



OFFICE OF THE DEAN

Sri Lakshmi Narayana Institute of Medical Sciences
OSUDU, AGARAM VILLAGE, VILLIANUR COMMUNE, KUDAPAKKAM POST,
PUDUCHERRY - 605 502.

[Recognised by Medical Council of India, Ministry of Health letter No. U/12012/249/2005-ME (P-II) dt. 11/07/2011]
[Affiliated to BIHER Chennai - TN]

Ref.No.379/SLIMS/2020

Date: 29.11.2020

Sub: SLIMS— I year (2019-20 Batch) to Final year— reopening of College— on 01.12.2020 - Reorientation classes / Practical Session / clinical postings.

Ref. Letter Ref. No.208/BIHER Registrar/2020, dated: 27.11.2020 from the Registrar, BIHER.

Based on the instructions received from the Registrar BIHER the I year (2019-20 Batch) to Final year MBBS students are hereby informed that Sri Lakshmi Narayana Institute Of Medical Sciences, shall reopen on 01.12.2020 to attend the practical session / clinical postings to initiate the current academic session 2020-21.

The above students are directed to report at the earliest time to attend the classes.01.12.2020.

All MBBS students must submit the COVID RT PCR test report, taken not earlier than 3 days of their date of arrival to the campus. The students shall abide by the guidelines of the Government of Pondicherry /Government of India and also abide by the rules and regulations of the institution. The student will be divided in batches and posted for clinical postings / practical session for the maintenance of social distancing.

The students shall submit the parent's consent letter, student's Declaration and Parent's Declaration downloadable from the website at the time of reporting for classes along with COVID RT PCR test result to the following staffs,

1. All hostel students — Boys — Prof.Dr.Vijayakumar, Resident Warden,
2. All hostel students — Girls — Prof. Dr.Latha, Resident Warden,
3. Day Scholars — I year Boys — Dr. Rajesh, Prof. of Anatomy
4. Day Scholars — I year Girls — Dr. Shanthi, Asst. Prof. of Anatomy
5. Day Scholars — II year Boys — Dr. Sivaganesh, Assoc. Prof. of Pathology
6. Day Scholars — II year Girls — Dr. Jayapradha, Asst. Prof. of Micro
7. Day Scholars — III year Boys & Girls - Dr. Kannan and Dr. Bharathalakshmi, Assoc. Prof. of Com. Med.
8. Day Scholars — Final year Boys & Girls — Dr. Abhijeet, Asst. Prof. Paediatrics and Dr. Durga, Asso. Prof. of OBG.

DEAN

DEAN

Prof.K.BALAGURUNATHA

(General surgeon)

SRI LAKSHMI NARAYANA

INSTITUTE OF MEDICAL SCIENCES

OSUDU PONDICHERRY



OFFICE OF THE DEAN

Sri Lakshmi Narayana Institute of Medical Sciences

OSUDU, AGARAM VILLAGE, VILLIANUR COMMUNE, KUDAPAKKAM POST,
PUDUCHERRY - 605 502.

[Recognised by Medical Council of India, Ministry of Health letter No. U/12012/249/2005-ME (P-II) dt. 11/07/2011]
[S.O.P. for Students of College Reopening]
[Affiliated to BIHER Chennai - TN]

- i) All the students should bring the following signed documents and submit it to the office on arrival through the assigned Staff/ faculty
 - a) Consent form from parents
 - b) Declaration form from parents
 - c) Self - Declaration form.
 - d) COVID Testing done (3 days Prior to arrival)
- 2) Self-Quarantine for 14 day for international travelers even if the test is negative. (to be arranged by parents / students)
- 3) Physical distancing at least 6 feet to be followed as far as possible.
- 4) Use of face masks mandatory.
- 5) Frequent hand washing with soap at least 40 to 60 sec. Alcohol based hand sanitizer (at least 20 sec).
- 6) Respiratory etiquettes (Covering one's mouth while coughing/ sneezing with a tissue/ handkerchief/ Flexed elbow & disposing of used tissues).
- 7) Self - Monitoring of health & report illness at the earliest to
 - Dr. Asayas Bosco, Medical Superintendent
 - Dr. Aravind, Prof & HOD of Medicine
- 8) Spitting strictly Prohibited and punishable.
- 9) Installation of use of Aarogya setu App if possible.
- 10) If exposed to COVID immediately report to hospital infection control Committee (Dr. Abarna, Professor of Microbiology) for risk assessment.
- 11) Use thermal scanners kept in specific area.
- 12) No crowding in hostel dining areas.
- 13) Keep in touch with your counselor for your mental wellbeing.
- 14) stay safe.

Copy to

Director

Dean University Affairs

Medical Superintendent

Vice Principal

Notice Board (Gents & ladies Hostel) Warden, Care taker

All the pre.para and Clinical HODs to circulate among staffs

Office Copy


DEAN
28/11

DEAN
Prof. K. BALAGURUNATHAN, M.S
(General surgeon)
SRI LAKSHMI NARAYANA
INSTITUTE OF MEDICAL SCIENCES
OSUDU PONDICHERRY

Date:

From

.....

S/o, D/o

.....

To

The Dean,

SLIMS

Puducherry – 605502

Sir,

Sub: Consent letter for my ward attending – reg.

As the College / University plans to start reorientation classes / practical session / clinical postings, I hereby express my willingness to send my ward S/o, D/o residing in of _____ year MBBS to attend the college on the days allotted to them with effect from _____. We ensure that my ward will leave the campus immediately after the class.

He/She will wear the mask at all time maintaining social distance and abide by all the guidelines of the Government of India / Tamil Nadu and the Institution.

The student will be sent with Covid test results (taken not earlier than 3 days of arrival to the campus). If in any case, my son / daughter falling sick while in hostel, I assure that I will take care of his / her treatment.

Thanking you,

Yours faithfully

Declaration by the Parent

I, Mr. / Mrs. _____ (Father / Mother / Guardian) of
_____ (Name of the student) hereby declare
that my son / daughter / ward signed the above undertaking in my presence.
I declare that I have instructed my son/daughter/ward to strictly follow the
instructions/guidelines for COVID-19. In case of any sickness in future I
will take care of the treatment.

Place : Signature of the Parent / Guardian

Date : Name (in Capital letters):

Mobile No:

Email Id:

Declaration by the Student

I, _____ studying _____ year MBBS
_____ in Sri Lakshmi Narayana Institute Of
Medical Sciences, hereby declare that I will adhere to the guidelines of
Government of Puducherry / Government of India / SLIMS in all matters
relating to COVID-19.

Register No:

Signature of the student

Mobile No:

Name (in Capital letters):

Email Id: