORDER

To,

Dr. Harvey Thomas
Mukkaranath House
Nellickamon P O
Ezholy, Ranni
Pathanamthitta

Dear Sir,

Sub: Appointment to the Post of **Principal**, in **Al-Azhar Dental College**, Perumpillichira, Thodupuzha.

This is to inform that you have been appointed to the post of **Principal in Al-Azhar Dental College**, with effect from **13-10-2021**, on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India.
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.
6. You shall be on probation for a period of one year from the date of joining the Institution. The same may however be extended or the contract of employment may be terminated, if so deemed necessary by the Management. On completion of such time, based on performance, you would be considered confirmed.

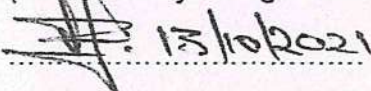
You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes

Yours faithfully

Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

 13/10/2021

Copies to:

- Principal
- Managing Director
- Administrative Officer
- Office file
- Personal file
- Accounts Section





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



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(APPROVED BY DENTAL COUNCIL OF INDIA & AFFILIATED TO M. G. UNIVERSITY)

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

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Off - 04862-224366

Chairman - 04862-229193

- 9447033439

Fax - 04862-229586

APPOINTMENT ORDER

Ref. No. AADC/IX/49B/11

Date: 25-06-2011

To,

Dr. Hisham M. Ibrahim
Faaraasha, Anjikath Lane
Chittethukara P.O
Kakkanad

Dear Sir,

Sub: Appointment to the post of **Sr. Lecturer** in the department of **Oral & Maxillofacial Surgery**, reg:-

This is to inform that you have been appointed to the post of **Sr. Lecturer** in the department **Oral & Maxillofacial Surgery**, of our Dental College with effect from **25-06-2011** on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of M. G. University, Kottayam and Dental Council of India.
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes
Yours faithfully

Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

Copies to:

Principal
Managing Director
Administrative Officer
Office file
Personal file
Accounts Section



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



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

Ref. No.: AADC/IX/40 /16

Date
01-09-2016

APPOINTMENT ORDER

To,

Dr. Basil M Jacob
C.C. 39/6207- D
Alappat Cross Road
Kochi- 682015

Dear Sir,

Sub: Appointment to the Post of **Sr. Lecturer.**, in the dept. of **Oral & Maxillofacial Surgery**
Al-Azhar Dental College, Perumpillichira, Thodupuzha.

This is to inform that you have been appointed to the post of **Sr. Lecturer** in the **Dept. of - Oral & Maxillofacial Surgery**, Al-Azhar Dental College, with effect from **01-09-2016**, on the following terms and conditions.

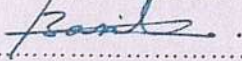
1. You will be paid salary and allowances as per UGC scale.
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5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.
6. You shall be on probation for a period of one year from the date of joining the Institution. The same may however be extended or the contract of employment may be terminated, if so deemed necessary by the Management. On completion of such time, based on performance, you would be considered confirmed.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes
Yours faithfully

Mr. K. M. Moosa (Chairman)


(Please affix your signature as a token of acceptance)



Copies to:

Principal
Managing Director
Administrative Officer
Office file
Personal file
Accounts Section




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

AZHAR DENTAL COLLEGE

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

Office : 04862 - 224366
Chairman : 04862-229193
: 9447033439
Fax : 04862 - 229566

Date

APPOINTMENT ORDER

Ref. No.: AADC/IX/72/22

23-05-2022

To,

Dr. Sunil R
H. No. 58/2035
Rachana, 91
Prathibha Nagar, Konthurutty Road
Thevara, Ernakulam-Pin 682013

Dear Sir,

Sub: Appointment to the Post of **Assistant Professor.**, in the dept. of **Oral & Maxillofacial Surgery** Al-Azhar Dental College, Perumpillichira, Thodupuzha.

This is to inform that you have been appointed to the post of **Assistant Professor** in the **Dept. of Oral & Maxillofacial Surgery**, Al-Azhar Dental College, with effect from **23-05-2022**, on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes
Yours faithfully

Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

.....
Copies to:

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Managing Director
Administrative Officer
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Accounts Section



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



AL-AZHAR DENTAL COLLEGE

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

Date

APPOINTMENT ORDER

Ref. No.: AADC/IX/16 /19

21-10-2019

To,

**Dr. Hasli Zulthana H.H,
Zulthana Mahal,
Kunnamanagalam p.o,
Calicut.**

Dear Sir,

Sub: Appointment to the Post of **Sr. Lecturer.**, in the dept. of **Oral & Maxillofacial Surgery**
Al-Azhar Dental College, Perumpillichira, Thodupuzha.

This is to inform that you have been appointed to the post of **Sr. Lecturer** in the **Dept. of - Oral & Maxillofacial Surgery**, Al-Azhar Dental College, with effect from **21-10-2019**, on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India
3. You are bound to work on full time basis and discharge the duties at the Dental College.
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5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes
Yours faithfully

Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

.....

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Prof. Dr. Harvey Thomas MDS
Principal
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Fax : 04862 - 229586

Ref. No.: AADC/IX/52 /21

Date
22-11-2021

APPOINTMENT ORDER

To,
Dr. Abhilash Mathews Thomas,
Punnampallath House,
Other West P.O.,
Thiruvalla.

Dear Sir,

Sub: Appointment to the Post of **Sr. Lecturer.**, in the dept. of **Oral & Maxillofacial Surgery**
Al-Azhar Dental College, Perumpillichira, Thodupuzha.

This is to inform that you have been appointed to the post of **Sr. Lecturer** in the **Dept. of - Oral & Maxillofacial Surgery**, Al-Azhar Dental College, with effect from **22-11-2021**, on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India.
3. You are bound to work on full time basis and discharge the duties at the Dental College.
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6. You shall be on probation for a period of one year from the date of joining the Institution. The same may however be extended or the contract of employment may be terminated, if so deemed necessary by the Management. On completion of such time, based on performance, you would be considered confirmed.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes
Yours faithfully

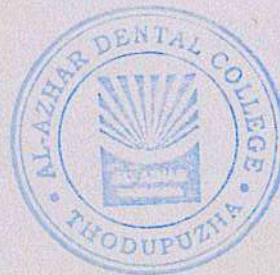
Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

Abhilash Thomas

Copies to:

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Managing Director
Administrative Officer
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Harvey Thomas

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



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Date

APPOINTMENT ORDER

Ref. No.: AADC/IX/22/2020

Date: 03-03-2020

To,

Dr. Priya S
Krishnapriya, Kallangattu House
Kunnukara P.O.
Ernakulam.

Dear Sir,

Sub: Appointment to the Post of **Senior Lecturer** in the Department of **Oral and Maxillofacial Surgery** in Al-Azhar Dental College, Perumpillichira P.O, Thodupuzha-Reg

This is to inform that you have been appointed to the post of **Senior Lecturer** in the Department of **Oral and Maxillofacial Surgery** in Al-Azhar Dental College, with effect from **03-03-2020**, on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes
Yours faithfully

Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

.....

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



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Date

APPOINTMENT ORDER

Ref. No.: AADC/IX/29/21

08-02-2021

To,

Dr. Abin Ann Abraham
Thundiyl
Thiruvalla, Kuttoor
Pathanamthitta

Dear Sir,


Sub: Appointment to the Post of **Sr. Lecturer.**, in the dept. of **Oral & Maxillofacial Sugery** Al-Azhar Dental College, Perumpillichira, Thodupuzha.

This is to inform that you have been appointed to the post of **Sr. Lecturer** in the **Dept. of - Oral & Maxillofacial Sugery**, Al-Azhar Dental College, with effect from **08-02-2021** on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes
Yours faithfully


Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

.....
Copies to:

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Accounts Section





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



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: 9447033439
Fax : 04862 - 229586

Date

APPOINTMENT ORDER

Ref. No.: AADC/IX/35/16

Date: 11-04-2016

To,

Dr. Paijas K.M.
Kottakunnel (H),
Randar P. O.,
Muvattupuzha, Kerala

Dear Sir,


Sub: Appointment to the Post of **Jr.Lecturer** in in Al-Azhar Dental College, Perumpillichira P.O, Thodupuzha-Reg

This is to inform that you have been appointed to the post of **Jr.Lecturer** in Al-Azhar Dental College, with effect from 11.04.2016, on the following terms and conditions.


1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India
3. You are bound to work on full time basis and discharge the duties at the Dental College.
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You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes
Yours faithfully


Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

.....


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



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: 9447033439
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Date

APPOINTMENT ORDER

Ref. No.: AADC/IX/34/16

Date: 06-04-2016

To,

Dr. Amal E.A.
4/148, Erakkath H,
Parayakad,
North Paravoor P.O.,
Eranakulam

Dear Sir,

Sub: Appointment to the Post of **Jr.Lecturer** in in Al-Azhar Dental College, Perumpillichira P.O, Thodupuzha-Reg

This is to inform that you have been appointed to the post of **Jr.Lecturer** in Al-Azhar Dental College, with effect from **06.04.2016**, on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes

Yours faithfully

Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

Copies to:

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Managing Director
Administrative Officer
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Personal file
Accounts Section



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



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

Ref. No.: AADC/IX/ 64/22

21-02-2022

APPOINTMENT ORDER

To,

Dr. Martin Emmanuel
Kodiampurayedathil House,
Thodupuzha P.O.,
Idukki.

Dear Sir,

Sub: Appointment to the Post of **Jr. Lecturer.**, in **Al-Azhar Dental College, Perumpillichira, Thodupuzha.**

This is to inform that you have been appointed to the post of **Jr. Lecturer in Al-Azhar Dental College**, with effect from **21-02-2022**, on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India.
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.
6. You shall be on probation for a period of one year from the date of joining the Institution. The same may however be extended or the contract of employment may be terminated, if so deemed necessary by the Management. On completion of such time, based on performance, you would be considered confirmed.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes

Yours faithfully

Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

Copies to:

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Managing Director
Administrative Officer
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Personal file
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Prof. Dr. Harvey Thomas MDS
Principal
Al-Azhar Dental College
Thodupuzha - 685 605



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Chairman : 04862-229193
: 9447033439
Fax : 04862 - 229566

Date

APPOINTMENT ORDER

Ref. No.: AADC/IX/138/19

01-02-2019

To,

Dr. Shebin K
Erakath (H)
Parayakad,
North Paravur
Ernakulam

Dear Sir,

Sub: Appointment to the Post of Jr. Lecturer., in Al-Azhar Dental College, Perumpillichira, Thodupuzha.

This is to inform that you have been appointed to the post of Jr. Lecturer in Al-Azhar Dental College, with effect from 01-02-2019, on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes
Yours faithfully

Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

.....

Copies to:
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Principal
Al-Azhar Dental College
Thodupuzha - 685 605



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Office : 04862 - 224366

Chairman : 04862-229193

: 9447033439

Fax : 04862 - 229586

Date

APPOINTMENT ORDER

Ref. No.: AADC/IX/80/122

Date: 01-08-2022

To,

Dr. Shebin K
Kallika House,
Tanalur P.O.,
Malappuram Dist

Dear Sir,

Sub: Appointment to the Post of Jr.Lecturer in in Al-Azhar Dental College, Perumpillichira P.O,
Thodupuzha-Reg

This is to inform that you have been appointed to the post of Jr.Lecturer in Al-Azhar Dental
College, with effect from 01.08.2022, on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.

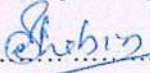
You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes

Yours faithfully

Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)



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



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Office : 04862 - 224366

Chairman : 04862-229193

: 9447033439

Fax : 04862 - 229586

Date

APPOINTMENT ORDER

Ref. No.: AADC/IX/ 22A /20

03-03-2020

To,

Dr. Meera V Shaji
Veliyathu House,
Edakkattukayattom,
Madakkathanam P.O.,
Vazhakkulam.
Ernakulam.

Dear Sir,

Sub: Appointment to the Post of **Jr. Lecturer.**, in **Al-Azhar Dental College, Perumpillichira, Thodupuzha.**

This is to inform that you have been appointed to the post of **Jr. Lecturer in Al-Azhar Dental College**, with effect from **03-03-2020**, on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes

Yours faithfully

Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

..... *Meera V Shaji*

Copies to:

Principal
Managing Director
Administrative Officer
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Prof. Dr. Harvey Thomas MDS

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



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: 9447033439
Fax : 04862 - 229586

Date

APPOINTMENT ORDER

Ref. No.: AADC/IX/ 63/22

21-02-2022

To,

Dr. Meera V Shaji
Veliyathu House,
Edakkattukayattom,
Madakkathanam P.O.,
Vazhakkulam.
Ernakulam.

Dear Sir,


Sub: Appointment to the Post of **Jr. Lecturer.**, in **Al-Azhar Dental College, Perumpillichira, Thodupuzha.**

This is to inform that you have been appointed to the post of **Jr. Lecturer in Al-Azhar Dental College**, with effect from **21-02-2022**, on the following terms and conditions.

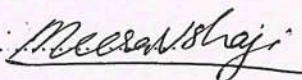
1. You will be paid salary and allowances as per UGC scale.
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5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes
Yours faithfully


Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

..... 

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



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RUN BY NOORUL ISLAM TRUST

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

URL: <http://www.alazhardental.org> E-mail: alazhardentalcollege@gmail.com



Off - 04862-224366
Chairman - 04862-229193
- 9447033439
Fax - 04862-229586

APPOINTMENT ORDER

AADC/VII/52/A.O/07

Date: 02-09-2008

To,

Dr. Sajil John
Kalariparambil (H),
Udaymperoor P.O.,
Tripunithura, Ernakulam

Dear Sir,

Sub: Appointment to the post of Professor & HOD in the department of Periodontics in Al-Azhar Dental College, Perumpillichira P.O., Thodupuzha – 685605.

This is to inform that you have been appointed to the post of Professor & HOD in the department of Periodontics in Alazhar Dental College with effect from 01-09-2008 on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of M. G. University, Kottayam and Dental Council of India.
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, and to collaborate with other departments.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes

Yours faithfully

Mr. K. M. Moosa (Chairman)

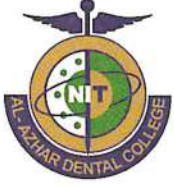
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Prof. Dr. Harvey Thomas MDS
Principal
Al-Azhar Dental College
Thodupuzha - 685 605



AL-AZHAR DENTAL COLLEGE

(APPROVED BY DENTAL COUNCIL OF INDIA & AFFILIATED TO M. G. UNIVERSITY)

RUN BY NOORUL ISLAM TRUST

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

URL: <http://www.alazhardental.org> E-mail: alazhardentalcollege@gmail.com



Off - 04862-224366

Chairman - 04862-229193

- 9447033439

Fax - 04862-229586

APPOINTMENT ORDER

Ref. No. AADC/IX/02/10

Date : 04/01/2010

To,

Dr. Shiny Joseph
Kinattukara
Edamaruke P. O.
Kottayam
PIN - 686 652

Dear Sir,

Sub: Appointment to the post of **Sr. Lecturer** in the department of **Periodontics**, reg :-

This is to inform that you have been appointed to the post of **Sr. Lecturer** in the department of **Periodontics**, of our Dental College with effect from **4th January 2010**, on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of M. G. University, Kottayam and Dental Council of India.
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.


You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes

Yours faithfully


Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

.....

