

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

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AL-AZHAR DENTAL COLLEGE

(APPROVED BY DENTAL COUNCIL OF INDIA & AFFILIATED TO KUHS)
RUN BY NOORUL ISLAM TRUST
PERUMPILLICHIRA P. O., THODUPUZHA, IDUKKI DIST., KERALA— 685 605

CERTIFICATE OF THE HEAD OF INSTITUTION



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

DR. HARVEY THOMAS M.D.S PRINCIPAL

TO WHOMSOEVER IT MAY CONCERN

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





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

APPOINTMENT ORDERS



(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

APPOINTMENT ORDER

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

Date: 26-11-2011

- 04862-224366

9447033439 04862-229586

Chairman - 04862-229193

Off

Fax

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, 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 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)

Copies te:

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

Fax

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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

APPOINTMENT ORDER

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

Date:01-07-2011

To.

Dr. Vinni Mary Commen Kanjirathil (H), Pathil Veloor 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.
- 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.
- 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

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 **Accounts Section** Office file Personal file



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

APPOINTMENT ORDER

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

25-08-2014

To,

AL-AZHAR

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
- 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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(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 Chairman

Fax

04862 - 224366

04862-229193 9447033439

04862 - 229586

Date

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.

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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THODUP'



(APPROVED BY DENTAL COUNCIL OF INDIA & AFFILIATED TO KERALA UNIVERSITY OF HEALTH SCIENCE)

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

: 04862 - 229586

Data		
Date	 	

APPOINTMENT ORDER

Ref. No.: AADC/IX/21 /2020 11-02-2020

To.

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

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
- 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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Office : 04862 - 224366 Chairman : 04862-229193

9447033439

: 04862 - 229586

Date

APPOINTMENT ORDER

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

Date: 01-04-2021

Fax

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.

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

Wir. 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
Personal file
Accounts Section



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Perumpillichira P. O., Thodupuzha, Idukki Dt., Kerala - 685 605

Office

: 04862 - 224366 : 04862-229193

Chairman

9447033439

: 04862 - 229586

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APPOINTMENT ORDER

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

Date: 01-07-2021

To.

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

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



Office Chairman 04862 - 224366 04862-229193

Fax

9447033439 04862 - 229586

Date

APPOINTMENT ORDER

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

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.

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)

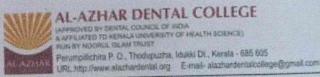
(Please affix your signature as a token of acceptance)

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Accounts Section



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04862 - 224366 Office Chairman

04662-229193 9447033439

04862 - 229566 Fax

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.

- You will be paid salary and allowances as per UGC scale.
 Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and

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. Moesa (Chairman)

(Please affix your signature as a token of acceptance)

Copies to:

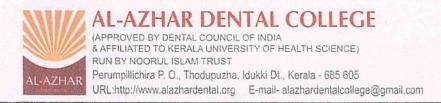
Principal

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Managing Director Administrative Officer

Office file Personal file

Accounts Section



Office : 04862 - 224366 Chairman 04862-229193

9447033439 : 04862 - 229586

APPOINTMENT ORDER

Ref. No.: AADC/IX/01/18 04-01-2018

To.

Dr. Elsamaria 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)

Copies to:

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

Thodupuzha - 685 605



Office : 04862 - 224366 Chairman : 04862-229193

9447033439

Fax : 04862 - 229586

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.

- 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.

 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

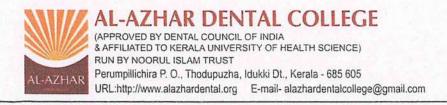
Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

Copies to:

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Managing Director
Administrative Officer
Office file
Personal file
Accounts Section

PAR DENTAL COLLEGE



Office : 04862 - 224366 Chairman : 04862-229193

9447033439

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

DENTAL COLUMN

(集)

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

Office : 04862 - 224366 Chairman 04862-229193

9447033439

04862 - 229586

Date

APPOINTMENT ORDER

Ref. No.: AADC/IX/06/18 01-08-2018

To.

AL-AZHAR

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)

Copies to:

Principal Managing Director Administrative Officer Office file Personal file Accounts Section





Off - 04862-224366 Chairman - 04862-229193 - 9447033439

- 9447033439 Fax - 04862-229586

(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

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 faithfally

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

DENTAL COLLEGE



L-AZHAR DENIAL COLLECT

APPROVED BY DENTAL COUNCIL OF INDIA APPRIATED TO KERALA UNIVERSITY OF HEALTH SCIENCE! RUN BY NOORUL ISLAM TRUST

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

04882 - 224366

Chairman

Date: 12-04-2016

04862-229193 9447033439

04862 - 229688

APPOINTMENT ORDER

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

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

- 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 affinyour signature as a token of acceptance)

Copies to

Principal Managing Director Administrative Officer Office file Personal file Accounts Section

Prof. Dr. Harvey Thomas 1100

Al-Azhar Dental College Thodupuzha - 685 605



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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/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.

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.

You are eligible for leave as per the regulations cited by the College.

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)

(Prease affix your signature as a token of acceptance)

Dx. ELIXABETH SOJAN

Copies to:

Principal
Managing Director
Administrative Officer
Office file
Personal file
Accounts Section

OENTAL COUNEGE

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/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.
- 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.
- 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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AL-AZHAR DENTAL COLLEGE (APPROVED BY DENTAL COUNCIL OF INDIA

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Chairman : 04862-229193

9447033439

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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.
- 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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9447033439

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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.

- Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India
- 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.

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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Chairman : 04862-229193 9447033439

: 04862 - 229586

Date

APPOINTMENT ORDER

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

03-09-2018

To,

Dr. Shibin Nazar Shibin 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.

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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9447033439

Fax : 04862 - 229586

Date

APPOINTMENT ORDER

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

01-03-2021

To,

Dr. Fathima Abdul Salam, Nedumpurathu House, Perumbaikadu PO, 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.
- 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.
- 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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(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

APPOINTMENT ORDER

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

02-05-2008

- 04862-224366

9447033439

04862-229586

Chairman - 04862-229193

Off

Fax

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 faithfally

Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

Copies to:

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DENTAL CONTROL OF THE CONTROL OF THE

Prof. Dr. Harvey Thomas



(APPROVED BY DENTAL COUNCIL OF INDIA & AFFILIATED TO KERALA UNIVERSITY OF HEALTH SCIENCE)

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Perumpillichira P. O., Thodupuzha, Idukki Dt., Kerala - 685 605

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Office : 04862 - 224366

Chairman 04862-229193

9447033439

04862 - 229586 Fax

13-10-202 Pate

APPOINTMENT ORDER

To,

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

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

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)

Copies to:

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URL: http://www.alazhardental.org

E-mail: alazhardentalcollege@gmail.com

APPOINTMENT ORDER

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

Date: 25-06-2011

- 04862-224366

9447033439 04862-229586

Chairman - 04862-229193

Off

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 faithfally

Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

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Office

: 04862 - 224366 : 04862-229193

Chairman

9447033439

Fax

04862 - 229586

Date ..

01-09-2016

APPOINTMENT ORDER

To,

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

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

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.
- 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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Office

: 04862 - 224366

Chairman

04862-229193 9447033439

Fax

04862 - 229586

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.
- 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.
- 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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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/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.
- 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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Chairman

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Fax

04862 - 229586

22-11-2021

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

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 & Maxiilofacial Surgery, Al-Azhar Dental College, with effect from 22-11-2021, on the following terms and conditions.

APPOINTMENT ORDER

1. You will be paid salary and allowances as per UGC scale.

- 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.

You are eligible for leave as per the regulations cited by the College.

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

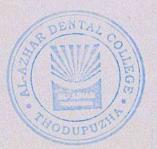
Mr. K. M. Moosa (Chainnan

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(Please affix your signature as a token of acceptance)

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Office : 04862 - 224366 Chairman : 04862-229193

04862-229193 9447033439

: 04862 - 229586

Date

Date: 03-03-2020

APPOINTMENT ORDER

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

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.

- 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)

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(Please affix your signature as a token of acceptance)

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9447033439

Chairman

04862 - 229586

Date

APPOINTMENT ORDER

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

08-02-2021

To,

Dr. Abin Ann Abraham Thundivil 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
- 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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ODUPU

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.
- 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
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Personal file
Accounts Section

DENTAL COLLEGE



Office Chairman

Fax

: 04862 - 224366

04862-229193

.

04862 - 229586

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)

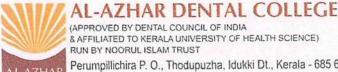
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(Please affix your signature as a token of acceptance)

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Accounts Section

DENTAL COULBOR



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/ 64/22

21-02-2022

APPOINTMENT ORDER

To.

Dr. Martin Emmanual Kodiampurayedathil House, Thodupuzha P.O., ldukki.

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)

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ODUPU



Office 04862 - 224366 Chairman 04862-229193 9447033439

Fax 04862 - 229586

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.

- Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India
- 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.

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)

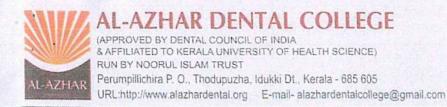
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Office 04862 - 224366
Chairman 04862-229193
: 9447033439

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.

- 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.

