



**SRI VENKATESHWARRA DENTAL COLLEGE**

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# HR Manual



**BOARD MEMBERS**



Chairman

**SRI RAMACHANDIRAN**

: CHAIRMAN



Sri Ramachandiran  
Ms. Moumi Rajiv Krishna

Founder

**MS. RADHA RAMACHANDIRAN**

: FOUNDER



Ms. Radha Ramachandiran

Managing Director

**SRI RAJIV KRISHNA**

: MANAGING DIRECTOR



Sri Rajiv Krishna

Director

**MS. MOUSMI RAJIV KRISHNA**

: DIRECTOR

**CHAIRMAN**



**PRINCIPAL**

Sri Venkateshwarra Dental College,  
Ariyur, Puducherry - 605 102.

## TABLE OF CONTENTS

### Chairman's Message

1. About the Trust
2. About the Hospital
3. Hospital Organogram
4. Hospital
  - a. Vision,
  - b. Mission,
  - c. Motto,
  - d. Values
  - e. Objectives
5. Departments
6. Infrastructure
7. Quality Policy
8. Safety Policy
9. Patients Rights – Care
10. Confidentiality and Dignity
11. Information
12. Preferences
13. Right to Redress
14. Patient's Responsibilities:
  - a. Honesty in Disclosure
  - b. Treatment & Compliances
  - c. Intent for Health Promotion
  - d. Transparency and Honesty
  - e. Conduct
15. Patient Safety Goals and Solutions

16. Consents
17. Medication Management at SVMCH & RC
18. Ten R's of Medication Administration
19. Drug Recall Policy
20. Verbal orders – Read Back Policy
21. Labeling of Medication
22. CSSD policy for Sterilization & Recall
  - a. Sterilization
  - b. High standard of sterilization
  - c. Recall Procedure
23. Standard Precautions
  - a. Cleaning and Disinfection Protocols
24. Quality Indicators
25. Incident Reporting
26. Sentinel events
27. Adverse Drug Event
28. Adverse Drug Reaction
29. Surgical Safety   
Sri Venkateshwarra Dental College,  
Anyur, Puducherry - 605 102.
30. Spill Management
31. Medical Record Checklist
32. Needle Stick Injury & Post Exposure Prophylaxis:
33. Hand Hygiene Guidelines
34. Rights and Responsibilities of the Patient
  - a. Patient's Rights
  - b. Refusal of Treatment
  - c. Patient Right to Information
  - d. Patients Responsibilities



**35. Accident Prevention**

**36. Personal Protective Equipment (PPE)**

**HR - POLICY**

1. Rules and Regulations Applicable to Employees
2. Employee Classification Policy
  - o Permanent Employee
  - o Probationer
  - o Trainee
  - o Employee on Contract
3. Time Office Policy / Payroll Process
  - o Leave policy
  - o Categories of leave (Leave Applicable Details)
  - o General Conditions for leave
  - o Permission
4. Recruitment Policy
5. Induction & Orientation Policy
6. Employee Rights and Responsibilities
  - o Employee Rights
  - o Employee Responsibilities
7. Dress Code
8. Training & Development
9. Performance Appraisal
10. Employee Benefits: Statutory and non-statutory benefits
  - o Uniform
  - o Transport
  - o Marriage Gifts
  - o Festival Gifts
  - o Birthday Gifts
  - o Education Loan/ Emergency Loan

- o Salary Advance / Festival Advance

**11. Statutory Benefits**

- o Employees Provident Fund Scheme (EPFS)
- o Employee's Pension Scheme (EPS)
- o Employee's State Insurance
- o Hearsr Expenses
- o Free Medical Treatment
- o Anti Gender Harassment Cell
- o Vaccination

**12. Employee Health Checkup**

**13. Concession is provided for Employees**

**14. Anti Women Sexual Harassment Policy**

**15. Termination of Employee**

**16. Service Notice**

**17. Exit Interview Policy**

**18. Employee Grievance Handling**



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**Chairman's Message:** I have great pleasure in welcoming the students, Faculties, Staff/ employees to Sri Venkateshwaras **Dental College (SVDC)**

Ramachandra Educational Trust started **Sri Venkateshwaras Dental College** at Pondicherry in 2014 with the aim of transforming an individual into a complete man with character and ability committed to national service and development.

