FEEDBACK ANALYSIS OF STAKE HOLDERS AND ACTION TAKEN

The institution collects feedback from various stake holders such as Students, Teachers, Employer, Alumni and Professionals. The feedbacks were assessed and considering the suggestions necessary actions were executed. The feedbacks were collected on annual basis

Report – 2020-21

Student's feedback

The students were given feedback forms and based on the feedback received, the following actions were taken

s.no	Feedbacks	Action taken
1	Students suggested to change in lecture hour schedule	Time table is revised in IBS which helps students to have more time in clinical and practical session
2	Students suggested addition of value added and certificate courses in curriculum	Various value added courses and certificate course are introduced in institute
3	Students suggested for support for state and national level academic program	Students are encouraged to participate in state and national workshop and conference through SAF
4	Students suggested for remedial classes	Remedial classes are arranged in various departments for slow learners
5	Students suggested for training programmes in e- learning such as cis-portal and HIS – portal	Training programme is arranged for students on regular basis

Adhiparasakthi Dental College and Hospital * Melmaruvathur - 603 319 *

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Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

Teachers feed back

Teachers were given feedback forms and based on the feedback received, the following action were taken

s.no	Feedback	Action taken
1	e-learning resources to be improved	ICT enabled for effective learning and teaching in institute
2	Faculty requested for upgradation of clinical diagnostic equipment, journal and books	CBCT and CAD CAM were installed in institute and new editions updated in library
3	Faculty requested to conduct program for faculty upgradation	Interdisciplinary programme, workshop and faculty development program for faculty arranged through dental education unit (DEU)
4	Faculty are requested to provide funding for research activities	Internal funding's from institute arranged for publication , Research activities , copyrights and patency
5	Faculty suggested for improvement in research quality by collaboration with other institute	MOU is signed between various institute and research programmes are organized

Alumni feed back

Alumni were given feedback forms and based on the feedback received, the following action were taken

s.no	Feedback	Action taken
1	To upgradation in clinical enrichment program	Various value added course and certificate course is implemented in institute for alumni students
2	Suggested to organize campus recruitment program	Campus recruitment interview is organized in institute
3	To provide training in career based programme and higher education	Mou signed with veranda IAS training academy for UPSC exam preparation & AHEID – NEET Preparation
4	Update on college activities and programmes so that alumni can be a part of it	Updating of college program was done in college website and through alumni committee

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Professionals feed back

Professionals were given feedback forms and based on the feedback received, the following action were taken

s.no	Feedback	Action taken
1	To improve patient management system	HIS portal system is introduced and training were given for sophisticated patient management
2	Suggested for upgradation in ISO to meet professional standard	Upgraded ISO certification is obtained
3	To improve students in extracurricular and social skills	Students are encouraged to actively participate in outreach activities and certificate course
4	Suggested for training in dental ethics for undergraduates and post graduates	Dental ethics programs are organized

Employers feed back

Employers were given feedback forms and based on the feedback received, the following actions were taken

s.no	Feedback	Action taken
1	To improve patient management system	His portal system is introduced and training were given for sophisticated patient management
2	To update students on current trends and technology in research	Various CDE program and workshop organised on new digital technology for in dental treatment planning and research activities
3	To improve students in extracurricular and social skills	Various extracurricular activities conducted for all students
4	To improve in clinical skills	Evening clinic program and peripheral clinical posting are arranged under the guidance of eminent faculties
5	To provide training in emergency management of medically compromised patient	Basic medical emergency management and frequent BLS training is done through CPR committee

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EVIDENCE FOR FEEDBACK ACTION TAKEN

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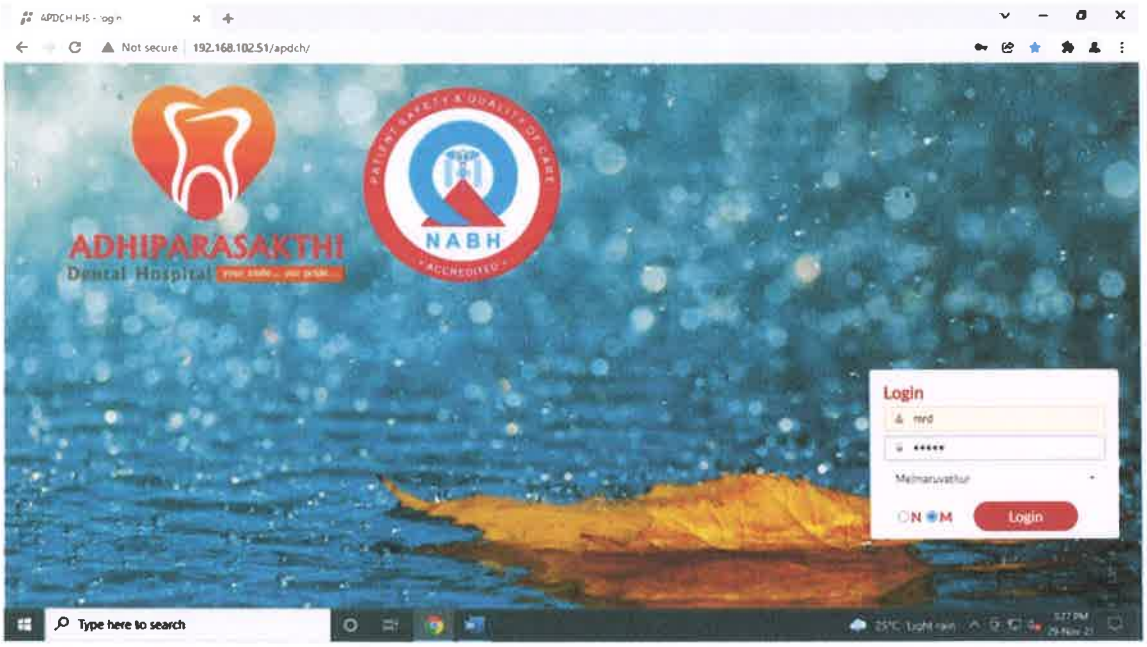
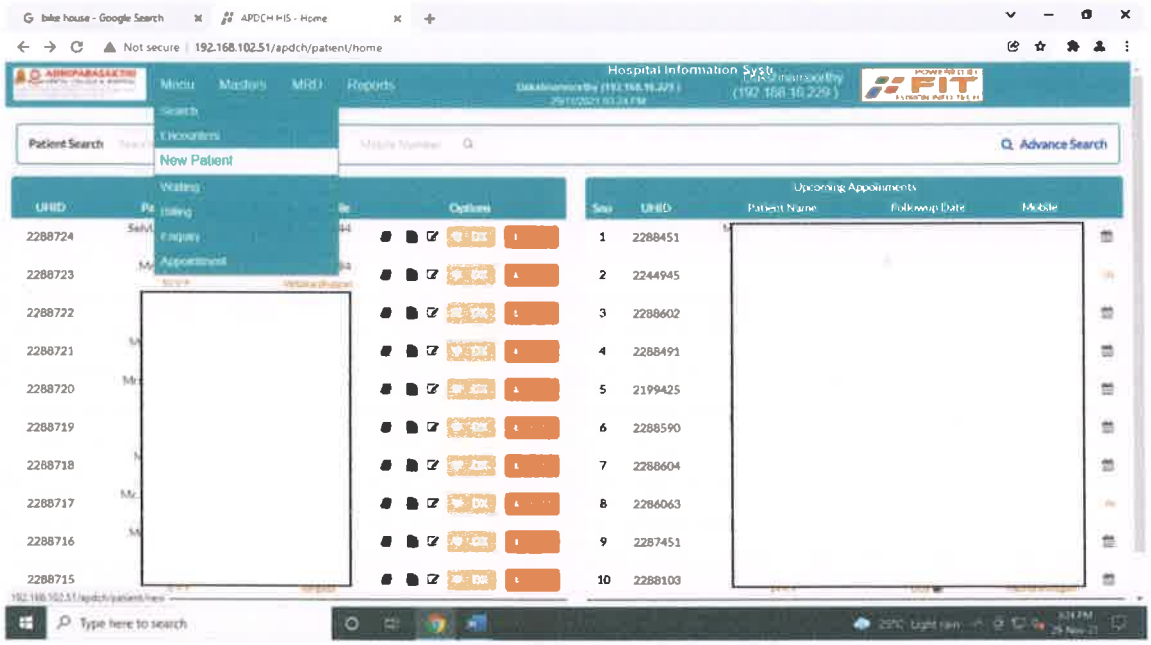
MRD CIS PORTAL:New Registration



NEW PATIENT ENTRY



This screen is used to register a patient by taking the required information from him/her.

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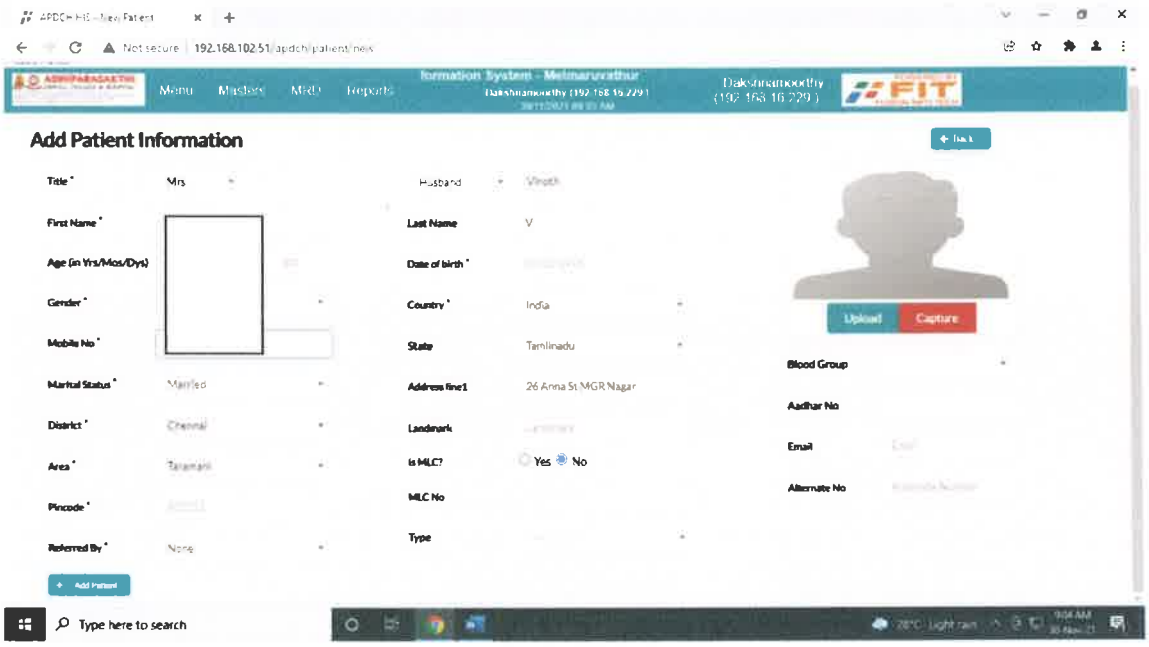
ADDING NEW PATIENT'S INFORMATION

This screen contains add patients' information line name, address, all the demographic details.



1. Enter the patient's details like Name, Age, Address, Mobile number
2. Enter father's or husband's name, Nationality
3. These details mandatory that are to be entered.

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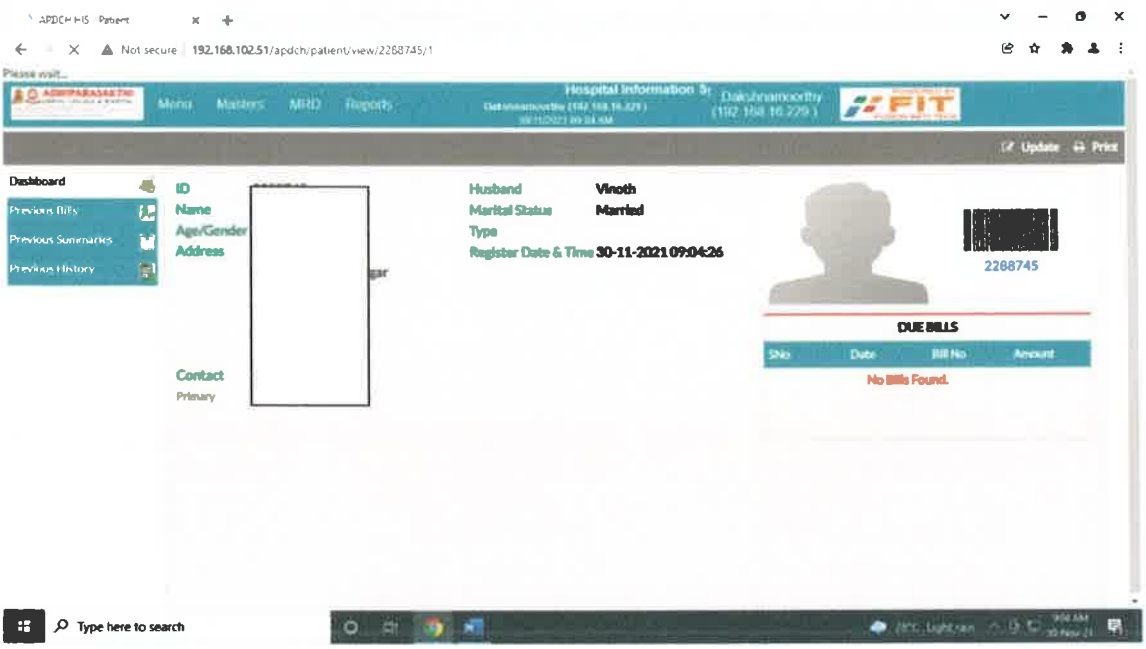
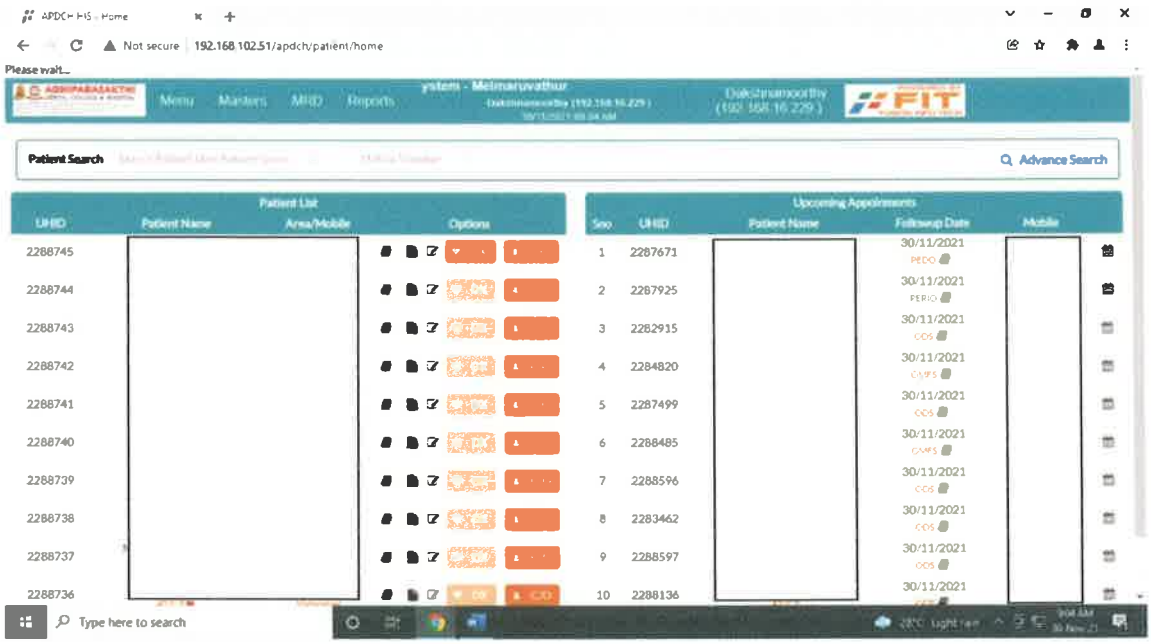
NEW PATIENT'S DETAIL ENTERED



PATIENT'S NAME IN DASHBOARD



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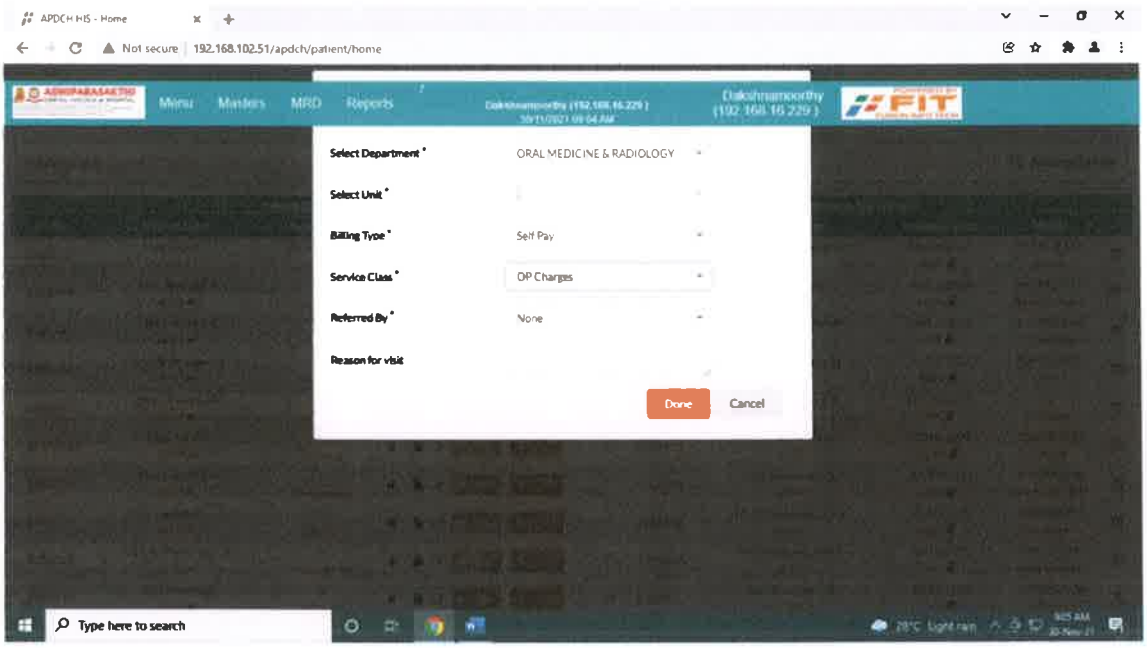
BILLING FOR PATIENT