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)

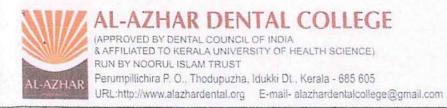
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04862 - 224366 04862-229193 Chairman 9447033439

: 04862 - 229586 Fax

Date				
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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)

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(APPROVED BY DENTAL COUNCIL OF INDIA & AFFILIATED TO KERALA UNIVERSITY OF HEALTH SCIENCE)

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Office : 04862 - 224366 Chairman : 04862-229193

9447033439

Fax : 04862 - 229586

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

APPOINTMENT ORDER

AADC/VII/52/A.O/07

Date: 02-09-2008

Off

- 04862-224366

9447033439 04862-229586

Chairman - 04862-229193

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.

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 faithfally

Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

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

APPOINTMENT ORDER

Ref. No. AADC/IX/02/10

Date: 04/01/2010

To.

Dr. Shiny Joseph Kinattukara Edamaruke P. O. Kottavam 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

(Please affix your signature as a token of acceptance)

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Principal Managing Director Administrative Officer Office file Personal file Accounts Section

Moosa (Chairman)

DUPU



Office : 04862 - 224366 Chairman : 04862-229193

Fax

9447033439 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.
- 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

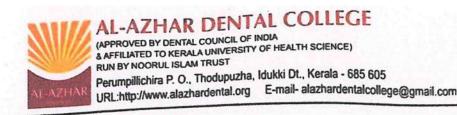
Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

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04862 - 224366 Office 04862-229193 Chairman

9447033439

04862 - 229586 Fay

Date

01-07-2021

APPOINTMENT ORDER

To.

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

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

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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(APPROVED BY DENTAL COUNCIL OF INDIA & AFFILIATED TO KERALA UNIVERSITY OF HEALTH SCIENCE) RUN BY NOORUL ISLAM TRUST

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04862-229193 9447033439

Fax : 04862 - 229586

Date

01-07-2021

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

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

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You are required to conduct classes, carry out administrative work where necessary, collaborate with other departments and participate in Dental Camps periodically.

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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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DENTAL COLLEGE



Chairman,

94597 224366 94892-779193 9447939422 94462 779598

Sanday.

APPOINTMENT ORDER

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

Date: 54-55-2022

王拉

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

Dear St.

Sub Appointment to the Post of Senior Lecturer 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 Senior. Lecturer in the Department of Periodontics in Al-Azhar Dental College, with effect from 04-05-2022, on the following berns 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 to 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 (APPROVED BY DENTAL COUNCIL OF INDIA & AFFILIATED TO KERALA UNIVERSITY OF HEALTH SCIENCE)

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

Office : 04862 - 224366 Chairman

04862-229193 9447033439

: 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.

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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Office : 04862 - 224366 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.

- 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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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.
- 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.
- 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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(APPROVED BY DENTAL COUNCIL OF INDIA & AFFILIATED TO M. G. UNIVERSITY) RUN BY NOORUL ISLAM TRUST

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Off - 04862-224366 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 Denta 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.
- 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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Office : 04862 - 224366 Chairman : 04862-229193 : 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.

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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04862 - 224366

Chairman

04862-229193 9447033439

Fax

04862 - 229586

Date		
DOLL		

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.

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



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Perumpillichira P. O., Thodupuzha, Idukki Dt., Kerala - 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.
- 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. Meosa (Chairman)

(Please affix your signature as a token of acceptance)

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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:

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Managing Director
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DENTAL COLLEGE

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Date				
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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.

- 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.

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.

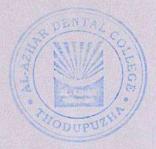
With good wishes Yours faithfully

Mr. K.M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

Copies to

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Park Da Vancou Thom

Office : 04862 - 224366 Chairman : 04862-229193

9447033439

Fax : 04862 - 229586

Date

APPOINTMENT ORDER

Ref. No.: AADC/IX/50 /17 01-06-2017

To,

Dr. Abdulsaheer 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)

Copies to:

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Office 04862 - 224366 04862-229193 Chairman

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Fax

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 Helath 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 eliqible 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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APPOINTMENT ORDER

Date: 11-08-2008

- 04862-224366

9447033439 - 04862-229586

Chairman - 04862-229193

Off

Fax

To,

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

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

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

K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

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Office : 04862 - 224366 04862-229193 Chairman

> 9447033439 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.

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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Office file Personal file Accounts Section

AL-AZHAR DENTAL COLLEGE (APPROVED BY DENTAL COUNCIL OF INDIA

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: 04862-229193 : 9447033439

Fav

: 04862 - 229586

Date

APPOINTMENT ORDER

Ref. No.: AADC/IX/ 36/21 04-01-2021

To,

L-AZHAR

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

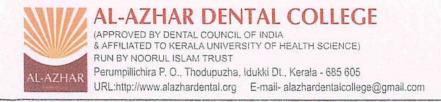
Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

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Office : 04862 - 224366 Chairman 04862-229193

Date

9447033439 : 04862 - 229586

APPOINTMENT ORDER

Ref. No.: AADC/IX/ 42/21 04-03-2021

To,

Dr. Mahasoof P, Pulikkalakath 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:

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Managing Director Administrative Officer

Office file

Personal file

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ENTAL

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

Thodupuzha - 685 605



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Fax

: 04862 - 224366 : 04862-229193

0447033439

9447033439

: 04862 - 229586

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

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.
- 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.
- 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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Office : 04862 - 224366 Chairman : 04862-229193

9447033439

Fax : 04862 - 229586

Data	
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.

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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& AFFILIATED TO KERALA UNIVERSITY OF HEALTH SCIENCE)

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: 04862 - 224366 Chairman 04862-229193

9447033439

Fax : 04862 - 229586

Date .. 20-10-2014

APPOINTMENT ORDER

To,

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

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

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:

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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.
- 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.
- 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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DENTAL COLLEGE



APPROVED BY DENTAL COUNTS OF MENA A ASYR LATED TO HERALA LINDSPASSIVE OF HEALTH SIDE NO. 6.1

Personpitichea P.O. Thodupurha, Iduski Dt., Kersta - 685 605 URL http://www.assurhardental.org E-mail-alsurhardentalcolleges/figmail.com

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11-07-2016

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

APPOINTMENT ORDER

To. Dr. Anjana Mohan Kumar 104 EV Homes Arad 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.

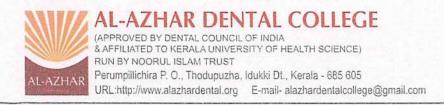
With good wishes Yours faithfully

Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

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Fax

9447033439 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 Centenacy 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

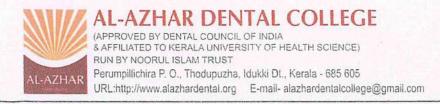
Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

Copies to:

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Office : 04862 - 224366 Chairman : 04862-229193

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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
- 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

A DENTAL COLLEGE

Office : 04862 - 224366 Chairman : 04862 - 229193

9447033439

Fax : 04862 - 229586

Date

APPOINTMENT ORDER

Ref. No.: AADC/IX/35 /21 01-01-2021

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

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.
- 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

DENTAL COLLEGE



Office : 04862 - 224366 Chairman : 04862-229193

9447033439

Fax : 04862 - 229586

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
- 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

DENTAL CONTRACTOR

Office : 04862 - 224366 Chairman : 04862-229193

9447033439

Fax : 04862 - 229586

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)

Copies to:

Principal
Managing Director
Administrative Officer
Office file
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Accounts Section

DENTAL COLLEGE

RUN BY NOORUL ISLAM TRUST

Perumpillichira P. O., Thodupuzha, Idukki Dt., Kerala - 685 605

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Office Chairman : 04862 - 224366 : 04862-229193

9447033439

Fax

: 04862 - 229586

Dala	
Date	

APPOINTMENT ORDER

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

08-02-2021

To.

L-AZHAR

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.
- 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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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 04862 - 229586

16-02-2022

APPOINTMENT ORDER

To.

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

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

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

ODUPU





(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-mai

E-mail: alazhardentalcollege@gmail.com

APPOINTMENT ORDER

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

26-09-2007

- 04862-224366

9447033439 04862-229586

Chairman - 04862-229193

Off

Fax

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 Orthopeadics**, 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 Orthopeadics**, 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 faithfally

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

A DENTAL COLLEGE

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(APPROVED BY DENTAL COUNCIL OF INDIA & AFFILIATED TO KERALA UNIVERSITY OF HEALTH SCIENCE)

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Perumpillichira P. O., Thodupuzha, Idukki Dt., Kerala - 685 605
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Office Chairman 04862 - 224366 04862-229193

9447033439

Fax

04862 - 229586

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.

- 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 practas 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

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Off - 04862-224366 Chairman - 04862-229193

- 9447033439

Fax - 04862-229586

(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

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 faithfally

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

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

04862 - 224366 04862-229193

9447033439

Fax

04862 - 229586

Date

APPOINTMENT ORDER

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

Date: 31-12-2021

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.

Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India.

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.

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

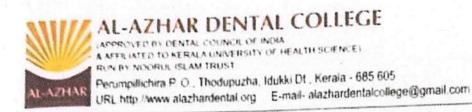
Office file

Personal file

Accounts Section

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Office 048 Chairman 04

04862 - 224366 04862-229193 9447033439

Fax

04862 - 229586

Date

APPOINTMENT ORDER

Date: 01-03-2021

To.

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

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

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 faubfully

Mr & M. Moose (Chairman)

(Please alfreyour signature as a token of acceptance)

Copies to

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



#

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

: 04862 - 229586 Fax

Date

APPOINTMENT ORDER

Date: 01-03-2021 Ref. No.: AADC/IX/30/21

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.
- 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



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/67/18 Date: 19-07-2018

To,

Dr. A.A. Mohammed Ameen, Arakkal House,Thrikkalloor P.O., Kottoppadam, 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.

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





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)

Copies to:

Principal
Managing Director
Administrative Officer
Office file
Personal file
Accounts Section





Office : 04862 - 224366 Chairman : 04862-229193

9447033439

Fax : 04862 - 229586

FEE: 60.	
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
Office file
Personal file
Accounts Section





Off - 04862-224366 Chairman - 04862-229193

- 9447033439

Fax - 04862-229586

(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

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 faithfally

Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

Coptes to:

Principal
Managing Director
Administrative Officer

Office file Personal file Accounts Section DENTAL COLLEGE



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

RUN BY NOORUL ISLAM TRUST

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

APPOINTMENT ORDER

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

Date: 15/06/2009

- 04862 - 224366

9447033439

04862 - 229586

Chairman - 04862 - 229193

(Off)

Fax

To,

Dr. Nishin K. John Kalarickal House Near K.S.Ř.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.
- 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.A. 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

1 5 JUN 2009



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

RUN BY NOORUL ISLAM TRUST

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

APPOINTMENT ORDER

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

Date:01-08-2013

- 04862 - 224366

9447033439 - 04862 - 229586

Chairman - 04862 - 229193

(Off)

Fax

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

MER Modea (Chairman)

K. M. MOOSA Chalrman

(Please affix your signature as a token of acceptance)

Copies to:

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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

irman : 04862-229193 : 9447033439

ax : 04862 - 229586

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.

- 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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(APPROVED BY DENTAL COUNCIL OF INDIA & AFFILIATED TO KERALA UNIVERSITY OF HEALTH SCIENCE) RUN BY NOORUL ISLAM TRUST

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Office

: 04862 - 224366

Chairman

04862-229193

9447033439

Fax

: 04862 - 229586

16-09-2015

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

APPOINTMENT ORDER

To.

Dr. Binila S Babu 747(4/), 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 from16-09-2015, on the following terms and conditions.

- 1. You will be paid salary and allowances as per UGC scale.
- 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.
- 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 withfully

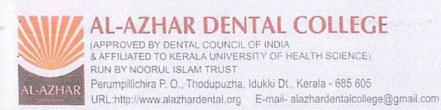
(Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

Copies to:

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Managing Director
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Accounts Section





Office 04862 - 224366 04862-229193 Chairman

9447033439

04862 - 229586 Fax

Date

APPOINTMENT ORDER

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

Date: 01-01-2016

To.

Dr. Nisha C Chettikuzhivil 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

You are bound to work on full time basis and discharge the duties at the Dental College.

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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Fax

9447033439 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.
- 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

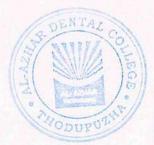
Yours faithfully

Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

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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:

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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

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

To,

Dr. Beulah Mary Bejoy Malayil Vadakkethil, Cheriyanad, 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.

- Your appointment is based on the approval of Kerala University of Health Sciences, Thrissur and Dental Council of India
- 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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Office 04862 - 224366 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)

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04862 - 224366

Chairman 04862-229193

9447033439

04862 - 229586 Fax

Date ..

APPOINTMENT ORDER

02-12-2019 Ref. No.: AADC/IX/17/19

To.

L-AZHAR

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.

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
- 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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ene.

Chairman : 04862-229193 : 9447033439

Fax

Office

: 04862 - 229586

: 04862 - 224366

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:

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

& AFFILIATED TO KERALA UNIVERSITY OF HEALTH SCIENCE) Perumpiliichira P. O., Thodupuzha, Idukki Dt., Kerala - 685 605

Office Chairman

Fax

04862 - 224366

04862-229193

9447033439 04862 - 229586

18-0592622

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.

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.

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 wishe Yours faithfully

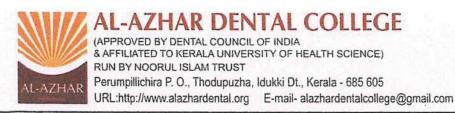
Mr. K. M. Moosa (Chairman)

(Please affix your signature as a token of acceptance)

Copies to:

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Office

Fax

: 04862 - 224366 : 04862-229193

Chairman : 04862-22

9447033439

: 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)

Copies to:

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Managing Director
Administrative Officer
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Personal file
Accounts Section



Prof. Dr. Harvey Thoma

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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Office : 04862 - 224366 Chairman : 04862-229193

9447033439

Fax : 04862 - 229586

Date 26/11/2041

IOINING REPORT

Name	DR. LITTO MANUAL
Designation	READER
Department	· PROSTHODONTICS
Listitu.ion	. AL- AZHAR DENTAL COLLEGE
Date Of Joining	:

Signature

Date : 26 11 2011

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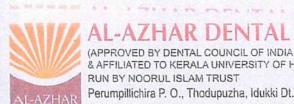
I hereby acknowledge that Mr./Ms. Dy Litto Manual Joined duty as conthis the 26th day of November 2011.

Authorized Signature.

Date: 26-11-11

DENTAL COLLEGES.

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& AFFILIATED TO KERALA UNIVERSITY OF HEALTH SCIENCE)

Perumpillichira P. O., Thodupuzha, Idukki Dt., Kerala - 685 605

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Office Chairman 04862 - 224366

04862-229193 9447033439

Fax

: 04862 - 229586

	01	07	12	01	
Date	U	0 1	×	VI	d

JOINING REPORT

Name	DE VINNI MARY DOMMEN
Designation	SENIOR LEGURER
Department	PROSTHODONICS
Institution	AL AZMAR DENTAL COLLEGE
Date Of Joining	: 01 07 20 11 Time : P.:00 AM/PM
6.1	
Signature	

Date : 01/01/2011

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Sp. leadurer on this the day of June 2011.

Authorized Signature.

Date: 1-7-11





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Office

04862 - 224366

Chairman

04862-229193 9447033439

Fax

: 04862 - 229586

Date 25/8/14

IOINING REPORT

Name

Der Joyca Thomas Senion Lectures

Designation

Department

: Department of perostrudontis

Institution

: Al Arhan dental Collège

Date Of Joining

:....25 8 14. Time: 8 AM/PM

Date : 25/8/14

FOR OFFICE USE ONLY

I hereby acknowledge that Mr./Ms. ... Dr.: Joyce. ... Joined duty as Senior Lechuer on this the 25th day of August 2074.

Authorized Signature.

Date: 25/8/14





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Office : 04862 - 224366 04862-229193 Chairman

9447033439

: 04862 - 229586 Fax

JOINING REPORT

Name	DR-RAHUL J
Designation	READER
Department	PROSTHADONITICS
Institution	: AL-AZHAR DENTAL COLLEGE
Date Of Joining	:. 04/01/2022 Time: 8.00 AM/PM-
Signature	
Date : 4/1/20	22

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I hereby acknowledge that Mr./Ms.	Dr. Rabial J. Joined	duty as
Reader on this the	day of January 2	20 22

Authorized Signature.

Date: 4-



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Office

: 04862 - 224366

Chairman

04862-229193 9447033439

Fax

04862 - 229586

Date 11/8/20

JOINING REPORT

Name	Da Manual Jumes
Designation	Lecturer
Department	· Department of prostrodontris · Al Azhae dental Wilege
Institution	: Al Azhae dental Collège
Date Of Joining	: 11/2/2020 Time: 8 AM/PM

Signature Meaning

Date: 11/2/2020

FOR OFFICE USE ONLY

I hereby acknowledge that Mr./Ns. Dr. Manuel James. Joined duty as Leutures on this the . U. day of leasurely 2020

Authorized Signature.

Date: 11/2/20

ODUPUDA P. P

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

Thodupuzha - 685 605



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Perumpillichira P. O., Thodupuzha, Idukki Dt., Kerala - 685 605

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Office : 04862 - 224366 Chairman : 04862-229193

9447033439

Fax : 04862 - 229586

Date 1-3-2019

IOINING REPORT

Name	: DR: VISHNU THOMAS
Designation	SENIOR LEGIURER
Department	· PROSTHODONTIGS
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. Dx. Vishou Thomas. Joined duty as Senior lecturer on this the 15th day of March 2019

Authorized Signature.

Date: 1-3-19



Prof. Dr. Harvey Thoma



(APPROVED BY DENTAL COUNCIL OF INDIA & AFFILIATED TO KERALA UNIVERSITY OF HEALTH SCIENCE) RUN BY NOORUL ISLAM TRUST

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Office : 04862 - 224366 Chairman : 04862 - 229193

9447033439

Fax : 04862 - 229586

Date 01-07- 2021

JOINING REPORT

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

FOR OFFICE USE ONLY

I hereby acknowledge that Mr./Ms. Azay Someon. Joined duty as Se Lecturer on this the day of Zyly 2021

Authorized Signature.

