

SCRIBE DETAILS- MAY 2023

| S.NO | REGISTER NUMBER | NAME OF THE STUDENT | NAME OF THE PROGRAMME | YEAR/SEM | REASON |
|------|-----------------|---------------------|---------------------------|----------|---------------------|
| 1 | 20113129 | Tanish Pandla | Bsc.Microbiology | III Year | Fever |
| 2 | 20106107 | Hemanth Kumar.S | Bsc.Computer Science | III Year | Tendon Injury |
| 3 | 21229106 | Sebastine Srihari | Msc.Visual Communications | II Year | Physical Impairment |

SCRIBE DETAILS- NOVEMBER 2023

| S.NO | REGISTER NUMBER | NAME OF THE STUDENT | NAME OF THE PROGRAMME | YEAR/SEM | REASON |
|------|-----------------|---------------------|----------------------------------|-----------------|---------------------|
| 1 | 23109132 | Karthikeyan.R | HCM | I Year | Learning Disability |
| 2 | 23109106 | Bhonian Varshan.J | HCM | I Year | Learning Disability |
| 3 | 23122330 | Mary Jesvini | LLB Law | I Year/ I SEM | polymyositis |
| 4 | 22142103 | Arish Rahavan.S | B.com LLB | II Year | Fingers Injured |
| 5 | 21130247 | Dhanush Vinayak.P | B.com General | III Year | Fracture |
| 6 | | Sabarish.L | BE, CSC, AI and Machine Learning | II Year/III Sem | Accident |
| 7 | | Jayalakshmi.M | BCA | I Year | Accident |
| 8 | 19408901 | Sanjay.S | Pharm.D | IV Year | Accident |

17 May 2023

Exam File

Submitted to the Controller of Examination

16/05/2023

Subject: Request – Permission using Scribe-Regarding

Respected Sir,

One of our B.Sc., Microbiology final year student Mr. Tanish Pandla Register No 20113129 is suffering with severe fever and unable to write his exams himself. He has given the Medical Certificate for the same. Hence I request You to Kindly give permission to use Scribe for this student to write the exam dated 17/05/2023 FN session. .

SCRIBE DETAILS

Dr. J. Manjunathan- Assistant Professor- Department of Biotechnology- School of life sciences- VISTAS-Pallavaram.

Yours truly

A.K. Kathiresan
16/05/2023

Dr. A.K. KATHIRESAN, M.Sc., M.Phil., Ph.D.,
Professor & Head, Department of Microbiology
School of Life Sciences, VISTAS
Pallavaram, Chennai - 600 117.

CS
As the Hog arranged
scribe, pr. do the
need for

A.K. Kathiresan
17/05/23
CS

Dr. Ram Pradeep

M.B.B.S., M.D., Internal Medicine, Asthma & Allergy

Dr. Vidya Ram Pradeep

M.B.B.S., M.D., (Derm. Ven. & Lep.), F.A.A.D. (U.S.A.)

Dr. Malavika Ram Pradeep

M.B.B.S., M.Sc. Dermatology (U.K.)
Dip. American Academy of Anesthetic Medicine

May 14, 2023

So,

whom it may concern,

Mr. Jansh Pandala presented with high fever and bodyache. Mr. Jansh was treated for a presumptive diagnosis of viral fever. Considering that he is still recovering, he may kindly be permitted to use the services of a scribe for his exams. Which I understand, is scheduled to start tomorrow.

Sincerely,

A. Ramprasad, M.D.

Handwritten signature and date: *Handwritten signature*
HOD/M3
16/5/23

Dr. A.K. KATHIRESHAN, M.Sc., M.Phil., Ph.D.,
Professor & Head, Department of Microbiology
School of Life Sciences, VISTAS
Pallavaram, Chennai - 600 117.

Krishnan Skin Cosmology & Medical Centre
1, Ballah Avenue, Off-Luz Church Road,
Chennai - 600 004, India

Tel : 2499 6934, 2499 3
Fax : (044) 2499 7552
E-mail : rampdp@gmail.com
Website : skinhealthcentre.