## 1. ABOUT THE TRUST:

The **Ramachandra Educational Trust** was started with the sole ambition of inculcating into the hearts of people the necessity and importance of education. Values so necessary and important to the humanity is education. Education is not just sitting in the four walls of the classroom and being taught some pages of a book but it involves organizing adequate knowledge & Soft skills by the student. An aspiring human being guided by a well learned Guru, both together putting forth what knowledge already exists and what lies hidden in the inner depths of the student and teacher. Together we want to march forward to create an ideal world wherein equality of all varieties, exist.

The main theme is to impart knowledge through Education mainly Medical and Paramedical students. The ambitions of the trust are set forth on the basis of the great visionaries of the world who had dedicated their entire lives for the upliftment of humanity.

To serve the people with a highly updated hospital and latest equipments to enable the poor and the rich to avail of good medical care. In the process to create more Doctors through good Education.

Create a model symbiosis of medical care, medical education and medical research. Prevent illness and maintain functionality and quality of life. Educating the rural people about health and its importance. Promote a rich relationship between people, Doctors and Students so as to increase the feeling of being recognized, wanted and caring.

## 2. ABOUT THE HOSPITAL:

The SVDC aims to improve dental education for the overall progress of the community. Our Dental college has been permitted with an annual intake of 100 students every year by Ministry of Health and Family Welfare, Government of India, New delhi.

The undergraduate (BDS) programme of 4 years followed by 1 year internship will lead to completion of BDS degree. For teaching and training in Pre clinical, Para clinical and allied Medical Sciences, our sister institution Sri Venkateshwarra Medical College Hospital and Research Centre, an 800 bedded Hospital, will be utilized.

Our faculty consists of experienced and highly qualified teachers in various specialties of dentistry. We have excellent infrastructure and abundant patient inflow in the OP, which is equipped with 205 fully automated dental chairs and state-of-the-art equipments. 4 Air Conditioned classrooms, well equipped laboratories, Air Conditioned Central Library with more than 4500 books, National & International Journals, e-library containing 25 computers with Dinet connection to provide excellent ambience for sound learning.

**SVDC** is providing high standard quality Dental care services at affordable cost to the patients in line with standards of statutory bodies as per their guidelines and protocols.

## 3. HOSPITAL ORGANOGRAM:

To be Included

  
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4. VISION, MISSION, MOTTO, **SVDC** **PRINCIPAL**  
Sri Venkateshwarra Dental College,  
Anaparthi, PS: & DISTRICTS:

## OUR VISION

To achieve global excellence in dental education and research



To create a good knowledge pool of disciplined dental professionals through a unique learning platform and hands on experience gained in a campus equipped with ultra modern equipments and allied sciences  
To empower students to create a healthier society

#### **OUR MISSION**

The aim and mission of SVDC is to provide the best dental education to the youth on par with International Standards.

#### **4.3 MOTTO: "Creating Healthier Society"**

#### **4.4 VALUES:**

- o Compassion
- o Professionalism
- o Team work
- o Ethics and Respect

#### **4.5 OBJECTIVES :**

Providing high class facilities, services in all specialties' and later on to develop super specialties'. Providing "state of the art" equipments / facilities to enable the doctors to utilize their skills and expertise for the benefit of the people. Create excellent infrastructures for medical education and good ambiances for study.

**OUR TEAM**



**DR.VIDYA - CHIEF OPERATIONAL OFFICER (SVGI)**

#### **5. DEPARTMENTS :**

- ❖ ORTHODONTICS AND DENTOPROSTHODONTICS
  - ❖ PROSTHODONTICS
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- ❖ CONSERVATIVE DENTISTRY & ENDODONTIC
- ❖ ORAL AND MAXILLOFACIAL SURGERY
- ❖ PERIODONTICS & ORAL IMPLANTOLOGY
- ❖ ORAL PATHOLOGY
- ❖ PUBLIC HEALTH DENTISTRY
- ❖ PEDODONTICS & PREVENTIVE DENTISTRY
- ❖ ORAL MEDICINE & RADIOLOGY

**6. INFRASTRUCTURE:**

Sri Venkateshwarra Medical College, Hospital and Research Centre is an 800 bedded hospital having all Ultra Modern Diagnostic equipments, 10 operation theatres, 24 Hour Casualty and Emergency wards, and Intensive and Critical Care units. Ambulance facility is also available. Senior Teaching Staff in all Specialties mainly General Surgery, General Medicine, OG, ENT, Dermatology, Paediatrics, Orthopaedics, Cardiology and Urology are available. Fully equipped Radiology department with MRI and CT Scans and an average of 1300 to 1400 patients per day provide ample learning opportunity.

