

Off : 04862 224366
Fax: 04862 229586

AL-AZHAR DENTAL COLLEGE

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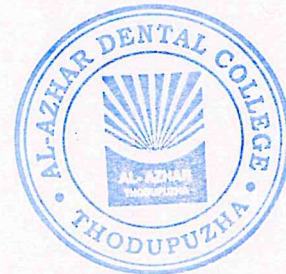
RUN BY NOORUL ISLAM TRUST

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

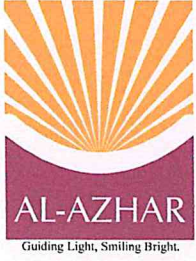
6.3.1 The institution has effective welfare measures for teaching and non-teaching staff

INDEX SHEET

| SL.NO | DESCRIPTION | PAGE |
|-------|--|-------|
| 1. | Certificate Of The Head Of Institution | 02-03 |
| 2. | Additional Documents | 04-15 |



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



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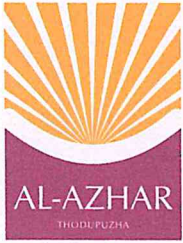
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CERTIFICATE OF THE HEAD OF THE INSTITUTION



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PROF. DR. HARVEY THOMAS, MDS

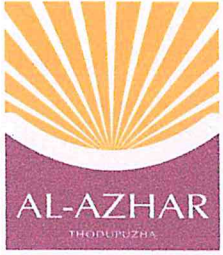
PRINCIPAL

TO WHOMSOEVER IT MAY CONCERN

This is to certify the other relevant documents pertaining to the effective welfare measures for teaching and non-teaching staff, details are given below:



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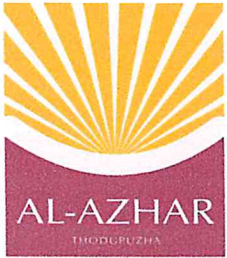
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SANCTIONED MATERNITY LEAVE DOCUMENT



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

From
 Dr. Jose Sunny,
 Senior Lecturer,
 Dept of orthodontics & Dentofacial Orthopaedics
 Al-Azhar Dental College
 Thodupuzha.

To
 The Principal
 Al-Azhar Dental College
 Thodupuzha.

Subject: Request For Paternity Leave

Respected Sir,

I humbly request you to grant me paternity leave for a period of 2 weeks i.e. from 5/12/2022 to 17/12/2022 imploring you to kindly do the needful

Yours Faithfully,
 Dr. Jose Sunny

Thodupuzha
 24/10/2022

AL-AZHAR DENTAL COLLEGE
 PERUMPILICHIRA P.O., Thodupuzha - 685 605.

LEAVE APPLICATION FOR TEACHING STAFF/ CLINICAL STAFF

No. _____

Name (in Block Letters) : Dr. Jose Sunny

Designation & Department : Senior Lecturer ORTHODONTICS

Nature of Leave applied for : _____

No. of days required for (Leave with dates) : 14 Days (5/12/2022 - 17/12/2022)

Reason for the Leave applied for : PATERNITY LEAVE

Signature of Applicant : _____
 Date : 24/10/22

ALTERNATE ARRANGEMENT / TRANSFER OF DUTY

Name, Designation & Dept. of authorised person : Dr. CHARVYI, SENIOR LECTURER

Approval from HOD:
 Approved Not Approved

Signature : _____
 Date : _____

Signature of HOD : _____
 Date : _____

FOR OFFICE USE ONLY

Details of leave at Credit

| Nature of Leave | No. of Leave Taken | Balance |
|---------------------------------------|--------------------|---------|
| Casual Leave <input type="checkbox"/> | | |
| Loss of Pay <input type="checkbox"/> | | |
| Compensation <input type="checkbox"/> | | |

Signature of the Sanctioning Authority : _____
 Date : _____

Section Officer : _____
 Date : _____

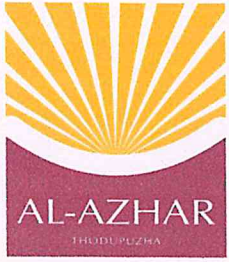
Dr./Mr./Mrs / _____ is granted _____ leave for _____ days from _____ to _____

Signature of the Sanctioning Authority : _____
 Date : 24/10/22

PATERNITY LEAVE DOCUMENTS-DR JOSE SUNNY



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

From:
Dr Beulah Mary Bejy
Senior Lecturer
Dept of Conservative Dentistry & Endodontics
Al-Azhar Dental College
Thodupuzha.

To:
The Principal,
Al-Azhar Dental College
Thodupuzha.

Subject: Request for maternity leave - req.