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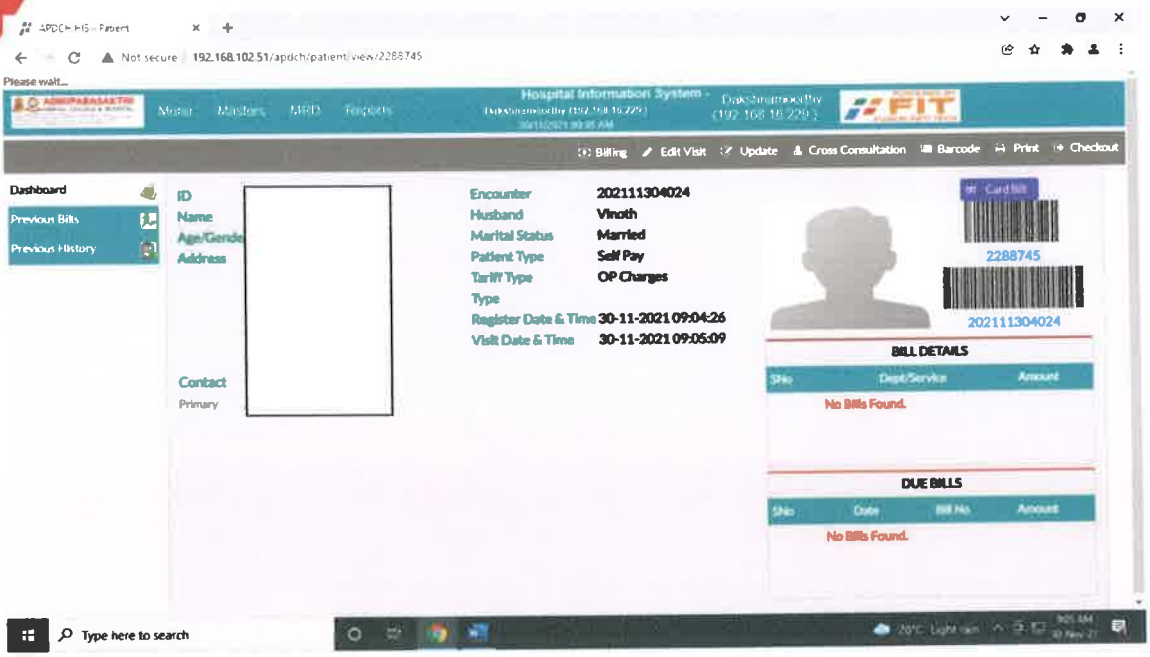
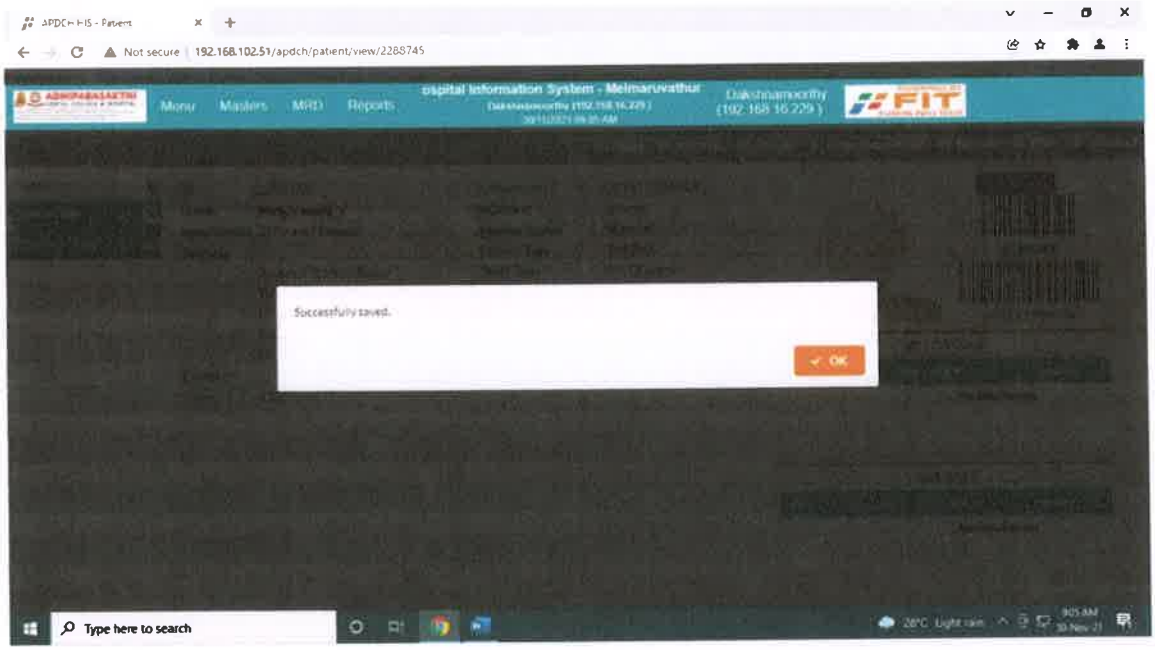


PATIENTS BILLING SAVED



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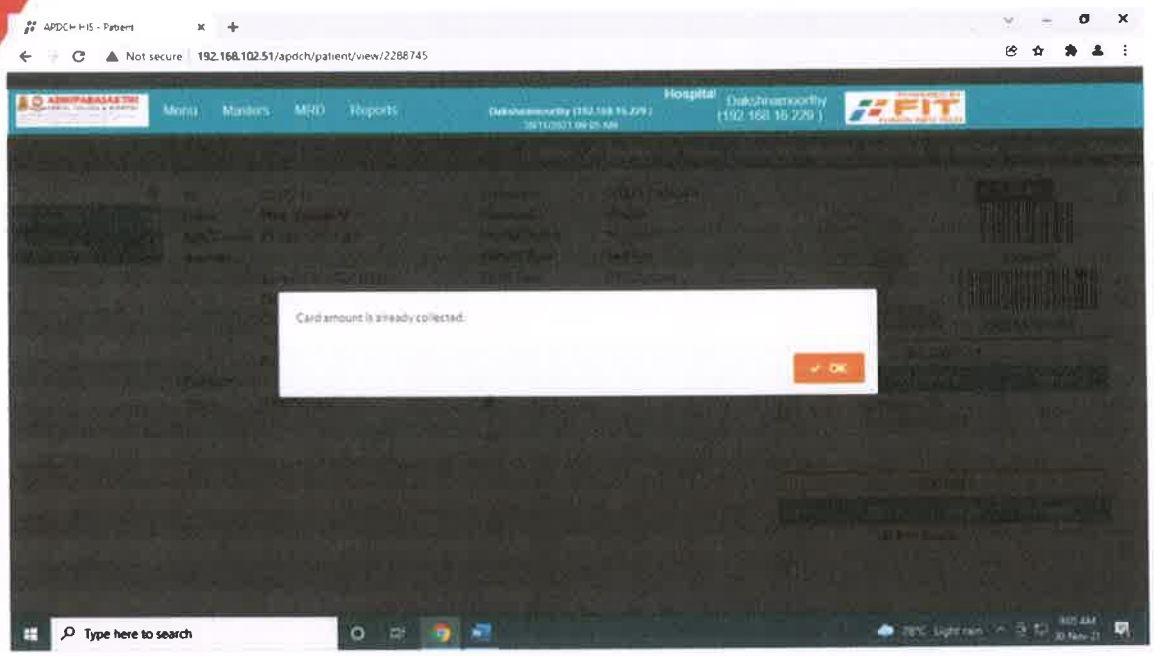
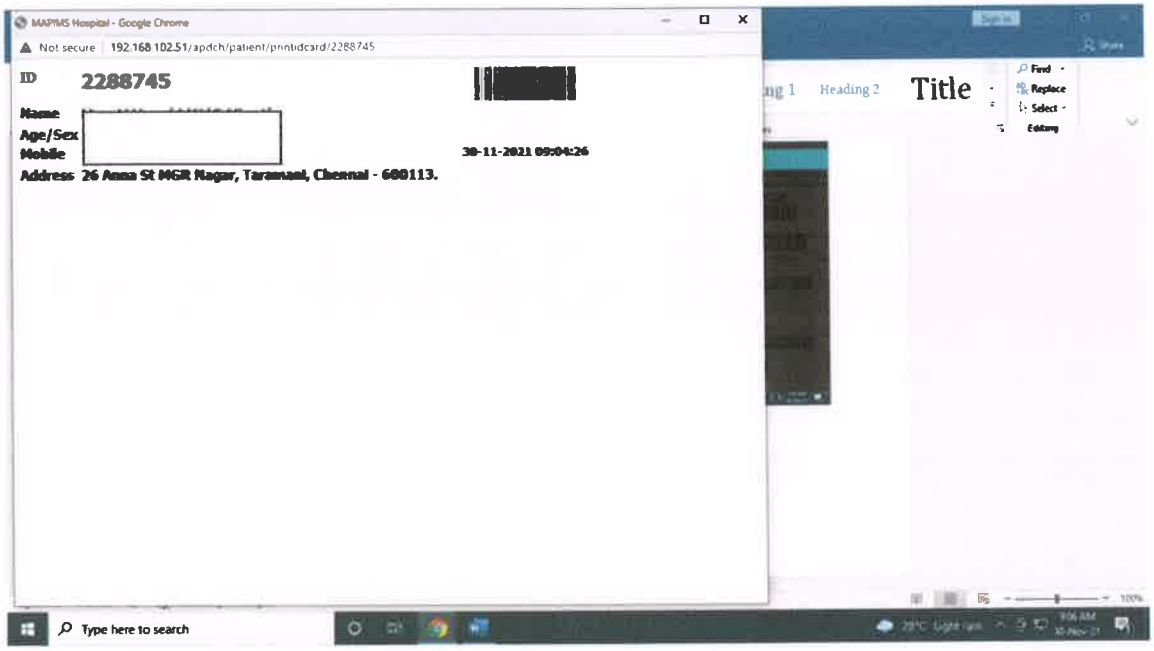


PATIENTS ID CREATED AND BILLING DONE



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QMS CIS PORTAL

QUALITY MANAGER

↓

QMS ASSISTANT

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OPEN WEB PAGE

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REPORTS

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DASHBOARD

↓

DAILY DASHBOARD

↓

OVERALL CENSUS / CASH

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QUALITY MANAGER

QMS ASSISTANT

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PATIENT WATING LIST

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MENU

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WAITING LIST

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ALL DEPARTMENTS

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PATIENT WAITING LIST

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PATIENT COMPLETED LIST

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CONSENT FORMS UPLOADED

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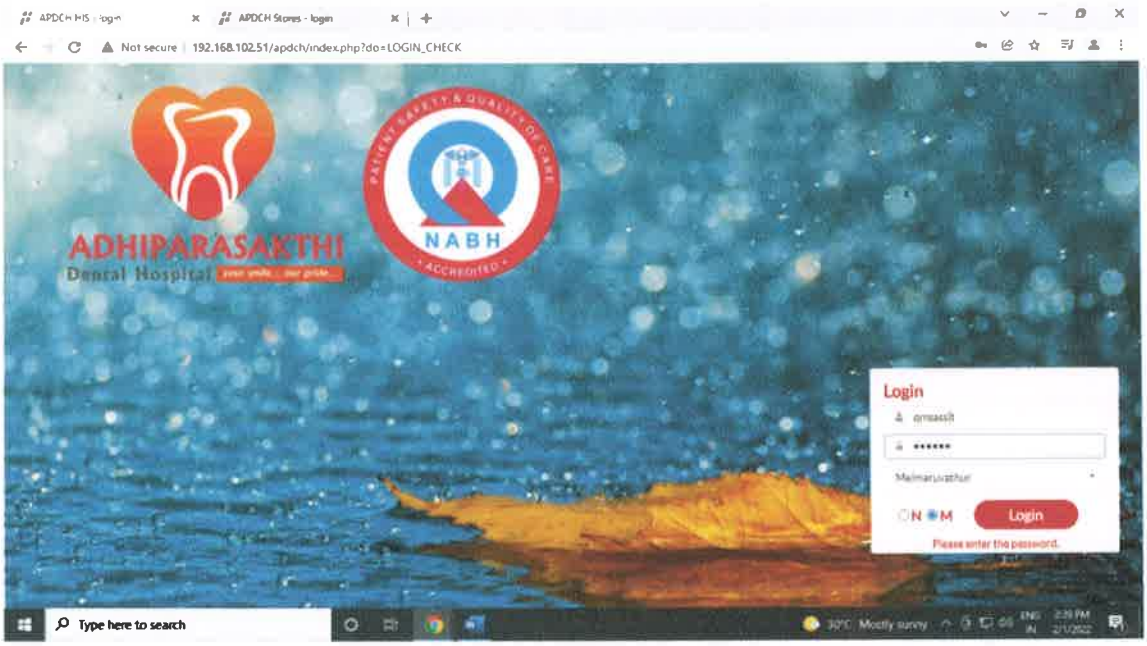
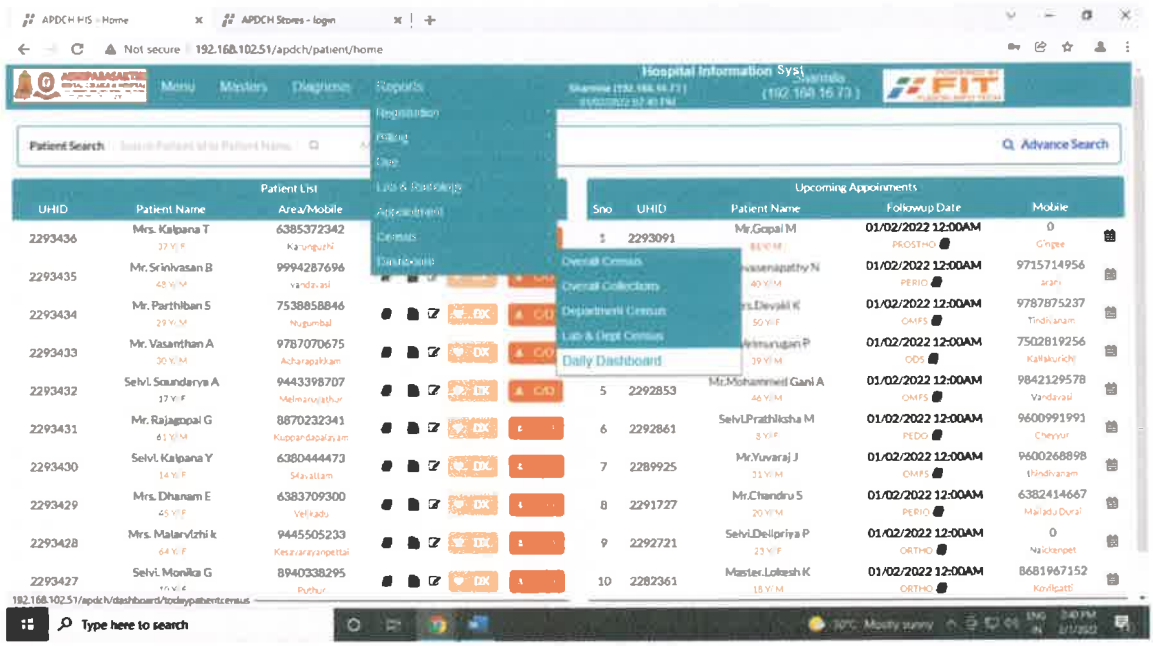
QMS WEBPAGE



DAILY DASHBOARD



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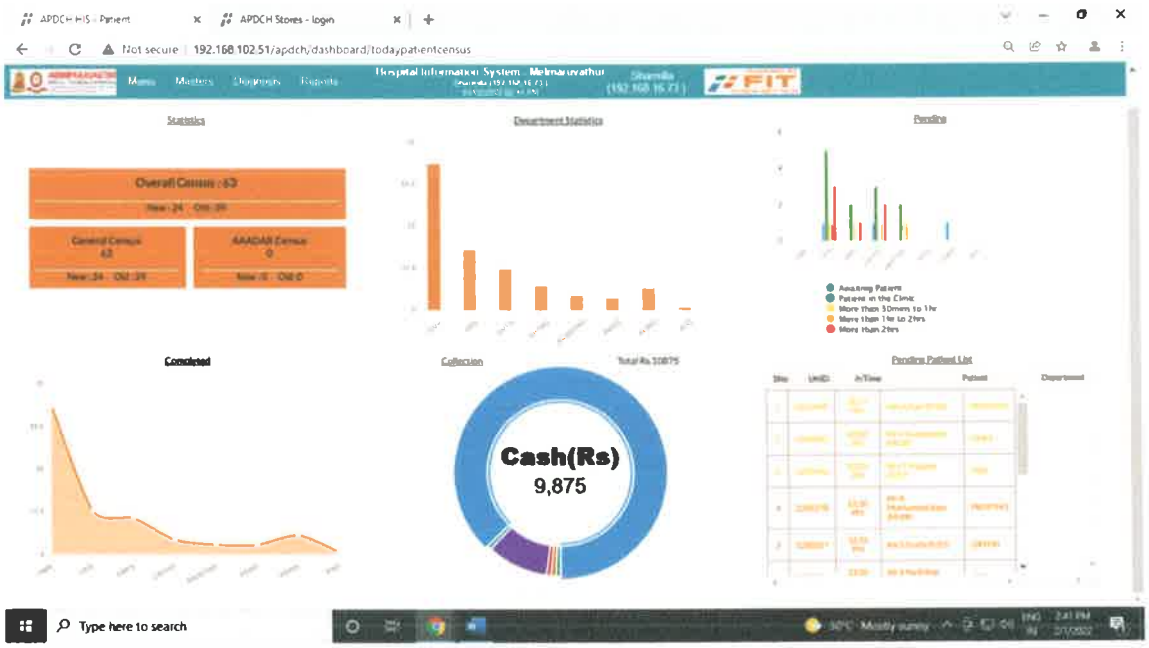
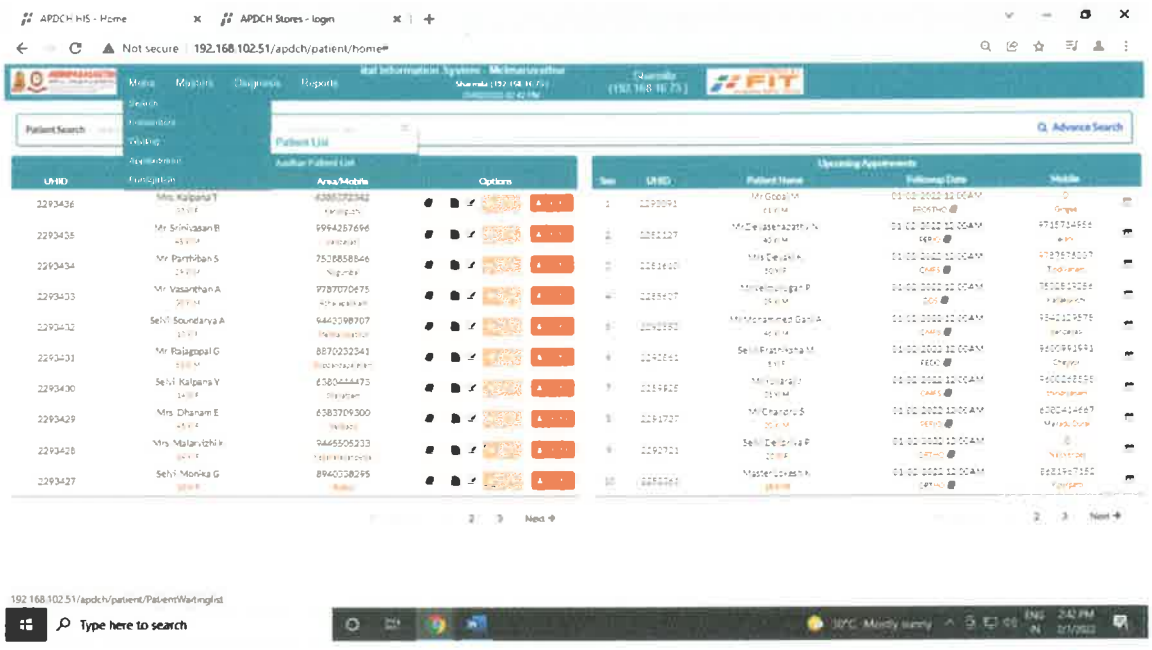
OVERALL CENSUS FOR THE DAY