VELS INSTITUTE OF SCIENCE, TECHNOLOGY & ADVANCED STUDIES

(Deemed to be University Estd.u/s 3 of the UGC Act.1956)
CHENNAI - 600117

HALL TICKET

END SEMESTER EXAMINATIONS - MAY 2023



Name of the Course : B.Sc.-MICROBIOLOGY

Register Number : 20113129

Name of the Candidate : TANISH PANDLA

Date of Birth : 05/10/2000

Gender : MALE

Semester : VI

| Date of Examination | Session | Subject Code | Subject Title | Semester | Block - Room No. | Seat No. |
|---------------------|---------|--------------|------------------------------|----------|---------------------|----------|
| - | - | 18UGE512 | FOOD AND BEVERAGE MANAGEMENT | 6 | | |
| - | - | 18SBMB61 | MUSHROOM CULTIVATION | 6 | | |
| - | - | 18RBMB61 | PROJECT WORK | 6 | | |
| 15/05/2023 | FN | 18DBMB61 | MARINE MICROBIOLOGY | 6 | DR.MGR BLOCK-ENB212 | E1 1 |
| 17/05/2023 | FN | 18DBMB62 | IMMUNOTECHNOLOGY | 6 | DR.MGR BLOCK-ENB207 | E1 5 |

FN (09:30 AM-12:30 PM)

Signature of the Candidate

Controller of Examinations

INSTRUCTIONS TO STUDENTS

1. The use of Mobile Phone, Smart Watch, Blue Tooth and Programmed Calculators are prohibited inside the Examination Hall. Candidates possessing these electronics gadgets will be booked under malpractice.
2. The Answer Book contains sufficient pages and NO ADDITIONAL SHEETS will be given.
3. The candidate is instructed not to write/mark anything on the Question paper.
4. (a) The Candidate will not be permitted to enter into Examination Hall without Hall ticket and University ID card.
(b) No candidate will be allowed into the Examination Hall after 30 minutes from the commencement of examination.
(c) No candidate will be allowed to leave the Examination Hall in the first 30 minutes after the commencement of examination.
5. The Candidate should write his/her Register number and subject code in the appropriate column of the main Answer book and shade them properly. The Answer book with incorrect or illegible Register Number and not shaded in the column provided will not be valued. The Register Number should be written legibly in the Question paper.
6. The Candidate should also write Name of the Course, Total Number of pages written and the Date of examination legibly in the columns provided.
7. The candidate should write the answers in legible handwriting using only Blue or Black Ink pen/Ball pen.
8. No candidate will be allowed to write the Examination, if he/she commits malpractice or involves in any untoward incident at the time of writing the Examination. The Examination taken by them will be treated as cancelled and will be asked to appear before Disciplinary Committee for further action.
9. The fees once paid will not be refunded or adjusted for the subsequent examination.
10. The Candidate should refer to the notification on the Department Notice Board for any change in the Examination Schedule.
11. The Candidate should write the Serial Number of the Answer Book in the column provided in the Attendance Sheet and sign.

may 20 23

24/5/23

FROM,

S. HEMANTH KUMAR,
BSC COMPUTER SCIENCE,
VELS - PALLAVARAM (VISTAS).

CS
✓ Be depriv. to arrange
for scribe during.

✓ Be faculty who is
not connected with
the subject of
exam can act
as scribe.

To,

THE HEAD OF THE DEPARTMENT,
VISTAS.

SUB: REQUESTING FOR ATTENDING THE EXAM WITH ASSISTANT WRITER

RESPECTED SIR,

My name is S. HEMANTH KUMAR S/O
S. SATHISHKUMAR studying in BSC Computer Science group
in VISTAS. I am doing my third year and now attending
the 6th Semester (ie 2nd semester of this year) Examination
Yesterday I have tendon injury and I am not able
to write exam with my right hand, so I can write
exam with the help of writer. please allow me to
write the exam as I was fully capable for attend
the exam with the help of writer.

THANK YOU

Received
signature
25/5/23
(S. Sivaganesan)

Yours sincerely,
S. Chitra
(PARENT'S SIGN).