Respected sir,

As I am carrying for five months, I humbly request you to permit me to avail maternity leave for a period of six months, from 1st October 2021 to 31st March 2022.

I would like to rejoin duty in the college after this period of leave.

Kindly do the needful.

Thanking you,

Place - Thodupuzha
Date - 10/8/2021

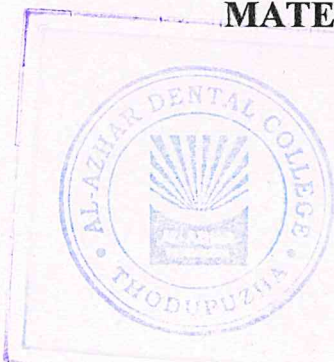
Yours faithfully,

Beulah Mary Bejy

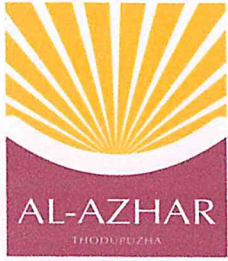
Accepted and forward to establishment dept:

10/8/21

MATERNITY LEAVE DOCUMENT-DR BEULAH



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



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

From,
Dr. Elizabeth Sojia,
Senior Lecturer
Dept. Oral pathology
Al-Azhar Dental College.

Date: 26/05/23

To,
The principal,
Al-Azhar Dental College,
Thodupuzha.

Sub: Request letter for maternity leave.

Respected Sir,

I, Dr. Elizabeth Sojia, pregnant (3w)
with EDL on 16/7/23, has been advised
maternity leave from 1/6/23 by my consultant
Dr. Bindu Varghese (Consultant Obstetrician &
Gynaecologist, Mother Hospital, Thissur).
Kindly grant me maternity leave. Hoping
you will do the needful.

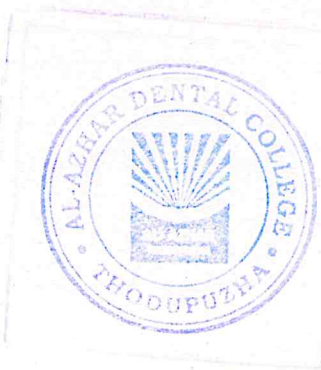
Thanking You.

Forwarded to Principal
[Signature] 25/5/23

Yours Sincerely,
Dr. Elizabeth Sojia.

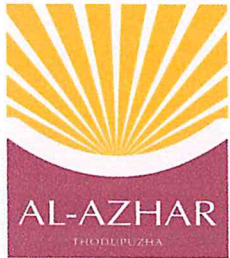
[Signature]
26/05/23

MATERNITY LEAVE LETTER - DR ELIZABETH



[Signature]

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



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

Mother Hospital (P) Ltd.
P.O. PULLAZHA, CLARI, THODUPUZHA - 680014
Ph: 04862 224107, 224108 Fax: 229586
E-mail: info@motherhospital.com
Website: www.motherhospital.org

Name: _____ Age: _____ Sex: _____ MRD ID: _____
Date: 17/8/23 At: _____

To: Whomsoever at may concern.

This is to certify that Mrs. Elizabeth Sejan is now pregnant & EDC on 16.7.2023. She is advised maternity leave from 01.6.23

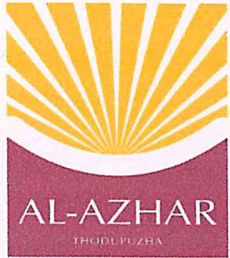
Binu

DR. BINJU VARGHESE, P
Dentist, M.D.S., M.Sc., M.F.D.S.
Reg. No. 20221
Consultant Radiologist & Endodontologist
Mother Hospital, Thodupuzha

MEDICAL CERTIFICATE - DR ELIZABETH



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Principal
Al-Azhar Dental College
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AL-AZHAR DENTAL COLLEGE
PERUMPILLICHIRA P.O., Thodupuzha -685 605.

LEAVE APPLICATION FOR TEACHING STAFF/ CLINICAL STAFF

No. _____

Name (in Block Letters) : Dr. ELIZABETH SOJAN

Designation & Department : Senior Lecturer, Dept. Oral Pathology

Nature of Leave applied for : Maternity leave

No. of days required for (Leave with dates) : 26 Weeks (6 months)
(1st June 2023 - 31/12/2023)

Reason for the Leave applied for : Medical (Maternity leave)

Signature of Applicant : [Signature]
Date : _____

ALTERNATE ARRANGEMENT / TRANSFER OF DUTY

Name, Designation & Dept. of authorised person : Dr. E. Lakshmapriya

Signature : _____
Date : _____

Approval from HOD:

| | |
|--|---------------------------------------|
| Approved <input checked="" type="checkbox"/> | Not Approved <input type="checkbox"/> |
|--|---------------------------------------|