**7. QUALITY POLICY:**

- I. **SVDC** is committed to provide quality healthcare services that are safe, effective, efficient, equitable, and timely and patient centered and that which satisfies the standards set forth by National Accreditation Board for Hospitals and Healthcare Providers - NABH

II. **SVDC** is committed for documentation; implementation and monitoring of a quality management system that will ensure its mission, goals and objectives.

III. **SVDC** will consistently monitor and initiate actions to improve the quality of medical care, safety of medical care delivery and customer satisfaction.

IV. **SVDC** will do this by ensuring excellence in techniques, use of technology, improved processes and staff ability.

V. **SVDC** will ensure that all the legal and statutory requirements are fulfilled.

VI. **SVDC** is committed to achieve this while ensuring conservation of resources, prevention of pollution and minimizing work occupational place hazards, through hazard identification and risk reduction activities.

**8. SAFETY POLICY:**

**SVDC** will ensure patient safety which satisfies the standards set forth by National Accreditation Board for Hospitals and healthcare providers.

**9. Patient's Rights: Care**

- > Patients have a right to receive treatment irrespective of their type of primary and associated illnesses, socio-economic status, age, gender, sexual orientation, religion, caste, cultural preferences, linguistic and geographical origins or political affiliations.
- > Right to be heard to their satisfaction without the doctor interrupting before completing or terminating their entire problem and concern.

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- Expectation from the doctor to write the prescription legibly and explain to the patient on the details on dosage, dos and don'ts and generic options for the medicines.
- They have to be provided with information and access to whom to contact in case of an emergency.

**10. Confidentiality and Dignity.**

- Right to personal dignity and to receive care without any form of stigma and discrimination.
- Privacy during examination and treatment.
- Protection from physical abuse and neglect
- Accommodating and respecting their special needs such as spiritual and cultural preferences.
- Right to maintain confidentiality about their medical condition.

**11. Information:** The information to be provided to patients is meant to be and in a language of the patient's preference and in a manner that is effortless to understand.

- Patients and or their family members have the right to receive complete information on the medical problem, prescription, treatment and procedure details.
- A documented procedure for obtaining patient's and / or their family's informed consent exists to enable them to make an informed decision about their care. This process is an important patient right and needs to be practiced with almost diligence and transparency.
- Patients have to be educated on risks, benefits, expected

treatment outcomes and possible complications to enable them to make informed decisions, involve them in the care planning and delivery process.

- Patients have the right to request information on the names, dosages and adverse effects of the medication that they are treated with.
- Patients or their authorized individuals have the right to request access and receive a copy of their clinical records.
- Patients have the right to complete information on the expected cost of treatment. The information should be presented as an itemized structure of the various expenses and charges.
- Patients have the right to information on hospital rules and regulations.
- Information on organ donation.

**12. Preferences:**

- Patient has the right to seek a second opinion on his/her medical condition.
- Patient has the right to refuse a treatment.
- Right to information from the doctor to provide the patient with treatment options.

**13. Right to Redress:**

- Patient has the right to file a complaint through an authority dedicated for this purpose by the healthcare provider organization or with government health authorities.

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- The patient has the right to a fair and prompt hearing of his/her concern.
- The patient in addition has the right to appeal to a higher authority in the healthcare provider organization and insist in writing on the outcome of the complaints.

#### 14. Patient's Responsibilities:

##### 14.1. Honesty in Disclosure :

- I will be honest with my doctor and disclose my family / medical history.

##### 14.2. Treatment Compliance:

- I will be punctual for my appointments.
  - I will do my best to comply with my doctor's treatment plan
  - I will have realistic expectations from my doctor treatment.
  - Inform and bring to the doctor's notice if it has been difficult to understand any part of the treatment or of the existences of challenges in complying with the treatment.
- I will display intent to participate intelligently in my medical care by actively involving myself in the prescribed do-at-home activities.

**14.3 Intent for Health Promotion:** I will do everything in my capacity to maintain healthy habits and routines that contribute to good health and take responsibility for my health.

##### 14.4. Transparency and Honesty

- I will make a sincere effort to understand my therapies which

include the medicines prescribed and their associated adverse effects and other compliances for effective treatment outcomes.

- I will not ask for surreptitious bills and false certificates, and/or advocate forcefully by unlawful means to provide me with one.
- If I am not happy, I will inform and discuss with my doctor I will report fraud and wrong-doing.