PATIENT LIST



S. Karthiga Kannan

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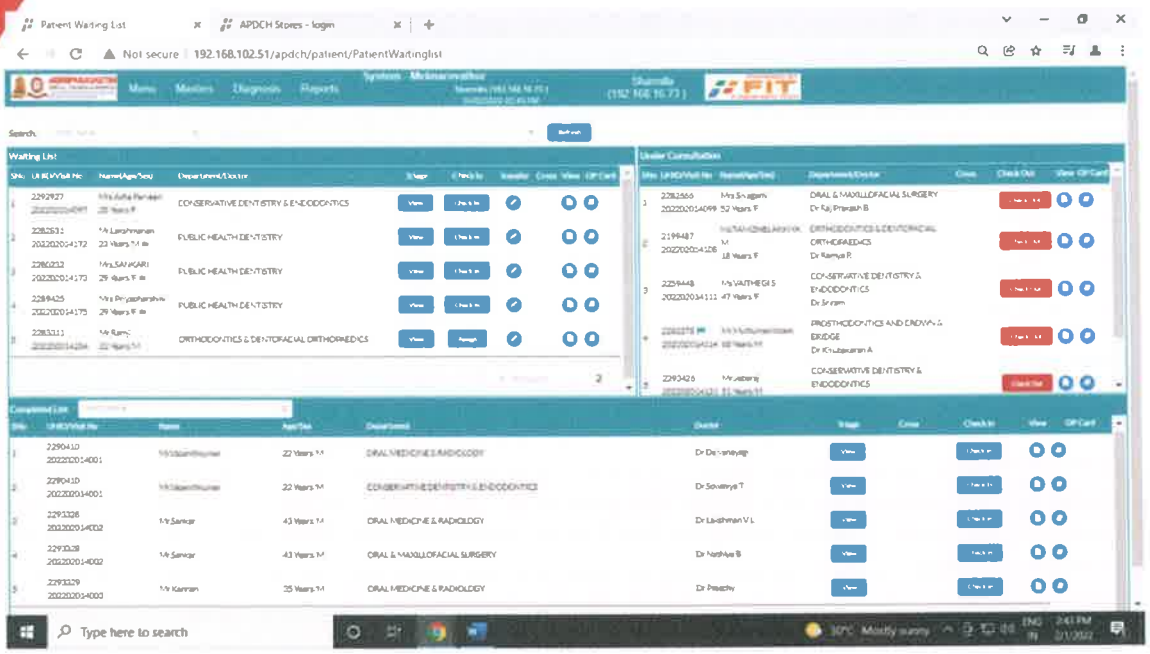
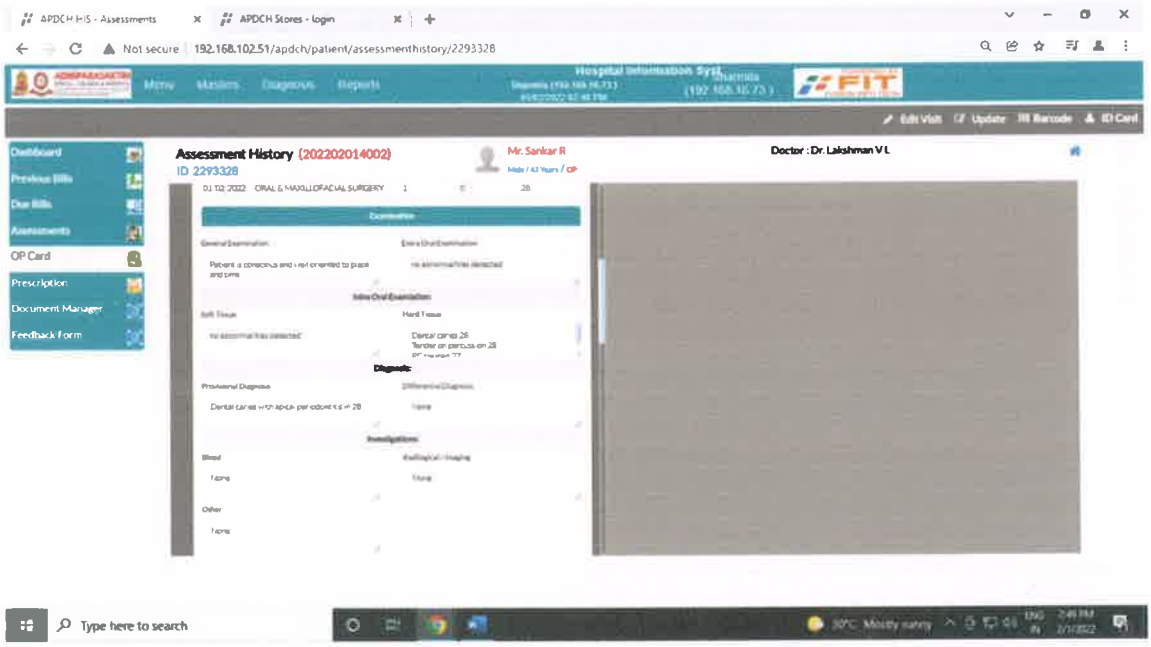


ASSESSMENT HISTORY



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भारतीय गैर न्यायिक

एक सौ रुपये Rs. 100

ONE

रु. 100 HUNDRED RUPEES

भारत INDIA

INDIA NON JUDICIAL

தமிழ்நாடு தமிலநாடு TAMILNADU

BA 036476

R. ஆனந்தபாரதன்
மு. தா. பிற்பனையாளர்
உரிம. 5979/E2/2000
A. கொளத்தூர்

தமிழ்நாடு

கொள் : APDC & H.

வரர் : MELMARUVATHUR.

தேதி 23-3-2016 எண: 2524

மதிப்பு : 100

MEMORANDUM OF UNDERSTANDING (MOU)

Between

AHEID Training Institute

And

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

This Memorandum of understanding is entered on 24th day of Mar 2016 between Adhiparasakthi Dental College and Hospital, herein after referred as **APDCH**, represented by Dr.T.Ramesh, Correspondent, having its office at GST Road Melmaruvathur, Cheyyur Taluk, Kanchipuram District, herein after called as a party of the **FIRST PART**,

AND

AHEID Training Institute herein after referred as **AHEID** represented by its owner, Dr.S.Karthikeyan, having its office/Residence at Door No A11, Rose Building, GST Road, Melmaruvathur, Cheyyur Taluk, Kanchipuram Dist, herein after called as a part of the **SECOND PART**,

Whereas the party of the **FIRST PART** is running a Dental College in the name and style **"ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL"** at The address given above, with various department in the field of dentistry with BDS and MDS Course .

CORRESPONDENT
ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR - 603319

Adhiparasakthi Dental College and Hospital * Melmaruvathur - 603 319. *

PRINCIPAL
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Whereas the party of the **SECOND PART** is a team of doctors qualified and specialized in Coaching aspiring candidates for Post Graduate and Various other competitive examinations in the field of dentistry in many places in Chennai and Surrounding area have expertise in the procedures normally adopted in Coaching Institute have accepted the offer given by the party of **FIRST PART** to manage and conduct PG Entrance & Various other competitive examination coaching class for the benefit of APDCH candidates as well as candidates from other institutions on the following terms and conditions.

Now, therefore, the parties hereto here by AGREE

1. This deed of agreement will come into force from Mar 2016 for a period of minimum 24 months.

2. The party of the second part will prepare discuss and conduct the syllabus, content and coaching delivery to the selected candidates as per the agree points.

3. Except the faculties authorized by **AHEID Training Institute** no other faculties can conduct such activities mentioned at point 2.

4. Cost for Service:

   a. For the Final Year Students Completion in Aug 2016 : 2500/Student
   b. For the Next Academic year Final Year Students : 5000/Student
   c. For the CRRI Students Completion in Sep 2016 : 22,500/Student
   d. For the Next Academic year CRRI Students : 20,000/Student
   e. For the Student from other institutions for 2016 Batch : 22,000/Student
   f. For the Student from other institutions for 2017 Batch : 25,000/Student
   g. The above mentioned fees structure is a guideline and subject to change or modify case to case basis with the concurrence of authorized person of both the parties.

5. Basis the selection criteria/selection decision made by the second part the candidates will be enrolled in to the institute. However with respect to the selection of students the opinion, advice of the first part would be certainly considered and mutually agreed by the both the parties.

6. Basis the fees structure fixed by the SECOND PART, party of FIRST PART, that is, college authorities will directly collect the fees from the APDCH students and pay the agreed fees to the party of SECOND PART.

7. For the students other than APDCH fees will be collected by directly to the SECOND PART.

8. In case of students other than APDCH Students who have already paid the fees or certain reasons if deduction / addition of fees the party of SECOND PART can modify the structure if with prior information with FIRST PART.

9. The fees would be fixed by the FIRST PART with the concurrence of the SECOND PART, the fees would be : The course fees mentioned by the second part + a certain percentage over the fees for maintenance, incidental & overhead expenses. The percentage would be 10% for this agreement period, which would be decided during every renewal.

10. Class Timings:
    a. For the Final Year Students Completion in Aug 2016 :
    b. For the CRRI Students Completion in Sep 2016 & other institutions Students for 2016 Batch:
       - 3 classes per week
       - 1st Saturday & Sunday – 9am to 5pm at Chennai centre
    c. The timing would change basis the need of the student, however the change will be approved only after the mutual agreement of both the parties
    d. The party of SECOND PART is authorized to decide the holidays, postponement of classes due to valid reasons , cancellation of sessions planned, however this needs to be intimated to the participants through any media

CORRESPONDENT
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MELMARUVATHUR - 603319

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Hospital Road, Melmaruvathur
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11. Faculty will be decided by the **AHEID Training Institute** only. Since the fees is paid as a per student basis, there is no specific faculty service charges

12. Responsibilities of FIRST PART:
    a. Discussing, approving the training schedule and plans of SECOND PART
    b. Providing venue, Power, class room facilities as comparable to the college
    c. Permission to use the library with clear identity and usage as per guidelines
    d. Collect the fees and provide the details to the SECOND PART
    e. Pay the agreed fees per student within 10 days of collection

13. Responsibilities of SECOND PART:
    a. Discussing, designing, conducting the training schedule as per agreed terms
    b. Providing feedback, updates, inmate, attendance details to first part
    c. Maintenance of decorum, discipline of the students
    d. Ensuring the maximum number of students get selected in PG entrance
    e. Ensuring the name and fame of college to improve because of this effort

14. In case of any dispute arise between the parties; the parties are at liberty to go for arbitration. Each party has got the right to appoint one arbitrator on their side and the arbitrators to appoint a common arbitrator to deal the issues arising between them.

15. In case of a need of termination of this agreement by any of the parties it's only through an written intimation by the authorized person with Min 3 Months Notice – for any cause or reason this cannot be compensated for money, considering the students welfare, care the most.

16. This agreement can be altered, modified during any time of the agreement period only through written and signed by both the parties

17. With all the good intention and wish to contribute to the student community, its important that both the parties should meet at least once a month and share the updates and feedbacks

18. This agreement does not bind any of the party to enter any such agreements, institutes, however both the parties are prohibited to start a similar institute for the same segment of students with in the premises

19. The sytle & name of AHIED Training Institute is the Sole property of Second Part represented by Dr.S.Karthikeyan.

In witness whereas the parties here to signed this agreement on 24th Mar 2016

FIRST PART :

Dr.T.Ramesh, M.D
Correspondent, APDCH

CORRESPONDENT
ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR - 603319

SECOND PART

Dr.S.Karthikeyan, M.D.S
No A11, Rose Building,
GST Road, Melmaruvathur

Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

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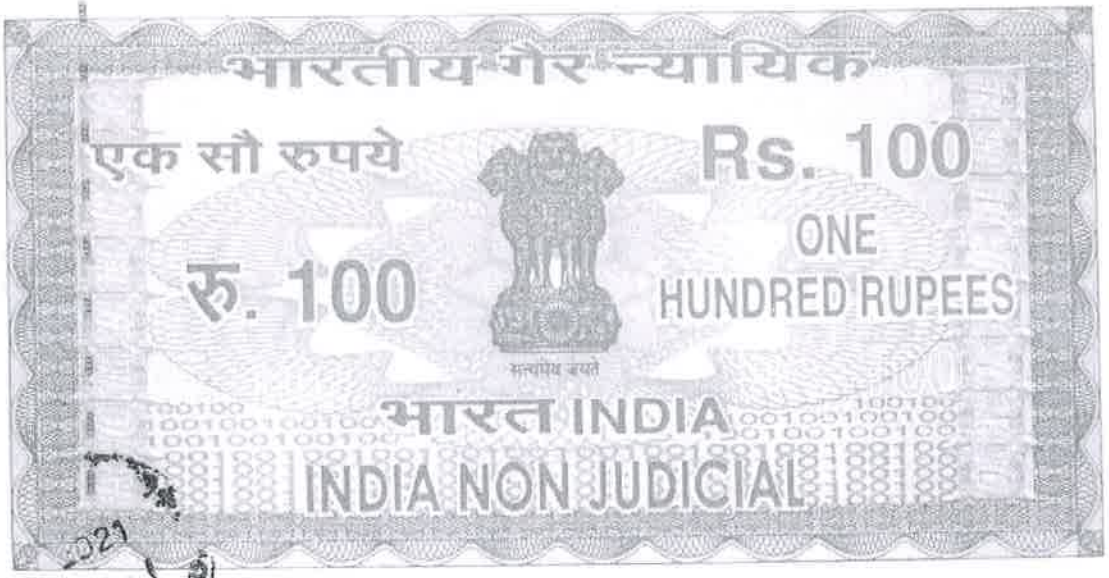

தமிழ்நாடு TAMILNADU 1st February 2022

VERANDA LEARNING SOLUTIONS LIMITED

CN 562197

G. SIVAKUMAR
Stamp Vendor
Lic No: 14/...
11, ... Street, Jeyalakshmipuram
Nungambakkam, Chennai - 600 0...
Mobile: 9381004109

MEMORANDUM OF UNDERSTANDING

THIS MEMORANDUM OF UNDERSTANDING FOR EDUCATIONAL COLLABORATION is entered into at Chennai on this the 14th day of February 2022.

BY AND BETWEEN

Adhiparasakthi Dental College and Hospital,/ACMEC TRUST represented by its **Correspondent, Dr.T.Ramesh M.D.,** having office at GST Road, Melmaruvathur – 603 319 (hereinafter **"APDCH"**).

AND

Veranda Learning Solutions Limited, represented by Shri R. Rangarajan, CFO having the registered office at 34 Thirumalai Road, T.Nagar, Chennai – 17 (hereinafter, **"Veranda"**)

For Veranda Learning Solutions Ltd

Chief Financial Officer

CORRESPONDENT
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.

Adhiparasakthi Dental College and Hospital * Melmaruvathur - 603 319. *

PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

WITNESSETH THAT:

WHEREAS (hereinafter, "**ACMEC TRUST**") is running a Medical, Dental, Nursing, Engineering, Pharmacy, Physiotherapy, Arts & Science College.

AND WHEREAS Veranda is engaged in the business of providing learning for student and professional exam aspirants and Veranda renders the following online learning capabilities rendered by the following subsidiaries of Veranda (such subsidiaries being hereinafter referred to, collectively as "**VOLCos**", and individually as "**a VOLCo**")

1. Competitive examination training in Banking, TNPSC, SSC, Railways & Insurance for employability: M/s Veranda Race Learning Solutions Private Limited

2. CA for Career Progression training programs consisting of Foundation, Intermediate, Final to appear for the ICAI conducted examinations: M/s Veranda XL Learning Solutions Private Limited

3. IAS Training for UPSC aspirants& Group 1 for employability for students: M/s Veranda IAS Learning Solutions Private Limited

4. Cutting edge industry aligned Software Training for Engineering and Science students for employability: M/s Brain4CE Education Solutions Private Limited- Edureka

(and such other VOLCOs as may be introduced by Veranda from time to time, by for different verticals);

WHEREAS, Educational Trust and Veranda desire to promote the enrichment of their teaching and learning and research and discovery missions at "**APDCH / ACMEC TRUST**".

AND WHEREAS, Educational Trust and Veranda desire to provide for a variety of collaborative opportunities for faculty and students of the educational institution, with the facilities provided by Veranda, on the terms and conditions hereinafter set forth;

AND WHEREAS the Educational Trust duly resolved to enter into this Agreement with Veranda, and undertake the obligations herein contained, and also authorized the Correspondent of the College Dr.T.Ramesh, M.D., to execute this Agreement on the Educational Trust.

AND WHEREAS Veranda duly resolved to enter into this Agreement with Veranda, and also authorized the Chief Financial Officer, Thiru R Rangarajan to execute this Agreement on Veranda's behalf.

AND WHEREAS Educational Trust represents and assures Veranda that it is competent to enter into the present Agreement, and to bind the ACMEC Trust thereby, and that the entry by the Trust, into this Agreement, or the performance by the Educational Trust of any of the obligations herein contained, will not constitute a breach of any law, or a breach of any contract or other instrument to which the Educational Trust.

NOW THEREFORE, it is mutually agreed as follows:

I. **Scope of MOU** - This MOU records the Parties' intent to enter into but not be limited to, the following types of collaboration:
   A. Providing training / tutorial to students of ACMEC Trust through the VOLCOs or any of them;
   B. Other mutually agreed educational or research programs.

II. **Term** - This MOU shall be effective upon the date of final execution and will remain in force for a period of five years. Either party may terminate the MOU by providing six (6) months' notice to the other party in writing.

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III. Activities Under This MOU - It is expected that activities taking place under this MOU will be initiated primarily by academic units within the "APDCH / ACMEC Trust" and in coordination with their respective administrative units concerned with external activities.

All activities undertaken must conform to the policies and procedures in place at "APDCH / ACMEC Trust", and relevant laws.

Veranda shall be entitled to render the services under this MOU and under Activity Schedule (as defined in Clause IV below) either by itself, or through the relevant VOLCO.

IV. **Planning and Management of Activities** – Each distinct collaboration program or activity will be described in a separate Activity Schedule drawn up jointly and signed by authorized signatories of APDCH / ACMEC Trust" and the relevant VOLCO. Upon execution of an Activity Schedule, the relevant VOLCO shall alone have the obligations thereunder to Educational Trust, and Veranda shall have no liability to Educational Trust or its students thereafter.

The parties understand that each Activity Schedule may have different circumstances with respect to the personnel, types of activities, intellectual property and other deliverables that either Party may be required to contribute.

The responsibilities and obligations of each Party with respect to the following aspects shall be provided for in each Activity Schedule, along with such other terms of understanding as may be finalized between the Parties:

i. Details of the Service
ii. Student Enrollment
iii. Fee collection for training program
iv. Modality of delivery of service
v. Obligations with respect to:
    a. Infrastructure
    b. Classroom support
    c. Training support
    d. Student support
vi. Enrollment renewal
vii. Fee revision
viii. Such other terms as mutually agreed between the parties

V. **Nondiscrimination** – **"APDCH / ACMEC Trust"** and Veranda agree that no person shall on the grounds of caste, religion, sexual orientation, gender, age, place origin, marital status, or disability, be excluded from participation of any activities envisaged under this MOU or any MOU entered into pursuant to this MOU.

VI. **Compliance with Laws** - The parties specifically intend to comply with all applicable laws, rules and regulations as they may be amended from time to time. If any part of this MOU is found to violate any laws, the parties agree to negotiate in good faith revisions to any such provisions. If the parties fail to agree within a reasonable time to revisions required to bring the entire MOU into compliance, either party may terminate this MOU upon thirty (30) days prior written notice to the other party.

VII. **Use of Name** – During the term of the MOU, Veranda will be entitled to use the name or logo of **"APDCH / ACMEC Trust"**, in any publicity, advertising, or news release with the prior written approval of **"APDCH / ACMEC Trust"**.

During the term of the MOU, **"APDCH / ACMEC Trust"** will be entitled to use the name or logo of Veranda, in any publicity, advertising, or news release with the prior written approval of Veranda.

Either Party may freely disclose the existence of this MOU, in any of its publicity materials, public filings, or on its website or brochures, and for that purpose, shall have a limited license from the other Party to print/display/use that other Party's name/logo.

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Tamil Nadu - 603 319

Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

VIII. **Modification** – The terms of this MOU may be changed or modified only by written amendment signed by authorized agents of the parties hereto.

IX. **No partnership or agency created** - Each party is separate and independent and this MOU (or any Activity Schedule executed in pursuance hereto) shall not be deemed to create a relationship of agency, employment, or partnership between or among them. Each party understands and agrees that this MOU (and the Activity Schedules) establishes an independent contractor relationship and that the agents or employees of each respective party are not employees or agents of any other party.

X. **Continued Discussions** – This MOU is entered into for the purpose of establishing a basis upon which **"APDCH / ACMEC Trust"** and Veranda will continue discussions. Parties shall have continued discussions in good faith, to find areas of cooperation, and to broaden the basis of this understanding.

Veranda and its subsidiaries/affiliates will explore opportunities together with the **"APDCH / ACMEC Trust"** and specific commercials and working arrangement will be signed off by Veranda and **"APDCH / ACMEC Trust"** by way of Activity Schedule (Refer Clause IV) which will be treated as part of this MOU.

"APDCH / ACMEC Trust" can assign this MOU or its interest therein, without the prior written consent of Veranda.

Veranda shall have the right to assign this MOU or their interest therein without the prior written consent of MAHER.

XI. **FORCE MAJEURE** - This MOU shall be terminated upon the occurrence and subsistence for at least six (6) months of any event which renders the performance of any obligations under this MOU impossible, namely; laws prohibiting the activities contemplated in this MOU, the dissolution of **"APDCH / ACMEC Trust"**, the dissolution of Veranda, acts of the government (but not tax law changes); epidemics; other catastrophes or any similar occurrences beyond both Parties reasonable control.

XII. **WAIVER** - The waiver of any breach of any term of this MOU does not waive any subsequent breach of that or another term of this MOU.

XIII. **INDEMNITY** - Each Party agrees to indemnify and keep the other indemnified and harmless from any liabilities, claims or demands (including the costs, expenses, losses and reasonable attorney's fees on account thereof) that the other may incur or suffer as a result of breach by the former of any of its obligations herein contained.

Without prejudice to the foregoing:

"APDCH / ACMEC Trust" shall indemnify and keep indemnified Veranda against any wrongful claims made, or damages and losses suffered, or defaults committed, by the trustees of **"APDCH / ACMEC Trust"**, employees, teachers, students or their parents of the **"APDCH / ACMEC Trust"**.

Veranda shall indemnify and keep indemnified **"APDCH / ACMEC Trust"** against any and all losses suffered by **"APDCH / ACMEC Trust"** as a result of any claims by **"APDCH / ACMEC Trust"** students or their parents as to breach by Veranda.

XIV. **CONFIDENTIALITY**

14.1 For the purposes of this MOU, any person (whether **"APDCH / ACMEC Trust"** or Veranda or any member of the teaching or non-teaching staff of the **"APDCH / ACMEC Trust"** who receives information from a Party to this MOU, in relation to the matters contained herein, shall be referred to hereinafter as "Receiving Party".