INSTITUTE OF SCIENCE, TECHNOLOGY & ADVANCED STUDIES (VISTAS)
(Deemed to be University Estd. on 3 of the UGC Act, 1956)
PALLAVARAM - CHENNAI
ACCREDITED BY NAAC WITH 'A' GRADE
Marching Beyond 30 Years Successfully

HALL TICKET

END SEMESTER EXAMINATIONS - MAY 2023



Name of the Course : B.Sc.-COMPUTER SCIENCE
Register Number : 20106107
Name of the Candidate : HEMANTH KUMAR S
Date of Birth : 25/11/2002

Gender : MALE

Semester : VI

| Date of Examination | Session | Subject Code | Subject Title | Sem | Block - Room No. | Seat No. |
|---------------------|---------|--------------|---------------------------------|-----|---------------------------------|----------|
| - | - | 18PBCS61 | PRACTICAL - DOT NET PROGRAMMING | 6 | | |
| - | - | 18RBCS61 | PROJECT WORK | 6 | | |
| 12/05/2023 | FN | 18UGE503 | PERSONALITY DEVELOPMENT | 6 | | |
| 12/05/2023 | FN | 18EVB061 | ETHICS AND VALUES | 6 | | |
| 15/05/2023 | FN | 18DBCS61 | DOT NET PROGRAMMING | 6 | APJ311-DR.APJ ABDUL KALAM BLOCK | D2 5 |
| 24/05/2023 | FN | 18DBCS65 | MACHINE LEARNING | 6 | DR.APJ ABDUL KALAM BLOCK-APJ201 | E1 2 |
| 27/05/2023 | FN | 18DBCS64 | ARTIFICIAL NEURAL NETWORKS | 6 | DR.APJ ABDUL KALAM BLOCK-APJ206 | D1 2 |

FN (09:30 AM-12:30 PM)

Signature of the Candidate

Controller of Examinations

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<https://mocdoc.in/billing/print/oxymed-hospital/oxymed->



OXYMED HOSPITAL PRIVATE LIMITED

710/464, Anna Salai, Nandanam, Chennai - 600 035.
Ph: +91 - 44 - 42027711 / 55, 4213 1010 / 16, Mobile: 9841451611, ICU: 7299905333
Email: oxymedhospitals@yahoo.com / Website: www.oxymedhospital.in

Bill Cum Receipt

Bill No: OP232

OP No: 608
Consultant: Dr. R.M. Mulhiah M.D (Physician Armenia)
Date: 23/05/2023 17:53

| Name | ID | Age | Gender | Mobile |
|------------------|----------|----------|--------|------------|
| Mr. Hemant Kumar | OH-12634 | 20 years | M | 7358349920 |

Payment Type: Cash

| No | Particulars | Qty | Rate | Am |
|----|------------------------|-----|--------|----|
| 1 | ER Observation Charges | 1 | 500.00 | 5 |
| 2 | Dressing Charges | 1 | 500.00 | 5 |

Amount (in words): RUPEES ONE THOUSAND ONLY

Notz:

Amount Receivable 10

Amount Received 10

FOR OXYMED HOSPITAL PVT LTD
CASHIER

POCO

SHOT ON POCO F1

Date: 22/5/22

Mr. Hemantb

20yrs / M

Inj. P.P. - 1

Inj. Diclofenac - 1

2.5ml syringe - 1

5ml syringe - 1

Debridase ointment - 2

~~Hydrocort ointment~~ - 2

H₂O₂ - 2

Betadine Solution - 2

Roller gauze - 2

Dr. JK. JOSE REENA. Dr. JOSE REENA. K.

Emp No: 0953

Scrab. Written

BSc Computer Science.

24/5/2023

Machine Learning

PhNo: 9962281292 → class in charge
NISHA PRIYA. V

Dr. Shobana

English ~~prof~~ Department

Mobile 91768 35345

Scrab written.

Emp No: 7432

27/5/2023

Artificial Neural
Network.

May 2023

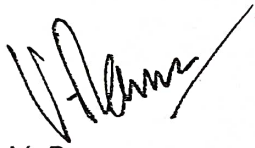
Forwarded:

This is to inform you that Sebastian Srihari (21229106) II MSC Visual Communication is submitted application for Scribe and it is forwarded to your consideration and he has only one Theory paper for this semester and the schedule and scribe recommendation mentioned in the following table:

| | |
|--|--|
| May 15, 2023 9.30 a.m. to 12.30 p.m. 21CMVC41: Development Communication | Recommended Scribe: Mr. S. B. Lakshmi Narayanan Assistant Professor Department of VISCOM VISTAS |
|--|--|

Kindly do the needful and oblige.