##### 14.5 Conduct:

- I will be respecting the doctors and medical staff caring and treating me.
- I will abide by the hospital / facility rules.
- I will bear the agreed expenses of the treatment that is explained to me in advance and pay my bills on time.

#### 15. PATIENT SAFETY GOALS AND SOLUTIONS:

The hospital establishes the following safety solutions for the patients:

- ✓ Correct Patient Identification
- ✓ Improve Staff Communication
- ✓ Safe usage of medication
- ✓ Safe usage of alarms
- ✓ Improved Hand Hygiene to Prevent Health Care-Associated Infection
- ✓ Identify patient safety risks
- ✓ Prevent mistakes in surgery / procedure

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**16. CONSENTS:** Willingness of a Patient to undergo examination /procedure/treatment by a healthcare provider. It may be



implied (e.g. patient registering in OPD) or expressed in written or verbal.

**General Consent** is sought at the time of Admission and seeking OPD consultation.

**Informed consent** is the healthcare provider has a duty to inform the patient about the procedure, its benefits potential risk and various consent forms such as Informed consent for Surgery, Anesthesia, and Restraint etc. are available at SVDC.

#### 17. MEDICATION MANAGEMENT AT SVDC:

The hospital has a safe and organized medication process. The process includes policies and procedures that guide the availability, safe storage, prescription, dispensing and administration of medications. The process also includes monitoring of patients after administration and procedures for reporting and analyzing medication errors.

Safe use of high risk medications, Narcotic Drugs & Psychotropic Substances (NDPS) and Look alike and sound alike (LASA) drugs are guided by policies and procedures. Medications also include blood, implants, devices and medical gases.

#### 18. Ten R's of Medication Administration: Staff at SVDC follows ten R's of medication administration.

1. Right Patient
2. Right Drug
3. Right Dose
4. Right Dosage Form
5. Right Time

6. Right Route
7. Right Reason
8. Right Response
9. Right Documentation
10. Right Assessment & Evaluation

**19. Drug Recall Policy:** On receipt of banned / discontinued medications from manufacturers / stockists / distributors / medical representatives concerned with batch number, the same shall be retrieved from all locations in the hospital where such medicines are in stock and shall be returned to the stockist, distributors concerned. Such retrieved medicines shall be quarantined in Pharmacy until the drug is packaged and returned as per manufacturer's instructions.

**20. Verbal orders - Read Back Policy:** In case of in-patients, in emergencies, if the doctor gives any verbal orders or telephonic orders regarding medications to be administered to a particular patient, the individual accepting the verbal order shall record and then read back the order in its entirety to the prescribing physician at the time the order is given, documenting that the order was "read back".

**21. Labeling of Medication:** Already prepared medications shall be labeled with the name of the drug, dosage, timing, start date & time, sign of the personnel prior to preparation of the second medication [applicable only for parenteral drugs].

**22. CSSD POLICY FOR STERILIZATION & RECALL:** SVDC will be supported by the CSSD for the sterilization.  
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**22.1 Sterilization:** It is the process of killing or removing microorganisms including their spores by thermal, chemical or irradiation means.

**22.2. CSSD at SVMCH & RC** ensures a **high standard of sterilization** and disinfections, to minimize the incidence of hospital infection. This process is centralized and takes place in central sterile supply department (CSSD). Sterilization of all surgical equipments, reusable consumables, surgical linen etc is done at CSSD prior to use. The efficacy of sterilization process is checked by using chemical, biological and physical indicators.

**22.3. Recall Procedure:** Whenever a breakdown in the sterilization system is noted all packs sterilized by the faulty machine/process is immediately called back from the respective area where the sterile packs have been supplied. The packs called back and are sent for re-sterilization.

### **23. STANDARD PRECAUTIONS:**

**23.1** It is the method of infection control in which all human blood and other body fluids are considered infectious for HIV, HBV and other blood borne pathogens, regardless of patient history.

**23.2.** Standard precautions apply to blood, all body fluids, secretions and excretions except sweat regardless of whether or not they contain visible blood, non - intact skin and mucous membrane.

**23.3.** Standard precautions such as Hand Hygiene, Use of personal protective equipments, isolation of infected patients

and barrier nursing protocols are followed at Hospital by the staff. Bio-medical waste management is done as per the BMW handling rules and Pre-employment health check up and vaccination of all the employees is done on routine basis.