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Tamil Nadu - 603 319

Chief Financial Officer

14.2 The Receiving Party shall take all reasonable security precautions, including precautions at least as great as it takes to protect its own confidential information, to protect the secrecy of Confidential and Proprietary Information. The Receiving Party may disclose Confidential and Proprietary Information only to its directors / owners, on a need-to-know basis. The Receiving Party will have executed or shall execute appropriate written MOUs with the faculties, its employees and consultants sufficient to enable it to comply with all the provisions of this MOU. Except as provided in the section below, the Receiving Party agrees to treat the same as confidential and shall not divulge, directly or indirectly, to any other person, firm, corporation, association or entity, for any purpose whatsoever, such information, and shall not make use of such information, without the prior written consent of the party disclosing the same to the Receiving Party (hereinafter, "Disclosing Party"). However, nothing shall prevent **"APDCH / ACMEC Trust"** to disclose Confidential and Proprietary Information to its designees and service recipients in connection with the performance of this MOU.

14.3 All information shall be deemed confidential and Proprietary Information unless it is: (i) publicly available prior to this MOU or becomes publicly available without a breach by the Receiving Party; (ii) rightfully received by the Receiving Party from third parties without acting in breach of confidentiality obligations; (iii) already in the Receiving Party's possession and was lawfully received from sources other than the disclosing party; (iv) independently developed by the Receiving Party; or (v) approved by the Disclosing Party for release.

14.4 Both the parties shall have and hereby reserves the right to disclose Confidential and Proprietary information, on request, to governmental or statutory authorities and arbitration panels without an obligation to notify each other if such notification is prohibited by applicable law. Both the parties shall make reasonable efforts in this regard, to seek permission from above mentioned authorities to disclose such information request to the each other. The secrecy of the Confidential and Proprietary Information disclosed pursuant to this MOU shall be maintained for a period of **five (5) years** following disclosure thereof.

14.5 In case of breach, the Disclosing Party shall have the right to seek injunctive relief, which relief shall not exclude any other recourse provided by law.

14.6 The Disclosing Party understands that the Receiving Party may currently or in the future be developing internally or receiving information from other parties that may be similar to the disclosing party's Confidential and Proprietary Information. Accordingly, nothing in this MOU shall be construed as a representation or inference that the Receiving Party will not develop products or provide services, or have products developed for it or receive services that, without violation of this MOU, compete with the Disclosing Party's Confidential and Proprietary Information.

14.7 On termination of this MOU, each party agrees to promptly deliver to the other party all Confidential and Proprietary Information of the other party then in such party's possession. Neither party shall retain any Confidential and Proprietary Information of the other party.

XV. **INTELLECTUAL PROPERTY RIGHTS** - Each Party shall have exclusive rights to all intellectual property rights ("IPRs") held by it prior to this MOU. Use of any IPRs for the purpose of this MOU or any activity pursuant to this MOU shall not be a license or a dilution of such exclusive ownership of the IPRs. Any IPRs developed by Veranda during the course of performance of obligations under this, or pursuant to this MOU shall vest in Veranda.

All the IPRs arising out of the performance by Veranda of its duties and obligations herein contained, shall be owned by Veranda, and all Parties shall assist Veranda in securing the same by filing for appropriate protection under applicable laws in the name of Veranda. No Party to this MOU shall act in any manner derogatory to the proprietary rights of the Veranda over such IPRs.

"APDCH / ACMEC Trust" and Veranda hereby agree that all IPRs, prior to or after execution of this MOU, arising from development of solutions, products, projects executed,

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Chief Financial Officer

PRO FORMA ACTIVITY SCHEDULE FOR **"APDCH / ACMEC Trust**

ACTIVITY	DESCRIPTION	ENTITY
Service	Students will be trained for the UPSC Civil Service examination through an Integrated Learning Program including an In-Class Program ("Course").	Veranda IAS Learning Solutions Pvt Ltd (VIAS)
Number of students	**"APDCH / ACMEC Trust"** contracts for 100 students for the Course for the Academic Year 2021-22 and **"APDCH / ACMEC Trust"** shall also contract Students for this Course in subsequent years during the term of the MOU (each a "Contracted Student"). The class strength shall at no point exceed the number of students for which this contract has been entered into. Additional students joining **"APDCH / ACMEC Trust"** (as applicable) during the academic year shall be contracted by payment of the course fees of Rs.25,000 (Plus GST) per student to Veranda before the students enroll for the Course. **"APDCH / ACMEC Trust"** shall ensure that Veranda Entity's Terms of Service (which will be available on the Designated Web Portal) is duly accepted by each Contracted Student.	**"APDCH / ACMEC Trust")**
PFee collection	**"APDCH / ACMEC Trust"** shall pay the first-year fees of Rs.25,000 per student (Plus of GST) for all the contracted Students to Veranda before the commencement of the Course. For succeeding Academic Years, **"APDCH / ACMEC Trust"** shall pay the mutually agreed fee per student (plus GST as applicable) for all Contracted Students to Veranda prior to the start of the relevant Academic Year	**"APDCH / ACMEC Trust"**
Data sharing	The list of all Contracted Students will be shared by **"APDCH / ACMEC Trust"** including the following data-points (Name, Roll Number, Section, Parent Name, Email ID, Mobile Number and such other relevant details as may be required by VIAS).	**"APDCH / ACMEC Trust"**
Class-support	VIAS Designated Tutors will steer the classrooms. **"APDCH / ACMEC Trust"** shall ensure that the Designate Tutors conform to the Course structure and construct in the conduct of the Course.	**"APDCH / ACMEC Trust"** & VIAS
Scheduling of sessions	Veranda and **"APDCH / ACMEC Trust"** shall mutually decide a program schedule for this Course.	**"APDCH / ACMEC Trust**

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Director

Infrastructure	**"APDCH / ACMEC Trust"** shall facilitate and create infrastructure, as required by Veranda, for the effective delivery by **"APDCH / ACMEC Trust"** of the training/tutorials forming part of the Course.	**"APDCH / ACMEC Trust** and VIAS
Student support	With respect to the Course, Veranda shall provide support to the students for the Self-Paced Learning modules. In all other respects, **"APDCH / ACMEC Trust"** is responsible to ensure that the parents / lawful guardian of the student raise all the questions and concerns only through **"APDCH / ACMEC Trust"** and do not approach Veranda directly.	VIAS **"APDCH / ACMEC Trust"**
Enrollments in subsequent years	In subsequent years, **"APDCH / ACMEC Trust"**) shall contract students (Contracted Students) into this Course. **"APDCH / ACMEC Trust"** shall pay the applicable annual fees for all Contracted Students to Veranda prior to the start of every academic year	**"APDCH / ACMEC Trust"**
Audit	VIAS shall, from time to time, be entitled to conduct an audit and review of the implementation of the program, including without restriction to measure the success-rate / impact of the Course on student performance. **"APDCH / ACMEC Trust"** shall provide (and cause the students to provide) such information as may be required by VIAS in this regard.	**"APDCH / ACMEC Trust"**
Fee Refund	If a Contracted Student wants to discontinue from Course within 15 days from joining, then **"APDCH / ACMEC Trust** shall intimate VIAS of such event, and in such cases alone, such student shall cease to be a Contracted Student, and there will be a pro rata refund (calculated in the manner set out below) of the fee paid in respect of such student under S. No. 3 above.	**"APDCH / ACMEC Trust"** and VIAS

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TÜV SÜD ZERTIFIKAT ◆ CERTIFICATE ◆ 認証書 ◆ СЕРТИФИКАТ ◆ CERTIFICADO ◆ CERTIFICAT

CERTIFICATE

The Certification Body
of TÜV SÜD South Asia Private Limited
certifies that

Adhiparasakthi Dental College & Hospital
Melmaruvathur, Kanchipuram District - 603 319, Tamil Nadu, INDIA

has implemented a Quality Management System
in accordance with **ISO 9001:2015**
For Scope of

Providing undergraduate and Post Graduate Courses in Dental Surgery

The certificate is valid From **2019-06-17** until **2022-06-16**
Subject to successful completion of annual periodic audits
The present status of this Certificate can be obtained on www.tuv-sud.in
Further clarifications regarding the scope of this certificate may be obtained by consulting the certification body

Certificate Registration No. **99 100 19960**

Date of Initial certification : **2019-06-17**

Adhiparasakthi Dental College and Hospital * Melmaruvathur - 603 319 *

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Certification Body
of TÜV SÜD South Asia Private Limited, **Mumbai**
Member of TÜV SÜD Group

NABCB QM011

BEING A FIRST AIDER

First Aid is an inexact science. It is not always possible to treat a casualty exactly as it is described in the manual and people do not always respond in the same way to treatment. Some conditions inevitably lead to death, even with the best medical care. The golden rule is, "First do no harm", while applying the principle of 'calculated risk'. The 'Good Samaritan' principle supports those acting in an emergency. But it is important to follow the guidelines set out in the first aid manual.

The aim of a First Aider is

- To ***P***reserve life
- To ***P***revent deterioration of the casualty's condition
- To ***P***romote recovery

First Aiders should be confident when working with casualties and make them feel calm and secure. The responsibilities of the First Aider are:

1. To asses the situation quickly, safely, and calmly and to summon appropriate help.
2. To protect themselves, the casualty, and the bystanders from danger.
3. To determine the nature of the injury or illness that the casualty is suffering from.
4. To provide rapid and appropriate treatment, treating the most serious injuries first.
5. To arrange transport of the casualty to the hospital, doctor, or home as necessary.
6. To remain with the casualty until medical assistance arrives.
7. To pass on your observations and provide assistance to those who take over the care of the casualty.
8. To prevent cross infection between the casualty and themselves.

Managing an Incident

When the First Aider arrives at the site of an accident it is necessary to stay cool, calm, and collected. There are clear rules set out that must be followed to ensure safety in hazardous situations. Sticking to the following set of rules will ensure that the correct procedures are carried out during an emergency.

- ***A***ssess the situation
- ***M***ake the area safe
- ***E***mergency Aid
- ***G***et help
- ***A***ftermath

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ADULT BASIC LIFE SUPPORT SEQUENCE

Basic life support consists of the following sequence of actions (Figure 1):

1. ***Make sure the victim, any bystanders, and you are safe.***

Adult Basic Life Support

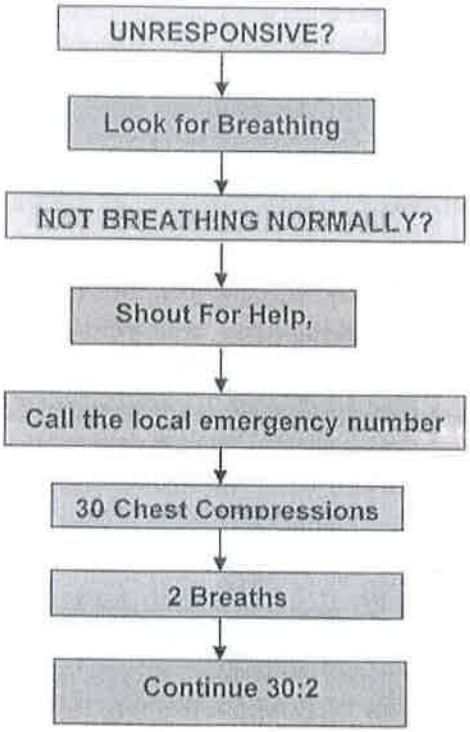

Figure 1: **Adult basic life support algorithm.**

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2. Check the victim for a response.

Gently shake his shoulders and ask loudly, 'Are you all right?' (Figure 2)

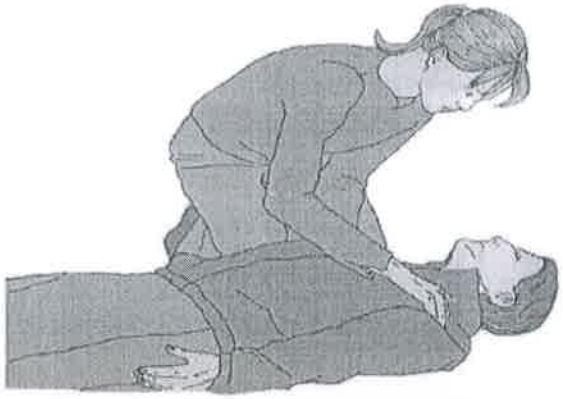

Figure 2: **Check the victim for a response.**

3. a) If he responds:

- Leave him in the position in which you find him provided there is no further danger.
- Try to find out what is wrong with him and get help if needed.
- Reassess him regularly.

3. b) If he does not respond:

- Scan chest for breathing for 5-10 secs
- Shout for help

Figure 3: **Shout for help.**

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5. a) ***If breathing normally:***

- Turn him into the recovery position (Figure 4).
- Send or go for help, or call for an ambulance.
- Check for continued breathing.

Figure 4: **Recovery position.**

5. b) ***If not breathing normally:***

- Ask someone to call for an ambulance and ask them to get an AED or, if you are on your own, do this yourself; you may need to leave the victim. Start chest compression as follows:

1. Kneel by the side of the victim.
2. Place the heel of one hand in the centre of the victim's chest (Figure 5).

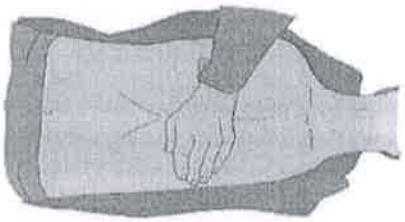

Figure 5: **Place the heel of one hand in the centre of the victim's chest.**

3. Place the heel of your other hand on top of the first hand (Figure 6).

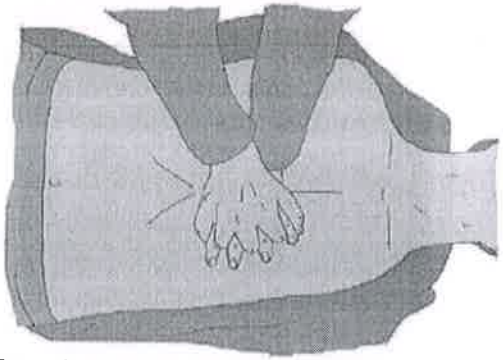

Figure 6: **Place the heel of your other hand on** top of the first hand

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4. Interlock the fingers of your hands and ensure that pressure is not applied over the victim's ribs (Figure 7). Do not apply any pressure over the upper abdomen or the bottom end of the bony sternum (breastbone).

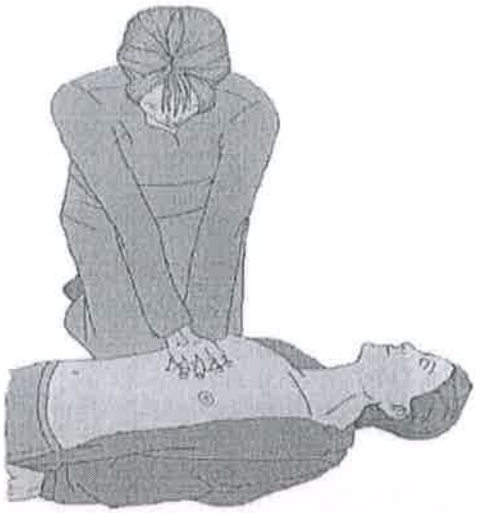

Figure 7: **Interlock the fingers of your hands**

5. Position yourself vertically above the victim's chest. With your arms straight, press down on the sternum 2 inches or 5 cm (Figure 8).

Figure 8: **Press down on the sternum 2 inches or 5 cm**

6. After each compression, release all the pressure on the chest without losing contact between your hands and the sternum.
7. Repeat at a rate of about 100 times a minute (a little less than 2 compressions a second).
8. Compression and release should take an equal amount of time.

6. a) *Combine chest compression with rescue breaths*

- After 30 compressions open the airway using head tilt and chin lift.
- Pinch the soft part of the victim's nose closed, using the index finger and thumb of your hand on his forehead.
- Allow his mouth to open, but maintain chin lift (Figure 9).

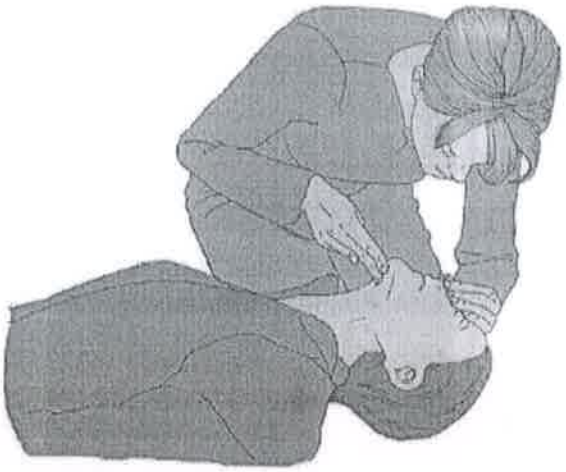

Figure 9: **While doing head tilt and chin lift, pinch the soft part of the victim's nose closed**

- Take a normal breath and place your lips around his mouth, making sure that you have a good seal.
- Blow steadily into his mouth whilst watching for his chest to rise (Figure 10); take about one second to make his chest rise as in normal breathing; this is an effective rescue breath.

Figure 10: **Blow steadily into his mouth whilst watching for his chest to rise**

- Maintaining head tilt and chin lift, take your mouth away from the victim and watch for his chest to fall as air comes out (Figure 11).

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Figure 11: **Take your mouth away from the victim and watch for his chest to fall as air comes out**

- Take another normal breath and blow into the victim's mouth once more to give a total of two effective rescue breaths. Then return your hands without delay to the correct position on the sternum and give a further 30 chest compressions.
- Continue with chest compressions and rescue breaths in a ratio of 30:2.
- Stop to recheck the victim only if he starts breathing ***normally***; otherwise ***do not interrupt resuscitation.***

If your rescue breaths do not make the chest rise as in normal breathing, then before your next attempt:

- Check the victim's mouth and remove any visible obstruction.
- Recheck that there is adequate head tilt and chin lift.
- Do not attempt more than two breaths each time before returning to chest compressions.

If there is more than one rescuer present, another should take over CPCR about every 2 min to prevent fatigue. Ensure the minimum of delay during the changeover of rescuers.

6. b) Chest-compression-only-CPCR.

- If you are not able, or are unwilling, to give rescue breaths, give chest compressions only.
- If chest compressions only are given, these should be continuous at a rate of 100 a minute.
- Stop to recheck the victim only if he starts breathing ***normally***; otherwise do not interrupt resuscitation.

7. Continue resuscitation until:

- Qualified help arrives and takes over,
- Victim starts breathing normally, or
- You become exhausted.

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Recovery position

There are several variations of the recovery position, each with its own advantages. No single position is perfect for all victims. The position should be stable, near a true lateral position with the head dependent, and with no pressure on the chest to impair breathing.

The following sequence of actions is recommended to place a victim in the recovery position:

- Remove the victim's spectacles.
- Kneel beside the victim and make sure that both his legs are straight.
- Place the arm nearest to you out at right angles to his body, elbow bent with the hand palm uppermost (Figure 12).

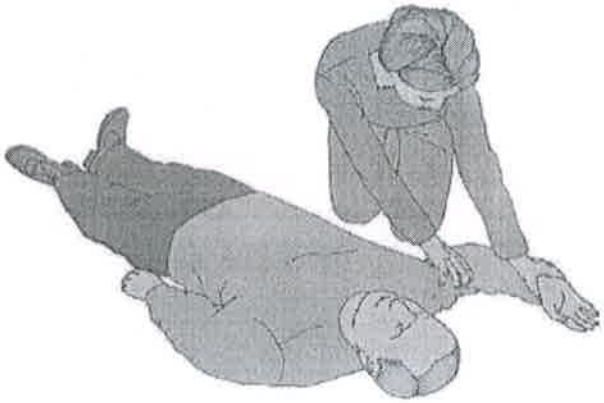

Figure 12: **Place the arm nearest to you out at right angles to his body, elbow bent with the hand palm uppermost**

- Bring the far arm across the chest, and hold the back of the hand against the victim's cheek nearest to you (Figure 13).

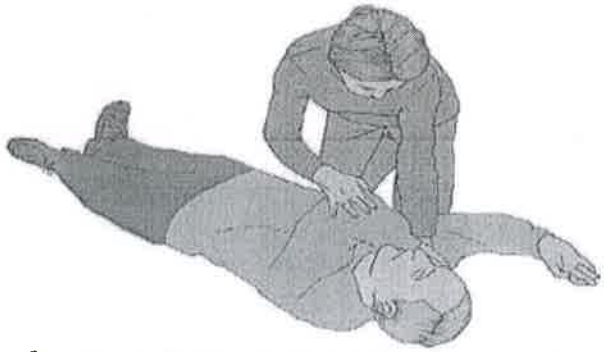

Figure 13: **Bring the far arm across the chest and hold the back of the hand against the victim's cheek nearest to you**

- With your other hand, grasp the far leg just above the knee and pull it up, keeping the foot on the ground (Figure 14).