Thanking you



Dr. V. Raman

05.05.2023

CS

To ask HOD to arrange for
scribes on all the days
of exam

Received
swamy
13/5/23
(Dr. S. Sivarajaram)

Handwritten signature
05/05/23
CB

REQUEST FOR SCRIBE

Dr Srihari Ayyamuthu

Flat 1A
P. Block No.55
6th Avenue
Anna Nagar
Chennai
600040
Email : docsunny55@yahoo.com

4 May 2023

The Controller of Examinations

Vels University
Pallavaram
Chennai 117

Subject: Exam Scribe for Sebastian Srihari

Respected Sir / Madam

I am writing with reference to my son Sebastian Srihari studying in II Year IV Sem M.Sc VisCom with admission number UP 21G 2290005

Sebastian has physical challenges in writing particularly over few hours in examinations. Hence he requires the assistance of a scribe. I kindly request you to grant Sebastian a scribe for the semester examination.

Thank you

Sincerely



Dr Srihari Ayyamuthu

(Father of Sebastian Srihari)

**GOVERNMENTY PERIPHERAL HOSPITAL, K.K. NAGAR,
CHENNAI 78**

Disability Certificate

Certificate No. _____

CERTIFICATE FOR THE PERSON WITH DISABILITIES

This is to certify that
 Shri/Smt. SEBASTIAN CRIVORI ^{Son} of DR. SAUNDY Shri
DR. SAUNDY age _____ is a case of Physically disabled /
 visual-disabled / speech and hearing disabled / mentally-disabled and has
Long duration. Both upper limbs 50% (Relax. Power)
 permanent Physical impairment / visual impairments speech and hearing
 impairment / mentally-impairment in relation to his/her both upper limbs

Note:

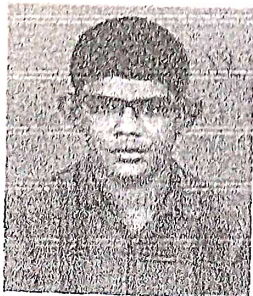
**DUE TO THE ABOVE MENTIONED DISABILITY
 FOLLOWING CONCESSION MAY BE GIVEN**

- 1. EXEMPTION FROM TAMIL / SECOND LANGUAGE
- 2. EXTRA ONE HOUR FOR WRITING THEORY EXAM
- 3. ALLOCATION OF A SCRIBE
- 4. OVER LOOKING SPELLING MISTAKES AND GRAMATIC ERRORS
- 5. USING CALCULATOR

- 1. This condition is progressive / Non-progressive / likely to improve / not likely to improve.
- 2. Re-assessment is not recommended / is recommended after a period of _____ Months / years.

• Strike out which is not applicable.

SEBASTIAN
 Signature / Thumb Impression



25.12.15
 REGISTRATION NO. _____
 VI. PERIPHERAL HOSPITAL,
 NAGAR, CHENNAI-600 078.

[Signature]
 Chairman

DR. M. SIVELINGAM, M.D., D.C.P.H.
 CHIEF PHYSICIAN
 GOVERNMENT PERIPHERAL
 HOSPITAL, K.K. NAGAR,
 CHENNAI-600 078.



இந்திய அரசாங்கம்

Government of India

செபாஸ்டியன்

Sebastian

பிறந்த நாள் / DOB : 26/08/1999

ஆண்பால் / Male



8467 4232 3849

ஆதார் - சாதாரண மனிதனின் அதிகாரம்



ஆதார்

முகவரி:

S/O: ஸ்ரீஹரி அய்யாமுத்து, பி55,
வேலு அலெக்சாண்டர், அண்ணாநகர்,
அண்ணா நகர், அண்ணா நகர்,
சென்னை, தமிழ்-நாடு, 600040

Address:

S/O: Srihari Ayyamuthu, P55, 6TH
AVENUE, ANNANAGAR, Anna
Nagar, Anna Nagar, Chennai,
Tamil Nadu, 600040