Date: 1-

OENTAL COUPULHA



AL-AZHAR DENTAL COLLEGE (APPROVED BY DENTAL COUNCIL OF INDIA

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Perumpillichira P. O., Thodupuzha, Idukki Dt., Kerala - 685 605

Office

04862 - 224366

Chairman

04862-229193 9447033439

Fax

04862 - 229586

Date 25 4122

IOINING REPORT

Name	DR JUNN HENRY					
Designation	LECTURER					
Department	: Prosinoponincs					
Institution	: AL -AZHOR DENTAL COLLEGE					
Date Of Joining	25-04-2022 Time: P:00 AM/PM					
Signature Junu						

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

Authorized Signature.

Date : 25 - 04 - 2022

Date :25 04 2022

THO DUPULLIA

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

Thodupuzha - 685 605



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Office : 04862 - 224366 Chairman : 04862 - 229193

: 9447033439

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Date 01-02-202

IOINING REPORT

Name	De Journ CHERIAN M
Designation	: SEMIAR LECTURER
Department	PROSTHODONITICS
Institution	AL-AZMAR DENTAL COLLEGE
Date Of Joining	:0/-02-2022Time:8:0.0AM/PM-
Signature de	July 1
Date : 01-0	2-2022

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I hereby acknowledge that Mr./Ms. Joined duty as SR leatures on this the day of 20 22

Authorized Signature.

Date: 1-2-22

DENTAL COLLEGE

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

Thodupuzha - 685 605



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Date 0/07/2021

JOINING REPORT

Name	Dr. Elsa Maria Sebarbian
Designation	· Tupe
Department	Prosthodonhis
Institution	Al-Azhar dontal College.
Date Of Joining	01/07/2021 Time: 8 AM/PM
2000	
Signature	
Signature Date: 01/07/5	202)

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I hereby acknowledge	that Mr./Ms.	Elsa.V	maria S	selastian	.Joined	duty	as
Tutor	.on this the	ISE	day of	July		20 21	

Authorized Signature.

Date: 1-7-21

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Date Da Managa Thomas



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9447033439

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JOINING REPORT

Name	Dr. Ajarmon K.A
Designation	. Tular.
Department	· Prosthodonhics
Institution	Al-Azhan dental College.
Date Of Joining	: 07/04/2021 Time: 8:00 AM/PM
Signature Dia	
Date : 07/04	/2021

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I hereby acknowledge	that Mr./Ms.	Ajas	s Mon.	k A	Joined	duty	as
Tutor	on this the	Tho	day of	April		20 21	

Authorized Signature.

Date: 7-4-21

Date:



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Date 15/05/2014

JOINING REPORT

Name	Dr. Thoyseegmon K.S
Designation	· Tube
Department	Prósthodon hics
Institution	Al-Azhar dental College
Date Of Joining	: 15/05/2014 Time: 9:0.0 AM/PM
10	mul.
Signature	I'me '
Date : 15/5/20	19

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I hereby acknowledge that Mr./Ms. That seq mon Is I ... Joined duty as

Total on this the ... 15th day of ... May ... 20 14

Authorized Signature.

Date: 15-5-14



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IOINING REPORT

Name	Dr. Mahin Konthalam
Designation	· Tutor
Department	Prosthodonheu
Institution	Al-Azhar dental College
Date Of Joining	: 1/08/2018 Time: \$ 20 AM/PM

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I hereby acknowledge that Mr./Ms. Mahin kasthalam Joined duty as Tugor on this the ! day of August 2018

from thems Authorized/Signature.

Date: 1-8-18



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: 04862 - 229586

Date /3/6/11

IOINING REPORT

Name : Der Muhammed Afran

Designation : Reader

Department : alepartment of Oral pathology

Institution : Af Azhen dental College:

Dere Of spining : 13[6] II Time : 8 AM/PM

Signatural

Date : 13 6 1

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Authorized Signature.

Date: 13/6/11



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Perumpinichina P. O., Thodupuzna, Idukki Dt., Keraia - 685 605

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Date 12 04 2016

JOINING REPORT

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

Signature (

Date : 12 - 04 - 2016

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I hereby acknowledge that Mr./Ms. Da. Joe Manuel Joined duty as Sa. Lectures on this the 12th day of April 2016.

Authorized Signature.

Date : 12 04 2016

A DENTAL COLLEGE

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Date 15/3721

JOINING REPORT

Name Dr. Flizabeth Sojan

Designation Senton Lecturer

Department Onal perthology

Institution At Azhar Pental College

Late Of Joining 15/03/21 Time: 8: AM/PM

Signature Elephan

Date : 15 03 2

FOR OFFICE USE ONLY

I hereby acknowledge that Mr./Ms. Dr. 143 abeth. Sofan. Joined duty as Sensor lectures on this the 15 day of March 202/

Authorized Signature.

Date: 15/42

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9447033439 Fax : 04862 - 229586

Date 65/9/2021

IOINING REPORT

Name	Ds: Hima Raj	
Designation	Lecture	
Department	: Oral Pathology	
Institution	: Al Azhar dontal College : 5/4/2021 Time: 8:00	
Date Of Joining	:5/4/2021 Time: 8:00	/M/PM
00.		
Signature Himl		
Date : 5/4/	2021	

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Authorized Signature.

Date: 5-4-21





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9447033439

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Date 08/0/2021

JOINING REPORT

Name	: Dr. Ragendu-M
Designation	Tutor
Department	: Drail Pathology
Institution	: Al- Azhar dontal College
Date Of Joining	: 68/61/2021 Time 8:00 AM/PM
Signature Regerels Date: 08/01/	
Date : 08/01/	2021

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I hereby acknowledge that Mr./Ms.	Ragardy M Jo	oined duty a	15
	gh day of January	20 21	

Authorized Signature.

Date: 8-1-21

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Date 1/8/2018

JOINING REPORT

Name	Do Ances D.A
Designation	Tylor
Department -	Dral Pathology Al-Azhar dental College
Institution	· Al-Azhar dental College
Date Of Joining	. 1/8/2018 Time: 800 AM/PM
Signature And	

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I hereby acknowledge that Mr./Ms. Areas PA Joined duty as

Total on this the day of Angust 2018

Authorized Signature.

Date: 1-8-18

Date : 1/3/2018





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Date 08/6/2/

JOINING REPORT

Name	Dr. Shibin Nazas
Designation	: Tutol
Department	: Oxal Pathology. Al-Azhar dental College
Institution	Al-Azhar dentale College
Date Of Joining	: 08/06/202/ Time:

Signature Date : 08/6/21

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I hereby acknowledge	that Mr./Ms.	shibin	, NAZE	Υ	Joined of	duty a	S
Tutor	on this the	d	lay of	Junz.	2	021	

Authorized Signature.

Date: 8-6-21

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Date 0/03/202/

JOINING REPORT

Name	Do Fathing Abdul Salam.	
Designation	: Tutoe	
Department	: Dral Pathology : Al-Azhai dontal lo llege : 1/03/2021 Time: 8:00	
Institution	Al-Azhai dontal lo llege	
Date Of Joining	: 1/03/2021 Time: 8.00	AM/PM
Signature Date: 1/03/		
Date : 1/03/	2021	

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I hereby acknowledge that Mr./Ms. Fathing Abdul Salam Joined duty as

Total on this the lite day of Mando 20 21

Authorized Signature.

Date: 1-3-21

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: 04862-229193 Chairman

9447033439 : 04862 - 229586

Date 2/5/2008

JOINING REPORT

Name	Dr. Augustine Daniel
Designation	· Professor & HOD
Department	Oral & Maxillofolial Surgery
lnstitution	Al-Azhar dontal lollege,
Date Of Joining	: 2/5/2008 Time: 8:00 AM/PM

Signature Alarona Date: 2/5/2008

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

Authorized Signature.

Date: 2-5 - 2008

ODUPU



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Chairman : 04862-229193

: 9447033439 Fax : 04862 - 229586

Date 13/10/2021

IOINING REPORT

	De Abovery Whomas
Name	
Designation	· Apixi (a)
Department	Department of Oral & Khazille facial Surge. AI-Ashar Destal College.
Institution	Al-Azhar Dental College
Date Of Joining	13th Oct, 2021 Time: 9:0 AM/PM

Signature \

Date: 13.10.23

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I hereby acknowledge that Mr./Ms. Dr. Harvey Thomas. Joined duty as Principal on this the 1.3 day of October 2021.

Authorized Signature.

Date: 13/10/2021.

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Chairman : .04862-229193 : 9447033439

Fax : 04862 - 229586

Date 25 06 2011

JOINING REPORT

Name	DR . HISHAM . M. IBRAHIM
Designation	PROFESSOR
Department	ORAL AND MANLLO FALLAL PURGERY
Institution	: AL-AZHAR DENJAL LOWESE
Date Of Joining	. 35 10 6) 3011 Time: 8:00 AM/PM

Signature

Date : 25/03/ 2011

FOR OFFICE USE ONLY

I hereby acknowledge that Mr./Ms. Dr. Hisham M. Ibrahim. Joined duty as

Possess on this the 25 day of ... Type 20 11.

Authorized Signature.

Date: 25-3-11

THO DUPUTATO



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9447033439

: 04862 - 229586 Fax

Date 01/09/2016

IOINING REPORT

Name	· DaBASIL· M. JACOB.
Designation	ST LECTURER
Department	· OMFS
	. AL-AZHAR DENTAL COLLEGE
Date Of Joining	:. 01/09/2016 Time: 8:00 AM/PM
<u>.</u>	. 0

FOR OFFICE USE ONLY

I hereby acknowledge that Mr./Ms. BASIL: M. JAGO. B. Joined duty as ST DECTURE R. on this the .. O.1 day of ... SEPTEMBE 120 16.

Authorized Signature.

Date:

ODUPU



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9447033439

04862 - 229586 Fax

Date 22 05 2022

JOINING REPORT

Name	DR. SUNIL R
Designation	: SR: LECTURER
Department	DRAL AND MAXILLOFOCIAL SURGERY
Institution	: AL- AZHAR DENMAL COLLEGE
Date Of Joining	:
Signature	
Signature (
Date : 2 051	22

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I hereby	acknowledge	that	Mr./Ms.	D.A.	Sunil	R	Joined	duty as
		on th	is the	227	day of .	Man		20 2 2

Authorized Signature

Date: 22-3

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

Thodupuzha - 685 605



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04862-229193 Chairman

9447033439 04862 - 229586 Fax

Date 2/9120/9

IOINING REPORT

. De Harlo ZulHana H.H Name Lectures Designation Dral & Maxillo Jou al Surgery, Department : Al Azlas dental College.
: 2/9/2019 Time: 8 AM/PM Institution Date Of Joining

Signature $\sqrt{\frac{1}{2019}}$.

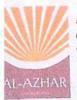
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I hereby acknowledge that Mr./Ms. Hasti Zulthama. H.H. Joined duty as Lecture on this the 2nd day of September 2019

Authorized Signature

Date: 2-9-19

ODUPU



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Date 22-10-21

IOINING REPORT

Name	Dr ABHILASH MATHEWS THOMAS
Designation	SENIAR: LECTURER
Department	Dept of DMFS
Institution	: AL-AZHAR DENTAL LOVEGE
Date Of Joining	

Date : 22 - 10-21

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I hereby acknowledge that Mr./Ms. Abbitash Mathew Thomas Joined duty as SR Lecturer on this the 22th day of December 2021

Authorized Signature.

Date: 22-10-21

of Dr. Manay The



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: 04862 - 224366 Office 04862-229193 Chairman 9447033439

: 04862 - 229586 Fax

IOINING REPORT

Name	Dr. Priya S.
Designation	Lectures
Department	Oral & Maxilloboer al Surgery.
Institution	Al-Azhan dental college. : 03/03/2020 Time: 8'00 AM/PM
Date Of Joining	: 03/03/2020 Time : 8 '00 AM/PM

Signature Piyer

Date: 03/03/2020

FOR OFFICE USE ONLY

I hereby acknowledg	e that Mr./Ms.	Dr.	Priyas.	Joii	ned duty as
Lectures	on this the	300	day of	March	20 20

Authorized Signature.

Date: 3-3-20

ODUPUL

Prof. Dr. Harvey Thomas MDS Principal

Al-Azhar Dental College Thodupuzha-685 605



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9447033439

Fax : 04862 - 229586

Date 02/08/2021

JOINING REPORT

Name	Dr. Abin Ann Abraham.
Designation	Lectures.
Department	· Oral & Maxillo fairal Surgery
Institution	: Al Azhar dental College
Date Of Joining	: Al: Azhar dental College : 02/08/202) Time: 8:00 AM/PM
One	
Signature	
Date : 02/08	12021.

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I hereby acknowledge that Mr./Ms. Abis Ann Abraham Joined duty as

Lectures on this the 2nd day of August 2021

Authorized Signature.

Date: 2-8-21

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

Thodupuzha-685 605



Office : 04862 - 224366

Chairman : 04862-229193

: 9447033439 v : 04862 - 229586

Fax : 04862 - 229586

Date 114116

JOINING REPORT

Name	· Der Paijas KM	
Designation	Luton	
Department	· Department of Overlas Maxillofacial of At Azhan dental Callege	Purgery.
Institution	: At Azhar dental Callege	
Date Of Joining	:	:.AM/PM
Signature		
Date : 11 4 10	6	

FOR OFFICE USE ONLY

I hereby acknowledge	that Mr./Ms .	Dr.:.	Paíjas	KM	Joined duty	as
Tubor	on this the	. JI.h	day of	Ap ni	20 16	

Authorized Signature.

Date: 11/4/16



Prof. Dr. Harvey Thom



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9447033439

Fax 04862 - 229586

Date 6-4-16

JOINING REPORT

Designation : JUNIOR LECTURER. Department : ORAL AND MAXILLOFACIAL SURGERY.	Name	DR AMPL É A
Department : ORAL AND MAXILLOFACIAL SURGERY.	Designation	JUNUOR LECTURER
	Department	: ORAL AND MAXILLDFACIAL SURGERY
Institution :AL. AZHAR. DENTAL COLLEGE.	Institution	: AL AZHAR DENTAL COLLEGE
Date Of Joining	Date Of Joining	\
Signature	Signatura	
Date: 4/4/201/		

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I hereby acknowledge that Mr./Ms. Dr. AMALEAJoined duty as IR Lecturer on this the 6th day of April 2016

Authorized Signature.

Date: 6-4-16





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Fax : 04862 - 229586

Date 21/02/2022

IOINING REPORT

Name	Dr. Machin Emmanual.
Designation	Tutoe
Department	Oral & Maxillopacial Surgery.
Institution	Al-Azhar dental College.
Date Of Joining	Al-Azhar denta/ College. 21/02/2022 Time: 8 AM/PM
41	atin_
Signature MI	
Date: 20/02/	2022

FOR OFFICE USE ONLY

I hereby acknowledge that Mr./Ms.	Dr Martin Emmanuel Joined duty as
on this the	215t day of February 2022

Authorized Signature.

Date: 21-2-22



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Office 04862 - 224366

Chairman 04862-229193

9447033439 : 04862 - 229586 Fax

8/2022

JOINING REPORT

Name	Dr. Shebink
Designation	: Tutor
Department	Oral & Maxillobacial Surgery
Institution	Al-Azlan dontal College.
Date Of Joining	: 1/08/2022 Time: 8' AM/PM

Signature 3e62.

Date: 1/8/2022

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

Authorized Signature.

Date: 1-8-22



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Office Chairman 04862 - 224366

04862-229193 9447033439

Fax

04862 - 229586

Date 313120

JOINING REPORT

Name	Da Mecaa V Shaji
Designation	Luton
Department	: Department of Oral & Maxillofacial Bugery
Institution	· Department of Oral & Maxillofacial Buggery Al Azhar dental College
Date Of Joining	: 3 3 2020 Time: 8 AM/PM
Signature Meer	a NA hop
Signature /VIII	

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I hereby acknowledge that Mr./Ms. ...Dr.: Meua. Shaji..... Joined duty as

Authorized Signature.

Date: 3 3 2020

Date: 3/3/20.



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04862-229193 9447033439

Fax

04862 - 229586

Date 11912008

IOINING REPORT

Name	PROF : DR . SAJIL JOHN
Designation	PROFESSOR 4 HOD
Department	: PERIODONIICS
Institution	: AL-AZHAR DENTAL COLLEGE
(k)	:109-2008Time:8:00AM/PM
Signature	

Date: 1-09-2008

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I hereby acknowledge that Mr./Ms. Da. Sajel John Joined duty as Paulesson & Hop on this the 1st day of September 2008.

Authorized Signature.

Date : 01 09 200 8





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9447033439

: 04862 - 229586 Fax

JOINING REPORT

Name	Dr. Shiny Joseph
Designation	Professor
Department	· Perodonhess
Institution	: Al-Azhou dental College.
Date Of Joining	: h/1/20.10. Time: 8.00. AM/PM

Signature Things

Date: 4/1/2010

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I hereby acknowledge that Mr./Ms. Described Joined duty as Professor on this the 4th day of January 20 10

Authorized Signature.

Date: 4-1-10





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Chairman

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Fax

04862 - 229586

Date 28/5/23

JOINING REPORT

Name	. Der Mazood Ahamad
Designation	Readen
Department	Department of periodontics Al Azhar dental College
Institution	: Al Azhar dental College
Date Of Joining	28 3 23 Time: 8 M/PM

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I hereby acknowledge that Mr./Ms. Da: Mazord ... Marad ... Joined duty as

Authorized Signature.

Date: 28/3/23



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: 9447033439 : 04862 - 229586

Date 01-07-2021

JOINING REPORT

Name	Dr. Ann Mathew	
Designation	Senior Lecturar	
Department	· Peuodomblogy.	
Institution	Al-Azhar dental College	
Date Of Joining	: 01-07-2021 Time: \$ 00	AM/PM_
Signature		
Date : 01-0	7-2021	

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Date:



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: 9447033439 Fax : 04862 - 229586

Date 1-7-21

IOINING REPORT

Name	Dr. Sunga Suprabhan
Designation	Senia Lectura.
Department	· Pewadontology
Institution	Al-Azhar dental lo llege.
Date Of Joining	:1/7/21 Time: 8:00 AM/FM

Signature

Date : 1/7/2/

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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 PERIODONILLS
Institution	: ALASHAR DENITAL COLLEGE
Date Of Joining Signature	: 4:05:2.D22 Time: 9:00 AM/PM
Date : 1.:05	2022

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I	hereby	acknowledge	that	Mr./Ms.	DRIF	trehema	V	.Joined	duty	as
	SR L	ectorer	on th	nis the	4th	day of	.May.		20 22	

Authorized Signature,

Date: 4-8-22

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JOINING REPORT

Name	Da-Kinu P. Mathour
Designation	Lechieer
Department	Peerodonkea
Institution	Al Azhar dental College
Date Of Joining	: /2/11/2017 Time: 8:00 A'1/PM

Signature \int_{12}^{11} Date : 12/11/2017.

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I hereby acknowledge that Mr./Ms. Minn P Matheirs. Joined duty as Lectures on this the 12th day of November 20 17

Authorized Signature.

Date: 12-11-17

NTAL



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JOINING REPORT

Name	De Annu Varghese
Designation	Lectures
Department	· Percoolon heas
Institution	. Al-Azhar dental College
Date Of Joining	: 09/03/2019 Time: 8:00 AM/PM

FOR OFFICE USE ONLY

I hereby acknowledge that Mr./Ms. Ammy VasgbeseJoined duty as Lecturer on this the 9th day of March 2019

Authorized Signature.

Date: 9-3-19

ODUPU



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JOINING REPORT

Name	Dr. Cini P Moideen:
Designation	· Lectuur
Department	· Pewoolonhius
Institution	Al-Azhar dental College
Date Of Joining	: 11/01/2019 Time: 8:00 AM/PM

Signature . 11/01/2018

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I hereby acknowledge that Mr./Ms. Civi P. Moldeen....Joined duty as lectures on this the is day of January 20 18

Authorized Signature.

Date: .11-1-18





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Date 295/2013

JOINING REPORT

Name	DR. RENU ANN MOTHEN
Designation	SR-LECTURER
Department	. PEDIATRIC DENTISTRY
Institution	
Date Of Joining	: 20/5/20/3 Time: 8.00 AM/PM

Signature

Date: 20/5/2013

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I hereby acknowledge that Mr./Ms. Resu Ann Mathew. Joined duty as SR. lecturer on this the 2013.

Authorized Signature.

Date: 20-5-13



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9447033439

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JOINING REPORT

Name	· Dr. Tinu George
Designation	Reader:
Department	· Pedodonhers
Institution	: Al-Azhar dental College:
Date Of Joining	: !!/a/ 2017 Time: \$:00 AM/PM

Signature Date : 11/01/2017

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I hereby acknowledge that Mr./Ms. Time GeorgeJoined duty as Reades on this the 11th day of January 2017

Authorized Signature.

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 COMEBLE
Date Of Joining	. 3/a/2020. Time: \$:00. AM/PM
0	
Signature &	
Date: $3/2/2$	020

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I hereby acknowledge that Mr./Ms. Shares Vincent. Joined duty as Sr lecturer on this the 3rd day of Feb. 2020

Authorized Signature.

Date: 3-2-20

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Date 3/1/22

JOINING REPORT

Name	Dr. Stacey Thomas
Designation	Sa Lectures
Department	: Pediature dentistry
Institution	: Al-Az-lan dembal College:
Date Of Joining	:3/1/2.2Time:8.00AM/PM
V	2
Signature #	
Date : 3/1/22	

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I hereby acknowledge that Mr./Ms. States Thomas Joined duty as sylectures on this the 3rd day of Jan. 2022

Authorized Signature.

Date: 3-1-22

Prof. Dr. Harvay Ti



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JOINING REPORT

Name	Dx. Renas P.M
Designation	Tube
Department	Pedodombos
Institution	Al-Azhau dental bollege.
Date Of Joining	: 2/5/14. Time: 8. AM/PM

Signature R_{1} .

Date: $\frac{2}{5}$ /19

FOR OFFICE USE ONLY

Tutor on this the 2nd day of May 2014

Authorized Signature.

Date: 2-5-14





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Date 2215/2015

JOINING REPORT

Name	· La Preelakshmi G
Designation	Juntas Leeturen
Department	· Department of pediatric & preventive Dentistra
Institution	: Al Azhas a Oental College:
Date Of Joining	

Signature &

Date : 22/5/2015

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Authorized Signature.

Date: 22/5/15



華



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JOINING REPORT

Name	· Dr. Abdul Saheer
Designation	Reader
Department	· Public kealth dontisting
Institution	· Al-Azhair dental tollege
Date Of Joining	: 1/06/2017 Time: \$ 00 AM/PM

Signature 1/6/2017

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I hereby acknowledge that Mr./Ms. Abdul SabarJoined duty as Reides on this the day of June 2017.

Authorized Signature.

Date: 1-6-17

ODUPU



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04862-229193 Chairman

9447033439

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IOINING REPORT

Name	Dr. Bharath Steklar Nayanas
Designation	: Si Le chies
Department	Dept of Public health dontistry.
Institution	Al-Azhar dontal College
Date Of Joining	: as/o/2022: Time: 8:00 AM/PM

Signature **Halas**Date: 05/01/2022

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I hereby acknowledge that Mr./Ms. Bhanath Sakhar nayaw Joined duty as S. Lacturer on this the 5th day of Jannary 20 22

Authorized Signature.

Date: 5-1



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& AFFILIATED TO KERALA UNIVERSITY OF HEALTH SCIENCE) RUN BY NOORUL ISLAM TRUST

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04862-229193 9447033439

Fax 04862 - 229586

Date 8/11/2008

JOINING REPORT

Name	Dr. Terry Mathew Marielle
Designation	: Tutol
Department	Public Health Denhistory
Institution	Al Azhar destal 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. Tensey Mathew Mariete Joined duty as Tutor on this the 8th day of November 2008

Authorized Signature

Date: 8-11-2008





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Chairman : 04862-229193

9447033439

Fax : 04862 - 229586

Date 01/03/2022

JOINING REPORT

Name	Dr. Ciju A Paulose
Designation	: Tubos:
Department	Public Health Dentistoy
Institution	Al-Azhar dental College
Date Of Joining	: 01/03/2022 Time: 8:00 AM/PM
000	

Signature \$ 1/03/2022

Date: 01/03/2022

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I hereby a	acknowledge that	t Mr./Ms	· Synthy	. <u>C.S</u> .Joi	ned duty as
Lecto	veeon	this thest	day of	Janouaey	20 21

Authorized Signature.

Date: 1-1-2

THODUPULAR COLLEGE

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Chairman

04862-229193 9447033439

Fax

: 04862 - 229586

JOINING REPORT

Name	Dr. Muhammed Fazil
Designation	· Tube
Department	· Public health denkistry
Institution	Al-Azhan dental College
Date Of Joining	: 1/04/2021 Time: 8:00 AM/PM

Signature Lengthburg.

Date: 01/4/2021

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I hereby acknowledge that Mr./Ms. Dr. Muhammed Fazil ... Joined duty as Tutor on this the day of April 2021

Authorized Signature.

Date: 1-4-21

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

Thodupuzha - 685 605



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Chairman

9447033439

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IOINING REPORT

Dr. Mah. soof P Name · Tutol Designation Public Lealth alenhistry Department : Al-Azhar dental College : 03/09/2021 Time: 8:00 AM/PM Institution Date Of Joining

Signature A July Date: 3/04/2021

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I hereby acknowledge that Mr./Ms. Mabsoof P.Joined duty as Textor on this the 3rd day of April 2021.

Authorized Signature.

Date: 3-4-21





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9447033439

Fax : 04862 - 229586

Date 16/1/2017

IOINING REPORT

Name	Dr. Kema J
Designation	· Profesion & HOD
Department	Doal Medicine & Radiology
Institution	· Al-Azhar dental College
Date Of Joining	: 16/1. /2017 Time: 8:00 AM/PM

Signature Deve Date: 16/1/2012

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I hereby acknowledge that Mr./Ms. Dr. Rema I Joined duty as Professory Hop. on this the 16th day of January. 2017

Authorized Signature.

Date: 16-1-17

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04862-229193 Chairman

9447033439 Fax 04862 - 229586

Date 1217/21

IOINING REPORT

Name	. Der Nametha I	
Designation	· Professor	
Department	: Al Azhar Dental College	mi & Radiology
Institution	: Al Azhar Dental College	ε
Date Of Joining	: 12 4 21 Time :	8АМ/РМ
Signature Nanv	viths.	
Date : 12 7	7 21	

FOR OFFICE USE ONLY

I hereby acknowledge	that Mr./Ms.	. Dr. Mamilton J.	Joined duty as
professor	on this the	. Ca. day of Auty	20 21.

Authorized Signature.

Date: 12/2/2

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Chairman : 04862-229193

: 9447033439

Fax : 04862 - 229586

Date 20/10/19

JOINING REPORT

Name	DR. JAYESH J. UNNITHAN
Designation	SENIUR LECTURER
Department	· ORAL MEDIUME & RADIOLOGIT
Insutution	: AL-AZHAR DENTAL LOLLEGE
Date Of Lining	. 20-10-14 Time: 9:00 AM/PM

Signature 4

Date : 20/10/14

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I hereby acknowledge that Mr./Ms. Dr. Janesh J. Uhnithan Joined duty as

SR Lecturer on this the 20th day of october 2014

Authorized Signature.