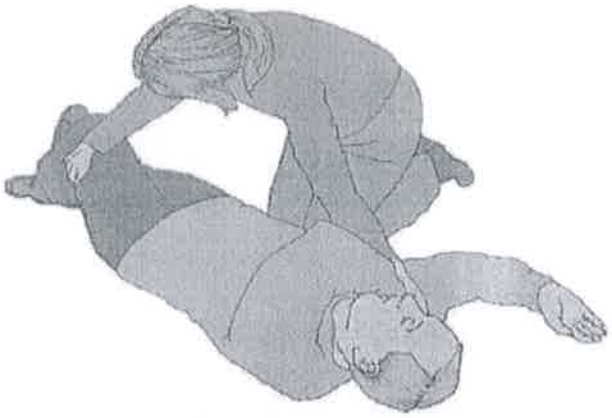

Figure 14: With your other hand, grasp the far leg just above the knee and pull it up, keeping the foot on the ground

- Keeping his hand pressed against his cheek, pull on the far leg to roll the victim towards you onto his side.
- Adjust the upper leg so that both the hip and knee are bent at right angles.
- Tilt the head back to make sure the airway remains open.
- Adjust the hand under the cheek, if necessary, to keep the head tilted (Figure 15).

Figure 15: **The recovery position.**

- Check breathing regularly.

If the victim has to be kept in the recovery position for ***more than 30 min*** turn him to the opposite side to relieve the pressure on the lower arm.

FOREIGN BODY AIRWAY OBSTRUCTION (CHOKING)

Foreign-body airway obstruction (FBAO) is an uncommon but potentially treatable cause of accidental death. The commonest cause of choking in adults is airway obstruction caused by food such as fish, meat or poultry. In infants and children, half the reported episodes of choking occur while eating (mostly confectionery), and the remaining choking episodes occur with non-food items such as coins or toys.

As most choking events are associated with eating, they are commonly witnessed. Thus, there is often the opportunity for early intervention while the victim is still responsive.

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Recognition

It is important not to confuse this emergency with fainting, heart attack, seizure, or other conditions that may cause sudden respiratory distress, cyanosis, or loss of consciousness, because recognition of choking (airway obstruction by a foreign body) is the key to successful outcome.

Foreign bodies may cause either mild or severe airway obstruction. The signs and symptoms enabling differentiation between mild and severe airway obstruction are summarized in the table below (Table 1). It is important to ask the conscious victim 'Are you choking?'

General signs of choking

- Attack occurs while eating
- Victim may clutch his neck

Table 1: **Differentiation between mild and severe foreign body airway obstruction**

Signs of mild airway obstruction	Signs of severe airway obstruction
Response to question 'Are you choking?' • Victim speaks and answers yes *Other signs* • Victim is able to speak, cough, and breathe	*Response to question 'Are you choking?'* • Victim unable to speak • Victim may respond by nodding *Other signs* • Breathing sounds wheezy • Attempts at coughing are silent • Victim may be unconscious

How to manage a choking adult

The algorithm provided for management of choking adult (Figure 16) is also suitable for use in children over the age of 1 year

Managing a choking adult

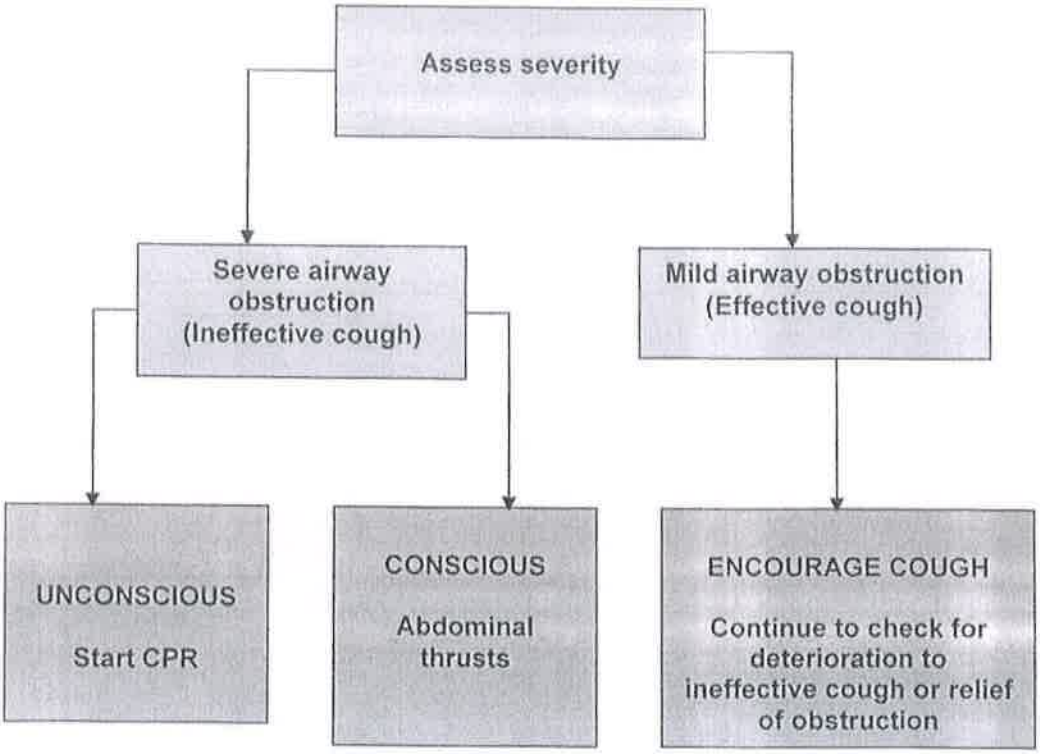

Figure 16: **Adult foreign body airway obstruction treatment algorithm.**

If the victim shows signs of mild airway obstruction:

- Encourage him to continue coughing, but do nothing else.

If the victim shows signs of severe airway obstruction and is conscious:

- Stand behind the victim and put both arms round the upper part of his abdomen (Figure 17).

Figure 17: **Stand behind the victim for the abdominal thrusts.**

- Lean the victim forwards.
- Clench your fist and place it between the umbilicus (navel) and the bottom end of the sternum (breastbone) (Figure 18).

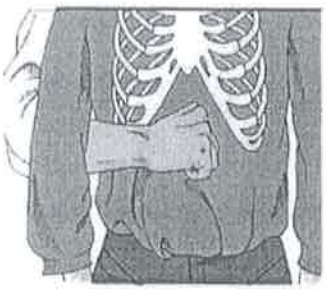

Figure 18: **Clench your fist; place it between the navel and the bottom end of the breastbone.**

- Grasp this hand with your other hand and pull sharply inwards and upwards. Repeat up to five times.
- If the obstruction is still not relieved, continue alternating five back blows with five abdominal thrusts.

If the victim becomes unconscious:

- Support the victim carefully to the ground.
- Immediately call an ambulance.
- Begin CPCR (from 5b of the Adult BLS Sequence). Healthcare providers, trained and experienced in feeling for a carotid pulse, should initiate chest compressions even if a pulse is present in the unconscious choking victim.

Foreign body causing mild airway obstruction

Coughing generates high and sustained airway pressures and may expel the foreign body. Aggressive treatment, with abdominal thrusts and chest compression, may cause potentially serious complications and could worsen the airway obstruction. It should be reserved for victims who have signs of severe airway obstruction. Victims with mild airway obstruction should remain under continuous observation until they improve, as severe airway obstruction may develop.

Foreign body causing severe airway obstruction

The clinical data on choking are largely retrospective and anecdotal. For conscious adults and children over 1 year with a complete FBAO, case reports demonstrate the effectiveness of abdominal thrusts. Approximately 50% of episodes of airway obstruction are not relieved by a single technique. The likelihood of success is increased when combinations of abdominal thrusts and chest thrusts are used.

Since chest thrusts are virtually identical to chest compressions, rescuers should be taught to start CPCR if a victim of known or suspected FBAO becomes unconscious. During CPCR, each time the airway is opened the victim's mouth should be quickly checked for any foreign body that has been partly expelled. The incidence of

unsuspected choking as a cause of unconsciousness or cardiac arrest is low; therefore, during CPCR routinely checking the mouth for foreign bodies is not necessary.

The finger sweep

No studies have evaluated the routine use of a finger sweep to clear the airway in the absence of visible airway obstruction, and four case reports have documented harm to the victim or rescuer. Therefore, avoid use of a blind finger sweep and manually remove solid material in the airway only if it can be seen.

Aftercare and referral for medical review

Following successful treatment for choking, foreign material may nevertheless remain in the upper or lower respiratory tract and cause complications later. Victims with a persistent cough, difficulty swallowing, or with the sensation of an object being still stuck in the throat should therefore be referred for a medical opinion.

Abdominal thrusts can cause serious internal injuries and all victims receiving abdominal thrusts should be examined for injury by a doctor.

Resuscitation of children and victims of drowning

Both ventilation and compression are important for victims of cardiac arrest when the oxygen stores become depleted – about 4-6 min after collapse from ventricular fibrillation (VF), and immediately after collapse for victims of arrest secondary to asphyxia. Previous guidelines tried to take into account the difference in causation, and recommended that victims of identifiable asphyxia (drowning; trauma; intoxication) and children should receive 2 min of CPCR before the lone rescuer left the victim to get help. The majority of cases of sudden cardiac arrest out of hospital, however, occurs in adults and is of cardiac origin due to VF. These additional recommendations, therefore, added to the complexity of the guidelines whilst affecting only a minority of victims.

Also important is that many children do not receive resuscitation because potential rescuers fear causing harm. This fear is unfounded; it is far better to use the adult BLS sequence for resuscitation of a child than to do nothing. For ease of teaching and retention, therefore, laypeople should be taught that the adult sequence may also be used for children who are not responsive and not breathing.

The following minor modifications to the adult sequence will, however, make it even more suitable for use in children:

- If you are on your own perform CPCR for approximately 2 minutes before going for help.
- Compress the chest by approximately one-third of its depth. Use two fingers for an infant under 1 year; use one or two hands for a child over 1 year as needed to achieve an adequate depth of compression.

Two minutes of CPCR by the lone rescuer before getting help, may improve outcome for victims of drowning. This modification should be taught only to those who have a specific duty of care to potential drowning victims (e.g. lifeguards). Drowning is easily identified.

It can be difficult, on the other hand, for a layperson to determine whether cardio respiratory arrest has been caused by trauma or intoxication. These victims should, therefore, be managed according to the standard protocol.

BURNS AND SCALDS

Severe Burns

Treatment

- Start cooling the burn immediately under running water for at least 10 minutes
- Dial for an ambulance.
- Make the casualty as comfortable as possible, lie them down.
- Continue to pour copious amounts of cold water over the burn for at least ten minutes or until the pain is relieved.
- Remove jewellery, watch or clothing from the affected area, unless it is sticking to the skin.
- Cover the burn with a clean, non-fluffy material to protect from infection.
- Treat for shock.

Minor Burns

Treatment

For minor burns, hold the affected area under cold water for at least 10 minutes or until the pain subsides. Remove jewellery etc. and cover the burn as detailed above.

If a minor burn is larger than a postage stamp it requires medical attention. All deep burns of any size require urgent hospital treatment.

Clothing on fire

Treatment

- Stop the casualty panicking or running; any movement or breeze will fan the flames.
- Drop the casualty to the ground.
- If possible, wrap the casualty tightly in a coat, curtain or blanket (not the nylon type), rug or other heavy-duty fabric. The best fabric is wool.
- Roll the casualty along the ground until the flames have been smothered.

On ALL burns:

- ***DO NOT*** use lotions, ointments and creams.
- ***DO NOT*** use adhesive dressings.
- ***DO NOT*** break blisters.

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SEIZURES IN ADULTS

Introduction

A seizure, also called a convulsion or a fit, consists of ***involuntary contractions*** of many muscles in the body. The condition is due to a disturbance in the electrical activity of the brain. Seizures usually result in loss or impairment of consciousness.

The most common cause is ***epilepsy***. Other causes include:

- ***head injury,***
- some ***brain-damaging diseases***,
- shortage of ***oxygen*** or ***glucose*** in the brain,
- intake of certain ***poisons***, including ***alcohol***.

Epileptic seizures are due to recurrent, major disturbances of brain activity. These seizures can be sudden and dramatic. Just before a seizure, a casualty may have a brief warning period (aura) with, for example, a strange feeling or a special smell or taste. No matter what the cause of the seizure, care must always include maintaining an open, clear airway and monitoring the casualty's vital signs, level of response, pulse and breathing. The casualty also has to be protected from further harm from surrounding objects during a seizure and appropriate aftercare has to be arranged once they have recovered.

Recognition features

Generally:

- Sudden unconsciousness.
- Rigidity and arching of the back.
- Convulsive movements.

In epilepsy the following sequence is common:

- The casualty suddenly falls unconscious, often letting out a cry.
- They become rigid, arching their back.
- Breathing may cease.
- Convulsive movements begin. The jaw may be clenched and breathing may be noisy. Saliva may appear at the mouth and may be blood-stained if the lips or tongue have been bitten. There may be loss of bladder or bowel control.
- Muscles relax and breathing becomes normal; the casualty recovers consciousness, usually within a few minutes. They may feel dazed or act strangely. They may be unaware of their actions.
- After a seizure, the casualty may feel tired and fall into a deep sleep.

First Aider's role

- To protect the casualty from injury.
- To give care when consciousness is regained.

- To arrange removal of the casualty to hospital if necessary.

Treatment

- If the casualty is seen to be falling, try to ease the fall.
- Make space around them; ask bystanders to move away.
- Remove potentially dangerous items, such as hot drinks and sharp objects away from the individual.
- ***Note the time*** when the seizure started.
- If possible, protect the casualty's head by placing soft padding underneath it.
- Loosen clothing around the neck.

When the seizure has ceased:

- Open the airway and check breathing.
- Be prepared to give rescue breaths and chest compressions.
- Place them into the recovery position if the casualty is unconscious but breathing normally.
- Monitor level of response, pulse and breathing.
- ***Note the duration*** of the seizure.

CAUTION:

- ***DO NOT*** move the casualty unless they are in immediate danger.
- ***DO NOT*** put anything in their mouth.
- ***DO NOT*** use force to restrain them.

WARNING

If any of the following apply: ***CALL*** for an ambulance.

- The casualty is ***unconscious*** for more than ***10 minutes***.
- The ***seizure*** continues for more than ***5 minutes***.
- The casualty is having ***repeated seizures*** or having their ***first seizure***.
- The casualty is not aware of any reason for the seizure.

FAINTING

Fainting occurs when the blood supply to the brain is momentarily inadequate, causing loss of consciousness. This loss of consciousness is usually brief.

Fainting can have no medical significance, or the cause can be a serious disorder. Therefore, treat loss of consciousness as a medical emergency until the signs and symptoms are relieved and the cause is known.

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Management:

1. ***Position the person on his or her back.*** Make sure the legs are elevated, if possible above the heart level.
2. ***Check the person's airway to be sure it is clear.*** Watch for vomiting.
3. ***Check for signs of circulation (breathing, coughing or movement).*** If absent, begin CPCR. Call the local emergency number. Continue CPCR until help arrives or the person responds and begins to breathe.
4. ***Help restore blood flow.*** If the person is breathing, restore blood flow to the brain by raising the person's legs above the level of the head. Loosen belts, collars or other constrictive clothing. The person should revive quickly. If the person does not regain consciousness within one minute, call for emergency medical assistance.

SEVERE BLEEDING

If possible, the hands of the first aider should be washed and gloved to prevent infection before and attempt is made to try and stop severe bleeding. If the wound is abdominal and organs have been displaced, do not try to push them back into place. Cover the wound with a dressing.

For other cases of severe bleeding, these steps should be followed:

1. ***Have the injured person lie down.*** If possible, the person's head should be positioned slightly lower than the trunk. An attempt must be made to elevate the legs. This position reduces the risk of fainting by increasing blood flow to the brain. If possible, the site of bleeding should also be elevated.
2. ***While wearing gloves, any obvious dirt or debris should be removed from the wound.*** No attempt must be made to remove any large or more deeply embedded objects. The wound ought not be probed at or cleaned at this point. The principal concern should be to stop the bleeding.
3. ***Pressure should be applied directly on the wound.*** A sterile bandage, clean cloth or even a piece of clothing can be used. If nothing else is available, the first aider's hand may be used.
4. ***Pressure must be maintained until the bleeding stops.*** Continuous pressure has to be held for at least 20 minutes without looking to see if the bleeding has stopped. Pressure can be maintained by binding the wound tightly with a bandage (or even a piece of clean clothing) and adhesive tape.
5. ***Do not remove the gauze or bandage.*** If the bleeding continues and seeps through the gauze or other material that is being held on the wound, do not remove it. Instead, more absorbent material should be added on top of it.
6. ***Squeeze a main artery if necessary.*** If the bleeding does not stop with direct pressure, then pressure must be applied to the artery delivering blood to the area of the wound. Pressure points of the arm are on the inside of the arm just above

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the elbow and just below the armpit. Pressure points of the leg are just behind the knee and in the groin. The main artery in these areas has to be squeezed against the bone. The first aider's fingers must be kept flat. With the other hand, pressure should be continued to be exerted on the wound itself.

7. ***Immobilize the injured body part once the bleeding has stopped.*** The bandages should be left in place and the injured person has to be taken to the emergency room as soon as possible.

If internal bleeding is suspected, emergency help must be sought. Signs of internal bleeding may include:

- Bleeding from body cavities (such as the ears, nose, rectum or vagina).
- Vomiting or coughing up blood.
- Bruising on neck, chest, abdomen or side (between ribs and hip).
- Wounds that have penetrated the skull, chest or abdomen.
- Abdominal tenderness, possibly accompanied by rigidity or spasm of abdominal muscles.
- Fractures.
- Shock, indicated by weakness, anxiety, thirst or skin that is cool to the touch.

SHOCK

Shock may result from trauma, heatstroke, allergic reactions, severe infection, poisoning or other causes. Various signs and symptoms appear in a person experiencing shock:

The skin is cool and clammy. It may appear pale or grey.

The pulse is weak and rapid. Breathing may be slow and shallow, or rapid and deep (hyperventilation). Blood pressure is below normal.

The eyes lack lustre and may seem to stare. Sometimes the pupils are dilated.

The person may be conscious or unconscious. If conscious, the person may feel faint or be very weak or confused. Shock sometimes causes a person to become overly excited and anxious.

In short, the signs and symptoms of circulatory shock are:

- **P**ale
- **C**old and Clammy skin
- **F**ast pulse
- **A**nxious
- **T**hirsty
- **S**ick

If you suspect shock, even if the person seems normal after an injury:

Call the local emergency number.

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Have the person lie down on his or her back with feet higher than the head. If raising the legs will cause pain or further injury, keep him or her flat. Keep the person still.

Check for signs of circulation (breathing, coughing or movement). If absent, begin CPCR.

Keep the person warm and comfortable. Loosen belt(s) and tight clothing and cover the person with a blanket. Even if the person complains of thirst, give nothing by mouth.

If the person vomits or bleeds from the mouth, turn the person to the recovery position to prevent aspiration.

Seek treatment for injuries such as bleeding or broken bones.

NOSEBLEEDS

Nosebleeds are common. Most often they are a nuisance and not a true medical problem. But they can be both. Among children and young adults, nosebleeds usually originate from the septum, just inside the nose. The septum separates the nasal chambers.

In middle aged and older adults, nosebleeds can begin from the septum, but they may also begin deeper in the nose's interior. This latter form of nosebleed is much less common. It may be caused by hardened arteries or high blood pressure. These nosebleeds begin spontaneously and are often difficult to stop. They require a specialist's help.

Management:

- ***Maintain upright position.*** By remaining upright, the blood pressure in the veins of the nose is reduced. This discourages further bleeding.
- ***Pinch the nose.*** The thumb and index finger are used to pinch the nose. The pinch should be continued for 5 to 10 minutes. During this time the casualty should breathe through the mouth. This manoeuvre sends pressure to the bleeding point on the nasal septum and often stops the flow of blood.
- ***To prevent recurrence after bleeding has stopped;*** the nose should not be picked or blown. The casualty must not look down until several hours after the bleeding episode. The head has to be kept higher than the level of the heart.