8467 4232 3849

1847
1800 300 1847

help@uidai.gov.in

www.uidai.gov.in



VELS INSTITUTE OF SCIENCE, TECHNOLOGY & ADVANCED STUDIES

(Deemed to be University Estd.u/s 3 of the UGC Act.1956)
CHENNAI - 600117

HALL TICKET

END SEMESTER EXAMINATIONS - MAY 2023



Name of the Course : M.Sc.-VISUAL COMMUNICATION

Register Number : 21229106

Name of the Candidate : SEBASTIAN SRIHARI

Date of Birth : 26/06/1999

Gender : MALE

Semester : IV

| Date of Examination | Session | Subject Code | Subject Title | Semeste | Block - Room No. | Seat No. |
|---------------------|---------|--------------|---------------------------------|---------|-----------------------------|----------|
| - | - | 21PMVC41 | PRACTICAL - DIRECTING THE ACTOR | 4 | | |
| - | - | 21RMVC41 | PROJECT | 4 | | |
| 12/05/2023 | FN | 21PGE503 | HUMAN RIGHTS LAW AND PRACTICE | 4 | | |
| 15/05/2023 | FN | 21CMVC41 | DEVELOPMENT COMMUNICATION | 4 | TTB105- DR.RADHAKRISHNAN | C1 6 |

FN (09:30 AM-12:30 PM)

Signature of the Candidate

Controller of Examinations

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Nov 20 23

27/11/23

Ramesh

F/O Karthikeyan

Reg No: UP2301090030

1ST year

VISTAS

The controller of Examination
VISTAS

Pallawaram, Chennai - 600117



CS
 Me
 15/12
 WS

Sub : Request for scribe to write theory exam.

My son Karthikeyan studying 1ST year in
 HEM is dyslexic with learning disability
 I'd like to use the service of a scribe for
 theory examination for my son kindly
 the needful. Thanking you

Yours faithfully
 R. Y. S. S. S. S.

V. A. R.
 (Class Teacher)

May be considered.

A. Anan (HOD i/c)

HEAD OF DEPARTMENT
 School of Hotel & Catering Management
 VELS INSTITUTE OF SCIENCE, TECHNOLOGY
 & ADVANCED STUDIES (VISTAS)
 Chennai-600 117

Received
 Swain
 18/12/2023



राष्ट्रीय बहुविकलांग व्यक्ति अधिकारिता संस्थान

(विकलांगजन सशक्तिकरण विभाग, सामाजिक न्याय और अधिकारिता मंत्रालय, भारत सरकार)

National Institute for Empowerment of Persons with Multiple Disabilities (NIEPMD)

(Dept. of Empowerment of Persons with Disabilities, Ministry of Social Justice & Empowerment, Govt. of India)

ईस्ट कोस्ट मार्ग, मुत्तुकाडु, कोवलम पोस्ट, चेन्नै - 603 112. तमिलनाडु, भारत
East Coast Road, Muttukadu, Kovalam Post, Chennai - 603 112. Tamilnadu, INDIA

NIEPMD/Clin.Psy/19(2)/2019-2020/582

Date:11/11/2019

Psychological Assessment Report

Mr. R. Karthik (Reg.No:1350/19/MD) aged 18 years 4 months, male, S/O Mr. Ramesh and Mrs. Bhuvaneshwari was assessed with Binet Kamat Test (BKT) of General Mental Ability and Vineland Social Maturity Scale (VSMS).

As per Findings:

On BKT, his Mental Age (MA) was 9 years with corresponding Intelligence Quotient (IQ) of 65 indicating Mild Intellectual Disability.

On VSMS, his Social Age (SA) was 10 years 3 months with corresponding Social Quotient (SQ) of 68 indicating Mild Deficit in Socio-Adaptive Functioning (50% disability).

Impression:

Mild Intellectual Disability

Recommendations:

- To be continued in the current educational system (NIOS).
- Cognitive Stimulation.
- To provide training to improve his daily living and communication skills.
- He could be provided with academic benefits such as allocation of scribe or compensatory time of one hour, overlooking of spelling errors, usage of calculators etc.

Assessed by

K. Hemalatha

Hemalatha.K
MPhil Clinical Psychology (2nd year)
Batch (2018-2020)



P. Kalavani
Mrs. P. Kalavani
Clinical Psychologist
(RCI. NO A53131)

टेली फॅक्स / Telefax : 044-27472389, Telephones : 2747 2104, 2747 2113, 2747 2046

ई-मेल / E-mail : niepmd@gmail.com Website : www.niepmd.tn.nic.in

Recipient of National Award for the Best Accessible Website For Persons With Disabilities