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



AL-AZHAR DENTAL COLLEGE

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

Date

APPOINTMENT ORDER

Ref. No.: AADC/IX/66A/22

Date: 28-03-2022

To,

**Dr. Mazood Ahamad
Rezee Manzil
Pada South
Karunagappally
Kollam, 690518**

Dear Sir,

Sub: Appointment to the Post of **Reader** in the Department of **Periodontics**
in Al-Azhar Dental College, Perumpillichira P.O, Thodupuzha- Reg.

This is to inform that you have been appointed to the post of **Reader** in the Department of **Periodontics** in Al-Azhar Dental College, with effect from **28-03-2022**, on the following terms and conditions.

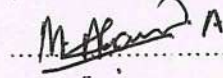
1. You will be paid salary and allowances as per UGC scale.
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4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes
Yours faithfully

Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)


.....

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



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

Date

Ref. No.: AADC/IX/47/21

01-07-2021

APPOINTMENT ORDER

To,

Dr. Anu Mathew,
Choonattu House,
Anakkal P.O.,
Kanjirapally-686508

Dear Sir,

Sub: Appointment to the Post of **Sr. Lecturer.**, in the dept. of **Periodontics** Al-Azhar Dental College, Perumpillichira, Thodupuzha.

This is to inform that you have been appointed to the post of **Sr. Lecturer** in the **Periodontics**, Al-Azhar Dental College, with effect from **01-07-2021**, on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India.
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.
6. You shall be on probation for a period of one year from the date of joining the Institution. The same may however be extended or the contract of employment may be terminated, if so deemed necessary by the Management. On completion of such time, based on performance, you would be considered confirmed.

You may sign the duplicate of this order as a token of your acceptance of the appointment

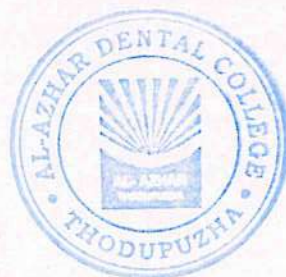
With good wishes
Yours faithfully

Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

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Prof. Dr. Harvey Thomas MDS
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AL-AZHAR DENTAL COLLEGE

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Office : 04862 - 224366

Chairman : 04862-229193

: 9447033439

Fax : 04862 - 229586

Date

Ref. No.: AADC/IX/48/21

01-07-2021

APPOINTMENT ORDER

To,

Dr. Surya Suprabhan,
Karingattil House,
Angadical South P.O.,
Chegannur,
Alappuzha-689122.

Dear Sir,

Sub: Appointment to the Post of **Sr. Lecturer**, in the dept. of **Periodontics** Al-Azhar Dental College, Perumpillichira, Thodupuzha.

This is to inform that you have been appointed to the post of **Sr. Lecturer** in the **Periodontics**, Al-Azhar Dental College, with effect from **01-07-2021**, on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India.
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
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6. You shall be on probation for a period of one year from the date of joining the Institution. The same may however be extended or the contract of employment may be terminated, if so deemed necessary by the Management. On completion of such time, based on performance, you would be considered confirmed.

You may sign the duplicate of this order as a token of your acceptance of the appointment

With good wishes
Yours faithfully

Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

Copies to:

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



AL-AZHAR DENTAL COLLEGE

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Office: 04862 - 224366
Chairman: 04862-229193
Fax: 0447033439
04862 - 229586

Date: _____

APPOINTMENT ORDER

Ref. No.: AADC/IX/69 /22

Date: 04-05-2022

To,

Dr. Archana V
Raj Bhavan
Kannanthodath Road
Edappally P.O., Ernakulam

Dear Sir,

Sub: Appointment to the Post of **Senior Lecturer** in the Department of **Periodontics** in Al-Azhar Dental College, Perumpilichira P.O, Thodupuzha- Reg

This is to inform that you have been appointed to the post of **Senior Lecturer** in the Department of **Periodontics** in Al-Azhar Dental College, with effect from **04-05-2022**, on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes

Yours faithfully

Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

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- Accounts Section



Prof. Dr. Harvey Thomas MDS
Principal
Al-Azhar Dental College
Thodupuzha-686 605



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

Date

APPOINTMENT ORDER

Ref. No.: AADC/IX/54/17

11-12-2017

To,

**Dr. Minu P Mathew,
Thottapattukudiyil House,
Mekkadampu P.O.,
Kadathy, Muvattupuzha**

Dear Sir,


Sub: Appointment to the Post of **Sr. Lecturer.**, in the dept. of **Periodontics** Al-Azhar Dental College, Perumpillichira, Thodupuzha.

This is to inform that you have been appointed to the post of **Sr. Lecturer** in the **Periodontics**, Al-Azhar Dental College, with effect from **11-12-2017**, on the following terms and conditions.


1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes
Yours faithfully


Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

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



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

Date

APPOINTMENT ORDER

Ref. No.: AADC/IX/14/19

03-09-2019

To,

Dr. Ammu Varghese
Maliekal House,
Ruby Nagar,
Manganam P.O.,
Kottayam.

Dear Sir,

Sub: Appointment to the Post of **Sr. Lecturer.**, in the dept. of **Periodontics** Al-Azhar Dental College, Perumpillichira, Thodupuzha.

This is to inform that you have been appointed to the post of **Sr. Lecturer** in the **Periodontics**, Al-Azhar Dental College, with effect from **03-09-2019**, on the following terms and conditions.

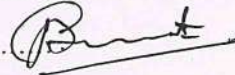
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You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes
Yours faithfully

Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

..... 

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



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URL: <http://www.alazhardental.org> E-mail: alazhardentalcollege@gmail.com

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

Date

APPOINTMENT ORDER

Ref. No.: AADC/IX/11/18

01-11-2018

To,

**Dr.Cini P Moidheen,
Njarakulam Building,
Flat No.78,
Werd No.9,
Muthalakodam**

Dear Sir,


Sub: Appointment to the Post of **Sr. Lecturer.**, in the dept. of **Periodontics** Al-Azhar Dental College, Perumpillichira, Thodupuzha.

This is to inform that you have been appointed to the post of **Sr. Lecturer** in the Department of **Periodontics**, Al-Azhar Dental College, with effect from **01-11-2018**, on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India
3. You are bound to work on full time basis and discharge the duties at the Dental College.
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You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes
Yours faithfully


Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

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Principal
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Thodupuzha - 685 605



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

APPOINTMENT ORDER

Ref. No.: AADC/IX/103A/13

Date: 20-05-2013

To,

Dr. Renu Ann Mathew
Parayaruthottom (H)
Chethimattom P.O
Pala, Kottayam

Dear Sir,


Sub: Appointment to the Post of **Senior Lecturer** in the Department of **Pedodontics** in Al -Azhar Dental College, Perumpillichira P.O, Thodupuzha-Reg

This is to inform that you have been appointed to the post of **Senior Lecturer** in the Department of **Pedodontics** in Al-Azhar Dental College, with effect from **20-05-2013**, on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of M. G. University, Kottayam and Dental Council of India.
3. You are bound to work on full time basis and discharge the duties at the Dental College.
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You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes
Yours faithfully


Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

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Managing Director
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Prof. Dr. Harvey Thomas MDS
Principal
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Thodupuzha - 685 605



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

Date

APPOINTMENT ORDER

Ref. No.: AADC/IX/52/17

Date: 01-11-2017

To,

**Dr. Tinu George,
Ponmankal (H),
Thellakom P.O.,
Kottayam.**

Dear Sir,


Sub: Appointment to the Post of **Senior Lecturer** in the Department of **Pedodontics** in Al -Azhar Dental College, Perumpillichira P.O, Thodupuzha-Reg

This is to inform that you have been appointed to the post of **Senior.Lecturer** in the Department of **Pedodontics** in Al-Azhar Dental College, with effect from **01-11-2017**, on the following terms and conditions.

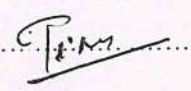
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You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes
Yours faithfully


Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

.....


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Prof. Dr. Harvey Thomas MDS
Principal
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Office : 04862 - 224366
Chairman : 04862-229193
: 9447033439
Fax : 04862 - 229586

Date

APPOINTMENT ORDER

Ref. No.: AADC/IX/20/2020

Date: 03-02-2020

To,

**Dr. Sharon Vincent
Chakkappillil House
South Marady P.O.
Muvattupuzha.**

Dear Sir,

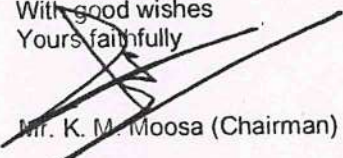
Sub: Appointment to the Post of **Senior Lecturer** in the Department of **Pedodontics** in Al-Azhar Dental College, Perumpillichira P.O, Thodupuzha-Reg

This is to inform that you have been appointed to the post of **Senior Lecturer** in the Department of **Pedodontics** in Al-Azhar Dental College, with effect from **03-02-2020**, on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
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You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes
Yours faithfully


Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)


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



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

Date

APPOINTMENT ORDER

Ref. No.: AADC/IX/55/22

Date: 03-01-2022

To,

Dr. Stacey Thomas,
Pulimoottil (H),
Vengalloor P.O,
Kaloor, Thodupuzha.

Dear Sir,

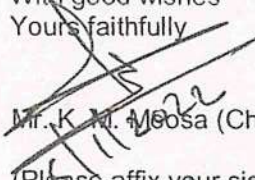
Sub: Appointment to the Post of **Senior Lecturer** in the Department of **Pedodontics** in Al -Azhar Dental College, Perumpillichira P.O, Thodupuzha-Reg

This is to inform that you have been appointed to the post of **Senior Lecturer** in the Department of **Pedodontics** in Al-Azhar Dental College, with effect from **03-01-2022**, on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
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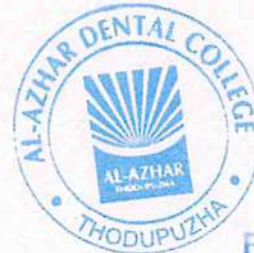
With good wishes
Yours faithfully


Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

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



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

Date

APPOINTMENT ORDER

Ref. No.: AADC/IX/127/14

Date: 02-05-2014

To,

Dr. Rinas P.M
Parampil (H)
Kanjiramattom By Pass Road,
Thodupuzha

Dear Sir,

Sub: Appointment to the Post of **Jr.Lecturer** in Al-Azhar Dental College, Perumpillichira P.O, Thodupuzha-Reg

This is to inform that you have been appointed to the post of **Jr.Lecturer** in Al-Azhar Dental College, with effect from **02-05-14**, on the following terms and conditions.


1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes
Yours faithfully

Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

.....

Copies to:

Principal
Managing Director
Administrative Officer
Office file
Personal file
Accounts Section



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

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

Date

APPOINTMENT ORDER

Ref. No.: AADC/IX/19 A/15

Date: 22-05-2015

To,

Dr. Sreelakshmi G
Kavintekizhakkethil,
Pandalam P.O., Kurampala,
Pathanamthitta pin 689501

Dear Sir,

Sub: Appointment to the Post of **Jr. Lecturer** in Al-Azhar Dental College, Perumpillichira P.O, Thodupuzha- Reg.

This is to inform that you have been appointed to the post of **Jr. Lecturer** in the Al-Azhar Dental College, with effect from **22.05.2015**, on the following terms and conditions.


1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India.
2. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes
Yours faithfully

Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)



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



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Date

APPOINTMENT ORDER

Ref. No.: AADC/IX/50 /17

01-06-2017

To,

Dr. Abdulsaeher P
Rose Bed,
Surendran Road, Kadirur Village,
Kadirur P.O., Eruvatti, Kannur
Kerala 670642

Dear Sir,

Sub: Appointment to the Post of **Sr. Lecturer.**, in the dept. of **Public Health Dentistry** in Al-Azhar Dental College, Perumpillichira, Thodupuzha.

This is to inform that you have been appointed to the post of **Sr. Lecturer** in the **Dept. of - Public Health Dentistry**, Al-Azhar Dental College, with effect from **01-06-2017**, on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes
Yours faithfully

Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

.....

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Managing Director
Administrative Officer
Office file
Personal file
Accounts Section



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



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: 9447033439
Fax : 04862 - 229586

Date

APPOINTMENT ORDER

Ref. No.: AADC/IX/ 65/22

05-01-2022

To,

**Dr. Bharath Sekhar Nayanar ,
Nupuram,
Maruthi Junction,
Koothattukulam,
Muvattupuzha.**

Dear Sir,

Sub: Appointment to the Post of **Sr.Lecturer** in **Al-Azhar Dental College, Perumpillichira, Thodupuzha.**

This is to inform that you have been appointed to the post of **Sr. Lecturer** in the Department of **Public Health Dentistry, in Al-Azhar Dental College**, with effect from **05-01-2022**, on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes

Yours faithfully

Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

.....

Copies to:

Principal
Managing Director
Administrative Officer
Office file
Personal file
Accounts Section



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 M. G. UNIVERSITY)

RUN BY NOORUL ISLAM TRUST

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

URL: <http://www.alazhardental.org> E-mail: alazhardentalcollege@gmail.com



Off - 04862-224366
Chairman - 04862-229193
- 9447033439
Fax - 04862-229586

APPOINTMENT ORDER

Date: 11-08-2008

AADC/VII/A.O//51/2008

To,

Dr. Tency Mathew
Thoppil House
Olamattom
Thodupuzha P. O.,
Idukki-685 584

Dear Sir,

Sub: Appointment to the post of **Sr. Lecturer** - Reg:-

This is to inform that you have been appointed to the post of **Sr. Lecturer** in the department of **Public Health Dentistry** in our Dental College with effect from **11.08.2008**, on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of M. G. University, Kottayam and Dental Council of India.
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, and to collaborate with other departments.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes

Yours faithfully

Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

Copies to:

Principal
Managing Director
Administrative Officer
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Accounts Section



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



AL-AZHAR DENTAL COLLEGE

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

Date

APPOINTMENT ORDER

Ref. No.: AADC/IX/55A/22

03-01-2022

To,

**Dr. Ciju A Paulose
Arackal (H)
Madavoor P. O
Muvattupuzha, Ernakulam**

Dear Sir,

Sub: Appointment to the Post of **Jr. Lecturer.**, in **Al-Azhar Dental College, Perumpillichira, Thodupuzha.**

This is to inform that you have been appointed to the post of **Jr. Lecturer in Al-Azhar Dental College**, with effect from **03-01-2022**, on the following terms and conditions.


1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
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You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes
Yours faithfully

Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

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Copies to:

Principal
Managing Director
Administrative Officer
Office file
Personal file
Accounts Section



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



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

Date

APPOINTMENT ORDER

Ref. No.: AADC/IX/ 36/21

04-01-2021

To,

**Dr. Mohammed Fazil M,
Munhakkal House,
Kurumbathoor P O,
Thirunnavaya
Malappuram.**

Dear Sir,

Sub: Appointment to the Post of **Jr. Lecturer.**, in **Al-Azhar Dental College, Perumpillichira, Thodupuzha.**

This is to inform that you have been appointed to the post of **Jr. Lecturer in Al-Azhar Dental College**, with effect from **04-01-2021**, on the following terms and conditions.

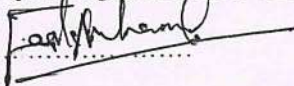
1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes
Yours faithfully

Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

.....


