



TAGORE DENTAL COLLEGE & HOSPITAL

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127. Ph : 044 - 3010 2222

E-mail : tagore_dch@gmail.com Website : www.tagoredch.com

Regd. office : No. 25, Mahalingam Street, Mhalingapuram, Chennai - 600 017. Ph : 044 - 2817 3772 / 2817 5144

Dr. C. J. Venkatakrishnan, M.D.S., Ph.D.,

PRINCIPAL

Professor & Head of Prosthodontics

REF: TDC & H/SL - AP/06/2022

24.02.2022

To

Dr. N. Akshaya

No.3/35, SBI Colony, Adambakkam,

Chennai- 600088

Mobile No. 9940180785

Email Id: akshayavnaren@gmail.com

Dear Dr. N.Akshaya

Sub: Offer of Appointment - Reg.

The Management is pleased to offer you an appointment in our College as Senior Lecturer in the department of Conservative dentistry & Endodontics.

Your basic salary has been fixed at Rs.15, 000/- per month, with the allowances such as DA @30%, as HRA 10% - and totaling to Rs.25, 000/- pm with effect from the date of your joining.

The College working week consists of 36 working hours per person. This excludes lunch break. The normal working hours of the College is from 8.30 a.m. to 3.00 p.m. with 30 minutes lunch break. The College normally works for 6 days in a week.

During probation period, your appointment is terminable by either side with a notice of 1 month. In case you leave the service on your accord, you will be liable to give three months notice or three months pay in lieu of it. However, faculty will not be relieved in the middle of an academic year.

You will be governed by the various College rules and regulations in force from time to time. If you conduct yourself in a manner which would bring the College or its employees into disrepute and / or you are found guilty of misconduct, you will be discharged immediately without any notice or salary in lieu thereof and in such cases you will have no claim from the College whatsoever.

Residence :

Brindavan,

Plot No. 4, Door No. 5,

Valliamai Nagar II Street,

Valasaravakkam,

Chennai - 600 087

Clinic :

VK's Dental Care

New No. 8, Old No. 15, G - 4 & 5, Aravind Apts.,

Masilamani Street, T. Nagar, Chennai - 600 017.

Ph : 044 - 2434 0809 Mobile : 9841109234

E-mail : venkatmds9@gmail.com



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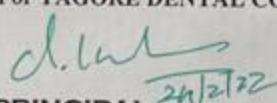
You are requested to report to the Principal, Tagore Dental College & Hospital on 24.02.2022 along with the following documents.

1. Your Degree Certificates
2. Registration Certificates with Dental Council
3. Appointment Order, Relieving order and Experience Certificates from Previous Institution
4. Address Proof (Chennai Address)
5. Photo ID Proof - Driving Licence & Voter ID Card & Passport Copy
6. Pan Card & Aadhar Card
7. 10 Copies of Passport size photo.
8. TDS from Previous Institution, Professor - 4 years, Reader - 3 years

You are requested to sign a copy of this letter in token of your acceptance of this offer and return the same to this office at the earliest.

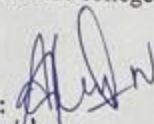
I congratulate you and wish you all the best.

For TAGORE DENTAL COLLEGE & HOSPITAL


PRINCIPAL

By signing below, I accept the specified terms and conditions of the employment that are in force and may be framed from time to time by Tagore Dental College & Hospital, Chennai - 600 127 and agree to put forth my best efforts to support the goals and objectives of the college. I am reporting for duty on 01.03.2022

Copy to: 1. Accounts Department
2. Personal file

SIGNATURE: 

DATE: 24/2/22

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