Signature of HOD : [Signature]
Date : 26/5/2023

FOR OFFICE USE ONLY

Details of leave at Credit

| Nature of Leave | No. of Leave Taken | Balance |
|---------------------------------------|--------------------|---------|
| Casual Leave <input type="checkbox"/> | | |
| Loss of Pay <input type="checkbox"/> | | |
| Compensation <input type="checkbox"/> | | |

Signature of the Sanctioning Authority
Date: _____

Section Officer
Date: _____

Dr./Mr./Mrs./ _____ is granted _____ leave for _____ days from _____ to _____

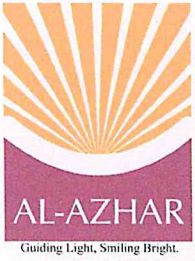
Signature of the Sanctioning Authority : [Signature]
Date: 29/5/23

LEAVE APPLICATION-DR ELIZABETH



[Handwritten signature]

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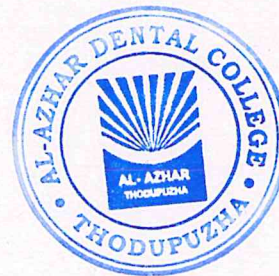
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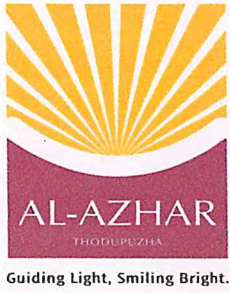
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LIST OF BENEFICIARIES OF TEACHING STAFF - TOUR

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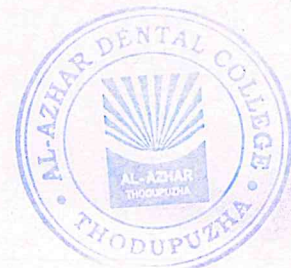
PERUMPILICHIRA P. O., THODUPUZHA, IDUKKI DISTRICT, KERALA- 685 605

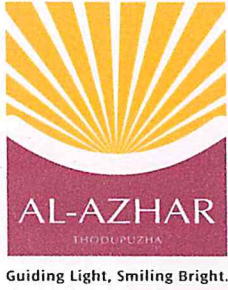
STAFF TOUR PHOTOS :- TRIP TO MUNNAR



STAFF TRIP PICTURE TO MUNNAR (07/01/2023)

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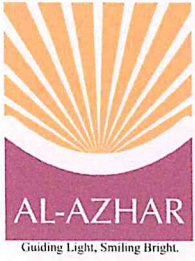
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STAFF TRIP PICTURE TO MUNNAR (07/01/2023)

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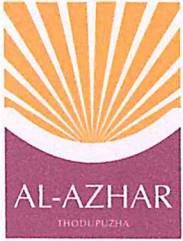
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LIST OF BENEFICIARIES OF TEACHING STAFF - YOGA

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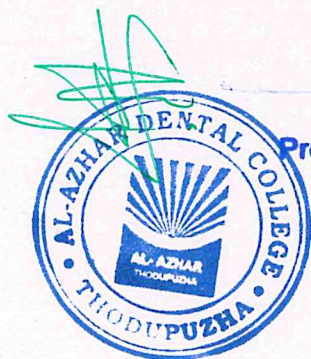
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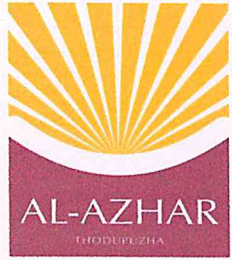
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YOGA DAY PICTURES OF STAFF