Copies to:

Principal
Managing Director
Administrative Officer
Office file
Personal file
Accounts Section





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



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

Date

APPOINTMENT ORDER

Ref. No.: AADC/IXI 42/21

04-03-2021

To,

**Dr. Mahasoof P,
Pulikkalath House,
Kondotty P.O,
Malappuram.**

Dear Sir,

Sub: Appointment to the Post of **Jr. Lecturer.**, in **Al-Azhar Dental College, Perumpillichira, Thodupuzha.**

This is to inform that you have been appointed to the post of **Jr. Lecturer in Al-Azhar Dental College**, with effect from **04-03-2021**, on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes
Yours faithfully

Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

.....

Copies to:

Principal
Managing Director
Administrative Officer
Office file
Personal file
Accounts Section



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



AL-AZHAR DENTAL COLLEGE

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& 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

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

Ref. No.: AADC/IX/48/17

Date
16-01-2017

APPOINTMENT ORDER

To,

Dr. Rema J
A-203, G R Signature Apartments,
Pattanduru Agrahara Road,
Whitefield, Bangalore-560066.

Dear Sir,

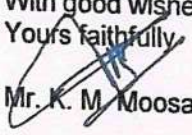
Sub: Appointment to the Post of **Professor & HOD.**, in the dept. of **Oral Medicine & Radiology** Al-Azhar Dental College, Perumpillichira, Thodupuzha.

This is to inform that you have been appointed to the post of **Professor & HOD** in the **Dept. of Oral Medicine & Radiology**, Al-Azhar Dental College, with effect from **16-01-2017**, on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India.
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.
6. You shall be on probation for a period of one year from the date of joining the Institution. The same may however be extended or the contract of employment may be terminated, if so deemed necessary by the Management. On completion of such time, based on performance, you would be considered confirmed.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes
Yours faithfully,


Mr. K. M. Moosa (Chairman)


(Please affix your signature as a token of acceptance)

.....


Copies to:

Principal
Managing Director
Administrative Officer
Office file
Personal file
Accounts Section




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



AL-AZHAR DENTAL COLLEGE

(APPROVED BY DENTAL COUNCIL OF INDIA
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RUN BY NOORUL ISLAM TRUST
Perumpillichira P. O., Thodupuzha, Idukki Dt., Kerala - 685 605
URL: <http://www.alazhardental.org> E-mail: alazhardentalcollege@gmail.com

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

Date

APPOINTMENT ORDER

Ref. No.: AADC/IX/49/21

Date: 12-07-2021

To,

**Dr. Namitha J,
118, Mahaveer Gardenia
32nd Cross, Near Water Tank
Kumaraswamy Layout,
Bengaluru - 560078**

Dear Sir,

Sub: Appointment to the Post of **Professor** in the Department of **Oral Medicine & Radiology**, Al-Azhar Dental College, Perumpillichira, Thodupuzha.

This is to inform that you have been appointed to the post of **Professor** in the Department of **Oral Medicine & Radiology**, Al-Azhar Dental College, with effect from **12-07-2021**, on the following terms and conditions.


1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes
Yours faithfully

Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

..... 

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Principal
Managing Director
Administrative Officer
Office file
Personal file
Accounts Section



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



AL-AZHAR DENTAL COLLEGE

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

Ref. No.: AADC/IX/134/14

Date ...20-10-2014...

APPOINTMENT ORDER

To,

Dr. Jayesh J Unnithan
Vijayabhavanam
Eravankara P.O.
Mavelikara
Alleppey

Dear Sir,

Sub: Appointment to the Post of **Sr. Lecturer.**, in the dept. of **Oral Medicine & Radiology**
Al-Azhar Dental College, Perumpillichira, Thodupuzha.

This is to inform that you have been appointed to the post of **Sr. Lecturer** in the **Dept. of Oral Medicine & Radiology**, Al-Azhar Dental College, with effect from **20-10-2014**, on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India.
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.
6. You shall be on probation for a period of one year from the date of joining the Institution. The same may however be extended or the contract of employment may be terminated, if so deemed necessary by the Management. On successful completion of probation, you would be considered confirmed.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes
Yours faithfully

Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

Copies to:

Principal
Managing Director
Administrative Officer
Office file
Personal file
Accounts Section



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



AL-AZHAR DENTAL COLLEGE

(APPROVED BY DENTAL COUNCIL OF INDIA
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Perumpillichira P. O., Thodupuzha, Idukki Dt., Kerala - 685 605
URL: <http://www.alazhardental.org> E-mail: alazhardentalcollege@gmail.com

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

Date

APPOINTMENT ORDER

Ref. No.: AADC/IX/71/22

Date: 16-05-2022

To,

**Dr. Aparna M
Padmasree,
Kottoli P O
Kozhikode -673016**

Dear Sir,

Sub: Appointment to the Post of **Reader** in the Department of **Oral Medicine & Radiology** in Al-Azhar Dental College, Perumpillichira P.O, Thodupuzha- Reg.

This is to inform that you have been appointed to the post of **Reader** in the Department of **Oral Medicine & Radiology** in Al-Azhar Dental College, with effect from **16-05-2022**, on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes
Yours faithfully

Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

.....

Copies to:

Principal
Managing Director
Administrative Officer
Office file
Personal file
Accounts Section



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 SCIENCES
TRUST BY NIDARIA ISLAM TRUST

Perumpillichira P. O., Thodupuzha, Idukki Dt., Kerala - 685 605
URL: <http://www.alazhardental.org> E-mail: alazhardentalcollege@gmail.com

Office: 04852 - 224306
Chairman: 04852-229103
5447033439
Fax: 04852 - 228586

Date: 11-07-2016

Ref. No.: AADC/IX/38/16

APPOINTMENT ORDER

To,

Dr. Anjana Mohan Kumar
104 EV Homes
Azad Road
Kaloor
Kochi

Dear Sir,

Sub: Appointment to the Post of Sr. Lecturer., in the dept. of Oral Medicine & Radiology
Al-Azhar Dental College, Perumpillichira, Thodupuzha.

This is to inform that you have been appointed to the post of Sr. Lecturer in the Dept. of -
Oral Medicine & Radiology , Al-Azhar Dental College, with effect from 11-07-2016, on the following
terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India.
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.
6. You shall be on probation for a period of one year from the date of joining the Institution. The same may however be extended or the contract of employment may be terminated, if so deemed necessary by the Management. On completion of such time, based on performance, you would be considered confirmed.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes
Yours faithfully

Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

Copies to:

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



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

Date

APPOINTMENT ORDER

Ref. No.: AADC/IX/51 /17

02-10-2017

To,

**Dr. Shanila Abdul Majid
Alsa Palmsprings B 4.
Next to Tagore Centenary Hall
R.C.Road, P.O. Beach
Calicut, Kerala-673032**

Dear Sir,

Sub: Appointment to the Post of **Sr. Lecturer.**, in the dept. of **Oral Medicine & Radiology** Al-Azhar Dental College, Perumpillichira, Thodupuzha.

This is to inform that you have been appointed to the post of **Sr. Lecturer** in the **Dept. of – Oral Medicine & Radiology**, Al-Azhar Dental College, with effect from **02-10-2017**, on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes
Yours faithfully

Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

.....


Copies to:

Principal
Managing Director
Administrative Officer
Office file
Personal file
Accounts Section





**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

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

Date

APPOINTMENT ORDER

Ref. No.: AADC/IX/26A /20

01-10-2020

To,

Dr. Fasil P
Pulparambil House
Kumaranelloor P.O
mukkam, calicut
PIN-673602

Dear Sir,

Sub: Appointment to the Post of **Sr. Lecturer.**, in the dept. of **Oral Medicine & Radiology**
Al-Azhar Dental College, Perumpillichira, Thodupuzha.

This is to inform that you have been appointed to the post of **Sr. Lecturer** in the **Dept. of - Oral Medicine & Radiology**, Al-Azhar Dental College, with effect from **01-10-2020**, on the following terms and conditions.


1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India
3. You are bound to work on full time basis and discharge the duties at the Dental College.
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You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes
Yours faithfully

Mr. K. M. Moosa (Chairman)


(Please affix your signature as a token of acceptance)

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



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: 9447033439
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Date

APPOINTMENT ORDER

Ref. No.: AADC/IX/35 /21

01-01-2021

To,

**Dr. Sruthy C S,
Chengankal House,
Pampady P.O,
Kottayam.**

Dear Sir,

Sub: Appointment to the Post of **Sr. Lecturer.**, in the dept. of **Oral Medicine & Radiology**
Al-Azhar Dental College, Perumpillichira, Thodupuzha.

This is to inform that you have been appointed to the post of **Sr. Lecturer** in the **Dept. of - Oral Medicine & Radiology**, Al-Azhar Dental College, with effect from **01-01-2021**, on the following terms and conditions.

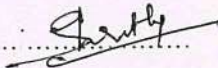
1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India
3. You are bound to work on full time basis and discharge the duties at the Dental College.
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5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes
Yours faithfully

Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

..... 

Copies to:

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Managing Director
Administrative Officer
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Prof. Dr. Harvey Thomas MDS
Principal
Al-Azhar Dental College
Thodupuzha - 685 605



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Date

APPOINTMENT ORDER

Ref. No.: AADC/IX/24/15

Date: 09-09-2015

To,

Dr. Cyril Puliyan Varghese
Puliyan (H), Karayamparambu,
Karukutty P.O.,
Ernakulam

Dear Sir,

Sub: Appointment to the Post of **Jr. Lecturer** Al-Azhar Dental College, Perumpillichira P.O, Thodupuzha-Reg

This is to inform that you have been appointed to the post of **Jr.Lecturer** in Al-Azhar Dental College, with effect from **09.09.2015**, on the following terms and conditions.

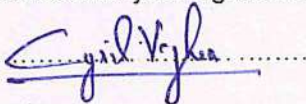
1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India
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4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes
Yours faithfully

Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

.....


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



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Date

APPOINTMENT ORDER

Ref. No.: AADC/IX/ 58/22

10-01-2022

To,

Dr. Athira Benny
Thottappillil House,
Moolamattom P.O.,
Idukki.

Dear Sir,

Sub: Appointment to the Post of **Jr. Lecturer.**, in **Al-Azhar Dental College,**
Perumpillichira, Thodupuzha.

This is to inform that you have been appointed to the post of **Jr. Lecturer in Al-Azhar Dental College,** with effect from **10-01-2022,** on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes
Yours faithfully

Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)


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



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Date

APPOINTMENT ORDER

Ref. No.: AADC/IX/ 44/21

08-02-2021

To,

**Dr. Ajeena Sunny,
Cavumpurackal House,
Karimkunnam P.O,
Idukki.**

Dear Sir,

Sub: Appointment to the Post of **Jr. Lecturer.**, in **Al-Azhar Dental College, Perumpillichira, Thodupuzha.**

This is to inform that you have been appointed to the post of **Jr. Lecturer in Al-Azhar Dental College**, with effect from **08-02-2021**, on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes

Yours faithfully

Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

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Managing Director
Administrative Officer
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Accounts Section




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



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

Ref. No.: AADC/IX/ 62/22

16-02-2022

APPOINTMENT ORDER

To,

Dr. Rose Mary Francis
Puthenveettil House,
Mookkannoor P.O,
Angamaly,
Ernakulam.

Dear Sir,

Sub: Appointment to the Post of Jr. Lecturer., in Al-Azhar Dental College, Perumpillichira, Thodupuzha.

This is to inform that you have been appointed to the post of Jr. Lecturer in Al-Azhar Dental College, with effect from 16-02-2022, on the following terms and conditions.

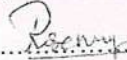
1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India.
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.
6. You shall be on probation for a period of one year from the date of joining the Institution. The same may however be extended or the contract of employment may be terminated, if so deemed necessary by the Management. On completion of such time, based on performance, you would be considered confirmed.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes
Yours faithfully

Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)



Copies to:

Principal
Managing Director
Administrative Officer
Office file
Personal file
Accounts Section





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



AL-AZHAR DENTAL COLLEGE

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RUN BY NOORUL ISLAM TRUST

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

URL: <http://www.alazhardental.org> E-mail: alazhardentalcollege@gmail.com



Off - 04862-224366
Chairman - 04862-229193
- 9447033439
Fax - 04862-229586

APPOINTMENT ORDER

Ref No. AADC/VII/06/A.O/07

26-09-2007

To,

Dr. V. A. Afzal
'Rahmath
Maradu
Nattoor P. O.
Ernakulam Dist. - 682 304

Dear Sir,

Sub: Appointment to the post of **Professor & HOD** in the Department of **Orthodontics & Dentofacial Orthopaedics**, in Al-Azhar Dental College, Perumpillichira, Thodupuzha-685605.

This is to inform that you have been appointed to the post of **Professor & HOD** in the Department of **Orthodontics & Dentofacial Orthopaedics**, in Al-Azhar Dental College with effect from 05-10-2007, on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of M. G. University, Kottayam and Dental Council of India.
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes

Yours faithfully


Mr. K. M. Moosa (Chairman)


(Please affix your signature as a token of acceptance)

.....


Copies to:

Principal
Managing Director
Administrative Officer
Office file
Personal file
Accounts Section




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

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

Date

APPOINTMENT ORDER

Ref. No.: AADC/IX/ 56 /22

Date: 04-02-2022

To,

Dr. Joby Paulose
Kochukudy House
Sophia College Road
Kothamangalam
Ernakulam-686691

Dear Sir,

Sub: Appointment to the Post of **Professor & HOD** in the Department of **Orthodontics** in Al Azhar Dental College, Perumpillichira P.O, Thodupuzha-Reg

This is to inform that you have been appointed to the post of **Professor & HOD** in the Department of **Orthodontics** in Al-Azhar Dental College, with effect from **04-02-2022**, on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.

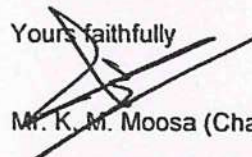
You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes

Yours faithfully

Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)


16/02/2022

Copies to:

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Managing Director
Administrative Officer
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Prof. Dr. Harvey Thomas MDS
Principal
Al-Azhar Dental College
Thodupuzha - 685 605



AL-AZHAR DENTAL COLLEGE

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

APPOINTMENT ORDER

Ref: No.: AADC/IX/62A/11

Date:01-09-2011

To,

Dr. Sandeep Mathew
Kalapurackal (H),
Vazhakkulam (P.O),
Ernakulam (Dist)

Dear Sir,

Sub: Appointment to the post of **Sr. Lecturer** in the Department of **Orthodontics, Al-Azhar Dental College, Perumpillichira, Thodupuzha-685605**

This is to inform that you have been appointed to the post of **Sr. Lecturer** in the Department of **Orthodontics, Al-Azhar Dental College** with effect from **01-09-2011**, on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of M.G University, Kottayam and Dental Council of India.
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Campus periodically.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes

Yours faithfully

Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

.....

Copies to:

Principal
Managing Director
Administrative Officer
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Personal file
Accounts Section



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



AL-AZHAR DENTAL COLLEGE

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

Date

APPOINTMENT ORDER

Date: 31-12-2021

Ref. No.: AADC/IX/ 398/21

To,

Dr. Anjali V A
Vengassery House
Chittissery P.O
Paliyekkara
Thrissur-680301

Dear Sir,

Sub: Appointment to the Post of **Reader** in the Department of **Orthodontics** in Al -Azhar Dental College, Perumpillichira P.O, Thodupuzha-Reg

This is to inform that you have been appointed to the post of **Reader in the Department of Orthodontics** in Al-Azhar Dental College, with effect from 31-12-2021, on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India.
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes
Yours faithfully

Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

Copies to:

Principal
Managing Director
Administrative Officer
Office file
Personal file
Accounts Section



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



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

Date

APPOINTMENT ORDER

Date: 01-03-2021

Ref. No.: AADC/IX/31/21

To,

Dr. Jose Suuny,
50 1115L Puthanpurackal House.,
Edappally P.O.,
Ernakulam.

