**SVS INSTITUTE OF DENTAL SCIENCES**

**Appannapally, Mahabubnagar – 509 002, T.S**

**Information for the I BDS Students**

**Academic Year :2020-21**

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Name of the Student:

Roll No :

Name of the Mentor :

Designation and Dept. :

Mobile No. :

**Enter SVSIDS to Learn and Serve**

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**Mahabubnagar – 509002**

**🕿: (08542) 227 952. FAX: 08542-231 222**

**A) Information given to the student at the time of Admission:**

1. Guidelines for the academic progress of the students.

2. Rules & regulations to be followed by the students in the campus for the maintenance of strict discipline.

3. Time Table for 1st year BDS course.

4. Eligibility criteria of Kaloji Narayana Rao University of Health Sciences, Warangal to appear for University Exams (regarding attendance & internal examinations)

5. Admission Letter

6. Hostel Admission

**Boys Hostel Committee**

|  |  |  |
| --- | --- | --- |
| **S.No.** | **Name** | **Designation** |
| 1 | Dr. Dinesh Jhawar | Chairperson |
| 2 | Dr. Uday Kumar | Member |
| 3 | Dr. V. Santhosh Kumar Goud | Member |
| 4 | Dr. E. Sharath Kumar Reddy | Member |
| 5 | Mr. R. Damodhar Reddy (Phys. Director) | Member |
| 6 | Mr. A. Surender Reddy (Admin. Officer) | Member |

**Girls Hostel Committe**

|  |  |  |
| --- | --- | --- |
| **S.No.** | **Name** | **Designation** |
| 1 | Dr. Sripriya N | Chairperson |
| 2 | Dr. Veena | Member |
| 3 | Dr. Jaya Priyanka M | Member |
| 4 | Dr. Anitha | Member |
| 5 | Dr. Nukala Sree Suma | Member |
| 6 | Mr. R. Damodhar Reddy (Phys. Director) | Member |
| 7 | Mr. A. Surender Reddy (Admin. Officer) | Member |

SVS INSTITUTE OF DENTAL SCIENCES

MAHABUBNAGAR

*Dear student,*

*Congratulations for securing the seat in BDS course at the SVS Institute of Dental Sciences, Mahabubnagar. You are hereby instructed to abide the following guidelines for the progress of your academic success.*

1. *Attend all the classes regularly and take the note of each lecture. Perseverance is the best way for the success.*
2. *The student is supposed to spend his/her time in the classrooms, practical halls, hospital and library.*
3. *Physical fitness is essential for all the students. Perform exercise for at least ½ an hour in the morning and spend/ spare some time in the evening for playing games.*
4. *Take daily balanced diet and maintain your health. Personal hygiene is most important as for as students are concerned.*
5. *One of the best methods of learning is “GROUP DISCUSSION ’’. So, instead of wasting your time in gossiping, spend your valuable time in group discussion.*
6. *The medium of instruction is English. Therefore improve your knowledge of English. Try to speak in English while you are in the campus of college, hospital and hostels. Purchase one Oxford Dictionary.*

*All the students should be well versed with the pronunciation of medical/dental terms. Therefore refer the medical/dental dictionary in case of need.*

*Appear for all the examinations conducted by the institution from time to time and fare well in the examinations.*

*There is no place for politics as long as you are in the campus of SVS Institute of Dental Sciences and Hostel. No one is superior or inferior.*

*Top priority is given to maintenance of discipline by the students. Therefore follow the schedule strictly and maintain strict discipline as long as you are in this institution.*

*Sincerity, honesty and devotion to your duty will take you to the crescendo of your career. Always respect your teachers, elders and superiors.*

*Please do not forget that you are the strong pillars of this institution. Therefore you should bring good name and fame to this institution, so that when you leave this institution you must feel proud that you are the products of this institution. I wish you all the success. “May God Bless You” for your successful career.*

SVS INSTITUTE OF DENTAL SCIENCES

MAHABUBNAGAR

**RULES AND REGULATIONS TO BE FOLLOWED BY THE STUDENTS OF**

**SVS INSTITUTE OF DENTAL SCIENCES, MAHABUBNAGAR.**

1. Smoking, consumption of alcohol and narcotic drugs in the campus of College, Hospital and Hostel are strictly prohibited.
2. Ragging is strictly banned, as it is a punishable crime under the act of 26 of 1997. If any student violates this rule, he or she will be subjected to severe punishment under court of law and may be expelled from the College.
3. Participation in the Students Union Elections and Strikes are strictly banned.
4. Though there is no prescribed uniform for the students of SVS Institute of Dental Sciences, the students are supposed to wear decent formal attire and they are not allowed to wear jeans, T-shirt, sports shoe etc.. Male students should put on formal leather shoes.
5. Students should respect their teachers and follow their guidelines to improve their academic standards.
6. The students are instructed to attend all the classes as per the schedule and during leisure time they should study in the Library.
7. The students should follow strictly the rules and regulations stipulated from time to time by the College authorities for conducting the University examinations and other examinations.
8. If any student violates these rules he or she will be subjected to disciplinary action as per the rules. Hence they are hereby instructed to maintain strict discipline and to inculcate good habits.
9. Under any circumstance originals will not be given back till the completion of course.

Students/ Parents are advised to keep sufficient number of photocopies of their original certificates for future use.

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**Mahabubnagar – 509002**

**🕿: (08542) 227 952. FAX: 08542-231 222**

***Date :***

Dear Parent,

Greetings from SVS Institute of Dental Sciences, Mahabubnagar.