List of Faculty Scribe

Student Name: Karthikeyan

Register number: 23109132

Class: 1st Year B.Sc – HCM

| Date | Subject Code | Subject | Faculty name |
|------------|--------------|--|------------------|
| 18/12/2023 | 21LBHM11 | Communicative French - I | Mr. Disalva. X |
| 20/12/2023 | 21CBHM11 | Basic Front Office Operations | Mr. Ramesh. T |
| 22/12/2023 | 21CBHM13 | Basic Food and Beverage service – I | Mr. A. Arun |
| 26/12/2023 | 21DBHM11 | Food Science | Ms. Kanimozhi. S |
| 27/12/2023 | 21BHEN11 | English Paper - I | Mr. Disalva. X |
| 28/12/2023 | 21CBHM12 | Basic Food Production - I | Ms. Kanimozhi. S |

addw
HEAD OF DEPARTMENT i/c
School of Hotel & Catering Management
VELS INSTITUTE OF SCIENCE TECHNOLOGY
& ADVANCED STUDIES (VISTAS)
Chennai-600 117

22/11/23

22/11/2023,
CHENNAI.

From

Jayakumar A

F/O. Bhonian Varshan J

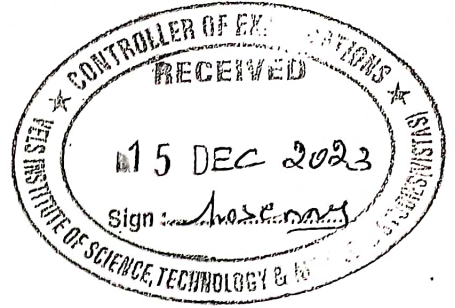
Reg. No. - UP2361090032

B.Sc. HCM

1ST Year

VISTAS

Received
21/11/23



To

The Controller of Examination

VISTAS

Pallanarasam, Chennai - 600117.

CS
Ahe
21/12/23
BB

Sir,

Sub: Request for Scribe to write theory exam

My son Bhonian Varshan J studying 1ST year in B.Sc. HCM is dyslexic with learning disability I would like to use the service of a scribe for writing theory examination for my son. Kindly do the needful. Thanking you.

Maybe considered.

Photocopy of disability certificate is -
- attached for reference.

Kanasee
22/11/23
Dear SHCM-VISTAS.

V. Arora
(Class Teacher)

Yours faithfully,
A. Jay

(Parent Name - JAYAKUMAR A)

J. Bhonian Varshan

(Student Name -
BHONIAN VARSHAN J)

Disability Certificate

State Resource Cum Training Centre for Differently Abled Persons,
K.K. Nagar, Chennai 600 078.

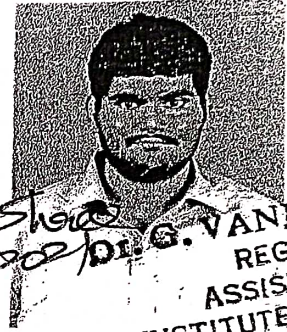
Certificate No: SLD

CERTIFICATE FOR THE PERSON WITH DISABILITIES

This is to certify that Shri / Smt / Kum Bhonian Varishan J
of Shri A. Jayakumar age 18 is a person with
(nature and percentage of disability as mentioned in the certificate of disability)

Note: DUE TO THE ABOVE MENTIONED IMPAIRMENT FOLLOWING CONESSION MAY BE GIVEN

- 1. EXEPTION FROM TAMIL / SECOND LANGUAGE
- 2. EXTRA ONE HOUR FOR WRITING THEORY EXAM
- 3. ALLOCATION OF A SCRIBE
- 4. OVER LOOKING SPELLING MISTAKES AND GRAMATIC ERRORS
- 5. USING CALCULATOR

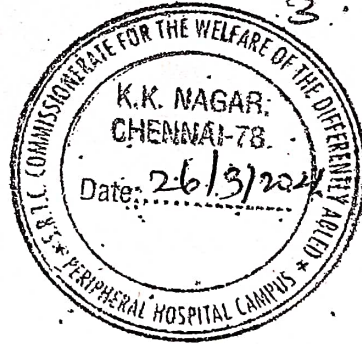


DR. G. VANISHREE, M.B.B.S.
REG. NO: 69371
ASSISTANT SURGEON
INSTITUTE OF MENTAL HEALTH
KILPAUK, CHENNAI-600

- 1. This condition is progressive / Non-progressive / likely to improve / not likely to improve
- 2. Re-assessment is not recommended / is recommended after a period of Three Months / years.