**23.4.** "Do not touch or use anything that has the patient's body fluid/blood on it without a barrier such as gloves."

**23.5. CLEANING AND DISINFECTON PROTOCOLS:** It is the process of killing or removing by using chemical agents such as Task Products, Bacillocid, D125 etc. Disinfection of surface and corridors is done by the housekeeping staff as per the Hospital Infection Control guidelines.

**24. QUALITY INDICATORS:** Quality indicators are the parameters used to assess and measure the quality of services being provided by the organization. Quality indicators are statistical measure of the performance of functions, systems or processes overtime. For example: Hospital acquired infection rate, mortality rate, Rate of employee absenteeism, employee attrition rate etc.

### **25. Incident Reporting:**

All incidences to be reported on the Incident reporting Format

**26. SENTINEL EVENTS:** Sentinel events which are relatively infrequent, unexpected incident, related to system/process deficiencies, which leads to death or major and enduring loss of function for a recipient of healthcare services. Major and enduring loss of function refers to sensory, motor, physiological or psychological impairment not present at the time services were rendered.



minimum period of two weeks and is not related to an underlying condition.

**27. ADVERSE DRUG EVENT:** Any untoward medical occurrence present during treatment with a pharmaceutical product but which does not necessarily have a causal relationship with this treatment.

**28. ADVERSE DRUG REACTION:** A response to a drug which is noxious and unintended and which occurs at doses normally used in man for prophylaxis, diagnosis, or therapy of disease or for the modification of physiologic function.

**29. SURGICAL SAFETY CHECKLIST:** The hospital adheres to the use of surgical safety checklist as per the guidelines of World Health Organization to address surgical safety.

The checklist identifies three phases of an operation, each corresponding to a specific period in the normal flow of work: Before the induction of anesthesia ("sign in"), before the incision of the skin ("time out") and before the patient leaves the operating room ("sign out"). In each phase, a checklist coordinator (Member of surgical team or nurse) must confirm that the surgery team has completed the listed tasks before it proceeds with the operation.

**30. SPILL MANAGEMENT:** A System in place for dealing with blood and body substance spills and protocols which included in HIC manual emphasized during ongoing education/training programs. The basic principles of blood and body fluid/substance spills management is to avoid hospital acquired infection.

**31. MEDICAL RECORD CHECKLIST:** Contains the chronological sequence of events that patient undergoes during his stay in the healthcare organization.

Checklist includes demographic data of the patient, assessment findings, diagnosis, consultation, procedures undergone, progress notes and discharge summary (death summary where required).

**32. NEEDLE STICK INJURY & POST EXPOSURE PROPHYLAXIS:**

A needle-stick injury is any injury sustained as a result of the skin being pierced by needle sharps used for patients has a potential to cause infection. More than 20 types of infections can occur through this route & HIV, HBV, HCV are considered most important & needle sharps are the major culprits.

Steps to be followed immediately after needle stick injuries:

1. Remove the offending needle immediately
2. Wash the site of prick thoroughly with soap and water immediately
3. Needle sticks injury to be informed immediately to Infection control nurse/infection control committee chairperson so that post exposure prophylaxis protocols can be taken care of.

  
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Arjuna, Puducherry - 605 102.







- ❖ Patients have to treat all hospital staff, other patients and visitors with courtesy and respect; abide by the hospital rules and safety regulations; be considerate of noise levels, privacy and number of visitors.
- ❖ Patients have to provide complete and accurate information about their health insurance coverage and to pay their bills.
- ❖ Patients have to report any issues, complaints or concerns that may affect their care.

### 34. ACCIDENT PREVENTION

The hospital strives to provide an environment free of recognizable hazards and to reduce the risk of injury. Hospital assures a safe environment for patients, personnel and visitors by establishing a safety management program.

- ❖ Hospital policy compliance with all safety & health standards and regulations in accordance with legal and contractual requirements.
- ❖ Preventing accidents is an individual responsibility and make Hospital a safe place to work.
- ❖ Follow all hospital and Department safety policies and practices.
- ❖ Be continuously informed about the fire rules of the Hospital, the location of the fire extinguishers and the fire alarms.
- ❖ Avoid accidents by eliminating hazards.
- ❖ Keeping work areas clean and tidy.
- ❖ Bad housekeeping cause more accidents at work.
- ❖ Report all accidents to the head of the department or to the Immediate superior.
- ❖ Obey the sign and posters
- ❖ Never operate electrical equipment with wet hands.
- ❖ Uniform / Dress code to be followed for full protection.
- ❖ In case of any emergency, (Do not panic, act calmly and

quickly.)