Dear Sir,

Sub: Appointment to the Post of **Sr. Lecturer** in the Department of **Orthodontics** in Al -Azhar Dental College Perumpillichira P.O. Thodupuzha-Reg

This is to inform that you have been appointed to the post of **Sr. Lecturer** in the Department of **Orthodontics** in Al-Azhar Dental College, with effect from **01-03-2021**, on the following terms and conditions

- 1 You will be paid salary and allowances as per UGC scale.
- 2 Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India.
- 3 You are bound to work on full time basis and discharge the duties at the Dental College.
- 4 You are eligible for leave as per the regulations cited by the College.
- 5 You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.

You may sign the duplicate of this order as a token of your acceptance of the appointment

With good wishes
Yours faithfully

Mr. K. M. Moose (Chairman)

(Please affix your signature as a token of acceptance)

Copies to

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Managing Director
Administrative Officer
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Prof. Dr. Harvey Thomas MDS
Principal
Al-Azhar Dental College
Thodupuzha - 685 605



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

Date

APPOINTMENT ORDER

Ref. No.: AADC/IX/30/21

Date: 01-03-2021

To,

Dr. Waheda Pyarilal,
Sreelalayam.,
Behind St.Johns Church
Thrikkakara North(Part),
Ernakulam.

Dear Sir,

Sub: Appointment to the Post of **Sr. Lecturer** in the Department of **Orthodontics** in Al -Azhar Dental College, Perumpillichira P.O, Thodupuzha-Reg

This is to inform that you have been appointed to the post of **Sr. Lecturer** in the Department of **Orthodontics** in Al-Azhar Dental College, with effect from **01-03-2021**, on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India.
3. You are bound to work on full time basis and discharge the duties at the Dental College.
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5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes
Yours faithfully

Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)



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



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: 9447033439
Fax : 04862 - 229586

Date

APPOINTMENT ORDER

Ref. No.: AADC/IX/67/18

Date: 19-07-2018

To,

**Dr. A.A. Mohammed Ameen,
Arakkal House, Thrikkalloor P.O.,
Kottopadam,
Mannarkkad.**

Dear Sir,

Sub: Appointment to the Post of **Sr. Lecturer** in the Department of **Orthodontics** in Al -Azhar Dental College, Perumpillichira P.O, Thodupuzha-Reg

This is to inform that you have been appointed to the post of **Sr. Lecturer** in the Department of **Orthodontics** in Al-Azhar Dental College, with effect from **19-07-2018**, on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes
Yours faithfully

Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

Copies to:

Principal
Managing Director
Administrative Officer
Office file
Personal file
Accounts Section



**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

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

Date

APPOINTMENT ORDER

Ref. No.: AADC/IX/06/18

Date: 01-10-2018

To

**Dr. Faraz Afzal T,
Thrakandathil House,
Tharakandathil,
Thottumugam,
Alwaye.**

Dear Sir,

Sub: Appointment to the Post of **Sr. Lecturer** in the Department of **Orthodontics** in Al -Azhar Dental College, Perumpillichira P.O, Thodupuzha-Reg

This is to inform that you have been appointed to the post of **Sr. Lecturer** in the Department of **Orthodontics** in Al-Azhar Dental College, with effect from **01-10-2018**, on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes
Yours faithfully

Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

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**Prof. Dr. Harvey Thomas MDS
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Date

APPOINTMENT ORDER

Ref. No.: AADC/IX/32/21

Date: 01-03-2021

To,

**Dr. Balan K Thushar,
48/2044D, BK Villa,
RMV Road, Elamakkara
Ernakulam. 682026**

Dear Sir,

Sub: Appointment to the Post of **Sr. Lecturer** in the Department of **Orthodontics** in Al -Azhar Dental College, Perumpillichira P.O, Thodupuzha-Reg

This is to inform that you have been appointed to the post of **Sr. Lecturer** in the Department of **Orthodontics** in Al-Azhar Dental College, with effect from **01-03-2021**, on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes
Yours faithfully

Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

.....

Copies to:

Principal
Managing Director
Administrative Officer
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Accounts Section



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



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Off - 04862-224366

Chairman - 04862-229193

- 9447033439

Fax - 04862-229586

APPOINTMENT ORDER

Ref No. AADC/VII/35/A.O/07

23 -07-2007

To,

Dr. Manoj K. V.
Kavungal House
Kattapana – 685 508

Dear Sir,

Sub: Appointment to the post of **Reader** in the department of **Conservative Dentistry and Endodontics**, Al-Azhar Dental College, Perumpillichira, Thodupuzha

This is to inform that you have been appointed to the post of **Reader** in the department of **Conservative Dentistry and Endodontics**, Al-Azhar Dental College with effect from 30/07/2007, on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of M. G. University, Kottayam and Dental Council of India.
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes

Yours faithfully


Mr. K. M. Moosa (Chairman)


(Please affix your signature as a token of acceptance)

.....

Copies to:

Principal
Managing Director
Administrative Officer
Office file
Personal file
Accounts Section




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



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(Off) - 04862 - 224366
Chairman - 04862 - 229193
- 9447033439
Fax - 04862 - 229586

APPOINTMENT ORDER

Ref. No. AADC/VII/88/A.O/09

Date : 15/06/2009

To,

Dr. Nishin K. John
Kalarickal House
Near K.S.R.T.C. Bus Stand
M.C. Road
Muvattupuzha 686 661

Dear Sir,

Sub: Appointment to the post of Sr. Lecturer in the department of Conservative Dentistry & Endodontics, reg :-

This is to inform that you have been appointed to the post of Sr. Lecturer in the department of Conservative Dentistry & Endodontics, of our Dental College with effect from 15th June 2009, on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of M. G. University, Kottayam and Dental Council of India.
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes

Yours faithfully

Mr. K. M. Moosa
(Chairman)

(Please affix your signature as a token of acceptance)

Copy to:

Secretary to the Chairman
PA to the Principal
Office file
Personal file
Accounts Section



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



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Chairman - 04862 - 229193

- 9447033439

Fax - 04862 - 229586

APPOINTMENT ORDER

Ref. No.: AADC/IX/106/13

Date:01-08-2013

To,

Dr. Aby Kuruvilla
Kokkatt (H)
Bharananganam P.O
Pala, Kottayam

Dear Sir,

Sub: Appointment to the Post of Senior Lecturer in the Department of Conservative Dentistry & Endodontics in Al-Azhar Dental College, Perumpillichira P.O, Thodupuzha-Reg

This is to inform that you have been appointed to the post of Senior Lecturer in the Department of Conservative Dentistry & Endodontics in Al-Azhar Dental College, with effect from 01-08-2013, on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of M. G. University, Kottayam and Dental Council of India.
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes
Yours faithfully

ME. K.M. MOOSA (Chairman)

K. M. MOOSA
Chairman

(Please affix your signature as a token of acceptance)



Copies to:

Principal
Managing Director
Administrative Officer
Office file
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Accounts Section



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



AL-AZHAR DENTAL COLLEGE

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Date

APPOINTMENT ORDER

Ref. No.: AADC/IX/22/15

14-09-2015

To,

Dr. Moushmi C B
Janatha Nivas
Kvumpady, Muvattupuzha
Ernakulam, 686661

Dear Sir,

Sub: Appointment to the Post of **Sr. Lecturer.**, in the dept. of **Conservative Dentistry & Endodontics** Al-Azhar Dental College, Perumpillichira, Thodupuzha.

This is to inform that you have been appointed to the post of **Sr. Lecturer** in the **Dept. of - Conservative Dentistry & Endodontics** , Al-Azhar Dental College, with effect from **14-09-2015**, on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes

Yours faithfully

Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

.....

Copies to:

Principal
Managing Director
Administrative Officer
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Personal file
Accounts Section



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



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: 9447033439
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Ref. No.: AADC/IX/27 /15

Date
16-09-2015

APPOINTMENT ORDER

To,
Dr. Binila S Babu
747(4I), Gokul 4, Vettoor

Dear Sir,

Sub: Appointment to the Post of **Sr. Lecturer.**, in the dept. of **Conservative Dentistry & Endodontics** Al-Azhar Dental College, Perumpillichira, Thodupuzha.


This is to inform that you have been appointed to the post of **Sr. Lecturer** in the **Dept. of - Conservative Dentistry & Endodontics** , Al-Azhar Dental College, with effect from **16-09-2015**, on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India.
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.
6. You shall be on probation for a period of one year from the date of joining the Institution. The same may however be extended or the contract of employment may be terminated, if so deemed necessary by the Management. On completion of such time, based on performance, you would be considered confirmed.

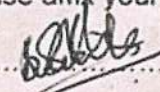
You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes

Yours faithfully


Mr. K. M. Moosa (Chairman)


(Please affix your signature as a token of acceptance)

.....


Copies to:

Principal
Managing Director
Administrative Officer
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Accounts Section




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



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Chairman : 04862-229193
9447033439
Fax : 04862 - 229586

Date

APPOINTMENT ORDER

Ref. No.: AADC/IX/29/16

Date: 01-01-2016

To,

Dr. Nisha C
Chettikuzhiyil House,
Poothirikka P.O.,
Puthencruz Via, Cochin, Kerala.

Dear Sir,

Sub: Appointment to the Post of Sr.Lecturer in the Department of Conservative Dentistry in Al-Azhar Dental College, Perumpillichira P.O, Thodupuzha-Reg

This is to inform that you have been appointed to the post of Sr.Lecturer in Al-Azhar Dental College, with effect from 01.01.2016, on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes

Yours faithfully

Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

.....
Nisha

Copies to:

Principal
Managing Director
Administrative Officer
Office file
Personal file
Accounts Section



Harvey Thomas

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



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

Date

APPOINTMENT ORDER

Ref. No.: AADC/IX/29/19

Date: 01-04-2019

To,

Dr. Nisha C
Chettikuzhiyil House,
Poothirikka P.O.,
Puthencruz Via, Cochin, Kerala.

Dear Sir,

Sub: Appointment to the Post of **Sr.Lecturer** in the Department of **Conservative Dentistry** in Al-Azhar Dental College, Perumpillichira P.O, Thodupuzha-Reg

This is to inform that you have been appointed to the post of **Sr.Lecturer** in Al-Azhar Dental College, with effect from **01.04.2019**, on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes
Yours faithfully

Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

.....
Nisha

Copies to:

Principal
Managing Director
Administrative Officer
Office file
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Accounts Section



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



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Chairman : 04862-229193

: 9447033439

Fax : 04862 - 229586

Date

APPOINTMENT ORDER

Ref. No.: AADC/IX/486 /14

01-09-2014

To,

**Dr. Noushin Faizal
Thenammackal (h)
Kanjirapally
Kottayam**

Dear Sir,

Sub: Appointment to the Post of **Sr. Lecturer.**, in the dept. of **Conservative Dentistry & Endodontics** in Al-Azhar Dental College, Perumpillichira, Thodupuzha.

This is to inform that you have been appointed to the post of **Sr. Lecturer** in the Dept. of - **Conservative Dentistry & Endodontics** , Al-Azhar Dental College, with effect from **01-09-2014**, on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes

Yours faithfully

Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

.....

Copies to:

Principal
Managing Director
Administrative Officer
Office file
Personal file
Accounts Section



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



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

Date

APPOINTMENT ORDER

Ref. No.: AADC/IX/43/21

Date: 05-04-2021

To,

Dr. Beulah Mary Bejoy
Malayil Vadakkethil,
Cheriyanaad,
Alappuzha.

Dear Sir,


Sub: Appointment to the Post of **Sr. Lecturer** in the Department of **Conservative Dentistry and Endodontics** Al-Azhar Dental College, Perumpillichira P.O, Thodupuzha-Reg

This is to inform that you have been appointed to the post of **Sr.Lecturer** in the Department of **Conservative Dentistry and Endodontics in** Al-Azhar Dental College, with effect from **05.04.2021**, on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes
Yours faithfully


Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)


.....

Copies to:

Principal
Managing Director
Administrative Officer
Office file
Personal file
Accounts Section





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



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

Date

APPOINTMENT ORDER

Ref. No.: AADC/IX/68/22

Date: 25-04-2022

To,

Dr. M A Shreya,
Sowparnika House, XLV1842,
Erattukulangara Road (East End),
P J Antony Ground.
Pachalam, Ernakulam

Dear Sir,

Sub: Appointment to the Post of **Senior Lecturer** in the Department of **Conservative Dentistry** in Al-Azhar Dental College, Perumpillichira P.O, Thodupuzha- Reg.

This is to inform that you have been appointed to the post of **Senior Lecturer** in the Department of **Conservative Dentistry** in Al-Azhar Dental College, with effect from **25-04-2022**, on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes

Yours faithfully

Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

Copies to:

Principal
Managing Director
Administrative Officer
Office file
Personal file
Accounts Section



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



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

Date

APPOINTMENT ORDER

Ref. No.: AADC/IX/17/19

02-12-2019

To,

Dr. Abdul Akbar M A
Mookkikattu House,
Near Petta G.H.S,
Kanjirappally, Kottayam.

Dear Sir,

Sub: Appointment to the Post of **Jr. Lecturer.**, in Al-Azhar Dental College, Perumpillichira, Thodupuzha.

This is to inform that you have been appointed to the post of **Jr. Lecturer** in Al-Azhar Dental College, with effect from **02-12-2019**, on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes
Yours faithfully

Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

Copies to:

Principal
Managing Director
Administrative Officer
Office file
Personal file
Accounts Section




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



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Office : 04862 - 224366

Chairman : 04862-229193

: 9447033439

Fax : 04862 - 229586

Date

APPOINTMENT ORDER

Ref. No.: AADC/IX/24/2020

Date: 10-03-2020

To,

**Dr. Greeshma Salimkumar,
Kochuparambil House,
Karamala P.O,
Ernakulam**

Dear Sir,

Sub: Appointment to the Post of **Jr. Lecturer** in Al -Azhar Dental College, Perumpillichira P.O, Thodupuzha-Reg

This is to inform that you have been appointed to the post of **Jr. Lecturer** in Al-Azhar Dental College, with effect from **10-03-2020**, on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes
Yours faithfully

Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

.....

Copies to:

Principal
Managing Director
Administrative Officer
Office file
Personal file
Accounts Section



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

Office : 04862 - 224366

Chairman : 04862-229193

9447033439

Fax : 04862 - 229586

Ref. No.: AADC/IX/ 70/22

18-05-2022

APPOINTMENT ORDER

To,
**Dr. Mithu Mohan,
Adhwaitham,
Near Aravallikavu Temple,
Vengalloor,
Thodupuzha.**

Dear Sir,


Sub: Appointment to the Post of Jr. Lecturer., in Al-Azhar Dental College, Perumpillichira, Thodupuzha.

