

No.3, Pillayar Koil Street, 1st Lane, Chepauk, Chennai - 600 005. Phone : 044-28413764 Cell : 9841617676, 9941570456 9940690686

23/01/2020

From,

Mr. Suresh Managing Director, Vinayaga Dental Lab, No 3/8, Pillyar koil first lane, Chennai -5, Tamil Nadu.

To,

Dr. Meera Thinakaran MDS., The Principal, Karpaga Vinayaga Institute of Dental Sciences, GST Road, Chinnakolambakkam, Palayanoor Post, Chengalpet, Tamil Nadu.

Sub: Permission for Field visit at lab premise by Karpaga Vinayaga Institute of Dental Sciences.

Dear Madam,

With reference to your letter dated 17/01/2020, we hereby give permission for field visit to our lab for 3^{rd} Yr BDS students subject to the following conditions.

- 1. The students must be accompanied by a staff
- 2. The students must adhere strictly to the instructions of the Lab staff.
- 3. The field visit must be conducted in a punctual and organized manner so as not to interfere with the normal functioning of lab.

SI No	Date of Visit	No of Students Permitted
1.	1/02/2020	30
2.	8/02/2020	30
3.	15/02/2020	25
TOTAL		85

Thanking you,

FOR VINAYAGA DENTAL LAB

Mr. Suresh

Proprietor



No.3, Pillayar Koil Street, 1st Lane, Chepauk, Chennai - 600 005. Phone : 044-28413764 Cell : 9841617676, 9941570456 9940690686

30/02/2018

From,

Mr. Suresh Managing Director, Vinayaga Dental Lab, No 3/8, Pillyar koil first lane, Chennai -5, Tamil Nadu.

To,

Dr. Meera Thinakaran MDS., The Principal, Karpaga Vinayaga Institute of Dental Sciences, GST Road, Chinnakolambakkam, Palayanoor Post, Chengalpet, Tamil Nadu.

Sub: Permission for Field visit at lab premise by Karpaga Vinayaga Institute of Dental Sciences.

Dear Madam,

With reference to your letter dated 24/02/2019, we hereby give permission for field visit to our lab for 3rd Yr BDS students subject to the following conditions.

- 1. The students must be accompanied by a staff
- 2. The students must adhere strictly to the instructions of the Lab staff.
- 3. The field visit must be conducted in a punctual and organized manner so as not to interfere with the normal functioning of lab.

SI No	Date of Visit	No of Students Permitted
1.	10/03/2018	30
2.	17/03/2018	30
3.	24/03/2018	30
TOTAL		90

Thanking you,

FOR VINAYAGA DENTAL LAB

Mr. Suresh

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