Date: 20-10-14



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Chairman :

04862-229193 9447033439

Fax

04862 - 229586

Date 1.6.1.5.1.0.2...

JOINING REPORT

	HEAT : 10 스트, 17 (2) 57 (2) Unit 19 5 : Charles 19 6 19 19 19 19 19 19 19 19 19 19 19 19 19
Name	Der Aparna M. Reader
Designation	Reader
Department	: Department of Oral Medicine & Radiology. : Al Arhan dental Collège : 16 5 2022 Time: & AM/PM:
Institution	. Al Azhar dental Collège
Date Of Joining	. 16 5 2022 Time: 9 AM/PM
Signature P	
Date : [4]	2022

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I hereby acknowledge that	Mr./MsDr.:	АргияМ	Joined duty as
Readeron th	is thelb	day ofMay.	20 & 2

Authorized Signature.

Date: (6/5/22.



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Office Chairman 04862 - 224366

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Date [1] 7 [16

JOINING REPORT

Name	DR. ANJANA MOHAN KUMOR
Designation	SR: LECTURER
Department	ORAL MEDICINE AND RADIOLOGY
Institution	: AL-AZHAR DENTAL (DLIEGE
Date Of Joining	:

Signature G

Date: 11-07-2016

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I hereby acknowledge that Mr./Ms. Dr. Anjana Mohan kuman Joined duty as Sr. Lectures on this the !!" day of July 2016.

Authorized Signature.

Date : 11 07 2016





Office : 04862 - 224366 Chairman 04862-229193

9447033439 : 04862 - 229586

Fax

JOINING REPORT

Name	Dr. Shanila Abdul Majeed.
Designation	poader
Department	Oral Medicine & Radiology
Institution	AI-Azhar dontal College.
Date Of Joining	: 2/10/2017 Time: 8:00 AM/PM
8h	
Signature 7	
Signature Shop Date:	20/7

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I hereby acknowledge that Mr./Ms. Dr. Shans Ja Abdul Majed Joined duty as Renda on this the 2nd day of October 2017

Authorized Signature.

Date: 2-10-17





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04862 - 224366 04862-229193 Chairman

9447033439

Fax 04862 - 229586

IOINING REPORT

Name	Dr. Faul P
Designation	Lecturer
Department	Oral Mediane & Radeology
Institution	: Al-Aztan dental College
Date Of Joining	:. 10/01/2020 Time: 8:00 AM/PM
	D.
Signature Signature	

Date : 10/01/2020

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I hereby acknowledge that Mr./Ms. Dr. Fasil P.Joined duty as Lectures on this the day of Tannay 2026

Authorized Signature.

Date: 10-1-20





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		1.	10	,
Date	 1/	/	1.2	1

JOINING REPORT

Name	Dr. Snuthy C.S
Designation	Lectures
Department	Oral Medicine & Rodiology
Institution	: Al-Azhan dontal College
Date Of Joining	: 1/1/21 Time: 800 AM/PM

Signature

Date: //

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I hereby acknowledge that Mr./Ms. A Paulose. Joined duty as

Tutor on this the day of March 20 2 2

Authorized Signature.

Date: 1-3-22

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Fax : 04862 - 229586

Date 91915

JOINING REPORT

Name	DR CYRIL PULIYAN VARGHESE
Designation	LECTURER
Department	. ORAL MEDICINE AND RADIOLDINY
Institution	AL- AZHAR DENTAL COLLEGE
Date Of Joining	
Signature	Difference of the second of th
Data . 9/29/	is

FOR OFFICE USE ONLY

I hereby acknowledge that Mr./Ms. Da. Cynell Puliyan Vargnese Joined duty as Lutium on this the 9th day of September 2015.

Authorized Signature.

Date: 09-09 - 2015,



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Fax

: 04862 - 229586

Date 10-01-2022

JOINING REPORT

Name	Ds: Athisa Benny
Designation	: Tutor / Is Lectures
Department	Dept of oral medicine & Radiology.
Institution	: Al-Azlar dental College.
Da' - Of Joining	· 10-01-2022Time:\$.:00AM/Pivi

Signature

Date : 10-01-2022

FOR OFFICE USE ONLY

I hereby acknowledge that Mr./Ms. Athore Benny Joined duty as Totor / Tr. lecturer on this the day of January 2022

Authorized Signature.

Date: 10-1-12

DENTAL COLUEGE

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04862-229193 9447033439

Fax

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Date 03/09/2021

JOINING REPORT

	Dr. Ajeena Sunny
Name	Its Hyeena sunny
Designation	: Tutor
Department	Dral Medicine & Radiology
Institution	Al-Azhar dental College
Date Of Joining	Dral Medicine & Radiology Al-Azhar dental College 3/2/2021 Time: 8:00 AM/PM
0	
Signature Diev Date: 08/02	<u>u</u>
Date : 08/02	2/2021

FOR OFFICE USE ONLY

I hereby acknowledge that Mr./Ms. Dr. Ajeers Sursay Joined duty as

Tutor on this the 8th day of February 2021

Authorized Signature.

Date .

9-7-2

DENTAL COLUMN

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Date 16/02/2022.

IOINING REPORT

Name	· Dr. Rosemary Francis
Designation	Tutor
Department	· Osal Medicine & Radiology
Institution	Al Azhar dental College
Date Of Joining	
Signature Rosen Date: 16/02/2	ig iy
Signature /woe	
Date . 16/02/	2022

FOR OFFICE USE ONLY

I hereby acknowledge	that Mr./Ms.	D. R.	ose Macy	frameis.	Joined	duty as
Tutor	on this the	16	day of	Februa	ien 2	20 22

Authorized Signature.

Date: 16-2-22

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Fax

04862 - 229586

Date 5/10/2007

JOINING REPORT

. Dr. Afsol VA Name

Professor Q HOD Designation

· Orthodonti u Department

: Al. Azhar Dental College. Institution

:...0.5/10/200.7.....Time:......8:00...AM/PM Date Of Joining

Signature 7

Date : 5/10/2007

FOR OFFICE USE ONLY

I hereby acknowledge that Mr./Ms. Do. Afsal...V.A:.....Joined duty as Professor Q. HOD on this the 5th day of Oct ober 2007

Authorized Signature

Date: 5.10.2007





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04862 - 224366 04862-229193

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Fax

04862 - 229586

Date 04 /02/202

IOINING REPORT

Name : DR-JOBY PAULOSE

Designation : PROS & HOD

Department : DRTAOPONTICS

Institution : ALAZHAR DENTAL COLLEGE

Date Of Joining : 04.02 - 2022 Time : 8.00 AM/PM

Signature July Date: 04/02/2022

FOR OFFICE USE ONLY

I hereby acknowledge that Mr./Ms. Dr. John Paulose. Joined duty as

Prof. 4. Hop on this the day of Feb 20 22

Authorized Signature.

Date: 4-2-22

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Date 3/02/2005

JOINING REPORT

Name	Dr. Sandeep Mattews
Designation	· Professor
Department	· Orthodonhos
Institution	Al Azhau dental College
Date Of Joining	: 3/01/2005 Time: 8 AMPM

Signature Sander

Date: 3/07/2005

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I hereby acknowledge that Mr./Ms. Dx. Sander Mathew Joined duty as

Authorized Signature.

Date:

ODUPU



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9447033439 04862 - 229586

Date 21 12 21

JOINING REPORT

Name	DR: ANJALI V.A
Designation	READER
Department	ORTHODONTICS
Institution	. AL- AZHAR DENTAL COLLEGE
Date Of Joining	: 31-12-21 Time: 9:00 AM/PM
Signature dish	
Date : 31/12/	

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I hereby acknowledge	that Mr./Ms.	Aojeti	/A	Joined duty as
Render	on this the	31 ⁵ day o	f. December	ج 2021

Authorized Signature.

Date:

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aiman : 04002-229193

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Fax : 04862 - 229586

Date 01/03/2021.

JOINING REPORT

Name	DR. JOSE SUNNY
Designation	SENIOR LECTURER
Department	: ORTHODONTICS
Institution	: AL AZHAR DENTAL COLLEGE
Date Of Joining	: 01/63/2021 Time: 8:00 AM/PM
Signature Date: 01/03	
Date : 01/03	12022

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I hereby ack	knowledge tha	t Mr./Ms	Jose	Dunny	Joined	duty	as
Se Lect	on	this the	st da	y of	ands	2021.	

Authorized Signature.

Date: 1-3-21

DENTAL COLLEGE OF THE PROPERTY OF THE PROPERTY

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

Thodupuzha-685 605



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Chairman : 04862-229193

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Fax : 04862 - 229586

Date 1-3-21

JOINING REPORT

Name	Dr. Waheeda Pyaeclal
Designation	Seniar Cechury
Department	: Dept of sethodontes & Dentopoial of thopsedies
Institution	AlAzia dental college
Date Of Joining	: 1/03/20.21 Time: 8:0.0. AN:/?M
1	AL.
Signature	
Date : 01/03/	2022.

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I hereby acknowledge that Mr/Ms. Mahada Ravilal Joined duty as serving leatures on this the 1st day of March 2021

Authorized Signature.

Date: 1-3-21

Prof.