Medical attention has to be sought immediately if:

- The bleeding lasts for more than 20 minutes
- The bleeding recurs
- The nosebleed follows an accident, a fall or an injury to the head, including a punch in the face that may have broken the nose

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Adhiparasakthi Dental College and hospital

CPR

Faculty trained in ACLS

Leader – Prof Dr. Durairaj HOD, Dept of OMFS

S.NO	Name	Position	Department
1.	Dr.Sumanth	Reader	Orthodontics
2.	Dr.James Antony Bhagat	Reader	Oral Surgery
3.	Dr.Jai Ganesh	Senior Lecturer	Pedodontics
4.	Dr.Raghunathan	Senior Lecturer	Conservative dentistry and Endodontics

Function of code blue team

1. Any emergency to patient/ student code blue team will be activated.

2. Safety of the patient is given atmost importance.

3. Situation is monitored, necessary steps to manage the situation is done.

4. Medical emergency team at MAPIMS is alerted if higher medical support is required.

Facilities available

1. Vitals monitored using BP apparatus, thermomemter, Capillary blood glucose, Oxygen saturation

2. Availability of Oxygen cylinder and central oxygen supply at the minor OT, Dept of OMFS

2. Availability of emergency drugs in Minor OT (IV set, IV fluids, Inj Hydrocortisone, Inj. Adrenalin, Injection Dexamethasone, Tab Aspirin,Tab GTN, Inj Avil etc)

3. All the floor is equipped with stretcher/ wheel chair to mobilize patient to minor ot/exit point to shift the patient as and when required.

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FOREIGN OBJECT

Ear

A foreign object in the ear can cause pain and hearing loss. Usually, a person is aware if an object is stuck in the ear, but small children may not be aware of it.

If an object becomes lodged in the ear, follow these steps:

Do not probe the ear with a tool. Do not attempt to remove the foreign object by probing with a cotton swab, matchstick or any other tool. To do so is to risk pushing the object farther into the ear and damaging the fragile structures of the middle ear.

Remove the object if possible. If the object is clearly visible, is pliable and can be grasped easily with tweezers, gently remove it.

Try using gravity. Tilt the head to the affected side. Do not strike the person's head, but shake it gently in the direction of the ground to try to dislodge the object.

Try using oil for an insect. If the foreign object is an insect, tilt the person's head so that the ear with the offending insect is upward. Try to float the insect out by pouring mineral oil, olive oil or baby oil into the ear. The oil should be warm but not hot. As you pour the oil, you can ease the entry of the oil by straightening the ear canal. Pull the ear lobe gently backward and upward for an adult, backward and downward for a child. The insect should suffocate and may float out in the oil bath.

Do not use oil to remove any object other than an insect. Do not use this method if there is any suspicion of a perforation in the eardrum. Suspect perforation if there is pain, bleeding or discharge from the ear.

If these methods fail or the person continues to experience pain in the ear, reduced hearing or a sensation of something lodged in the ear, seek medical assistance.

Eye

Management:

- Wash hands.
- Seat the person in a well-lit area.
- Gently examine the eye to find the object. Pull the lower lid down and ask the person to look up. Then hold the upper lid while the person looks down.
- If the object is floating in the tear film on the surface of the eye, try flushing it out. If you are able to remove the object, flush the eye with a saline solution or lukewarm water.

Caution:

- **DO NOT** try to remove an object that is imbedded in the eyeball.
- **DO NOT** rub the eye.

- **DO NOT** try to remove a large object that makes closing the eye difficult.

Seek emergency medical assistance when:

- The object cannot be removed.
- The object is imbedded in the eyeball.
- The person with the object in the eye is experiencing abnormal vision.
- Pain, redness or the sensation of a foreign body in the eye persists after the object is removed.

Nose

If a foreign object becomes lodged in the nose:

Do not probe at the object with a cotton swab or other tool.

The object should not be inhaled by forcefully breathing in. Instead, mouth breathing should be encouraged until the object is removed.

The nose should be blown gently to try to free the object, but it must not be blown hard or repeatedly. If only one nostril is affected, the opposite nostril has to be closed by applying gentle pressure and then there should be gentle blowing out through the affected nostril.

If the object is visible and can easily be grasped with tweezers, gently remove it. Do not try to remove an object that is not visible or easily grasped.

Call for emergency medical assistance or go to the local emergency room if these methods fail.

Skin

Use tweezers to remove slivers of wood or fiberglass, small pieces of glass or other foreign objects projecting from the skin. Clean the area well with soap and water.

If the object is completely embedded in the skin:

- Clean the area well with soap and water.
- Sterilize a needle by holding it in a flame for a few seconds or soaking it in rubbing alcohol.
- Use the needle to break the skin over the object and gently lift the tip of the object out.
- Use tweezers to remove the object. A magnifying glass may help to see the object better.
- Wash and pat-dry the area. Follow by applying antibiotic ointment.
- If the particle does not come out easily or is close to the eye, seek medical help.

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HEART ATTACK

A heart attack occurs when an artery supplying the heart with blood and oxygen becomes blocked. This loss of blood flow injures the heart muscle. A heart attack generally causes chest pain for more than 15 minutes, but it can also be "silent" and have no symptoms at all. Many people who suffer a heart attack have warning symptoms hours, days or weeks in advance. The earliest predictor of an attack may be recurrent chest pain that is triggered by exertion and relieved by rest.

Someone having an attack may experience any or all of the following:

- Uncomfortable pressure, fullness, or squeezing pain in the centre of the chest. The pain might last several minutes or come and go. It may be triggered by exertion and relieved by rest.
- Prolonged pain in the upper abdomen.
- Discomfort or pain spreading beyond the chest to the shoulders, neck, jaw, teeth, one or both arms.
- Shortness of breath.
- Light headedness, dizziness, fainting.
- Sweating.
- Nausea.

Management:

Call the local emergency medical assistance number. If there is no access to emergency medical services, drive the casualty to the nearest hospital. Police or fire rescue units may also be a source of transportation.

Begin CPCR. If heart attack is being suspected as the cause of unconsciousness in a person, it is necessary to inform the emergency medical specialist. The advice for beginning cardio-pulmonary-cerebral resuscitation (CPCR) may be given. CPCR has to be given as instructed above.

BITES AND STINGS

Animal

Domestic pets cause most animal bites. Dogs are more likely to bite than cats. Cat bites, however, are more likely to cause infection. Bites from domestic animals which are not immunized and wild animals carry the risk of rabies. Rabies is more common in raccoons, skunks, bats and foxes than in cats and dogs. Rabbits, squirrels and other rodents rarely carry rabies. For an animal bite, follow these guidelines:

For minor wounds; If the bite barely breaks the skin and there is no danger of rabies, treat it as a minor wound. Wash the wound thoroughly with soap and water. Apply an antibiotic cream to prevent infection and cover the bite with a clean bandage.

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For deep wounds; If the animal bite creates a deep puncture of the skin or the skin is badly torn and bleeding, apply pressure with a clean, dry cloth to stop the bleeding and get medical assistance.

For infection; If signs of infection such as swelling, redness, increased pain or oozing are noticed, medical help should be sought immediately.

For suspected rabies; If there is a suspicion that the bite was caused by an animal that might carry rabies (any bite from a wild or domestic animal of unknown immunization status) get medical help immediately.

Getting a tetanus shot every 10 years is recommended. If the last one was more than five years ago, and the wound is deep or dirty, a booster dose may be recommended. The booster should be taken within 48 hours of the injury.

Human

Human bites can be as dangerous as or even more dangerous than animal bites because of the types of bacteria and viruses contained in the human mouth. If someone cuts his or her knuckles on another person's teeth, as might happen in a fight, this is also considered a human bite.

If a human bite that breaks the skin is sustained:

- Stop the bleeding by applying pressure.
- Wash the wound thoroughly with soap and water.
- Apply an antibiotic cream to prevent infection.
- Apply a clean bandage. If the bite is bleeding, apply pressure directly on the wound using a sterile bandage or clean cloth until the bleeding stops.
- Seek emergency medical care.

If the last tetanus shot was taken more than five years ago, a booster dose may be recommended. The booster should be taken within 48 hours of the injury.

Insect bites and stings

Signs and symptoms of an insect bite result from the injection of venom or other substances into the skin. The venom triggers an allergic reaction. The severity of the reaction depends on the sensitivity to the insect venom or substance.

Most reactions to insect bites are mild, causing little more than an annoying itching or stinging sensation and mild swelling that disappear within a day or so. A delayed reaction may cause fever, rash, painful joints and swollen glands. Both the immediate and the delayed reactions may be experienced from the same insect bite or sting. Only a small percentage of people develop severe reactions (anaphylaxis) to insect venom. Signs and symptoms of a severe reaction include facial swelling, difficulty in breathing and shock.

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Bites from bees, wasps, hornets, yellow jackets and fire ants are typically the most troublesome. Bites from mosquitoes, ticks, biting flies and some spiders also can cause reactions, but these are generally milder.

For mild reactions:

Move to a safe area to avoid more stings.

Scrape or brush off the stinger with a straight-edged object, such as a credit card or the back of a knife. Wash the affected area with soap and water. Do not try to pull out the stinger; doing so may release more venom.

To reduce pain and swelling, apply a cold pack or cloth filled with ice.

Seek medical attention promptly.

For severe reactions:

Severe reactions may progress rapidly. Call for emergency medical assistance if the following signs or symptoms occur:

- Difficulty in breathing
- Swelling of the lips or throat
- Faintness
- Dizziness
- Confusion
- Rapid heartbeat
- Rash
- Nausea, cramps, and vomiting

Take these actions immediately while waiting with an affected person for medical help:

- Check for special medications that the person might be carrying to treat an allergic attack. Administer the drug as directed.
- Have the person lie still on his or her back with feet higher than the head.
- Loosen tight clothing and cover the person with a blanket. Do not give anything to drink.
- If there is vomiting or bleeding from the mouth, turn the person on his or her side to prevent choking.
- If there are no signs of circulation (breathing, coughing or movement), begin CPCR.

Snake Bites

Most snakes are not poisonous. Some of the poisonous snakes of India are listed below.

- Indian (Spectacled) Cobra
- King Cobra

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- Banded Krait
- Slender Coral Snake
- The Indian (Monocle) Cobra
- Russell Viper
- Saw-Scaled Viper
- Common Krait

To reduce the risk of snake bite, avoid picking up or playing with any snake. Most snakes avoid people if possible and bite only when threatened or surprised.

If a snake bite has been experienced:

- Remain calm.
- Do not try to capture the snake.
- Immobilize the bitten arm or leg by applying a loose splint to reduce movement of the affected area, but make sure it is loose enough that it sill not restrict blood flow.
- Remove any jewellery, because swelling tends to progress rapidly.
- Do not use a tourniquet or apply ice.
- Do not cut the wound.
- Do not attempt to remove the venom by sucking it out.
- Seek medical advice immediately.

POISONING

Many conditions mimic the signs and symptoms of poisoning, including seizures, alcohol intoxication, stroke, and insulin reaction. So look for the signs and symptoms listed below if you suspect poisoning, but seek medical advice before giving anything to the affected person.

Signs and symptoms of poisoning:

- Burns or redness around the mouth and lips, which can result from drinking certain poisons.
- Breath that smells like chemicals, such as gasoline or paint thinner.
- Burns, stains and odours on the person, on his or her clothing or on the furniture, floor, rugs or other objects in the surrounding area.
- Empty medication bottles or scattered pills.
- Vomiting, difficulty in breathing, sleepiness, confusion, or other unexpected signs.

Call the local emergency number immediately If the person Is:

- Drowsy or unconscious
- Having difficulty in breathing or has stopped breathing
- Having seizures

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While waiting for help:

- If the person has been exposed to poisonous fumes, such as carbon monoxide, get him or her into fresh air immediately.
- If the suspected poison is a household cleaner or other chemical, read the label and follow instructions for accidental poisoning. If the product is toxic, the label will likely advise to call for immediate medical assistance. If the poison cannot be identified, if it is medication or if there are no instructions given, call the local emergency number.
- If the poison spilled on the person's clothing, skin or eyes, remove the clothing. Flush the skin or eyes with cool or lukewarm water, such as by using a shower for 20 minutes or until help arrives.
- Take the poison container (or any pill bottles) with the casualty to the hospital.

Caution

DO NOT administer or do anything to induce vomiting.

ELECTRIC SHOCK

The danger from an electrical shock depends on how high the voltage is, how the current travelled through the body, the person's overall health, and how quickly the person is treated.

Call the local emergency number immediately if any of these signs or symptoms occurs:

- Cardiac arrest
- Heart rhythm problems (arrhythmias)
- Respiratory failure
- Muscle pain and contractions
- Seizures
- Numbness and tingling
- Unconsciousness

While waiting for medical help, follow these steps:

- ***Look first. Don't touch.*** The person may still be in contact with the electrical source. Touching the person may pass the current through the first aider.
- ***Turn off the source of electricity if possible.*** If not, move the source away from the affected person, using a object which does not conduct electricity, such as one made of cardboard, plastic or wood.
- ***Check for signs of circulation (breathing, coughing or movement).*** If absent, begin cardio-pulmonary-cerebral resuscitation (CPCR) immediately.
- ***Prevent shock.*** Lay the person down and, if possible, position the head slightly lower than the trunk, with the legs elevated.

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Caution

- Do not touch the person with bare hands if he or she is still in contact with the electrical current.
- Do not get near high-voltage wires until the power is turned off. Stay at least 20 feet away — much farther if wires are jumping and sparking.
- Do not move a person with an electrical injury unless the person is in immediate danger.

HEAT-RELATED SYNDROMES

Heat-related syndromes are a group of conditions which range in severity from mild heat cramps to heat exhaustion to potentially life-threatening heatstroke.

Heat cramps

Heat cramps are painful, involuntary muscle spasms that usually occur during heavy exercise in hot environments. Inadequate fluid intake often contributes to heat cramps. The spasms may be more intense and more prolonged than typical night time leg cramps. Muscles most often affected include those in the calves, arms, abdomen, and back, although heat cramps may involve any muscle group involved in the exercise.

Management:

- Rest briefly and cool down.
- Clear juice or an electrolyte-containing sports drink should be taken.
- If the cramps do not go away in 1 hour, call the doctor.

Heat exhaustion

Signs and symptoms of heat exhaustion often begin suddenly, sometimes after excessive exercise, heavy perspiration and inadequate fluid intake. Signs and symptoms resemble those of shock and may include:

- Feeling faint
- Nausea
- Heavy sweating
- Ashen appearance
- Rapid, weak heartbeat
- Low blood pressure
- Cool, moist skin
- Low-grade fever

Management:

- Get the person out of the sun and into a shady or air-conditioned location.
- Lay the person down and elevate the legs and feet slightly.
- Loosen or remove the person's clothing.

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- Have the person drink cool water, not iced, or electrolyte-containing sports drink.
- Cool the person by spraying or sponging him or her with cool water and fanning.
- Monitor the person carefully. Heat exhaustion can quickly become heatstroke. If fever is greater than 102°F, fainting, confusion or seizures occur, call for emergency medical assistance.

Heatstroke

Heatstroke is one of the heat-related problems that often result from heavy work in hot environments, usually accompanied by inadequate fluid intake. Older adults, people who are obese and people born with an impaired ability to sweat are at high risk of heatstroke. Other risk factors include dehydration, alcohol use, cardiovascular disease and certain medications.
What makes heatstroke much more severe and potentially life-threatening is that the body's normal mechanisms for dealing with heat stress, such as sweating and temperature control, are lost. The main sign of heatstroke is a markedly elevated body temperature (generally greater than 104°F), with changes in mental status ranging from personality changes to confusion and coma. Skin may be hot and dry, although in heatstroke caused by exertion, the skin is usually moist.

Other signs and symptoms may include:

- Rapid heartbeat
- Rapid and shallow breathing
- Elevated or lowered blood pressure
- Cessation of sweating
- Irritability, confusion, or unconsciousness
- Fainting, which may be the first sign in older adults

Management:

- Move the person out of the sun and into a shady or air-conditioned space.
- Call for emergency medical assistance.
- Cool the person by covering him or her with damp sheets or by spraying with cool water. Direct air onto the person with a fan or newspaper.

HEAD TRAUMA

Most head trauma involves injuries that are minor and don't require hospitalization. However, call for emergency medical assistance if any of the following signs are apparent:

- Severe head or facial bleeding
- Change in level of consciousness for more than a few seconds
- Black-and-blue discoloration below the eyes or behind the ears
- Cessation of breathing
- Confusion
- Loss of balance
- Weakness or an inability to use an arm or leg

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- Unequal pupil size
- Repeated vomiting
- Slurred speech

If severe head trauma occurs:

- ***Keep the person still.*** Until medical help arrives, keep the person who sustained the injury lying down and quiet in a darkened room, with the head and shoulders slightly elevated. Do not move the person unless necessary and avoid moving the person's neck.
- ***Stop any bleeding.*** Apply firm pressure to the wound with sterile gauze or a clean cloth. But do not apply direct pressure to the wound if you suspect a skull fracture.
- ***Watch for changes in breathing and alertness.*** If the person shows no signs of circulation (breathing, coughing or movement), begin CPCR.

SPINAL INJURY

If a back or neck (spinal) injury is suspected, ***do not move the affected person.*** Permanent paralysis and other serious complications can result. Assume a person has a spinal injury if:

- There's evidence of a head injury with an ongoing change in the person's level of consciousness.
- The person complains of severe pain in his or her neck or back.
- The person will not move his or her neck.
- An injury has exerted substantial force on the back or head.
- The person complains of weakness, numbness or paralysis of their limbs or lacks control of their bladder or bowel.
- The neck or back is twisted or positioned oddly.

If you suspect someone has a spinal injury:

Call for emergency medical assistance.

- The goal of first aid for a spinal injury is to keep the person in much the same position as he or she was found. Keep the person still. Place heavy towels on both sides of the neck or hold the head and neck to prevent movement.
- Provide as much first aid as possible without moving the person's head or neck. If the person shows no signs of circulation (breathing, coughing or movement), begin CPCR, but do not tilt the head back to open the airway. Use your fingers to gently grasp the jaw and lift it forward.
- If you absolutely must roll the person because he or she is vomiting, choking on blood or in danger of further injury, use at least two people. Work together to keep the person's head, neck and back aligned while rolling the person onto one side.

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FRACTURES

A fracture is a broken bone. It requires medical attention. If the broken bone is the result of a major trauma or injury, call the local emergency number. Also call for emergency help if:

- The person is unresponsive, is not breathing or is not moving. Begin cardio-pulmonary-cerebral resuscitation (CPCR) if there is no respiration or heartbeat.
- There is heavy bleeding.
- Even gentle pressure or movement causes pain.
- The limb or joint appears deformed.
- The bone has pierced the skin.
- The extremity of the injured arm or leg, such as a toe or finger, is numb or bluish at the tip.
- There is a suspicion of a bone broken in the neck, head, or back.
- There is a suspicion of a bone broken in the hip, pelvis or upper leg (for example, the leg and foot turn outward abnormally, compared with the uninjured leg).

Take these actions immediately while waiting for medical help:

- ***Stop any bleeding.*** Apply pressure to the wound with a sterile bandage, a clean cloth or a clean piece of clothing.
- ***Immobilize the injured area.*** Do not try to realign the bone, but apply a splint to the area.
- ***Apply ice packs to limit swelling and help relieve pain until emergency personnel arrive.*** Do not apply ice directly to the skin; wrap the ice in a towel, piece of cloth, or some other material.
- ***Treat for shock.*** If the person feels faint or is breathing in short, rapid breaths lay the person down with the head slightly lower than the trunk and, if possible, elevate the legs.

SPRAIN

The ligaments are tough, elastic-like bands that attach to the bones and hold the joints in place. A sprain is an injury to a ligament caused by excessive stretching. The ligament can have tears in it, or it can be completely torn apart.

Sprains occur most often in the ankles, knees or the arches of the feet. Sprained ligaments swell rapidly and are painful. Generally, the greater the pain is, the more severe is the injury. For most minor sprains;

Follow the instructions for P.R.I.C.E.

- ***Protect*** the injured limb from further injury by not using the joint. This can be done using anything from splints to crutches.

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- ***Rest*** the injured limb. But do not avoid all activity. Even with an ankle sprain, other muscles can be exercised to prevent deconditioning.
- ***Ice*** the area. Using a cold pack or a hot water bag filled with cold water will limit swelling after an injury. Try to apply ice as soon as possible after the injury. However, ice should not be used for too long as this could cause tissue damage.
- ***Compress*** the area with an elastic wrap or bandage. Compressive wraps made from elastic are best.
- ***Elevate*** the injured limb whenever possible to help prevent or limit swelling.