This is to inform that you have been appointed to the post of Jr. Lecturer in Al-Azhar Dental College, with effect from 18-05-2022, on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India.
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.
6. You shall be on probation for a period of one year from the date of joining the Institution. The same may however be extended or the contract of employment may be terminated, if so deemed necessary by the Management. On completion of such time, based on performance, you would be considered confirmed.

You may sign the duplicate of this order as a token of your acceptance of the appointment

With good wishes
Yours faithfully


Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

Copies to:

Principal
Managing Director
Administrative Officer
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Chairman : 04862-229193

: 9447033439

Fax : 04862 - 229586

Date

APPOINTMENT ORDER

Ref. No.: AADC/IX/19/197

Date: 06-12-2019

To,

Dr. Hasna Hamza
Parampil (H)
Kanjiramattom By Pass Road,
Thodupuzha

Dear Sir,

Sub: Appointment to the Post of **Jr.Lecturer** in in Al-Azhar Dental College, Perumpillichira P.O, Thodupuzha-Reg

This is to inform that you have been appointed to the post of **Jr.Lecturer** in Al-Azhar Dental College, with effect from **06-12-19**, on the following terms and conditions.

1. You will be paid salary and allowances as per UGC scale.
2. Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India
3. You are bound to work on full time basis and discharge the duties at the Dental College.
4. You are eligible for leave as per the regulations cited by the College.
5. You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.

You may sign the duplicate of this order as a token of your acceptance of the appointment.

With good wishes

Yours faithfully

Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

.....Hasna.....

Copies to:

Principal
Managing Director
Administrative Officer
Office file
Personal file
Accounts Section



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

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

JOINING REPORT



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 : 9447033439
Fax : 04862 - 229586

Date 26/11/2011

JOINING REPORT

Name : DR. LITTO MANUEL
Designation : READER
Department : PROSTHO DONTICS
Institution : AL-AZHAR DENTAL COLLEGE
Date Of Joining : 26/11/2011 Time : 8:00 AM/PM

Signature

Date : 26/11/2011

FOR OFFICE USE ONLY

I hereby acknowledge that Mr./Ms. Dr. Litto Manuel Joined duty as
Reader on this the 26th day of November 20 11.

Authorized Signature.

Date : 26-11-11



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



AL-AZHAR DENTAL COLLEGE

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Date 01/07/2011

JOINING REPORT

Name : DR. VINNI MARY DOMMEN
Designation : SENIOR LECTURER
Department : PROSTHODONTICS
Institution : AL AZHAR DENTAL COLLEGE
Date Of Joining : 01/07/2011 Time : 8:00 AM/PM

Signature [Signature]
Date : 01/07/2011

FOR OFFICE USE ONLY

I hereby acknowledge that Mr./Ms. Vinni Mary Dommen Joined duty as
SR. Lecturer on this the 1st day of June 20 11.

[Signature]
Authorized Signature.
Date : 1-7-11



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



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Date 25/8/14

JOINING REPORT

Name : Dr. Joyce Thomas
Designation : Senior Lecturer
Department : Department of prosthodontics
Institution : Al Azhar dental college
Date Of Joining : 25/8/14 Time : 8 AM/PM

Signature [Signature]

Date : 25/8/14

FOR OFFICE USE ONLY

I hereby acknowledge that Mr/Ms. Dr. Joyce Thomas Joined duty as
Senior Lecturer on this the 25th day of August 2014.

[Signature]
Authorized Signature.

Date : 25/8/14



[Signature]

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



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Date 4/01/2022

JOINING REPORT

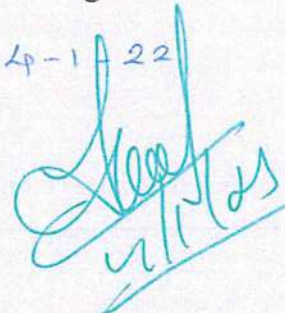
Name : DR. RAHUL J
Designation : READER
Department : PROSTHODONTICS
Institution : AL-AZHAR DENTAL COLLEGE
Date Of Joining : 04/01/2022 Time : 8.00 AM/PM

Signature 
Date : 4/1/2022

FOR OFFICE USE ONLY

I hereby acknowledge that Mr./Ms. Dr. Rahul J.....Joined duty as
Reader.....on this the 4th day of January..... 20 22

Authorized Signature.

Date : 4-1-22




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Principal
Al-Azhar Dental College
Thodupuzha - 685 605



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9447033439
Fax : 04862 - 229586

Date 11/2/20

JOINING REPORT

Name : Dr. Manuel James
Designation : Lecturer
Department : Department of prosthodontics ✓
Institution : Al Azhar dental college
Date Of Joining : 11/2/2020 Time : 8 AM/PM

Signature Manuel James
Date : 11/2/2020

FOR OFFICE USE ONLY

I hereby acknowledge that ~~Mr~~Ms. Dr. Manuel James.....Joined duty as
Lecturer.....on this the 11.....day of February..... 2020

Authorized Signature.

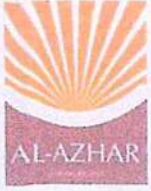
Date : 11/2/20

Harvey Thomas
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Harvey Thomas

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



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Date 1-3-2019

JOINING REPORT

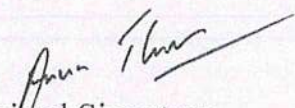
Name : DR. VISHNU THOMAS
Designation : SENIOR LECTURER
Department : PROSTHODONTICS
Institution : AL-AZHAR DENTAL COLLEGE
Date Of Joining : 1-3-2019 Time : 8.00 AM/PM

Signature 

Date : 1-3-2019

FOR OFFICE USE ONLY

I hereby acknowledge that Mr./Ms. Dr. Vishnu Thomas Joined duty as Senior Lecturer on this the 1st day of March 2019


Authorized Signature.

Date : 1-3-19



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Principal
Al-Azhar Dental College
Thodupuzha - 685 605



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Date 01-07-2021

JOINING REPORT

Name : DR. AJAY SOMAN
Designation : SENIOR LECTURER
Department : PROSTHODONTICS
Institution : AL-AZHAR DENTAL COLLEGE
Date Of Joining : 01-07-2021 Time : 8:00 AM/PM

Signature

Date : 01-07-2021

FOR OFFICE USE ONLY

I hereby acknowledge that Mr./Ms. Ajay Soman Joined duty as
SR Lecturer on this the 1st day of July 2021

Authorized Signature.

Date : 1-7-2021



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Principal
Al-Azhar Dental College
Thodupuzha - 685 605



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Date 25/4/22

JOINING REPORT

Name : DR. JUNN HENRY
Designation : LECTURER
Department : PROSTHODONTICS
Institution : AL-AZHAR DENTAL COLLEGE
Date Of Joining : 25-04-2022 Time : 8:00 AM/PM

Signature Junn

Date : 25-04-2022

FOR OFFICE USE ONLY

I hereby acknowledge that Mr./Ms. Dr. Junn Henry Joined duty as
Lecturer on this the 25th day of April 2022.

Authorized Signature.

Date : 25/04/2022



Harvey Thomas

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



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Date 01-02-2022

JOINING REPORT

Name : Dr. Jovini Cherian M
Designation : SENIOR LECTURER
Department : PROSTHODONTICS
Institution : AL-AZHAR DENTAL COLLEGE
Date Of Joining : 01-02-2022 Time : 8.00 AM/PM

Signature Jovini
Date : 01-02-2022

FOR OFFICE USE ONLY

I hereby acknowledge that Mr./Ms. Jovini Cherian.....Joined duty as
SR. lecturer.....on this the 1st day of Feb..... 20 22

Authorized Signature.

Date : 1-2-22



Prof. Dr. Harvey Thomas MDS
Principal
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Date 01/07/2021

JOINING REPORT

Name : Dr. Elsa Maria Sebastian
Designation : Tutor
Department : Prosthodontics
Institution : Al-Azhar dental college
Date Of Joining : 01/07/2021 Time : 8 AM/PM

Signature Elsa

Date : 01/07/2021

FOR OFFICE USE ONLY

I hereby acknowledge that Mr./Ms. Elsa maria Sebastian Joined duty as
Tutor on this the 1st day of July 20 21

Authorized Signature

Date : 1-7-21



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Principal
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Thodupuzha - 685 605



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Date 07/04/2021

JOINING REPORT

Name : Dr. Ajarmon K.A
Designation : Tutor
Department : Prosthodontics
Institution : Al-Azhar dental college
Date Of Joining : 07/04/2021 Time : 8:00 AM/PM

Signature Ajas
Date : 07/04/2021

FOR OFFICE USE ONLY

I hereby acknowledge that Mr./Ms. Ajas Man K.A Joined duty as
Tutor on this the 7th day of April 20 21

Authorized Signature.

Date : 7-4-21



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



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Chairman : 04862-229193
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Date 15/05/2014

JOINING REPORT

Name : Dr. Thaufeeqmon K.J
Designation : Tutor
Department : Prosthodontics
Institution : Al-Azhar dental college
Date Of Joining : 15/05/2014 Time : 9:00 AM/PM

Signature [Signature]
Date : 15/5/2014

FOR OFFICE USE ONLY

I hereby acknowledge that Mr./Ms. Thaufeeqmon K.J.....Joined duty as
Tutor.....on this the 15th day of May..... 20 14

[Signature]
Authorized Signature.

Date : 15-5-14



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Principal
Al-Azhar Dental College
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Date 01/8/2018

JOINING REPORT

Name : Dr. Mahin Konthalam
Designation : Tutor
Department : Prosthodontics
Institution : Al-Azhar dental college
Date Of Joining : 1/08/2018 Time : 8:00 AM/PM

Signature [Handwritten Signature]

Date : 1/8/2018

FOR OFFICE USE ONLY

I hereby acknowledge that Mr./Ms. Mahin Konthalam Joined duty as
Tutor on this the 1st day of August 2018.

Authorized Signature [Handwritten Signature]

Date : 1-8-18



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



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Fax : 04862 - 229586

Date 13/6/11

JOINING REPORT

Name : Dr. Muhammed Afnan
Designation : Reader
Department : Department of Oral pathology
Institution : Al Azhar dental College
Date Of joining : 13/6/11 Time : 8 AM/PM

Signature

Date : 13/6/11

FOR OFFICE USE ONLY

I hereby acknowledge that ~~Mr~~/Ms. Dr. Muhammed Afnan Joined duty as
Reader on this the 13th day of June 2011.

Authorized Signature.

Date : 13/6/11



Prof. Dr. Harvey Thomas MDS
Principal
Al-Azhar Dental College
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Date 12/04/2016

JOINING REPORT

Name : DR. JOE MANUEL
Designation : SR. LECTURER
Department : ORAL PATHOLOGY
Institution : AL-AZHAR DENTAL COLLEGE
Date Of Joining : 12-04-2016 Time : 8:00 AM/PM

Signature

Date : 12-04-2016

FOR OFFICE USE ONLY

I hereby acknowledge that Mr./Ms. Dr. Joe Manuel Joined duty as
Sr. Lecturer on this the 12th day of April 2016.

Authorized Signature.

Date : 12/04/2016



Prof. Dr. Harvey Thomas MDS
Principal
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: 9447033439
Fax : 04862 - 229586

Date 15/3/21

JOINING REPORT

Name : Dr. Elizabeth Sojan
Designation : Senior lecturer
Department : Oral pathology
Institution : Al Azhar Dental college
Date Of Joining : 15/03/21 Time : 8 AM/PM

Signature Elizabeth Sojan
Date : 15/03/21

FOR OFFICE USE ONLY

I hereby acknowledge that Mr./Ms. Dr. Elizabeth Sojan.....Joined duty as
Senior lecturer.....on this the 15.....day of March..... 2021

Authorized Signature.

Date : 15/3/21



Prof. Dr. Harvey Thomas MDS
Principal
Al-Azhar Dental College
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Fax : 04862 - 229586

Date 05/4/2021

JOINING REPORT

Name : Dr. Hima Raj
Designation : Lecturer
Department : Oral Pathology
Institution : Al Azhar dental college
Date Of Joining : 5/4/2021 Time : 8:00 AM/PM

Signature [Signature]
Date : 5/4/2021

FOR OFFICE USE ONLY

I hereby acknowledge that Mr./Ms. Hima Raj Joined duty as
Lecturer on this the 5th day of April 20 21

Authorized Signature.

Date : 5-4-21

[Signature]
5/4/21



[Signature]

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



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

Date 08/01/2021

JOINING REPORT

Name : Dr. Ragendu M
Designation : Tutor
Department : Oral Pathology
Institution : Al-Azhar dental college
Date Of Joining : 08/01/2021 Time : 8:00 AM/PM

Signature Ragendu
Date : 08/01/2021

FOR OFFICE USE ONLY

I hereby acknowledge that Mr./Ms. Ragendu M Joined duty as
Tutor on this the 8th day of January, 20 21

Authorized Signature.

Date : 8-1-21



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



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

Date 1/8/2018

JOINING REPORT

Name : Dr. Anees P. A
Designation : Tutor
Department : Oral Pathology
Institution : Al-Azhar dental college
Date Of Joining : 1/8/2018 Time : 8.00 AM/PM

Signature Anees
Date : 1/8/2018

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I hereby acknowledge that Mr./Ms. Anees PA Joined duty as
Tutor on this the 1st day of August 20 18

Harvey Thomas
Authorized Signature.

Date : 1-8-18



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Date 08/6/21

JOINING REPORT

Name : Dr. Shibir Nazar
Designation : Tutor
Department : Oral Pathology
Institution : Al-Azhar dental college
Date Of Joining : 08/06/2021 Time : 8:00 AM/PM

Signature [Signature]
Date : 08/6/21

FOR OFFICE USE ONLY

I hereby acknowledge that Mr./Ms. Shibir Nazar.....Joined duty as
Tutor.....on this the 8th day of June..... 2021

Authorized Signature.
Date : 8-6-21
[Signature]
8/6/21



[Signature]
Prof. Dr. Harvey Thomas MDS
Principal
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Date 01/03/2021

JOINING REPORT

Name : Dr. Fathima Abdul Salam
Designation : Tutor
Department : Oral Pathology
Institution : Al-Azhar dental college
Date Of Joining : 1/03/2021 Time : 8.00 AM/PM

Signature [Signature]
Date : 1/03/2021

FOR OFFICE USE ONLY

I hereby acknowledge that Mr./Ms. Fathima Abdul Salam Joined duty as
Tutor on this the 1st day of March 20 21

Authorized Signature.

Date : 1-3-21

[Signature]
1/3/21



[Signature]

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Date 2/5/2008

JOINING REPORT

Name : Dr. Augustine Daniel
Designation : Professor & HOD
Department : Oral & Maxillofacial Surgery
Institution : Al-Azhar dental college
Date Of Joining : 2/5/2008 Time : 8:00 AM/PM

Signature [Signature]
Date : 2/5/2008

FOR OFFICE USE ONLY

I hereby acknowledge that Mr./Ms. Augustine Daniel Joined duty as
Professor & HOD on this the 2nd day of May 2008

Authorized Signature [Signature]
Date : 2-5-2008



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



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Date 13/10/2021

JOINING REPORT

Name : Dr Harvey Thomas
Designation : Principal
Department : Department of Oral & Maxillofacial Surg
Institution : Al-Azhar Dental College
Date Of Joining : 13th Oct, 2021 Time : 9:0 AM/PM

Signature

Date : 13.10.21

FOR OFFICE USE ONLY

I hereby acknowledge that Mr./Ms. Dr. Harvey Thomas Joined duty as
Principal on this the 13th day of October 2021.