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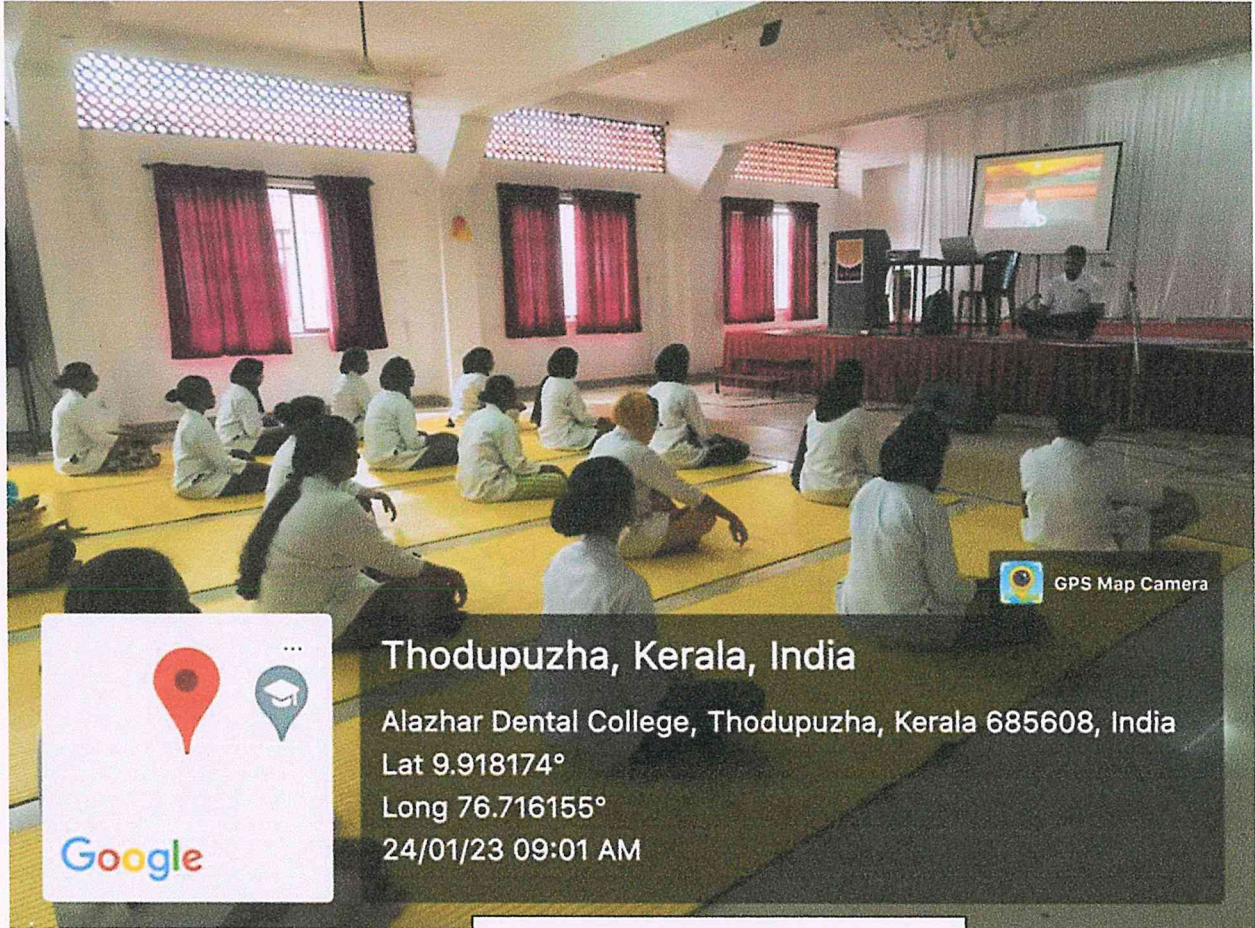
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Thodupuzha, Kerala, India

Alazhar Dental College, Thodupuzha, Kerala 685608, India

Lat 9.918174°

Long 76.716155°

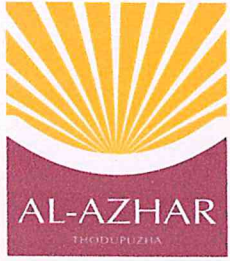
24/01/23 09:01 AM



YOGA DAY PICTURE

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Thodupuzha - 685 605





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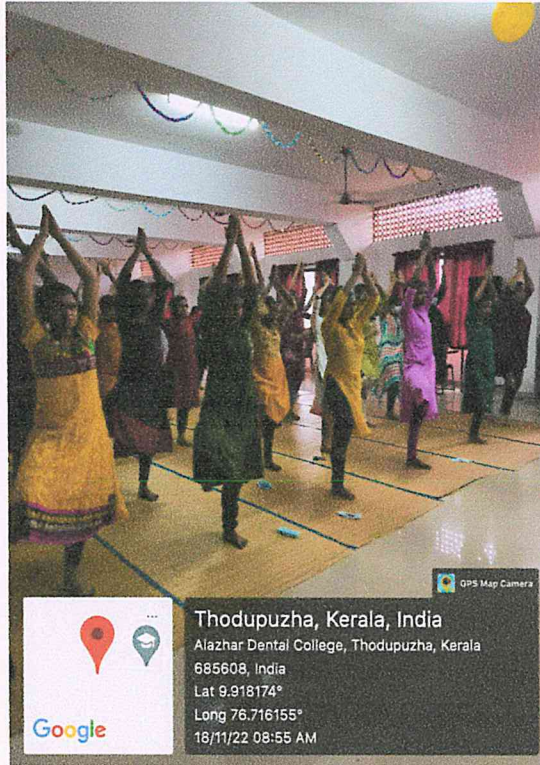
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YOGA DAY PICTURE

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