Call for immediate emergency medical assistance if:

1. A popping sound was heard when the joint was injured, or the joint cannot be used. This may mean the ligament was completely torn apart. On the way to the doctor, apply a cold pack.
2. There is a fever, and the area is red and hot. The fever may be a sign of an infection.
3. The sprain is severe. Inadequate or delayed treatment may cause long-term joint instability or chronic pain.
4. The condition does not improve after the first two or three days.

STROKE

A stroke occurs when there is bleeding into the brain, or normal blood flow to the brain is blocked. Within minutes of being deprived of essential nutrients, brain cells start dying; a process that may continue over the next several hours.

This is a true emergency. Seek immediate medical assistance. The sooner treatment is given; the more likely damage can be minimized. Every moment counts.

Remember: The longer a stroke goes untreated, the greater the damage and potential disability. Success of treatment may depend on how soon care is received.

Risk factors for stroke include

- hypertension (high blood pressure)
- having had a previous stroke
- smoking
- diabetes
- heart disease

The risk of getting stroke increases with age.

If there is a sudden onset of one or more of the signs or symptoms listed below, call the local emergency number immediately:

- Sudden weakness or numbness in the face, arm or leg on one side of the body
- Sudden dimness, blurring or loss of vision, particularly in one eye
- Loss of speech or trouble talking or understanding speech
- Sudden, severe headache (a bolt out of the blue) with no apparent cause

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- Unexplained dizziness, unsteadiness, or a sudden fall, especially if accompanied by any of the other symptoms

GIVE A LIFE

ORGAN DONATION

'Don't take your organs to heaven for God knows they are needed here.'

There are few acts in life that are nobler than donating our organs. Donating our organs after we are gone from this world is the closest that we can come to giving life to another individual. Organ donation is a wonderful legacy we can leave behind. The eyes continue to see the wonders of the world and the heart continues to sing a new song. The organs that a single person donates can give a new lease of life to as many as five individuals. Eye donation can give precious sight to two individuals. Instead of getting charred or returning to the dust after death, the organs can breathe life into others. This section will guide you on organ donation procedures.

Legislation

In 1994, the Government of India passed the Transplantation of Human Organs Act (THOA) that legalized the concept of brain death and, for the first time, facilitated organ procurement from brainstem dead donors with a beating heart. It was enacted to put an end to the commercial trading of organs. This act clearly defines who a donor is. It has also set guidelines on obtaining consent and its format. The THOA requires four doctors to confirm brainstem death. It includes the treating doctor, an authorized specialist, a neurologist or neurosurgeon, and the medical administrator in charge of the hospital. Of these four two of them will be from a panel of doctors recommended by the government. The THOA has set up an Appropriate Authority as the enforcement agency to monitor the act and to prevent any breach of its provisions.

Donor

All individuals regardless of caste, creed, cult, or gender can donate organs. There are no age limitations on who can donate. For donors under the age of 18, the parent's or guardian's consent is absolutely essential. The deciding factor on whether a person can donate is the person's physical condition, not the person's age. Children as well as senior citizens have been organ donors. Table 2 gives the age criteria for multi organ donors.

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Table 2: Age criteria for multi organ donors

ORGAN	AGE	REMARKS
Kidneys	0 – 75 years	Paediatric donors are assessed according to weight and size.
Liver	0 – 70 years	Size matching is essential.
Heart	0 – 60 years	If unsuitable heart valves may be donated.
Lungs	0 – 60 years	Individual assessment of each lung is performed.
Pancreas	18 – 45 years	Persons outside these age limits may donate the pancreas for research.
Eyes	0 – 100 years	Poor eye sight is not a contraindication.
Heart valves	0 – 60 years	Heart attack is not a contraindication.
Trachea (Wind pipe)	16 – 60 years	
Skin	16 – 85 years	A relevant height for weight ratio is essential.

Regardless of any pre-existing medical circumstances or conditions, determination of suitability to donate organs or tissue will be based on a combination of factors that take into account the donor's general health and the urgency of the need of the recipient. This determination is usually done by the medical staff that recovers the organs or by the transplant team that reviews all of the data about the organ(s) or tissue that have been recovered from the donor.

It is recommended that all individuals consider themselves as potential organ and tissue donors, and indicate their intent to donate by signing a donor card, and discuss their decision with family members. Medical suitability for donation, however, will be determined only at the time of death by the transplant professionals.

Donor cards

Donor Card is a way of expressing ones wishes. It is similar to a will. By signing the Donor Card, a person agrees to donate their organs. This card should be kept with the person always in their purse or wallet. The close relatives should be made aware about the card and ones wishes about organ donation.

Despite sighting a signed Donor Card, the permission of the family is always sought. Therefore, it is very important to discuss this decision with the family members so that it will be easier for them to follow through with it. By law, two witnesses are required to sign the consent form for donation. One of these two has to be a near relative; the second witness can be a friend or another relative.

It is imperative to understand that despite carrying a Donor Card every effort will be made by the doctors to save the person's life before donation is considered. The medical staff trying to save lives is completely separate from the transplant team. Transplant surgeons are called in only after all efforts to save a life have been exhausted and death is imminent or has been declared. Only then does the donation take place.

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In case of no such consent or donor pledge form was filled before death, then the authority to give consent for organ donation lies with the immediate next of kin (usually parents for the unmarried individual and spouse for the married individual).

Brain death

Brain death is the irreversible and permanent cessation of all brain functions. Brain can no longer send messages to the body to perform vital functions like breathing, sensing, obeying commands etc. Such persons are kept on artificial support (ventilation) to maintain them. Brain death usually results from a severe brain injury or brain haemorrhage that causes all the brain activity to stop. This can happen after a major road accident or bleeding in the brain due to a stroke. It can also happen if the normal blood flow to the brain is blocked.

In 1968, doctors in Harvard found that deeply comatose patients, who had sustained brain injury, never regained consciousness. Although their heart continued to beat and kept their blood circulation going, these patients were clinically dead. If their breathing support machines were stopped, the heart stopped due to brain death. A new definition of death emerged. This death is usually under controlled circumstances, that is, in the intensive care unit of hospitals. The Government of India has now accepted this new definition of death.

Two doctors from a panel recommended by the government, who are not involved in the treatment of the patient, carry out a series of tests to confirm that a patient is "brainstem dead". The standards are very strict and are accepted medically, legally and ethically all over the world. The tests are carried out at an interval of at least 6-12 hrs. Legal time of death is the time at which the second set of test is carried out. Once declared brain dead, further artificial support is futile and actually is emotionally and financially traumatic. At this time a decision for organ donation should be taken at the earliest.

It should be understood that coma and brain death are not the same. People may recover from comas but brain death is final.

Transplant coordinators

The Intensive Care Unit is the scene of innumerable battles between life and death. Life triumphs at times, death at others. The doctors working there have to be ever prepared to deal with grieving families who have a critically injured or a brain dead relative.

The concept of brain death is relatively new. Brain death is extremely traumatic to the family of the patient. There is always the question, "Why did it have to happen to my father or mother or son or daughter?" Feelings of intense grief, anger, despair and frustration run high in the family.

It is during such a situation that a ***Transplant Coordinator*** steps in. The Transplant Coordinator explains to the family, the meaning of brain death, the tests that are done, the specialists involved, details of what organs can be removed and the fact that something positive can come out of something so negative and tragic

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Transplant Coordinator has to try to convince the family to consent for donation. Without this all-important foundation being laid, there is no question of the transplant being performed. Every family can decide whether to donate or not. The fact that they do have a choice must be explained to them.

Organ donation

If the family consents to organ donation then the life-support machines will remain switched on. This will protect the organs for transplantation. The hospital staff may continue administering drugs to the deceased person in order to stabilise the organs. Without these drugs and a supply of oxygen, the organs would deteriorate rapidly and transplantation would not be possible.

Surgery commences soon afterwards and may take several hours. A highly skilled surgical transplant team removes the organs and tissues which can be transplanted in other patients. Once removed the organs are flushed with preservation fluid and specially packed in a cool chamber. They are then transported to the hospitals where they will be transplanted. The surgeons stitch up the body carefully. The incision is covered with a dressing, as in all surgical procedures. The entire organ retrieval can take several hours. Blood testing and tissue typing also needs to take place before the procedure.

The major donor organs and tissues are heart, lungs, liver, pancreas, kidneys, eyes, heart valves, skin, bones, bone marrow, connective tissues, middle ear, and blood vessels. Therefore one donor can possibly give gift of life to many terminally ill patients who would not survive otherwise.

The removal of organs or tissues will not interfere with customary funeral or burial arrangements. The appearance of the body is not altered. No disfigurement occurs. The body can be viewed as in any case of death and funeral arrangements need not be delayed.

The vital organs will be transplanted into those individuals who need them most urgently. Gifts of life (Organs) are matched to recipients on the basis of medical suitability, urgency of transplant, duration on the waiting list and geographical location. With advances in medical technology, it is possible to transport organs hundreds or even thousands of miles to a patient in another hospital for transplantation. Table 3 gives the normal preservation times for different organs.

Table 3: Normal preservation times for different organs.

ORGANS	PRESERVATION TIME
Heart	4 – 6 hours
Heart – Lung	4 – 6 hours
Lungs	4 – 6 hours
Liver	12 – 24 hours
Kidneys	48 – 72 hours

There is neither charge nor payment for organ/tissues used in transplantations. Organ and tissue donation is a way of "giving something back" to society. It costs nothing, it

does not change ones own life, but it can mean a huge improvement to others' lives. Organ and tissue donation is completely your choice.

To Remember Me - I will live forever

Robert N. Test

The day will come when my body will lie upon a white sheet neatly tucked under four corners of a mattress located in a hospital; busily occupied with the living and the dying. At a certain moment a doctor will determine that my brain has ceased to function and that, for all intents and purposes, my life has stopped.

When that happens, do not attempt to instill artificial life into my body by the use of a machine. And don't call this my ***deathbed***. Let it be called ***the bed of life***, and let my body be used to help others lead fuller lives.

Give my ***sight*** to the man who has never seen a sunrise, a baby's face or love in the eyes of a woman.

Give my ***heart*** to a person whose own heart has caused nothing but endless days of pain.

Give my ***blood*** to the teenager who was pulled from the wreckage of his car, so that he might live to see his grandchildren play.

Give my ***kidneys*** to the one who depends on a machine to exist from week to week.

Take my ***bones***, every ***muscle***, every fiber and ***nerve*** in my body and find a way to make a crippled child walk.

Explore every corner of my brain.

Take my cells, if necessary, and let them grow so that, someday a speechless boy will shout at the crack of a bat and a deaf girl will hear the sound of rain against her window.

Burn what is left of me and scatter the ashes to the winds to help the flowers grow.

If you must bury something, let it be my faults, my weakness and all prejudice against my fellow man.

Give my sins to the devil.

Give my soul to God.

If, by chance, you wish to remember me, do it with a kind deed or word to someone who needs you. If you do all I have asked, ***I will live forever.***

Robert N. Test

PRINCIPAL
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Tamil Nadu - 603 319

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Recognised by Dental Council of India
Affiliated to The Tamilnadu Dr.M.G.R Medical University
A Unit of Adhiparasakthi Charitable, Medical, Educational & Cultural Trust

19. CPR (Once in 3 month)

CHAIR PERSON	Dr.T.Ramesh M.D, Correspondent
CONVENOR	Dr.D.Durairaj, MDS., Prof & HOD, Oral Surgery
QUALITY MANAGER	Mrs. R. S. Preethi, MBA, CPQIH
NABH COORDINATOR	Dr. R. Sumanth Kumar, MDS., Reader, Orthodontics
MEMBERS	1. Dr. K. Rajeswary, MDS, Reader, Public Health Dentistry 2. Dr. M. James Antony Bhagat, MDS, Reader, Oral surgery 3. Dr. E.Premkumar, MDS., Reader, Cons&Endodontics 4. Dr. S.Karthikeyan, MDS., Reader, Cons&Endodontics 5. Dr. J.Dinakaran, MDS., Reader, Oral Pathology 6. Mrs. E. Usha, DGNM, Matron 7. Mr. S.Dakshnamoorthy ,MRD Incharge 8. T.Sugan Kumar. Security Incharge.

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Hospital Road, Melmaruvathur
Chengalpattu District, Tamil Nadu - 603 319

From
Dr.V.SUDHAKAR
Prof and head
Department of Orthodontics and dentofacial orthopedics
Adhiparasakthi dental college and hospital
Melmaruvathur 603319

To
Chairperson,
SAF,
Adhiparasakthi dental college and hospital
Melmaruvathur 603319

Sir,

Subject: ARRO-C 2K19 conducted on 13-03-2019 & 14-03-2019 – Reg

This is to inform that ARRO-C 2K19 was conducted on 13-03-2019 & 14-03-2019 (Wednesday & Thursday). The program was a grand success with 70 participants throughout India. Hereby, we are attaching the following for your kind perusal.

1. Invitation
2. Attendance sheet
3. Certificate copy
4. DCI letter

Thanking you

Yours truly,

DR.V.SUDHAKAR

Prof & Head

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Sensitization Programme for faculty report

DAY 1:5-12-2017

Sensitization Programme for faculty began with Inauguration function followed by the Introduction to the team members was done by Dr.Kannan Chairperson of Medical Education unit.

Introduction to the faculty development programme was given by Dr.T.A.R.Raja Coordinator-Medical Education unitDr.Raja explained about the need and objective of the faculty development programme.

Introduction of participants was done by the trainees.This is followed by the group dynamics and video demonstration regards to the team work wasplayed by Dr.Raja and he briefed about the group discussion and its role in

It was followed by ICE BREAKING SESSION INVOLVING THE GROUP WORK.

A paper with alphabets were circulated to the team members. The team members were asked to frame the words for each alphabets and this was written in the whiteboard.

The next session was conducted by Dr.Kannan on "Adult learning Principles" in which sir explained about the principles of adult learning in flip chart and he had an interactive session with participants.

Sir listed about the basic difference between the adult learning where threatened learning was not going to be working for adult learning.

He insisted the importance on stimulating the interest in particular topic and learning based on higher relevance horizontal (physio-anatomy) and vertical (anatomy- surgery)

He explained about the difference in training and learning. Motivation and appreciation and questioning skill are the important principles for the adult learning.

He discussed about the various principles elaborately with examples.

This session was followed by explanation of taxonomy and domains of learning along with Blooms Concept was explained by Dr.T.A.Raja and Dr.Gunanithi.

This was followed by activity involving the verbs and taxonomical arrangements based on Hierarchy and order divided as

1. Cognitive, affective and psychomotordomains: Group I-IV

This session was followed by types of learning which was explained about different types of learners by Dr.Senthil.

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This was followed by session on selection-Audio visual aids with merits/demerits and requirements of good ppt by Dr.Senthil Pragash.

Effective practical and good workshopon writing a lesson plan byDr.Kannan and homework based on article was circulated as handouts for each session was given to him.

THIRD DAY:7-12-2017

This was started with rapporteur by Dr.Dhivya.The first session was understanding the definition assessment and evaluation by Dr.KarthikThe learning various aims of assessment was done by Dr.Gunanithi.The tools of assessment and relationship of tools based on domains was given as an activity.The ideal properties for selection of tool was done by Dr.Kannan.

The different tools needs for assessment and merits/demerits of toolwas done by Dr.Lalitha Shanmugam.

The merits and demerits tool was assessed by Dr.Lalitha Shanmugam and Dr.Senthil Pragash.This was followed by workshop on framing an appropriate tool was discussed for different groups as an activity in the white board.

The types of feedback and its significance was handled by Dr.Senthil Pragash.

For all days the session was handled as different groups.

The groups was interchanged on each and every day for group dynamics.

The programme ended with valedictory function where conclusion was given by Dean of APDCH.

He honoured the speakers with certification and gift and the participants were given a certificate for which 18 CPE points was awarded by State Dental council.

The feedback for the programme was collected by Dr.T.A.R.Raja and report was sent to State Dental Council with photos and attendance list of participants.

N Bharath

Dr.N.Bharath

Coordinator, Dental Education Unit,APDC&H.

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TNDC Approval No. 92/19
12 Credit Points

Om Sakthi

ADHIPARASAKTHI
Dental College and Hospital
Melmaruvathur

Department of Orthodontics and Dentofacial Orthopaedics

Certificate of Appreciation

This certificate is awarded to

.....

for participation in

"A comprehensive workshop on clinical skill Development with Live Demo"

organized by the Department of Orthodontics and Dentofacial Orthopaedics,
Adhiparasakthi Dental College & Hospital, Melmaruvathur,
on 13th & 14th March, 2019.

Dr. T. Ramesh, MD.,
Chairperson, APDCH

Dr. S. Thillainayagam, MDS.,
Principal, APDCH

Dr. V. Sudhakar, MDS.,
Prof&HOD, APDCH

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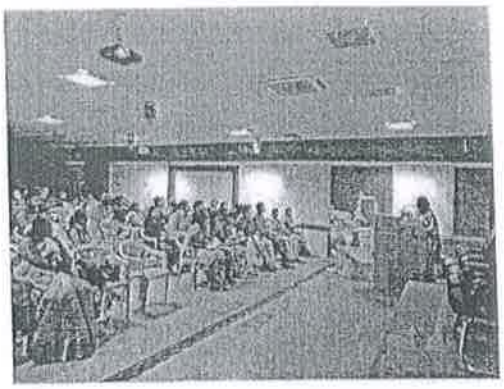
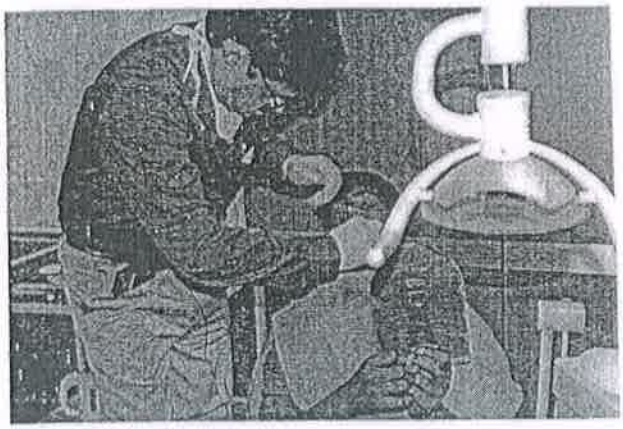
Sponcered by
DENTAL MATRIX

ARRO-C 2019





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Department of Orthodontics and Dentofacial Orthopaedics

Proudly Organizes

ARRO-C 2K19

(ADHIPARASAKTHI RAPID REVIEW OF ORTHODONTICS-CLINICALS)

Hit the Bulls Eye !!!

"A comprehensive workshop on clinical skill Development with Live Demo".