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Office : 04862 - 224366 Chairman : 04862-229193

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Fax : 04862 - 229586

Date 19/07/2018

JOINING REPORT

Name	Dr. AA Muhammed Amean
Designation	Lecture
Department	· Oxthodomber
Institution	Ald 2 has Dontal Colleg. 19/7/2018 Time: 8:00 AM/PM
Date Of Joining	: 19/7/2018 Time: 8:00 AM/PM
0 n B	

Signature Date : 19/07/2018

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I hereby acknowledge that Mr./Ms. Dx. A.A. Muhamamad AmenJoined duty as

Leadure on this the 17th day of July 2018.

Authorized Signature.

Date: 19-7-18



4



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Perumpilichina P. O., Moudpuzha, idukki Dt., Kerala - 003 003

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Office : 04862 - 224366 Chairman : 04862 - 229193

9447033439

Fax : 04862 - 229586

Date 10/1/18.

JOINING REPORT

Name	Dr. Faegz Afzal
Designation	Lectures
Department	: Oxthedon hec 5
Institution	. Al-Azhav dental College.
Date Of Joining	: 10/1/18 Time: 8:00 AM/PM

Signature Date : \$0/1/18

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Authorized Signature.

Date: 10-1-18



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1 03 2021

JOINING REPORT

Name : DR: BALAN K THUSHAR

Designation : LECTUREK

Department : ORTHO DONTICS

Institution : AL-A2HAR DENTAL COLLEGE

Date Of Joining : OI 103 12021 Time : 8:00 AM/PM

Signature S

Date: 1.3.2021

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Authorized Signature.

Date: 01-03-2021



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Office : 04862 - 224366 04862-229193 Chairman

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: 04862 - 229586 Fax

Date 30/07/2007

IOINING REPORT

Name	DR. MANOJ K.V
Designation	PROFESSOR & HOD
Department	· CONSERVATIVE DENTISTRY & ENDODONITIES
Institution	. ALAZHAR DENTAL GOLLEGE
Date Of Joining	. 30/7/2007 Time: 8:00 AM/PM

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I hereby acknowledge that Mr./Ms. Dr Manoj: ky Joined duty as Professor 48 HOD on this the 20 day of July 2007

Authorized Signature

Date: 30-7 - 2007

ODUP



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Chairman

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Fax

04862 - 229586

Date 1516 109

JOINING REPORT

Name : Dn. Nishin K John

Designation : Benion Leefuser

Department : Department of Conservative dentistry & Endodonki

Institution : Al Azhan dental College

Date Of Joining : 15 4 109 Time : 8 AM/PM

Signature

Date : 15 6 01

FOR OFFICE USE ONLY

I hereby acknowledge that Mr./Ms. Dr. Nishin K. John Joined duty as ... Serier lecturer on this the ... L. day of ... Imme ... 2009

Authorized Signature.

Date: 15 6 09

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9447033439 04862 - 229586

Date 1/7/2013

IOINING REPORT

Dr. Aby Kumevilla Name

Designation

· Senior lecturer

: Department of conservature Pentistry & Endodorshis

Institution

Department

: Al Azhar dental collège . 1/7/2013 Firme: 8 AM/FM

Signature

Date : 1 7 2013

Dete Of Joining

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I hereby acknowledge that Mr./Ms. P.A.: Aby Kusurilla Joined duty as ... Service lecturer on this the laday of July 2013.

Authorized Signature.

Ann The

Date:



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

Fax : 04862 - 229586

Date 14.09.15

JOINING REPORT

Name	DR. MOUSHMI (B
Designation	READER
Department	DEPT OF CONSERVATIVE DENISPRY & ENDO
Institution	DEAZHOR DENTAL COLLEGE
Date Of Joining	: 14:09:2015 Time: 8:00 AM/PM
A	
Signature Port	
Date : 14.09	.15

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Authorized Signature.

Date: 14-9-15





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Chairman

9447033439

Fax

04862 - 229586

Date 16/09/2015

JOINING REPORT

Name	DR. BINILA S BABU
Designation	SR LECTURER
Department	· CONSERVATIVE DENTISTRY 4 ENDOPONTICS
Institution	AL-AZHAR DENTAL LOLLEWE
Date Of Joining	: 16-09-2015 Time: 8:00 AM/PM
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Signature

Date: 16/09/2015

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I hereby acknowledge that Mr./Ms. Dr. Benila. 8. Babu Joined duty as 8r. Lecturer on this the 16th day of September 2015.

Authorized Signature.

Date: 16 09 2015



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: 04862 - 229586 Fax

JOINING REPORT

Name	· Da. Nisha C
Designation	: Reader
Department	Conservative Dentistry & Endedonties
Institution	- Al-Azhar destal College
Date Of Joining	: 1/01/2016. Time: 2:00 AM/PM
Signature Mash	
Date : 1/1/20/	6

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I hereby acknowledge that Mr./Ms. Dr. Nicha C Joined duty as Reader on this the 1st day of January 2016

Authorized Signature.

Date: 1-1-16





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9447033439

Fax 04862 - 229586

Date 09/07/2021

IOINING REPORT

DR. NOUS HIM FAISAL
READER
CONSERVATINE DENTISTRY
: AL-AZHAR DENTAL COLLEGE
: 09-07-2021 Time : 8:00 AM/PM

Signature # Date : 09/07/2021.

FOR OFFICE USE ONLY

I hereby acknowledge that Mr./Ms. Nonship Faisal....Joined duty as Reader on this the day of July 2021

Authorized Signature.

Date: 9-7-21

ODUPO



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9447033439

Fax : 04862 - 229586

Date 04/05/2021.

JOINING REPORT

Name	. DR. BEULAH MARY BETOY
Designation	LECTURER
Department	CONSERVATINE DENTISTRY
Institution	AL-AZHAR DENTAL COLLEGE
Date Of Joining	: 04/05/2021 Time: 8:00 AM/PM

Signature 304 Date : 04/05/2021.

FOR OFFICE USE ONLY

I hereby acknowledge that Mr/Ms. Bendah Many Bejon Joined duty as lectured on this the 4th day of Many 2021

Authorized Signature.

Date: 4-5-21

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Office : 04862 - 224366 Chairman : 04862 - 229193

9447033439

Fax : 04862 - 229586

Date 25 4 22

IOINING REPORT

Name	DR MA SHREYA
Designation	:LESIURER
Department	:CONSERVATIVE DENTISTRY 4 ENDODONILLS.
Institution	: AL- AZHAR DENTAL COLLEGE
Date Of Joining	:
Signature	
Date : 25 4	22

FOR OFFICE USE ONLY

I hereby acknowledge that Mr./Ms. Dr. Mr. Shrey Joined duty as leafuel on this the 25th day of april 2022.

Authorized Signature.

Date:

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Fax : 04862 - 229586

Date 2/12/2019

JOINING REPORT

Name	Dr. Abdul Akbae
Designation	Tutor
Department	Conservative Dentistry
Institution	Al-Azhar destal Callege
Date Of Joining	: 2/12/2019. Time: 8.00. AM/PM
NU	
Signature Date: 2/12/2	
Date : 3 12 2	019

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I hereby acknowledge that Mr./Ms. Abdul Akber. Joined duty as

Total on this the 2nd day of December 2019

Authorized Signature.

Date: 2-12-19



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Fax : 04862 - 229586

Date 03/10/2020

JOINING REPORT

Name	DR. GREESHA SALIMKUMAR
Designation	: TUTOR
Department	: CONSCRUATIVE DENTISTRY
Institution	: AL-AZHAR DENTAL COLLEGE
Date Of Joining	. 03/10/2020 Time: 8:00 AM/PM
Signature Date: 03/10/2	
Signature	
Date : 03/10/	2020

FOR OFFICE USE ONLY

I hereby acknowledge that Mr./Ms. Greechme Salimkumer Joined duty as

Tutor on this the day of october 2020

ODUPU

Authorized Signature

Date: 3-10-20

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(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

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04862 - 224366 04862-229193

Chairman

9447033439

Fax

04862 - 229586

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Date	18	108	202	-

IOINING REPORT

Name	· Ds 1	1: the	Mohan.
		· + · · · · · · · · · · · · ·	

. Junior Lectures. Designation

· Concervative dentity & Endodontoes. Department

Al-Azhar dental College. Institution

Date Of Joining

Signature Date : 18/5/2022

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Jr Leaturer on this the 18th day of May 20 22

ODUPU

Authorized Signature.

Date: 18-5-22



(APPROVED BY DENTAL COUNCIL OF INDIA & AFFILIATED TO KERALA UNIVERSITY OF HEALTH SCIENCE)

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Date 6/12/19

JOINING REPORT

Name	Der Harna Hamsa
Designation	: Lecturer
Department	: Al Azhan dental College
Institution	: Al Azhan dental Collège
Face Of Joining	사용 보통하다 마다 여름이라면 없다. 아이들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들이 다른 사람들이 없는 사람들이 다른 것이다면 그렇게 되었다.

Signature Hours

Date: 6/12/19

FOR OFFICE USE ONLY

I hereby acknowledge that Mr./Ms. . Pr.: Hasna ... Hamsa Joined duty as Lectures on this the 6 day of December 2019.

Authorized Signature.

Date: 6/12/19