### 38. PERSONAL PROTECTIVE EQUIPMENT (PPE)

Each floor has a complete set of PPEs (gloves, goggles, face mask, apron, gumboots, etc) to be used in such situations, and replaced later.

#### HR - POLICY

#### 1. RULES AND REGULATIONS APPLICABLE TO EMPLOYEES

- The Employee working hours are well defined according to the area of work.
- Every employee should be present at their respective work place at the scheduled time and should not leave the work place except at the time fixed and notified.
- All employees are allowed 10 minutes grace time at the beginning of their shift.
- The employees have to punch attendance while entering and leaving the premises and vice versa even during lunch break.
- The employee has to make an 'in' and 'out' entry in the movement register while leaving and returning to the work station during working hours.
- Any employee not found in the designated work area after punching his / her attendance will be marked absent.
- The employee can avail permission from HOD / Immediate Supervisor to leave their workplace 1 hour earlier for 3 hours per month. Permission shall not be prefixed or affixed to any leave available.
- Employees who are absent from their workplace without prior permission / leave will be marked absent for that respective half of the shift.
- The employee who wants to leave the premises during working hours 'on duty', the 'on duty' slip should be duly signed by the concerned HOD and presented to the HR Department.

#### 2. EMPLOYEE CLASSIFICATION

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- > Permanent
- > Probationer
- > Trainee
- > Employee on Contract

**I. PERMANENT EMPLOYEE** is one who has satisfactorily completed the prescribed period of probation in the same or higher or equivalent category in the hospital/ Institute.

**II. PROBATIONER** is an employee who is yet to complete the probation period and is provisionally employed to fill a permanent vacancy.

**III. TRAINEE** is one who is engaged essentially in learning any skilled work provided that the period of such learning shall not exceed six months for those with prescribed qualification and one year for others.

**IV. EMPLOYEE ON CONTRACT:** Employee who works in our Institution under a Contractual basis, they can be changed from time to time based on the performance.

**3. TIME OFFICE POLICY / PAYROLL PROCESS**

Salary will be paid to employees through the Bank; the employee will open a bank account at the time of joining the Organization.

**I. LEAVE POLICY**

The Leave Policy is calculated from January to December

**II. CATEGORIES OF LEAVE (Leave Applicable Details)**

- Casual Leave - Employers are eligible for 12 days of casual leave with salary per year.
- Earned Leave - All Employees after completion of one year are eligible for 12 days of earned leave in a year.
- Maternity Leave: Female employees are eligible for 6 months under ESI scheme.

**III. GENERAL CONDITIONS FOR LEAVE:**

- ❖ Sanction of leave is dependent on the conditions and emergency of work; it cannot be claimed as a matter of right.

❖ Employees are permitted to avail one category of leave at a time and clubbing of different categories of Leave (Refer Leave Policy) will not be permitted.

❖ If leave is not sanctioned by the HOD but availed, it would be considered as 'Absent' - Loss of pay.

❖ Maternity leave shall be sanctioned only on the basis of a medical certificate issued by a registered medical Practitioner. The concerned employee is to produce a Medical certificate while rejoining the duty.

❖ All leave form/application should be approved by the immediate reporting Head and forwarded to Head of the Department / Institution, then sent to the HR department for verification and Approval.

**IV. PERMISSION:**

❖ If the employee is given one hour permission form for going early, he / she should leave precisely before an hour and not earlier.

**4. RECRUITMENT POLICY**

• Based on the requirement of manpower in the department, the concerned Head of the Department will make a requisition to Dean. The Dean will forward the requisition to the HR department in writing (MPRF), justifying the requirement along with Job description & job responsibilities. The request will be forwarded to the management for approval.

• On receipt of approval from Management, the HR recruitment team will select suitable applications from the existing data bank / resumes received from advertisements in newspaper / on-line job search sites and forward the shortlisted resume's (approved by HR HEAD) to the concerned HOD for a short listing of candidates.

• On receipt of the list of the short listed candidates, interview call letters will be sent by the HR personnel.

• Interview panel **PRINCIPAL** interview to finalize the selection. All educational **SP Velupillai Prasad Swaminasa Dental College** will be verified.

• HR Department **Pravin Paducherry - 905, 102** selected candidates will work



out the salary as per the hospital salary structure, and by the rating given by the panel members; obtain signatures of the panel members and put up for the approval of the Management.

- Provisional orders will be sent to the selected candidates.