Programme Schedule

13th MARCH 2019

8:30 - 9:30 am	-	Registration
9:30 - 10:15 am	-	Functional Examination of the Patient, Functional Analysis, Diagnosis and Treatment Planning Prof. Dr. Venkateswaran, MDS
10:15 - 10:30 am	-	Construction Bite Registration - Live Demonstration
10:30 - 11:00 am	-	Inauguration
11:00 - 11:15 am	-	Tea Break
11:15 am -12:00 Noon	-	Bonding - Steps, Modifications, Errors, Clinical Importance Dr. Venkateswaran, MDS
12:00 - 12:30 pm	-	Bonding - Live Demonstration
12:30 - 1:30 pm	-	Lunch Break
1:30 - 2:15 pm	-	Case Presentation : Quality and Format of Case History, Varieties of Case Selection and Presentation, Cephalometric Superimposition Dr. S. Aravind Kumar, MDS, Professor & Head (Academic)
2:15 - 3:00 pm	-	Pedagogy : Efficient Methods and Practice of Pedagogy Dr. Vignesh Kallasam, MDS
3:00 - 3:15 pm	-	Tea Break
3:15 - 3:30 pm	-	Long Case Details will be Circulated to the Participants
3:30 - 5:00 pm	-	Clinical Mock -Preliminary

14th MARCH 2019

9:15am - 10:00am	-	Case Selection and Delivery of Functional Appliance, Post Insertion Instructions, Trimming and Follow up Prof. Dr. Vimala, MDS
10:00am -10:45am	-	Retraction Mechanics (Friction and Frictionless) Prof. Dr. Ratna Padmanaban, MDS
10:45am - 11:15am	-	Live Demonstration : Fabrication of a Retraction Loop, Fabrication of Posted Arch Form, Four Spur Torquing Auxiliary
11:15 - 11:30am	-	Tea Break
11:30 -12:00 Noon	-	Long Case Discussion Prof. Dr. Ratna Padmanaban, MDS
12:00-1:00pm	-	VIVA VOCE : What to Expect and How to Prepare? Dr. Sangeetha Duraisamy, MDS
1:00-2:00 pm	-	Lunch Break
2:00-4:00 pm	-	Mock Clinicals (Finals)
4:00-5:00 pm	-	Valedictory Function

REGISTRATION DETAILS

Delegates Payment Details : Rs.2000/- per participant

Payment Details

Bank Name	:	State Bank of India
Branch	:	Melmaruvathur
IFSC Code	:	SBIN0010470
A/c Name	:	Adhiparasakthi Dental College and Hospital Educational Resources
A/C Number	:	34876573972

Organizing Committee

Prof. Dr. V. Sudhakar	Organizing Chairman	9841874253
Dr. R. Ramya	Organizing Secretary	9003793490
Dr. R. Somanth Kumar	Organizing Joint Secretary	9952004134
Dr. C. Ananda Devi	Treasurer	9500061023
Dr. K. Geetha	Scientific Committee	9080620732
Dr. S. Sakthiharan	Hospitality	9566126516

Registration Dr. B. Sarath - 9500891090 / Dr. M. Vijayasri - 9791535388

Accomodation

Dr. K.N. Kishor Kumar	9487233548	Dr. T.B. Deepak	8072116257
Dr. M. Anu Priyadharsini	9751915109	Dr. B. Sandhya	9442127514

For any enquiries contact : Dr. B.Sarath - 9500891090 / Dr. M. Vijayasri - 9791535388 E-mail ID: apdcortho@gmail.com

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FEEDBACK FORM

DAY 1

Questions	1-Very poor	2-Poor	3-Average	4-Good	5-Excellent
1.Topic chosen for this program				✓	
2.Knowledge of the speakers				✓	
3.How was the topic relevant to your subject?				✓	
4.Organization of the mock practical				✓	
5. Understanding of the topic				✓	
6.Hospitality				✓	
7.Organizing skills of the host			✓	,	
8.Audio Visual support for program			✓		
9.Food			✓		
10.Overall feedback				✓	

DAY 2

Questions	1-Very poor	2-Poor	3-Average	4-Good	5-Excellent
1.Topic chosen for this program				✓	
2.Knowledge of the speakers				✓	
3.How was the topic relevant to your subject?				✓	
4.Organization of the mock practical			✓		
5. Understanding of the topic			✓	✓	
6.Hospitality					
7.Organizing skills of the host			✓		
8.Audio Visual support for program			✓		
9.Food			✓	✓	
10.Overall feedback				✓	

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4.Organization of the mock practical					✓
5. Understanding of the topic					
6.Hospitality					✓
Organizing skills of the host					✓
8.Audio Visual support for program					✓
9.Food					✓
10.Overall feedback					✓

DAY 2

Questions	1-Very poor	2-Poor	3-Average	4-Good	5-Excellent
1.Topic chosen for this program					✓
2.Knowledge of the speakers					✓
3.How was the topic relevant to your subject?					✓
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5. Understanding of the topic					✓
6.Hospitality					✓
7.Organizing skills of the host					✓
8.Audio Visual support for program					✓
9.Food					✓
10.Overall feedback					✓

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8.Audio Visual support for program			✓		
9.Food		✓			
10.Overall feedback			✓		

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Questions	1-Very poor	2-Poor	3-Average	4-Good	5-Excellent
1.Topic chosen for this program				✓	
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Questions	1-Very poor	2-Poor	3-Average	4-Good	5-Excellent
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2.Knowledge of the speakers				✓	
3.How was the topic relevant to your subject?			✓		
4.Organization of the mock practical				✓	
5. Understanding of the topic				✓	
6.Hospitality				✓	
7.Organizing skills of the host				✓	
8.Audio Visual support for program				✓	
9.Food				✓	
10.Overall feedback					✓

DAY 2

Questions	1-Very poor	2-Poor	3-Average	4-Good	5-Excellent
1.Topic chosen for this program				✓	
2.Knowledge of the speakers				✓	
3.How was the topic relevant to your subject?			–	✗	
4.Organization of the mock practical				✓	
5. Understanding of the topic				✓	
6.Hospitality				–	
7.Organizing skills of the host				–	
8.Audio Visual support for program				–	
9.Food				–	
10.Overall feedback				✗	✓

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8.Audio Visual support for program				✓	
9.Food				✓	
10.Overall feedback					✓

DAY 2

Questions	1-Very poor	2-Poor	3-Average	4-Good	5-Excellent
1.Topic chosen for this program				✓	
2.Knowledge of the speakers				✓	
3.How was the topic relevant to your subject?			–	✗	
4.Organization of the mock practical				✓	
5. Understanding of the topic				✓	
6.Hospitality				✓	
7.Organizing skills of the host				✓	
8.Audio Visual support for program				✓	
9.Food				✓	
10.Overall feedback				✗	✓

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7.Organizing skills of the host					✓
8.Audio Visual support for program					✓
9.Food				✓	
10.Overall feedback				✓	

DAY 2

Questions	1-Very poor	2-Poor	3-Average	4-Good	5-Excellent
1.Topic chosen for this program					✓
2.Knowledge of the speakers					✓
3.How was the topic relevant to your subject?					✓
4.Organization of the mock practical					✓
5. Understanding of the topic					✓
6.Hospitality					✓
7.Organizing skills of the host					✓
8.Audio Visual support for program					✓
9.Food					✓
10.Overall feedback					✓

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ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL Melmaruvathur - 603 319 Chengalpattu Dist., Tamil Nadu

18-9-21. 11790. 20/-

MEMORANDUM OF UNDERSTANDING

This Memorandum of understanding is entered and executed on this day (Wednesday) 22nd date of September month 2021 Year, by and among:

BETWEEN

The institute of **Adhiparasakthi Dental College and Hospital (APDCH)**, a constituent unit of ACMEC Trust, having its office at Adhiparasakthi Dental College and Hospital, Melmaruvathur – 603 319, represented by its Principal, Prof. Dr.S. Karthiga Kannan, herein / after to be referred to as **"Adhiparasakthi Dental College and Hospital"** which expression shall unless repugnant to context thereof, mean and include its successors and permitted to assign as the **First Party.**

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AND

FEM analysis in Dental Domain of **AnaMacDesign** [An ISO Certified Organization] **Gurgaon** herein / after to be referred to as **"AnaMac"** which expression shall unless repugnant to context thereof, mean and include its successors and permitted to assign as the **First Party**.

This MoU is signed between Adhiparasakthi Dental College and Hospital & AnaMac for the mutual benefit of Adhiparasakthi Dental College and Hospital & AnaMac, in the following key areas and the same shall be valid for a period of three years from the date of signing this MoU for the following: -

1. Research Collaboration Dental FEA analysis
2. Online Webinar and Workshops
3. Sharing of Knowledge Resources
4. Patenting & Publication

It is hereby agreed between the two Institutions viz Adhiparasakthi Dental College and Hospital and AnaMac as under: -

1. Research Collaboration Dental FEA Analysis

Both the Adhiparasakthi Dental College and Hospital & AnaMac shall work together and contribute in any specially identified Research works involving Department of Dental domain and execute the activities agreed upon in Dental FEA analysis. AnaMac will fund up to 30% of the Project cost to help Scholars subject to complexity of the project. Such funding of AnaMac projects will encourage Dental FEM research studies in India and reduce burden of project cost on the scholars.

2. Online Webinar and Workshops

AnaMac will be helping every year all new batches in getting equipped with Dental FEA analysis methodology through online webinar and workshops exclusively for APDCH Dental Scholars at minimal pricing and will allow free of cost entry in any of others Webinars on Dental FEM organized by AnaMac.

3. Sharing of Knowledge Resources

The faculty members and FEA analyst of both APDCH & AnaMac shall develop knowledge base which include sharing individual projects and content, mutually deemed useful for Dental scholars.

4. Patenting & publication

AnaMac will provide consultancy in getting patenting done for any new component or research publication without any charge for consultancy. Any fee charged by the authority will be borne by APDCH.

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IMPLEMENTATION

a) All activities implemented under the terms of this MoU shall be mutually agreed upon in writing, including the necessary approval for the program of activity as the need may arise.

b) APDCH shall be solely responsible logistically and financially for the activities including Online webinar & workshops carried out under AnaMac direction or by its staff, except as otherwise agreed by both the **Parties**.

c) Both the **Parties** will designate one representative each who will develop and coordinate specific programs or activities between them.

FINANCIAL IMPLICATION

This MoU is a non-financial MoU and does not involve funding as an obligation on both the **Parties**.

DURATION AND RENEWAL OF AGREEMENT

This MoU will become effective immediately after signature by the representatives of Adhiparasakthi Dental College and Hospital and AnaMac, Gurgaon for a period of three years and is subject to revision or modification by agreement.

AMENDMENTS

a) This Memorandum of Understanding may be amended by a written agreement signed by the representatives of both Institutions.

b) In the event of any unforeseen incident during collaborative activities in either Institution, both Institutions agree to negotiate a mutually acceptable solution.

c) Should any disagreement arise out of the application, interpretation or implementation of this Agreement, both the **Parties** shall endeavor to exercise best efforts to negotiate their differences.

TERMINATION OF AGREEMENT

At any time during its period of validity, this agreement may be terminated by either **Party** upon prior notice to the other in writing not later than three months before termination date, provided that such termination shall not affect the completion of any program or activity underway at the time the notice of termination is given.

PRINCIPAL
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Melmaruvathur - 603 319

PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

AMD

APPROVAL

In witness whereof, the **Parties** have signed and executed the above MoU to be executed as on 22/09/21 (DD/MM/YY) herein above mentioned in presence of the following witnesses:

Prof.Dr.S.Karthiga Kannan Principal Adhiparasakthi Dental College and Hospital, Melmaruvathur – 603 319. Tamil Nadu.	**Ms. Abhilasha Gupta** Director AnaMacDesign 305 C Iris tech park Sector 48 Gurgaon Haryana 122018
Witness 1.Prof. Dr.V. Sudhakar Prof & HOD, Department of Orthodontics & Dentofacial Orthopedics, Adhiparasakthi Dental College and Hospital, Melmaruvathur – 603 319. Tamil Nadu. 2.Mr.S.Prabhu Administrative Officer, APDCH. Adhiparasakthi Dental College and Hospital, Melmaruvathur – 603 319. Tamil Nadu.	Witness 1.Mr.Chandrashekar Atul Sales Head AnaMacDesign 305 C Iris tech park Sector 48 Gurgaon, Haryana 122018 2.Ms.Shelly B Admin & Finance AnaMacDesign 305 C Iris tech park Sector 48 Gurgaon, Haryana 122018

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Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319

കേരളം केरल KERALA CB 147796

Memorandum of Understanding (MoU)

Between

Annoor Dental College & Hospital, Muvattupuzha, Kerala

And

Adhiparasakthi Dental College & Hospital (APDCH)

Melmaruvathur, Chengalpattu, Tamilnadu

This MOU is executed on 1st January 2022 at Muvattupuzha by and between **Annoor Dental College & Hospital, Muvattupuzha, Ernakulam (Dist.), Kerala,** hereinafter referred to as **"ADCH"** owned by Annoor Educational Trust, Muvattupuzha and approved by Dental Council of India represented by its Principal, Prof. Dr. Giju George Baby and **Adhiparasakthi Dental College & Hospital (APDCH), Melmaruvathur, Chengalpattu, Tamilnadu** sponsored by Adhiparasakthi Charitable, Medical, Educational and Cultural Trust (ACMEC) and permitted by Dental Council of India, at hereinafter referred to as "APDCH" (which expression shall unless repugnant to the context or meaning there of be deemed to mean and include its successors and assigns of "APDCH") represented by its Principal, Prof. Dr. S. Karthiga Kannan.

Broad Objectives

This MoU is signed between the Institutes for the purpose of Academic Collaboration at academic levels that will encompass exchange of students and members of faculty between the two Institutes. In addition, active efforts will be made to develop joint training and research programme that will be pursued in a collaborative spirit. Some of the collaborative areas may include the following.

1. Joint research & development
2. Staff Exchange/Deputation
3. Jointly organizing seminars, workshops, conferences and other academic activities.
4. Student Internship
5. Conduct of Community Development Programme

Dated: 9/4/2022

MUZHA VENDOR
K.K.RAMACHANDRAN NAIR

PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Chevvur Taluk, Chengalpattu District
Tamil Nadu - 603 319

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Joint Research & Development

The Institutes intend to pursue co-operation in research and development supporting the development of technical standards in the fields of medical, dental education and surgery.

The Institutes will regularly and as have needed to discuss possible subjects for future cooperation, to review the state of current cooperative projects and the implementation of the joint cooperation on priority subjects.

The Institutes intend to enter into project-specific agreements for cooperative scientific and technical activities conducted pursuant to this MoU. Such agreements shall include detailed provisions for the conduct of research and other terms as appropriate.

Staff Exchange / Deputation

Both Institutes agree to explore opportunities for staff exchange between each institution. It includes exchange of technical information, reference data and exchange of visits etc.

Both Institutes shall encourage teaching in lecture or laboratory environments, curriculum development, sharing of expertise and resources etc., Resource persons from either Institutes shall be paid Honoraria by the Host Institute for lectures delivered at mutually agreed terms.

Both Institutes agree that whenever eminent scientists with specialization in the areas of co-operation visits at either Institutes will be encouraged to visit the other Institutes.

530 Rs. 50 9/4/2021

PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

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Both Institutes agree that the visiting academic staff shall retain his/her employee status within the Home institution and will not generally be considered as an employee of the Host Institution. However, the visiting staff is expected to abide by the same rules as those for all the Host Institution and applicable rules from the Home Institution.

Jointly Organizing Seminars, Workshops, Conferences

Both the Institutes agree to hold / conduct whenever feasible, joint sponsored, conferences, seminars, workshops, training programs etc., participating members shall be treated to be on duty with parent Institution for the period of such programs.

The Host Institute shall provide accommodation to the participating members from the visiting Institute wherever feasible and necessary.

Students Internship

Students from one Institute may visit the other and complete an Internship for a period of 3 to 6 months which may be assessed as per their project / course requirement at Home Institute.

Conduct of Community Development Programme

Programmes for community development under the aegis of both the Institute such as health assistant training etc., shall be conducted. Usage of facilities shall be mutually worked out.

Mode of Operation

One member from the ADCH and one from the APDCH will be designated as the single point of contact (SPOC) for the coordination role for all Programmes organized. The SPOCs shall be responsible for the preparation of the annual plan for approval of the Co-ordination Committee and the SPOC shall implement approved plan and promote cordial interaction between the Institutes.

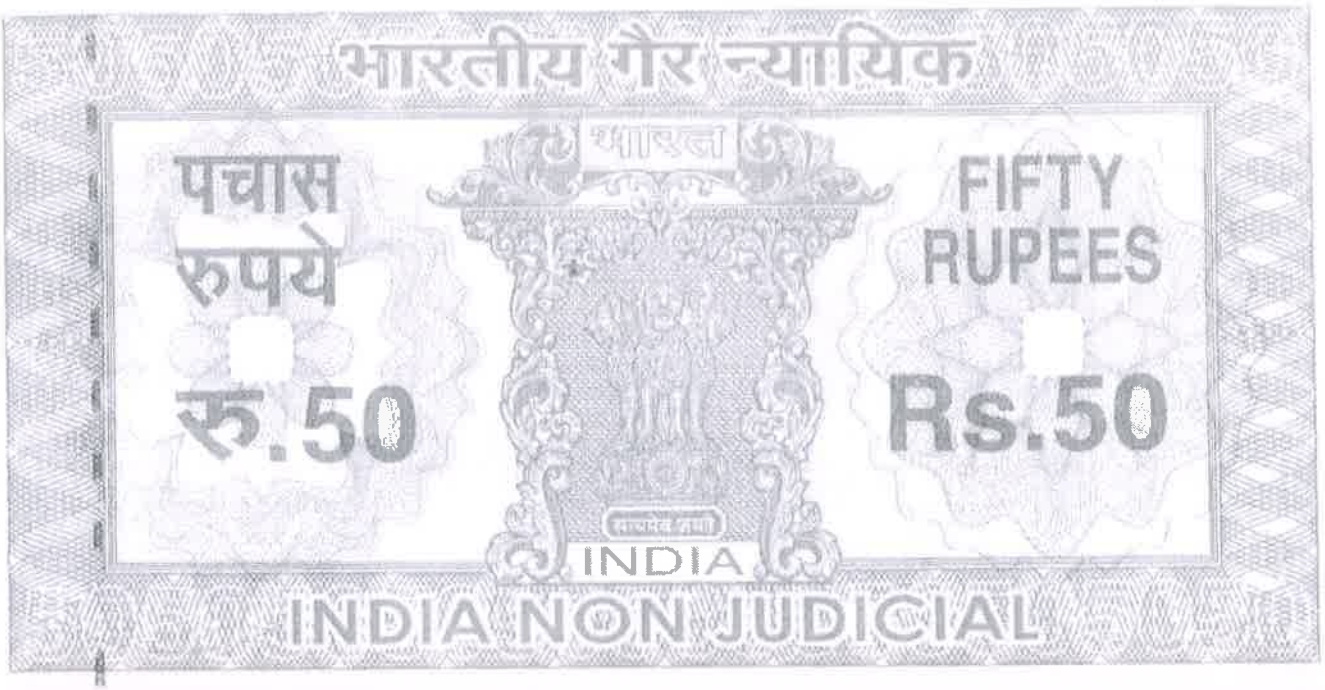
No: 532 Rs.50 Date: 9/4/2024

JPUZHA VENDOR
NDRAN NAIR

Adhiparasakthi Dental College and Hospital * Melmaruvathur - 603 319. *

ANNOCE DENTAL COLLEGE & HOSPITAL

PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



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Intellectual Property and Confidentiality

In respect of each project and programme of co-operation, the Institutes shall negotiate and mutually agree in writing on their respective rights to intellectual property and commercial exploitation of the same (including without limitation, trademarks and service marks, copyrights, patents, designs and confidential information pertaining thereto).

Neither Institute shall, at any time disclose to any third party and confidential information of the other Institute which is acquired in the course of activities under this Memorandum, a collaborative project or programme, without the prior consent of the other Institute in writing.

Co-ordination Committee

There shall be one Co-ordination Committee for coordination and monitoring the collaborative Programmes between the Institutes consisting of Senior Professors (one each) from both the Institutes.

The Co-ordination Committee shall review the progress made in the previous academic year, approve the annual plan for cooperation activity from the following year, consider the addition/deletion of areas of co-operation between the Institutes and consider the continuance of the MoU.

Amendment and Termination

This MoU shall be valid for a period of five years (5) from the date of its signing. During the period of its validity, the MoU can be amended at any time by mutual consent of both the Institutes. This MoU can be terminated by either of the Institutes by giving advance notice of six (6) months and without jeopardizing the coursework or research of any of the students of either Institute.

No 535 Rs. 50 Date. 9/4/2021

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K.RA... CHANDRAN NAIR

ANNOOR DENTAL COLLEGE & HOSPITAL Muvattupuzha

PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

Adhiparasakthi Dental College and Hospital Melmaruvathur - 603 319.

Arbitration / Jurisdiction

Any dispute or differences arising out of interpretations of the clauses listed above shall be resolved by mutual consultation and if the mutual consultation fails, shall be settled as per the provisions of the Indian Arbitration and Conciliation Act, 1996 and the Award of the Arbitration shall be final and binding on the parties to the MoU.

The MoU is made out in 2 (two) original copies one for each of the parties. All original copies here of are identical and legally equal.

APPROVAL

In witness whereof, the **Parties** have signed and executed the above MoU to be executed as on 01.01.2022 herein above mentioned in presence of the following

Signed,

Dr. Giju George Baby
Principal
Annoor Dental College & Hospital
Muvattupuzha - 686673

Name: Dr. Giju George Baby

Organization: Annoor Dental College

Designation: Principal

Date: 01/01/2022

Witness: 01/01/2022
Biju K Joseph
Chief Operating Officer

S. Karthiga Kannan

PRINCIPAL
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Melmaruvathur - 603 319

Name: Dr. S. Karthiga Kannan

Organization: Adhiparasakthi Dental College

Designation: Principal

Date: 01/01/2022

Witness: 01/01/2022
Dr. V. Sudhakar
Core coordinator

IQAC CO-ORDINATOR
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Melmaruvathur - 603 319

S. Prabhu
01/01/2022
S. Prabhu.
Accts

ADMIN MANAGER
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.
Admn Manager

PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
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Melmaruvathur - 603 319.