*Strike Out which is not applicable

Bhonian Varishan J
Signature / Thumb Impression of the Patient
Receiver photo & Stamp fixed here



S. Karthikeyan
(Signature and Seal of authorized)

S. Karthikeyan, M.Sc., M.Phil. (Clin.Psy.),
Clinical Psychologist, RCI CRR No : A08385
Lecturer, Dept. of Clinical Psychology,
NIEPMD, DEPWD, MSJ & E, Govt. of India,
Chennai-603 112.

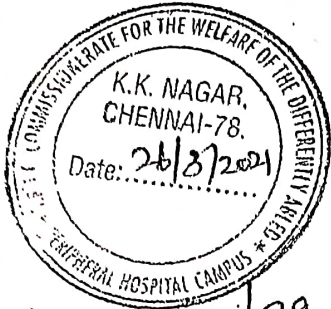
DR. S. KABILAN, M.D., (PAED)
REG. No: 88414
ASSISTANT PROFESSOR
DEPT. OF PAEDIATRICS
GOVT. MEDICAL COLLEGE, OMD EST

DR. S. KABILAN, M.D., (PAED)
REG. NO: 69371
ASSISTANT SURGEON
INSTITUTE OF MENTAL HEALTH
KILPAUK, CHENNAI-600

Form - VII

Certificate of Disability

(In cases other than those mentioned in Forms V and VI)
 (Name and Address of the Medical Authority issuing the Certificate)
 [See rule 18(1)]



G. Vanishree
Dr. G. VANISHREE, M.B.B.S., D.P.M.,
 REG. NO. 69371
 ASSISTANT SURGEON
 INSTITUTE OF MENTAL HEALTH,
 KILFAUR. Date: 26/8/2024

Certificate No. SRSC/SLD/29.

This is to certify that I have carefully examined Shri/Smt/Kum JAYAKUMAR A.
BHONIAN VARSHAN J. son/wife/daughter of Shri JAYAKUMAR A.
 Date of Birth (DD/MM/YY) 16 07 2002 Age 18 years,
 male/female MALE Registration No. _____ permanent resident of House No. _____
42/A Ward/Village/Street KUMARAN COLONY Post Office PALLAVARAM OLD
 District KANCHI PURAM State TAMIL NADU, whose photograph is affixed above,
 and am satisfied that he/she is a case of _____ disability. His/her
 extent of percentage physical impairment/disability has been evaluated as per guidelines
 (.....number and date of issue of the guidelines to be specified) and is shown against the relevant
 disability in the table below:-

| Sl. No | Disability | Affected part of body | Diagnosis | Permanent physical impairment/ mental disability (in %) |
|--------|--------------------------------|-----------------------|-----------|---|
| 1 | Locomotor disability | @ | | |
| 2 | Muscular Dystrophy | | | |
| 3 | Leprosy cured | | | |
| 4 | Cerebral Palsy | | | |
| 5 | Acid attack Victim | | | |
| 6 | Low vision | # | | |
| 7 | Deaf | € | | |
| 8 | Hard of Hearing | € | | |
| 9 | Speech and Language Disability | | | |
| 10 | Intellectual Disability | | | |
| 11 | Specific Learning Disability | | | Disability 50% (fifty) |
| 12 | Autism Spectrum Disorder | | | |
| 13 | Mental illness | | | |

| | | | | |
|----|---------------------------------|--|--|--|
| 14 | Chronic Neurological Conditions | | | |
| 15 | Multiple sclerosis | | | |
| 16 | Parkinson's disease | | | |
| 17 | Haemophilia | | | |
| 18 | Thalassemia | | | |
| 19 | Sickle Cell disease | | | |

(Please strike out the disabilities which are not applicable)

2. The above condition is progressive/non-progressive/likely to improve/not likely to improve.

3. Reassessment of disability is:

(i) not necessary, or

(ii) is recommended/after 3 (three) years _____ months, and therefore this certificate shall be valid till (DD/MM/YY) _____

@ eg. Left/Right/both arms/legs

eg. Single eye/both eyes

€ eg. Left/Right/both ears

3. The applicant has submitted the following document as proof of residence:-

| Nature of document | Date of issue | Details of authority issuing certificate |
|--------------------------------|---------------|--|
| Aadhaar card 3771 6853 1538 | - | Govt. of India. |