#### 5. INDUCTION & ORIENTATION POLICY

- Orientation / Induction Training will be given to the new employee. The program will be in the form of a power point presentation and tour of the facility. The program will be conducted in the preview that every employee should be oriented towards the hospital's standards of working and goals in general.
- Job description, job responsibilities and method of performance appraisal will be discussed. On the day of joining the organization, an introduction to co workers and tour of work related areas will be organized by the HR Department.
- All employees are to familiarize themselves with the policies and procedures of their Department.

#### 6. EMPLOYEE RIGHTS AND RESPONSIBILITIES:

The following are the rights and responsibilities of an employee.

##### Employee Rights:

- ✓ Right to get wages for work done.
- ✓ Right to receive official information.
- ✓ Right to hours of work, holidays, vacations and maternity leave (in case of women employees).
- ✓ Right to work in a respectful, inclusive environment free of discrimination.
- ✓ Right to be free from harassment of any sort.
- ✓ Right to safe workplaces free of dangerous conditions. Free from exposure to toxic substances and other potential hazards.
- ✓ Right to grievance redressal.

- ✓ Right to get vaccinated.

##### Employee Responsibilities:

- ✓ Coming to work on time by wearing uniform with ID card.
- ✓ All employees are expected to come well groomed and in formal dress code and formal footwear.
- ✓ Hospital functions round the clock and employees are expected to work on shifts or normal duty hours to support the Hospital's 24x7 operations. Employees shall be required to work overtime when the workload necessitates.
- ✓ The employees shall be responsible for ensuring that the equipment allocated to them or in use in their work is used and maintained in accordance with the standard operating guidelines.
- ✓ To work with commitment and patient care.
- ✓ All employees are expected to maintain discipline, professional ethics and complete integrity in the performance of work.
- ✓ Follow the Employer's reasonable, logical and lawful instructions.
- ✓ Leave shall be planned well in advance and prior sanction shall be taken by the Competent Authority before proceeding on leave. If an employee is unable to report to work on schedule, he / she shall inform his / her Department Head in writing.
- ✓ Follow the Employer's reasonable, logical and lawful instructions.
- ✓ Employees should not to converse in their local vernacular while in patient contact areas.
- ✓ Maintain the confidentiality regarding patients and institution related issues and information.
- ✓ Employees shall devote their time exclusively for the work assigned to them and do not engage in unrelated activities.
- ✓ Employees should not indulge in receiving gifts or any form of bribe or favours from patients, patient's attenders and outsiders.

#### 7. DRESS CODE

##### PRINCIPAL

All **Dr. Venkateshwararaj** in their uniforms compulsorily in the  
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hospital premises.

**Employee ensures that:**

- o Uniforms are clean well ironed and not torn or obviously mismatched.
- o Uniform should be worn properly and uniformly by everybody and not according to personal styles or with any additions or deletions.
- o All Doctors have to wear their coat during rounds. The coat should be neat and clean.

**8. TRAINING & DEVELOPMENT POLICY**

- Training needs of each employee will be identified.
- An appropriate training schedule will be drawn up and communicated to the employee.
- Training programs offered - soft skills training, work related training, safety training, infection control training, training on utilization of new equipment / technology etc.
- Post training evaluations will be conducted. Participation in training and the outcome of post training tests will be recorded.

**9. PERFORMANCE APPRAISAL POLICY**

- All permanent employees will be appraised formally once a year. Employees on probation will be assessed on their completion of one year of service.
- The appraisal is to rate an employee for the given period in the following criteria. Job knowledge, competency, quality of work, efforts towards work, organizational goals, co- operation, interaction with other members of the organization, initiative, communication, team work, attendance and punctuality, care taken towards appearance, details of disciplinary procedures if any, training undergone by the employee and outcome of post training

evaluation.

**The appraisal has 4 levels of rating.**

- ❖ The criteria of the appraisal will be made known to the Staff at the time of induction itself.
- ❖ The employee will be given an opportunity for self appraisal in which they rates themselves.
- ❖ The appraiser will review the self assessment and the remarks of the employee and discuss his evaluation with the employee.
- ❖ The evaluation will be used as a tool for further development.
- ❖ The results of both, the rating by the appraiser and the individual will be reviewed by Dept.HOD and HR-Head for further action.
- ❖ All recommendations for counseling / promotion / increment will be reviewed and approved by Management.
- ❖ The completed performance appraisal form will be kept in the employee's personal file and will be treated as confidential.
- ❖ Only the Management has the right to DECIDE

**10. EMPLOYEE BENEFITS: Statutory and non-statutory benefits**

**UNIFORMS:** 2 sets of uniform will be provided per year.

**TRANSPORT:** Concession is given for the Faculties and Staff.

**MARRIAGE GIFTS:** Management support and join hands with the employees in their happy moments and take part in their family ceremonies and celebrations such as marriages of self and family members and also provides them monetary gifts on such occasions.