Authorized Signature

Date : 13/10/2021



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Date25/06/2011

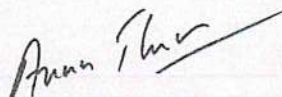
JOINING REPORT

Name :DR. HISHAM M. IBRAHIM.....
Designation :PROFESSOR.....
Department :ORAL AND MAXILLOFACIAL SURGERY.....
Institution :AL-AZHAR DENTAL COLLEGE.....
Date Of Joining :25/06/2011..... Time :8:00.....AM/PM

Signature 
Date : 25/06/2011

FOR OFFICE USE ONLY

I hereby acknowledge that Mr./Ms. Dr. Hisham M Ibrahim. Joined duty as
.....Professor.....on this the25th.....day ofJune..... 20 11.


Authorized Signature.
Date : 25-3-11



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Principal
Al-Azhar Dental College
Thodupuzha - 685 605



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Date 01/09/2016

JOINING REPORT

Name : Dr. BASIL M. JACOB
Designation : Sr. LECTURER
Department : OMFS
Institution : AL-AZHAR DENTAL COLLEGE
Date Of Joining : 01/09/2016 Time : 8:00 AM/PM ✓

Signature Basil

Date : 01/09/2016

FOR OFFICE USE ONLY

I hereby acknowledge that Mr./Ms. BASIL M. JACOB Joined duty as
Sr. LECTURER on this the 01 day of SEPTEMBER 20 16

Authorized Signature Harvey Thomas

Date :



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



AL-AZHAR DENTAL COLLEGE

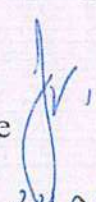
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Date 22/05/2022

JOINING REPORT

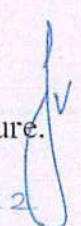
Name : DR. SUNIL R
Designation : SR. LECTURER
Department : ORAL AND MAXILLOFACIAL SURGERY
Institution : AL-AZHAR DENTAL COLLEGE
Date Of Joining : 22/05/2022 Time ::M/PM

Signature 

Date : 22/05/22

FOR OFFICE USE ONLY

I hereby acknowledge that Mr./Ms. Dr. Sunil R.....Joined duty as
.....on this the 22th day of May..... 20 22

Authorized Signature 

Date : 22-3-22



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Date 2/9/2019

JOINING REPORT

Name : Dr. Hasli Zulfhana H.H.
Designation : Lecturer
Department : Oral & Maxillofacial Surgery
Institution : Al-Azhar dental college
Date Of Joining : 2/9/2019 Time : 8 AM/PM

Signature [Signature]
Date : 2/9/2019

FOR OFFICE USE ONLY

I hereby acknowledge that Mr./Ms. Hasli Zulfhana H.H. Joined duty as
lecturer on this the 2nd day of September 20 19

Authorized Signature [Signature]

Date : 2-9-19



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Date 22-10-21

JOINING REPORT

Name : Dr. ABHILASH MATHIAS THOMAS
Designation : SENIOR LECTURER
Department : Dept. of DMFS
Institution : AL-AZHAR DENTAL COLLEGE
Date Of Joining : 22-10-21 Time : 8:00 AM/PM

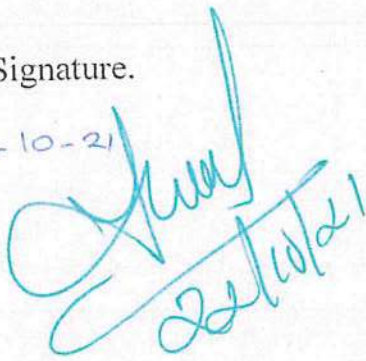

Signature
Date : 22-10-21

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I hereby acknowledge that Mr./Ms. Abhilash Mathias Thomas Joined duty as
SR Lecturer on this the 22nd day of December 20 21

Authorized Signature.

Date : 22-10-21







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Date 03/03/2020

JOINING REPORT

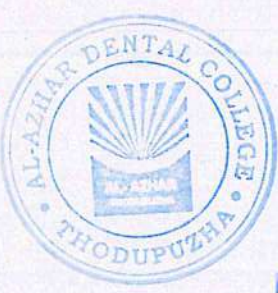
Name : Dr. Priya S.
Designation : Lecturer
Department : Oral & Maxillofacial Surgery
Institution : Al-Azhar dental college
Date Of Joining : 03/03/2020 Time : 8:00 AM/PM ✓

Signature Priya S.
Date : 03/03/2020

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I hereby acknowledge that Mr./Ms. Dr. Priya S. Joined duty as
Lecturer on this the 3rd day of March 20 20

Authorized Signature.
Date : 3-3-20
[Signature]



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Principal
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Thodupuzha - 685 605



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

Date 02/08/2021

JOINING REPORT

Name : Dr. Abin Ann Abraham
Designation : Lecturer
Department : Oral & Maxillofacial Surgery
Institution : Al-Azhar dental college
Date Of Joining : 02/08/2021 Time : 8:00 AM/PM ✓

Signature [Signature]
Date : 02/08/2021

FOR OFFICE USE ONLY

I hereby acknowledge that Mr./Ms. Abin Ann Abraham Joined duty as
Lecturer on this the 2nd day of August 2021

Authorized Signature.

Date : 2-8-21

[Signature]



[Signature]

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Principal
Al-Azhar Dental College
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Date 11/4/16

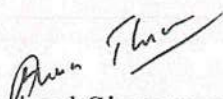
JOINING REPORT

Name : Dr. Paisas KM
Designation : Tutor
Department : Department of Oral & Maxillofacial Surgery
Institution : Al Azhar Dental College
Date Of Joining : 11/4/16 Time : 8 AM/PM

Signature 
Date : 11/4/16

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I hereby acknowledge that ~~Mr/Ms.~~ Dr. Paisas KM Joined duty as
Tutor on this the 11th day of April 20 16.


Authorized Signature.
Date : 11/4/16



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Date 6-4-16

JOINING REPORT

Name : DR. AMAL E. A.

Designation : JUNIOR LECTURER

Department : ORAL AND MAXILLOFACIAL SURGERY

Institution : AL-AZHAR DENTAL COLLEGE

Date Of Joining : 6/4/2016 Time : 8:00 AM/PM

Signature

Date : 6/4/2016

FOR OFFICE USE ONLY

I hereby acknowledge that Mr./Ms. DR. AMAL E. A. Joined duty as
Jr. Lecturer on this the 6th day of April 2016

Authorized Signature

Date : 6-4-16



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Date 21/02/2022

JOINING REPORT

Name : Dr. Martin Emmanuel
Designation : Tutor
Department : Oral & Maxillofacial Surgery
Institution : Al-Azhar dental College
Date Of Joining : 21/02/2022 Time : 8 AM/PM

Signature Martin

Date : 21/02/2022

FOR OFFICE USE ONLY

I hereby acknowledge that Mr./Ms. Dr. Martin Emmanuel..Joined duty as
Tutor.....on this the 21st.....day of February..... 20 22

Authorized Signature.

Date : 21-2-22

[Handwritten Signature]



[Handwritten Signature]

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Principal
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Date 1/8/2022

JOINING REPORT

Name : Dr. Shebin K
Designation : Tutor
Department : Oral & Maxillofacial Surgery
Institution : Al-Azhar dental College
Date Of Joining : 1/08/2022 Time : 8 AM/PM

Signature Shebin
Date : 1/8/2022

FOR OFFICE USE ONLY

I hereby acknowledge that Mr./Ms. Dr. shebin k Joined duty as
Tutor on this the 1st day of August 20 22

Authorized Signature.

Date : 1-8-22



Prof. Dr. Harvey Thomas MDS
Principal
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Thodupuzha - 685 605



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Date 3/3/20.....

JOINING REPORT

Name : Dr. Meera V. Shaji
Designation : Tutor
Department : Department of Oral & Maxillofacial Surgery
Institution : Al Azhar dental College
Date Of joining : 3/3/2020 Time : 8 AM/PM

Signature Meera V Shaji

Date : 3/3/2020

FOR OFFICE USE ONLY

I hereby acknowledge that Mr./Ms. ... Dr. Meera V. Shaji ... Joined duty as
..... Tutor on this the ... 3 day of ... March 2020

Authorized Signature.

Date : 3/3/20.



Prof. Dr. Harvey Thomas MDS
Principal
Al-Azhar Dental College
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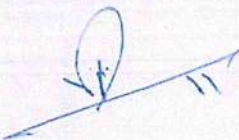
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Date 11.9.2008

JOINING REPORT

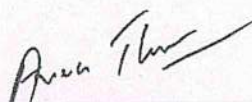
Name : PROF. DR. SAJIL JOHN
Designation : PROFESSOR & HOD
Department : PERIODONICS
Institution : AL-AZHAR DENTAL COLLEGE
Date Of Joining : 1-09-2008 Time : 8:00 AM/PM

Signature 

Date : 1-09-2008

FOR OFFICE USE ONLY

I hereby acknowledge that Mr./Ms. Dr. Sajil John Joined duty as
Professor & HOD on this the 1st day of September 2008.


Authorized Signature.

Date : 01/09/2008



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: 9447033439
Fax : 04862 - 229586

Date 4/1/2010

JOINING REPORT

Name : Dr. Shiny Joseph
Designation : Professor
Department : Periodontics
Institution : Al-Azhar dental college
Date Of Joining : 4/1/2010 Time : 8.00 AM/PM ✓

Signature Shiny
Date : 4/1/2010

FOR OFFICE USE ONLY

I hereby acknowledge that Mr./Ms. Dr. shiny Joseph.....Joined duty as
Professor.....on this the 4th day of January..... 2010

Authorized Signature Harvey Thomas

Date : 4-1-10



Prof. Dr. Harvey Thomas MDS
Principal
Al-Azhar Dental College
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Fax : 04862 - 229586

Date 28/3/23

JOINING REPORT

Name : Dr. Mazood Ahmad
Designation : Reader
Department : Department of Periodontics
Institution : Al Azhar dental college
Date Of Joining : 28/3/23 Time : 8 AM/PM

Signature Mazood
Date : 28/3/23

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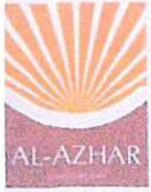
I hereby acknowledge that ~~Mr./Ms.~~ Dr. Mazood Ahmad joined duty as
Reader on this the 28 day of March 2023

Authorized Signature.

Date : 28/3/23



Prof. Dr. Harvey Thomas MDS
Principal
Al-Azhar Dental College
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Office : 04862 - 224366
Chairman : 04862-229193
 : 9447033439
Fax : 04862 - 229586

Date 01-07-2021

JOINING REPORT

Name : Dr. Anu Mathew
Designation : Senior Lecturer
Department : Periodontology
Institution : Al-Azhar dental College
Date Of Joining : 01-07-2021 Time : 9:00 AM/PM

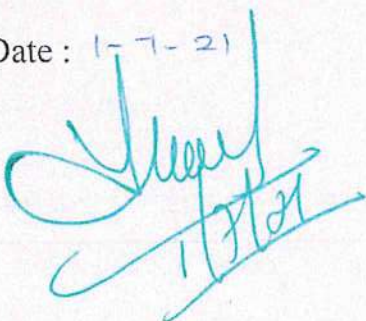
Signature 

Date : 01-07-2021

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I hereby acknowledge that Mr./Ms. Anu Mathew.....Joined duty as
SR Lecturer.....on this the 1st.....day of July..... 20 21

Authorized Signature.

Date : 1-7-21




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: 9447033439
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Date 1-7-21

JOINING REPORT

Name : Dk. Surya Suprabhan
Designation : Senior Lecturer
Department : Periodontology
Institution : Al-Azhar dental college
Date Of Joining : 1/7/21 Time : 8:00 AM/EM

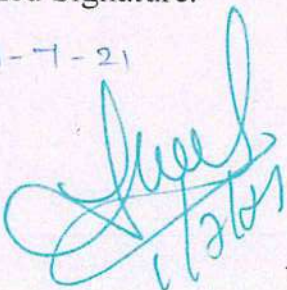
Signature 
Date : 1/7/21

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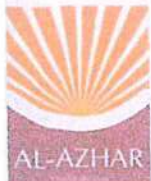
I hereby acknowledge that Mr./Ms. Surya Suprabhan Joined duty as SR Lecturer on this the 1st day of July 20 21

Authorized Signature.

Date : 1-7-21



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Date 4.05.2022

JOINING REPORT

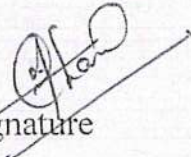
Name : DR. ARCHANA V

Designation : SENIOR LECTURER

Department : DEPARTMENT OF PERIODONTICS

Institution : ALAZHAR DENTAL COLLEGE

Date Of Joining : 4.05.2022 Time : 9:00 AM/PM

Signature 

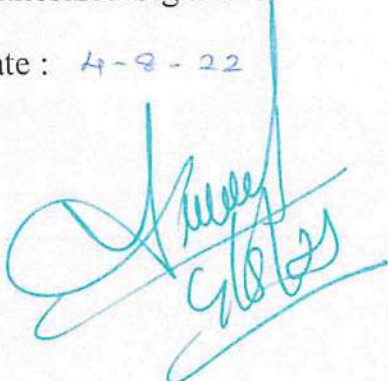
Date : 4.05.2022

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I hereby acknowledge that Mr./Ms. DR. Archana V Joined duty as
SR Lecturer on this the 4th day of May 20 22

Authorized Signature

Date : 4-8-22



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Date 12/11/2017

JOINING REPORT

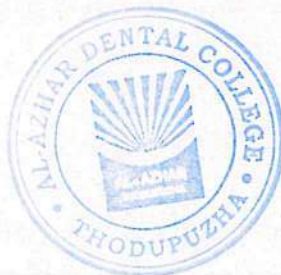
Name : Dr. Minu P. Mathews
Designation : Lecturer
Department : Periodontics
Institution : Al-Azhar dental college
Date Of Joining : 12/11/2017 Time : 8.00 AM/PM

Signature [Signature]
Date : 12/11/2017

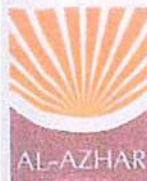
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I hereby acknowledge that Mr./Ms. Minu P. Mathews.....Joined duty as
Lecturer.....on this the 12th.....day of November..... 20 17

[Signature]
Authorized Signature.
Date : 12-11-17



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Date 09/03/2019

JOINING REPORT

Name : Dr. Annu Vaeghese
Designation : Lecturer
Department : Periodontics
Institution : Al-Azhar Dental College
Date Of Joining : 09/03/2019 Time : 8:00 AM/PM

Signature [Signature]
Date : 09/03/2019

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I hereby acknowledge that Mr./Ms. Annu Vaeghese.....Joined duty as
Lecturer.....on this the 9th day of March..... 20 19

Authorized Signature [Signature]
Date : 9-3-19



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Date 11/01/2018

JOINING REPORT

Name : Dr. Cini P Moideen
Designation : Lecturer
Department : Periodontics
Institution : Al-Azhar dental College
Date Of Joining : 11/01/2018 Time : 8:00 AM/PM

Signature [Signature]
Date : 11/01/2018

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I hereby acknowledge that Mr./Ms. Cini P Moideen Joined duty as
Lectures on this the 11th day of January 20 18

Authorized Signature [Signature]
Date : 11-1-18



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Date 20/5/2013

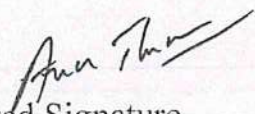
JOINING REPORT

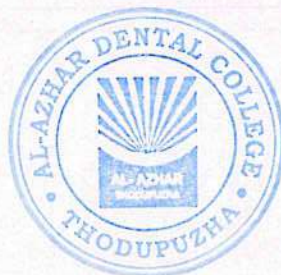
Name : DR. RENU ANN MATHEW
Designation : SR. LECTURER
Department : PEDIATRIC DENTISTRY
Institution : AL-AZHAR DENTAL COLLEGE
Date Of Joining : 20/5/2013 Time : 8.00 AM/PM

Signature 
Date : 20/5/2013

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I hereby acknowledge that Mr./Ms. Renu Ann Mathew Joined duty as SR. Lecturer on this the 20th day of May 2013.

