




**Programme : Oral Medicine & Radiology**

S. No	Name of the Faculty	Designation Subject/Program	Age & Date of Birth	Date of joining this institution	Category (Gen./ SC/ ST/ OBC/ EWS/ Minority status)	Qualification with % of marks, Degree onwards (whether NET cleared, with details)	Specializations (Any 3 area)	Teaching/ Industrial / Professional Experience		Stamp size photo with signature of the faculty
								Total Period	Earlier Organization (Address)	
1.	Dr. V. L. Lakshman	Reader	36 04.10.1989	07.08.2023	General	MDS	Oral Medicine & Radiology	7 years 10 months	Adhiparasakthi Dental College & Hospital, Melmaruvathur	
2.	Dr. G. Hemcle Shalme	S.Lecturer	32 09.06.1992	01.01.2024	OBC	MDS	Oral Medicine & Radiology	9 years 12 months	Sri Ramakrishna dental College and hospital Coimbatore	
3.	Dr. Kanimozhi	S.Lecturer	27 08.11.1997	02.06.2025	OBC	MDS	Oral Medicine & Radiology	-	-	

(Separate sheets to be filled for each UG/PG programme)

I, Dr. S. Senthilnathan., MDS. Principal of the College certify that the information provided are true and correct as per the certificates submitted to the College.

**Authorized Signatory with seal**