**FESTIVALS GIFTS:** Employees are given gifts on \*Pongal day\* Festival

**BIRTHDAYS WISHES:** The employees are greeted on their birthdays through various modes of communications.

**EDUCATIONAL LOAN/ EMERGENCY LOAN:** Educational loan to be utilized in educating their children and their own medical expenses for self

**Dr. Sri Venkateshwarar Devaraj**  
Arivur, Puducherry - 605 102.



or for their family members are given to the employees to assist them on such occasions.

**SALARY ADVANCE / FESTIVAL ADVANCE:** During the festivals season the employee are given Salary advance.

#### **11. STATUTORY BENEFITS:**

**EMPLOYEES PROVIDENT FUND SCHEME (EPFS)**-Implemented strictly as per the provision enumerated in the EPF Act 1952.

**EMPLOYEES PENSION SCHEME (EPS)** - Providing benefits to the employees after retirement as per the EPS Scheme.

**ESI** - Employees State Insurance is provided.

**HEARSE EXPENSES:** The Management takes care of the partial expenses towards hearses of the employee and their blood relatives.

**FREE MEDICAL TREATMENT / VACCINATION:** Even though the Management is contributing towards ESI benefits the employees are also provided concessional medical treatments.

**ANTI GENDER HARASSMENT CELL:** An Anti Gender Harassment Cell has been set up to help & support the female students & staff.

**12. EMPLOYEE HEALTH CHECKUP:** Pre-Employment and Yearly / Periodic Health Check-Up is done for all new employees and once in a Year general / Periodic health check up all existing employees and maintains record in employee's personal file.

**13. CONCESSION IS PROVIDED FOR EMPLOYEES.** All Category of SVDC employees and their Dependants (Father, Mother, Spouse, Kids only) can avail Medical concessions in certain aspects of medical care

#### **14. ANTI WOMEN SEXUAL HARASSMENT POLICY**

1. The Hospital is committed to totally prohibit any form of sexual harassment in the work place.

2. This applies equally to relations between superiors and subordinates as well as between peers.

3. Any incident or a complaint of sexual harassment will be viewed seriously.

4. A complaint or report of sexual harassment will be immediately investigated and appropriate action will be taken against the offending employee or employees.

5. Such action will depend on the nature and seriousness of the offense and will include strict disciplinary action including termination of service.

#### **15. TERMINATION OF EMPLOYEE**

a) The reasons for the termination of service shall be recorded in writing and shall be communicated to the employee at the time of termination. Resignation by the employees shall not take effect unless it is accepted by the Management

b) Where the employment of any person is terminated the wage / salary earned by him / her shall be paid.

#### **16. SERVICE OF NOTICE**

1. Any matter required to be notified under these Standing Orders and any notice by the employer to the employed in the hospital shall be displayed on notice boards maintained for the purpose at conspicuous place in the premises of the hospital.

2. Any notice or communication intended for any employee personally may be delivered to them personally in the premises of hospital or sent to them by Registered Post with Acknowledgement due to the address of the employees as specified in the service records.

#### **17. EXIT INTERVIEW POLICY:**

- All employees leaving the organization on their own will (including those who are retiring) participate in the exit interview.

- By collecting information from this process the management will be better equipped to make decisions in recruitment, retention and motivation.

- The exit interview questionnaire is designed by the HR

**PRINCIPAL**  
Sri Venkateshwaras Dental Hospital  
Anjuri, Puducherry - 605 102

HEAD / HRD/ or nominated by HR HEAD.

**18. EMPLOYEE GRIEVANCE HANDLING:**

1. Employees' grievances shall be accepted on formal/ informal basis.
2. The Employee in the first instance are encouraged to take up grievances with their immediate supervisors or functional in charges.
3. In case the employee is not satisfied with the decision of the immediate supervisor or fails to receive an answer from them he/she may refer his grievances to the HR HEAD directly.
4. On receipt of the employee's grievances, the HR HEAD shall have a closed door, one to one discussion with the employee and verify, analyze the various aspects of the grievance and refer the matter to a grievance panel.

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