Authorized Signature 
Date : 20-5-13



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Date 11/01/2017

JOINING REPORT

Name : Dr. Tinu George
Designation : Reader
Department : Periodontics
Institution : Al-Azhar dental College
Date Of Joining : 11/01/2017 Time : 8:00 AM/PM

Signature Tinu
Date : 11/01/2017

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I hereby acknowledge that Mr./Ms. Tinu George.....Joined duty as
Reader.....on this the 11th.....day of January..... 2017

Authorized Signature Harvey Thomas
Date : 11-1-17



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Date 3/2/2020

JOINING REPORT

Name : DR. SHARON VINCENT
Designation : SENIOR LECTURER
Department : PEDIATRIC DENTISTRY
Institution : AL-AZHAR DENTAL COLLEGE
Date Of Joining : 3/2/2020 Time : 8:00 AM/PM

Signature [Signature]
Date : 3/2/2020

FOR OFFICE USE ONLY

I hereby acknowledge that Mr./Ms. Sharon Vincent.....Joined duty as
Sr Lecturer.....on this the 3rd day of Feb..... 20 20

Authorized Signature.

Date : 3-2-20

[Signature]
3/2/20



[Signature]

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Date 3/1/22

JOINING REPORT

Name : Dr. Stacey Thomas
Designation : Sr. Lecturer
Department : Pediatric dentistry
Institution : Al-Azhar dental college
Date Of Joining : 3/1/22 Time : 8.00 AM/PM

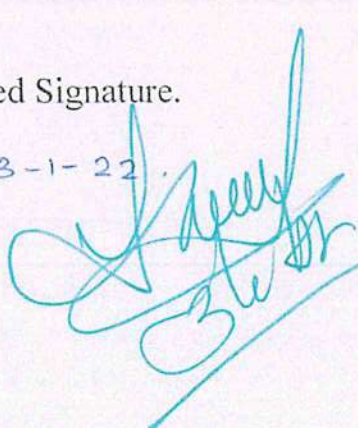

Signature 
Date : 3/1/22


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I hereby acknowledge that Mr./Ms. Stacey Thomas Joined duty as
Sr. lecturer on this the 3rd day of Jan 2022

Authorized Signature.

Date : 3-1-22


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Date 2/5/14

JOINING REPORT

Name : Dr. Rinas P.M
Designation : Tutor
Department : Pedodontics
Institution : Al-Azhar dental college
Date Of Joining : 2/5/14 Time : 8. AM/PM

Signature R.F.
Date : 2/5/14

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I hereby acknowledge that Mr./Ms. Rinas PM Joined duty as
Tutor on this the 2nd day of May 2014

Authorized Signature Harvey Thomas
Date : 2-5-14



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Date 22/5/2015

JOINING REPORT

Name : Dr. Sreelekshmi G
Designation : Junior Lecturer
Department : Department of pediatric & preventive Dentistry
Institution : Al Azhar Dental college
Date Of Joining : 22/5/2015 Time : 8 AM/PM

Signature [Signature]
Date : 22/5/2015

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I hereby acknowledge that Mr/Ms. Dr. Sreelekshmi G.....Joined duty as
Junior Lecturer.....on this the 22.....day of May..... 20 15

Authorized Signature [Signature]
Date : 22/5/15



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Date 1/6/2017

JOINING REPORT

Name : Dr. Abdul. Saheer
Designation : Reader
Department : Public health dentistry
Institution : Al-Azhar dental college
Date Of Joining : 1/06/2017 Time : 8:00 AM/PM

Signature [Signature]
Date : 1/6/2017

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I hereby acknowledge that Mr./Ms. Abdul Saheer Joined duty as Reader on this the 1st day of June 2017

Authorized Signature [Signature]
Date : 1-6-17



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Date 05/01/2022

JOINING REPORT

Name : Dr. Bharath Sekhar Nayana
Designation : Sr. Lecturer
Department : Dept. of Public Health dentistry
Institution : Al-Azhar Dental College
Date Of Joining : 05/01/2022 Time : 9:00 AM/PM

Signature Bharath
Date : 05/01/2022

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I hereby acknowledge that Mr./Ms. Bharath Sekhar Nayana Joined duty as
Sr. Lecturer on this the 5th day of January 20 22

Authorized Signature.

Date : 5-1-22



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Date 8/11/2008

JOINING REPORT

Name : Dr. Terry Mathew Mariette
Designation : Tutor
Department : Public Health Dentistry
Institution : Al-Azhar dental college
Date Of Joining : 8/11/2008 Time : 8:00 AM/PM

Signature

Date : 8/11/2008

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I hereby acknowledge that Mr./Ms. Terry Mathew Mariette Joined duty as
Tutor on this the 8th day of November 20 08

Authorized Signature

Date : 8-11-2008



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Date 01/03/2022

JOINING REPORT

Name : Dr. Cija A Paulose
Designation : Tutor
Department : Public Health Dentistry
Institution : Al-Azhar dental college
Date Of Joining : 01/03/2022 Time : 8:00 AM/PM ✓

Signature Cija
Date : 01/03/2022

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I hereby acknowledge that Mr./Ms. Dr. Srinthy CS.....Joined duty as
Lecturer.....on this the 1st.....day of January..... 20 21

Authorized Signature.

Date : 1-1-21



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Date 1/4/2021

JOINING REPORT

Name : Dr. Muhammed Fazil
Designation : Tutor
Department : Public Health dentistry
Institution : Al-Azhar dental college
Date Of Joining : 1/04/2021 Time : 8:00 AM/PM

Signature [Signature]
Date : 01/4/2021

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I hereby acknowledge that Mr./Ms. Dr. Muhammed Fazil Joined duty as
Tutor on this the 1st day of April 2021

Authorized Signature.

Date : 1-4-21

[Signature]



[Signature]

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Date 3/4/21

JOINING REPORT

Name : Dr. Mahsoof P
Designation : Tutor
Department : Public health dentistry
Institution : Al-Azhar dental College
Date Of Joining : 03/04/2021 Time : 8:00 AM/PM ✓

Signature [Signature]
Date : 3/04/2021

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I hereby acknowledge that Mr./Ms. Mahsoof P Joined duty as
Tutor on this the 3rd day of April 20 21.

Authorized Signature.

Date : 3-4-21

[Signature]
3/4/21



[Signature]

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Date 16/1/2017

JOINING REPORT

Name : Dr. Rema J
Designation : Professor & HOD
Department : Oral Medicine & Radiology
Institution : Al-Azhar dental college
Date Of Joining : 16/1/2017 Time : 8:00 AM/PM

Signature Rema

Date : 16/1/2017

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I hereby acknowledge that Mr./Ms. Dr Rema J Joined duty as
Professor & HOD on this the 16th day of January 20 17

Arav Thomas
Authorized Signature.

Date : 16-1-17



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Date 12/7/21

JOINING REPORT

Name : Dr. Namitha J
Designation : Professor
Department : Department of Oral Medicine & Radiology
Institution : Al Azhar Dental College
Date Of joining : 12/7/21 Time : 8 AM/PM

Signature Namitha

Date : 12/7/21

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I hereby acknowledge that Mr./Ms. Dr. Namitha J Joined duty as
professor on this the 12 day of July 20 21.

Authorized Signature.

Date : 12/7/21



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Fax : 04862 - 229586

Date 20/10/14

JOINING REPORT

Name : DR. JAYESH J. UNNITHAN
Designation : SENIOR LECTURER
Department : ORAL MEDICINE & RADIOLOGY
Institution : AL-AZHAR DENTAL COLLEGE
Date Of Joining : 20-10-14 Time : 9:00 AM/PM

Signature

Date : 20/10/14

FOR OFFICE USE ONLY

I hereby acknowledge that Mr./Ms. Dr. Jayesh J. Unnithan Joined duty as
SR Lecturer on this the 20th day of October 20 14

Authorized Signature

Date : 20-10-14



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Date 16/5/2022

JOINING REPORT

Name : Dr. Aparna M.
Designation : Reader
Department : Department of Oral Medicine & Radiology
Institution : Al Azhar Dental College
Date Of Joining : 16/5/2022 Time : 8 AM/PM

Signature Aparna M
Date : 16/5/2022

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I hereby acknowledge that Mr./Ms. Dr. Aparna M. Joined duty as
Reader on this the 16 day of May 2022

Authorized Signature.

Date : 16/5/22

Harvey Thomas
16/5/22



Harvey Thomas

Prof. Dr. Harvey Thomas MDS
Principal
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Office : 04862 - 224366
Chairman : 04862-229193
: 9447033439
Fax : 04862 - 229586

Date 11/7/16

JOINING REPORT

Name : DR. ANJANA MOHAN KUMAR
Designation : SR. LECTURER
Department : ORAL MEDICINE AND RADIOLOGY
Institution : AL-AZHAR DENTAL COLLEGE
Date Of Joining : 11-07-2016 Time : 8:00 AM/PM

Signature

Date : 11-07-2016

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I hereby acknowledge that Mr./Ms. Dr. Anjana Mohan Kumar Joined duty as
Sr. Lecturer on this the 11th day of July 2016.

Authorized Signature.

Date : 11/07/2016



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Date 2/10/2017

JOINING REPORT

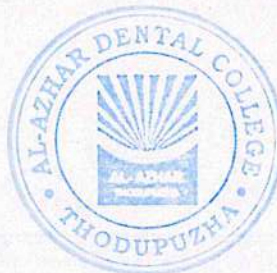
Name : Dr. Shanila Abdul Majeed
Designation : reader
Department : Oral Medicine & Radiology
Institution : Al-Azhar dental College
Date Of Joining : 2/10/2017 Time : 8:00 AM/PM

Signature [Signature]
Date : 2/10/2017

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I hereby acknowledge that Mr./Ms. Dr. Shanila Abdul Majeed Joined duty as
Reader on this the 2nd day of October 20 17

Authorized Signature [Signature]
Date : 2-10-17



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Date 10/01/2020

JOINING REPORT

Name : Dr. Fasil P
Designation : Lecturer
Department : Oral Medicine & Radiology
Institution : Al-Azhar dental college
Date Of Joining : 10/01/2020 Time : 8:00 AM/PM

Signature Fasil P
Date : 10/01/2020

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I hereby acknowledge that Mr./Ms. Dr. Fasil P Joined duty as
Lecturer on this the 10th day of January 2020

Harvey Thomas
Authorized Signature.

Date : 10-1-20



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Date 1/1/21

JOINING REPORT

Name : Dr. Smrthy C.S
Designation : Lecturer
Department : Oral Medicine & Radiology
Institution : Al-Azhar dental college
Date Of Joining : 1/1/21 Time : 8:00 AM/PM

Signature
Date : 1/1/21

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I hereby acknowledge that Mr./Ms. Cija A PauloseJoined duty as
Tutoron this the 1st day of March 20 22

Authorized Signature.

Date : 1-3-22



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: 9447033439
Fax : 04862 - 229586

Date 9/9/15


JOINING REPORT

Name : DR. CYRIL PULIYAN VARGHESE
Designation : LECTURER
Department : ORAL MEDICINE AND RADIOLOGY
Institution : AL-AZHAR DENTAL COLLEGE
Date Of Joining : 9-09-2015 Time : 9:00 AM/PM

Signature 
Date : 9/09/15


FOR OFFICE USE ONLY

I hereby acknowledge that Mr./Ms. Dr. Cyril Puliyam Varghese Joined duty as Lecturer on this the 9th day of September 2015.

Authorized Signature 

Date : 09-09-2015,




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Date 10-01-2022

JOINING REPORT

Name : Dr. Athira Benny
Designation : Tutor / Jr. Lecturer
Department : Dept. of oral medicine & Radiology
Institution : Al-Azhar dental college
Date Of Joining : 10-01-2022 Time : 8:00 AM/PM

Signature Athira Benny
Date : 10-01-2022

FOR OFFICE USE ONLY

I hereby acknowledge that Mr./Ms. Athira Benny.....Joined duty as
Tutor / Jr. lecturer.....on this the 10th day of January..... 2022

Authorized Signature

Date : 10-1-2022

[Signature]
10/1/22



[Signature]

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Principal
Al-Azhar Dental College
Thodupuzha-685 605



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Date 08/02/2021

JOINING REPORT

Name : Dr. Ajeena Sunny
Designation : Tutor
Department : Oral Medicine & Radiology
Institution : Al-Azhar dental college
Date Of Joining : 8/2/2021 Time : 8:00 AM/ PM

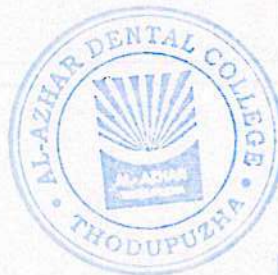
Signature Ajeena
Date : 08/02/2021

FOR OFFICE USE ONLY

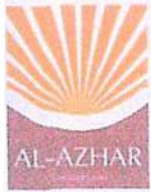
I hereby acknowledge that Mr./Ms. Dr. Ajeena Sunny.....Joined duty as
Tutor.....on this the 8th day of February..... 2021

Authorized Signature.

Date : 8-2-21



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Principal
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Date 16/02/2022

JOINING REPORT

Name : Dr. Rosemary Francis
Designation : Tutor
Department : Oral Medicine & Radiology
Institution : Al-Azhar dental College
Date Of Joining : 16.02.2022 Time : 8:00 AM/PM

Signature Rosemary
Date : 16/02/2022

FOR OFFICE USE ONLY

I hereby acknowledge that Mr./Ms. Dr. Rose Mary Francis Joined duty as
Tutor on this the 16th day of February, 20 22

Authorized Signature.

Date : 16-2-22



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Date 5/10/2007

JOINING REPORT

Name :..... Dr. Afsal VA.....
Designation :..... Professor & HOD.....
Department :..... Orthodontics.....
Institution :..... Al Azhar Dental College.....
Date Of Joining :..... 05/10/2007..... Time :..... 8:00.....AM/PM

Signature [Handwritten Signature]

Date : 5/10/2007

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I hereby acknowledge that Mr./Ms. Dr. Afsal VA.....Joined duty as
Professor & HOD.....on this the 5th.....day of October..... 2007

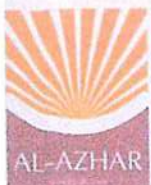
Authorized Signature [Handwritten Signature]

Date : 5.10.2007



[Handwritten Signature]

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Date 04/02/2022

JOINING REPORT

Name : DR. JOBY PAULOSE
Designation : PROF. & HOD
Department : ORTHO DONTICS
Institution : AL-AZHAR DENTAL COLLEGE
Date Of Joining : 04.02.2022 Time : 8.00 AM/PM

Signature : [Handwritten Signature]
Date : 04/02/2022

FOR OFFICE USE ONLY

I hereby acknowledge that Mr./Ms. Dr. Joby Paulose.....Joined duty as
PROF. & HOD.....on this the 4th day of Feb..... 20 22

Authorized Signature.