Your Son / Daughter: ……………………….is a student of our College and now in 1st Year BDS.

In this regard I would like to inform you that your son / daughter has to put up a **minimum of 75 % of attendance in theory and 75 % of attendance in practicals (separately** and not average) and **should appear in 3 Internal Assessment Examinations** conducted by college/university.

**If the above criteria are not met by the student, the student will be detained automatically till such time he/she satisfies the above criteria.**

You are requested to regularly (at least once in 3 months) follow up the progress of your son / daughter by contacting the Mentor / Professors and HODs of concerned departments. Your cooperation in this regard will be very much appreciated and will help your son / daughter to come out from this institution as a good doctor with good academic knowledge and confidence.

Kindly acknowledge the receipt of this letter.

With good wishes.

**(Dr.N.VivekaVardhan Reddy)**

Principal

Copy of the above received.

Signature of the Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent: Mr. / Mrs. / Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Anti Ragging Committee Details:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.NO** | **NAME** | **DESIGNATION** | **PHONE No.** | **E-Mail** |
| 1 | Dr.Dinesh Jhawar | Chair Person | 94904 12566 | dinesh\_jhawar@yahoo.com |
| 2 | Dr.R.Madhukar Reddy | Member | 97043 64411 | mrachalaortho@yahoo.co.in |
| 3 | Dr. K. Tejaswi | Member | 95810 31028 | tejaswikatne@gmail.com |
| 4 | Dr. Y.B. Bharath Bhushan | Member | 86887 19115 | williambharath@gmail.com |
| 5 | Dr. T. Ashwini | Member | 99669 88750 | Ashwinithandu@gmail.com |
| 6 | Dr. G. Sarika | Member | 96523 49343 | sarikagudegoparam@gmail.com |
| 7 | Mr.A.Surender Reddy | Member | 90524 42303 | suri.svs@gmail.com |
| 8 | Mr.R.Damodar Reddy | Member | 98856 79576 | rdr.svs@gmail.com |

**Submission of undertaking letter by the student & parent after the**

**completion of admission formalities and correct contact details of the**

**parents**

1. All the parents should visit the website <https://www.antiragging.in/site/affidavit>

and fill an online Anti –Ragging undertaking (Affidavit).

1. Printed copy of the same affidavit signed by parent should be submitted in the office.

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**Mahabubnagar – 509002, T.S**

**🕿: (08542) 227 952, FAX: 08542-231 222**

**Roll No.**

**Undertaking to be filled in and signed by the student**

I, **……………….** (Name of the Student) D/o/ S/o **…………………..** studying 1st Year BDS in SVS Institute of Dental Sciences, Mahabubnagar, residing at

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­ (Permanent home Address with Phone No.,) undertake that I am aware of the system of punishment in case of ragging other student and that in case I become involved in any manner in any ragging case I am liable for any punishment, including:

1. Cancellation of admission.
2. Suspension from attending classes.
3. Withholding/ withdrawing scholarship/ fellowship and other benefits.
4. Debarring from appearing for any test/ examination or other evaluation process.
5. Withholding results.
6. Debarring from representing the institution in any national or international meet, tournament, youth festival, etc.
7. Suspension, expulsion from the hostel.
8. Rustication from the institution for periods varying from 1 to 2 academic years.
9. Expulsion from the Institution and consequent debarring from admission to any other Institution.
10. Fine upto Rs. 50,000/-
11. Rigorous imprisonment upto three years (by Court of Law) etc.
12. As the ragging is a cognizable offence it may be reported to police. If the case is registered in police station they may not issue clearance for Passport or any Government job.

***Date :***

(Signature of the Parent) (Signature of the Student)

***CONTACT DETAILS***

***Roll No. 36*** ***Date:***

1. Name of the Student :

2. Father’s/ Guardian’s Name :

3. Mother’s Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Year of Admission : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Course : **B.D.S. 1st Year**

6**.** Mobile No.s: Father’s/ Guardian’s:

Mother’s:

Student’s:

1. Landline No. :
2. E Mail (parent’s) :
3. E Mail (student) :
4. Postal Address :
5. Declaration regarding the permission to leave the hostel on weekends and holidays. (Please choose any one option among the followings three categories).
6. Please do not allow our son/daughter unless one of us report to the

Office personally.

1. Please allow our son/daughter on last Saturday of every month.
2. Please allow our son/daughter on every Saturday, to leave the

hostel.

We take the full responsibility of safety of our son/daughter and their travel,

once they leave the hostel. We shall acknowledge all the communication about the progress of our son/daughter received from the college without fail.

Signature of the Father: Signature of the Mother:

**Medical History**

**Name of the Student: Adm / Roll No:**

1. Anemia: Yes / No

2. Bleeding disorders: Yes / No

3. Cardio-respiratory diseases: Yes / No

4. Drugs: allergies / current medication: Yes / No

5. Endocrine Disorders: Yes / No

6. Fits and faints: Yes / No

7. Gastrointestinal disorders: Yes / No

8. Hospital admissions / Surgeries if any: Yes / No

9. History of previous Hepatitis B Vaccination: Yes / No

10. Infections: Yes / No

11. Jaundice and liver diseases: Yes / No

12. Kidney diseases: Yes / No

13. Neurological and psychiatric Problems: Yes / No

14. Prosthesis and transplant: Yes / No

**If any of the above answer is yes, give appropriate explanation for the same**

Signature of the Student Signature of the Parent