


Programme : Public Health Dentistry										
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. Shobana.G	Reader	34 29.12.1990	24.06.2019	SC	MDS	Community Dentistry	5 Years 11 months	-	

(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