Date : 4-2-22

[Handwritten Signature]



[Handwritten Signature]

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Date 3/07/2005

JOINING REPORT

Name : Dr. Sandeep Mathew
Designation : Professor
Department : Orthodontics
Institution : Al Azhar dental College
Date Of Joining : 3/07/2005 Time : 8 AM/PM

Signature Sandeep
Date : 3/07/2005

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I hereby acknowledge that Mr./Ms. Dr. Sandeep Mathew Joined duty as
Professor on this the 3rd day of July 2005

Harvey Thomas
Authorized Signature.

Date : 3-7-2005



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Date 31/12/21

JOINING REPORT


Name : DR. ANJALI V.A
.....

Designation : READER
.....

Department : ORTHODONTICS
.....

Institution : AL-AZHAR DENTAL COLLEGE
.....

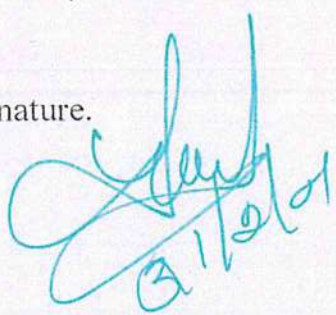
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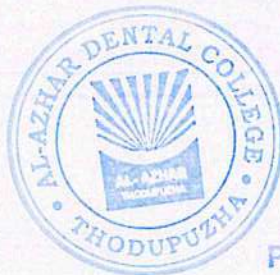
Signature 

Date : 31/12/21

FOR OFFICE USE ONLY

I hereby acknowledge that Mr./Ms. Anjali VA Joined duty as
Reader on this the 31st day of December 2021

Authorized Signature. 
Date : 31/12/21



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Date 01/03/2021

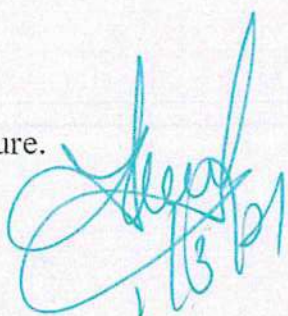
JOINING REPORT

Name : DR. JOSE SUNNY
Designation : SENIOR LECTURER
Department : ORTHODONTICS
Institution : AL AZHAR DENTAL COLLEGE
Date Of Joining : 01/03/2021 Time : 8:00 AM/PM

Signature 
Date : 01/03/2021

FOR OFFICE USE ONLY

I hereby acknowledge that Mr./Ms. Jose Sunny.....Joined duty as
Sr Lecturer.....on this the 1st day of March..... 20 21.

Authorized Signature. 
Date : 1-3-21



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Date 1-3-21

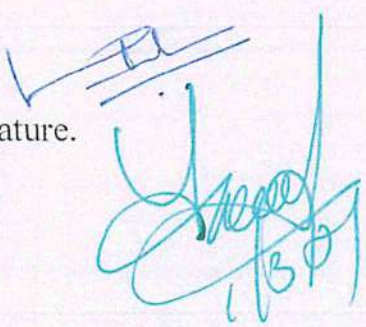
JOINING REPORT

Name : Dr. Waheeda Pyavital
Designation : Senior Lecturer
Department : Dept. of orthodontics & Dentofacial orthopedics
Institution : Al Azhar dental college
Date Of Joining : 1/03/2021 Time : 8:00 AM/PM

Signature 
Date : 01/03/2022

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I hereby acknowledge that Mr./Ms. Waheeda Pyavital.....Joined duty as
Senior Lecturer.....on this the 1st.....day of March..... 20 21

Authorized Signature. 
Date : 1-3-21




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Date 19/07/2018

JOINING REPORT

Name : Dr. AA Muhammed Ameen

Designation : Lecturer

Department : Orthodontics

Institution : Al Azhar Dental College

Date Of Joining : 19/7/2018 Time : 8.00 AM/PM

Signature

Date : 19/07/2018

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I hereby acknowledge that Mr./Ms. Dr. AA Muhammed Ameen joined duty as
..... Lecturer on this the 17th day of July 2018.

Authorized Signature.

Date : 19-7-18



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Principal
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Date 10/1/18

JOINING REPORT

Name : Dr. Faez Afsal
Designation : Lecturer
Department : Orthodontics
Institution : Al-Azhar dental college
Date Of Joining : 10/1/18 Time : 8:00 AM/PM

Signature [Signature]
Date : 10/1/18

FOR OFFICE USE ONLY

I hereby acknowledge that Mr./Ms. Dr Faez Afsal.....Joined duty as
Lecturer.....on this the 10th.....day of January..... 20 18

[Signature]
Authorized Signature.

Date : 10-1-18



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Chairman : 04862-229193
: 9447033439
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1/03/2021

JOINING REPORT

Name : DR. BALAN K THUSHAR
Designation : LECTURER
Department : ORTHO DONTICS
Institution : AL-AZHAR DENTAL COLLEGE
Date Of Joining : 01.03.2021 Time : 8.00 AM/PM

Signature

Date : 1.3.2021

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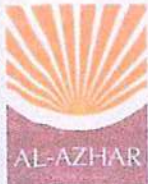
I hereby acknowledge that Mr./Ms. BALAN K THUSHAR Joined duty as
..... Lecturer on this the 1 day of MARCH 2021

Authorized Signature.

Date : 01.03.2021



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Principal
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: 9447033439
Fax : 04862 - 229586

Date 30/07/2007

JOINING REPORT

Name : DR. MANOJ K.V
Designation : PROFESSOR & HOD
Department : CONSERVATIVE DENTISTRY & ENDODONTICS
Institution : AL-AZHAR DENTAL COLLEGE
Date Of Joining : 30/7/2007 Time : 8:00 AM/PM

Signature [Signature]
Date : 30/07/2007

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I hereby acknowledge that Mr./Ms. Dr Manoj. k.v Joined duty as
Professor & HOD on this the 30th day of July 2007

[Signature]
Authorized Signature.

Date : 30-7-2007



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Principal
Al-Azhar Dental College
Thodupuzha - 685 605



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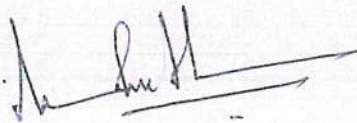
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Date 15/6/09


JOINING REPORT

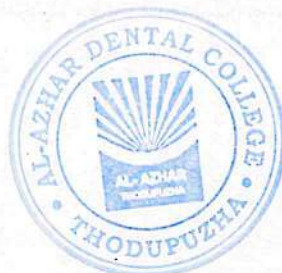
Name : Dr. Nishin K. John
Designation : Senior Lecturer
Department : Department of Conservative Dentistry & Endodontics
Institution : Al Azhar dental College
Date Of Joining : 15/6/09 Time : 8 AM/PM

Signature : 
Date : 15/6/09

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I hereby acknowledge that Mr./Ms. Dr. Nishin K. John Joined duty as
Senior Lecturer on this the 15 day of June 2009

Authorized Signature : 
Date : 15/6/09



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

Date 1/7/2013

JOINING REPORT

Name : Dr. Aby Kuruvilla
Designation : Senior Lecturer
Department : Department of Conservative Dentistry & Endodontics
Institution : Al Azhar Dental College
Date Of Joining : 1/7/2013 Time : 8 AM/PM

Signature

Date : 1/7/2013

FOR OFFICE USE ONLY

I hereby acknowledge that Mr./Ms. Dr. Aby Kuruvilla.....Joined duty as
Senior Lecturer.....on this the1.....day ofJuly..... 2013.

Authorized Signature.

Date :



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



AL-AZHAR DENTAL COLLEGE

(APPROVED BY DENTAL COUNCIL OF INDIA
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RUN BY NOORUL ISLAM TRUST
Perumpillichira P. O., Thodupuzha, Idukki Dt., Kerala - 685 605
URL: <http://www.alazhardental.org> E-mail: alazhardentalcollege@gmail.com

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

Date 14.09.15

JOINING REPORT

Name : DR. MOUSHMI CB
Designation : READER
Department : DEPT. OF CONSERVATIVE DENTISTRY & ENDS
Institution : AL-AZHAR DENTAL COLLEGE
Date Of Joining : 14.09.2015 Time : 8.00 AM/PM

Signature [Signature]
Date : 14.09.15

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I hereby acknowledge that Mr./Ms. Dr. Moushmi CB.....Joined duty as
Reader.....on this the 14th day of August..... 2015.

Authorized Signature [Signature]
Date : 14-9-15



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Principal
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Date16/09/2015

JOINING REPORT

Name :DR. BINILA S BABU.....

Designation :SR. LECTURER.....

Department :CONSERVATIVE DENTISTRY & ENDODONTICS.....

Institution :AL-AZHAR DENTAL COLLEGE.....

Date Of Joining :16-09-2015..... Time :8:00.....AM/PM

Signature

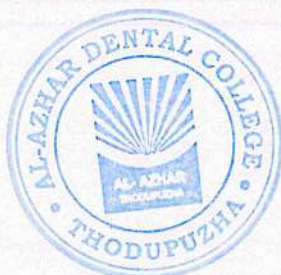
Date : 16/09/2015

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I hereby acknowledge that Mr./Ms. Dr. Binila S. Babu.....Joined duty as
Sr. Lecturer.....on this the 16th day of September..... 2015.

Authorized Signature.

Date : 16/09/2015



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Date 1/1/2016

JOINING REPORT

Name : Dr. Nisha C
Designation : Reader
Department : Conservative Dentistry & Endodontics
Institution : Al-Azhar dental College
Date Of Joining : 1/01/2016 Time : 9:00 AM/PM ✓

Signature Nisha
Date : 1/1/2016

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I hereby acknowledge that Mr./Ms. Dr. Nisha C Joined duty as
Reader on this the 1st day of January 20 16

Arun Thomas
Authorized Signature.
Date : 1-1-16



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Principal
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Date 09/07/2021

JOINING REPORT

Name : DR. NOUSHIN FAISAL
Designation : READER
Department : CONSERVATIVE DENTISTRY
Institution : AL-AZHAR DENTAL COLLEGE
Date Of Joining : 09-07-2021 Time : 8.00 AM/PM

Signature [Signature]
Date : 09/07/2021

FOR OFFICE USE ONLY

I hereby acknowledge that Mr./Ms. Noushin Faisal.....Joined duty as
Reader.....on this the 9th day of July..... 20 21

Authorized Signature. [Signature]
Date : 9-7-21



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Principal
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Date 04/05/2021

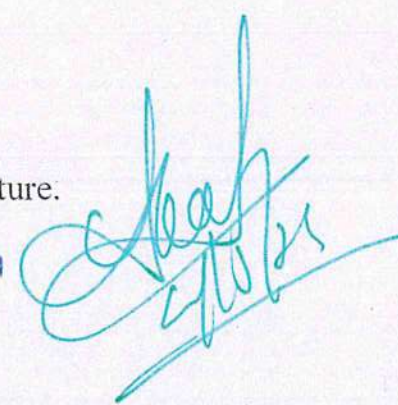
JOINING REPORT

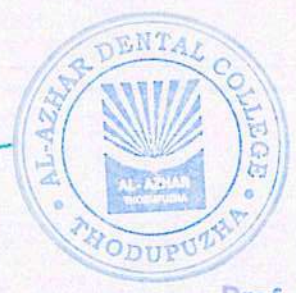
Name : DR. BEULAH MARY BEJOY
Designation : LECTURER
Department : CONSERVATIVE DENTISTRY
Institution : AL-AZHAR DENTAL COLLEGE
Date Of Joining : 04/05/2021 Time : 8:00 AM/PM ✓

Signature 
Date : 04/05/2021

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I hereby acknowledge that Mr./Ms. Beulah Mary Bejoy Joined duty as
Lecturer on this the 4th day of May 20 21

Authorized Signature: 
Date : 4-5-21



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Date: 25/4/22

JOINING REPORT

Name : DR. M.A. SHREYA
Designation : LECTURER
Department : CONSERVATIVE DENTISTRY & ENDOCRONITICS
Institution : AL-AZHAR DENTAL COLLEGE
Date Of Joining : 25-04-2022 Time : 8:00 AM/PM

Signature:
Date : 25/4/22

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I hereby acknowledge that Mr./Ms. Dr. Ma Shreya Joined duty as
Lecturer on this the 25th day of April 2022.

Authorized Signature.

Date :



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Date 2/12/2019

JOINING REPORT

Name : Dr. Abdul Akbar
Designation : Tutor
Department : Conservative Dentistry
Institution : Al-Azhar dental College
Date Of Joining : 2/12/2019 Time : 8.00 AM/PM

Signature Abdul Akbar
Date : 2/12/2019

FOR OFFICE USE ONLY

I hereby acknowledge that Mr./Ms. Abdul Akbar Joined duty as
Tutor on this the 2nd day of December 2019

Authorized Signature Harvey Thomas
Date : 2-12-19



Prof. Dr. Harvey Thomas MDS
Principal
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Thodupuzha-685 605



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Date 03/10/2020

JOINING REPORT

Name : DR. HREESHA SALIMKUMAR
Designation : TUTOR
Department : CONSERVATIVE DENTISTRY
Institution : AL-AZHAR DENTAL COLLEGE
Date Of Joining : 03/10/2020 Time : 8:00 AM/PM

Signature [Signature]
Date : 03/10/2020

FOR OFFICE USE ONLY

I hereby acknowledge that Mr./Ms. Greesha Salimkumar Joined duty as
Tutor on this the 3rd day of October 2020

Authorized Signature

Date : 3-10-20

[Signature]

[Signature]



Prof. Dr. Harvey Thomas MDS
Principal
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Date 18/05/2022

JOINING REPORT

Name : Dr. Mithu Mohan.
Designation : Junior Lecturer
Department : Conservative dentistry & Endodontics.
Institution : Al-Azhar dental college.
Date Of Joining : 18/5/2022 Time :AM/PM

Signature [Handwritten Signature]

Date : 18/5/2022

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I hereby acknowledge that Mr./Ms. Mithu Mohan.....Joined duty as
Je Lecturer.....on this the 18th.....day of May..... 20 22

Authorized Signature.

Date : 18-5-22

[Handwritten Signature]


[Handwritten Signature]

Prof. Dr. Harvey Thomas MDS
Principal
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Fax : 04862 - 229586

Date 6/12/19

JOINING REPORT

Name : Dr. Hasna Hasna
Designation : Lecturer
Department : Department of Conservative Dentistry & Endodontics
Institution : Al Azhar dental college
Date Of Joining : 6/12/19 Time : 8 AM/PM

Signature Hasna

Date : 6/12/19

FOR OFFICE USE ONLY

I hereby acknowledge that ~~Mr/Ms.~~ Dr. Hasna Hasna.....Joined duty as
Lecturer.....on this the 6.....day of December..... 20 19.

Amir Ilan
Authorized Signature.

Date : 6/12/19



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