D. Vanishree M.D
(Authorised Signatory of notified Medical Authority)
DR. G. VANISHREE (Name and Seal)
REG. No: 69371
ASSISTANT SURGEON
INSTITUTE OF MENTAL HEALTH
KILPAUK, CHENNAI-600 076

Countersigned
{Countersignature and seal of the
Chief Medical Officer/Medical Superintendent/
Head of Government Hospital, in case the
Certificate is issued by a medical authority who is
not a Government servant (with seal)}

B. Anjan Varshani
Signature/thumb Impression of the Person in
whose favour certificate of disability is issued.

Note: In case this certificate issued by medical authority who is not a Government servant, it shall be valid only if counter sign by Chief Medical Officer of the District.

List of Faculty Scribe

Student Name: J. Bhonianvarshan

Register number: 23109106

Class: 1st Year B.Sc – HCM

| Date | Subject Code | Subject | Faculty name |
|------------|--------------|----------------------------------|-----------------------|
| 18/12/2023 | 21LBHM11 | Communicative French - I | Ms. Kanimozhi. S |
| 20/12/2023 | 21CBHM11 | Basic Front Office Operations | Mr. Vijayakumar. M |
| 22/12/2023 | 21CBHM13 | Basic F and B service | Mr. Deepakraj. V |
| 26/12/2023 | 21DBHM11 | Food Science | Mr. A. Arun |
| 27/12/2023 | 21BHEN11 | English | Mr. Ramesh. T |
| 28/12/2023 | 21CBHM12 | Basic Food Production | Mr. Disalva. X |

ddm
HEAD OF DEPARTMENT i/c
School of Hotel & Catering Management
VELS INSTITUTE OF SCIENCE TECHNOLOGY
& ADVANCED STUDIES (VISTAS)
Chennai-600 117

Date: 21/12/2023

9

From,

Jesvini . S
D/o Sophia 23122330
UP2301220084
Ist Year LLB, C Section
School of Law
VISTAS.



To,
~~THE DEAN~~ The Controller of Examination
SCHOOL OF LAW
VISTAS, Chennai - 600 117

Recd
23/12/2023
(Dr. S. Suresh Kumar)

Respected Madam,

Sub: Exam Hall Allocation Request - Submission of
medical certificate - Reg.

This is to inform Your good-self that my daughter
(Jesvini . S , Ist Year LLB, C Section) going under medication
for Polyomyelitis, hence she has severe pain
on her upper / Lower limbs and hands.

She unable to climb stairs, hence
we request you to allocate her exam hall in
"Ground Floor" due to her medical condition.

Thanking You

Respected Sir,

The student is having
health issues, and she may provided
ground floor as exam hall to write
the exam.

Yours Sincerely

A. Sobah Raza
95 9780 507
Signature of Parents



Dr. Kamakshi
Memorial Hospitals Pvt. Ltd.

Your Health is Our Responsibility...



This is to certify that
Miss Jesvini S. has polymyositis -
and is under my treatment.

She has pain and weakness
of the proximal muscles of her
upper limb and lower limb and neck flexor
muscl.
She has pain in the small joints
of hands.

R. P. P. P.
18/12/23

Dr. PORKODI, M.D., D.M.,
Consultant Rheumatologist
Reg. No. 28668
Dr. Kamakshi Memorial Hospital Pvt. Ltd.
No.1, Radial Road, Pallikaranai, Chennai-100.

* This office template is used ONLY for medical advice, medical reporting and office use. NOT for issuance of certificates.



Doctor Appointments

☎ 044 71 200 299 📠 73583 17333



Free Home Sample Collection

☎ 044 71 200 266 📠 996272 5555



Emergency Ambulance

☎ 044 66 300 500 / 66 300 300

#1, Radial Road, Pallikaranai, Chennai - 600 100. Taminadu, India.



☎ 044 66 300 300 / 71 200 200



☎ 89 39 900 500

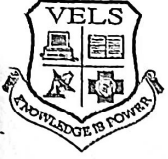


✉ info@drkmh.com



🌐 www.drkmh.com

CIN: U85101TN3004870054715



VELS INSTITUTE OF SCIENCE, TECHNOLOGY & ADVANCED STUDIES

(Deemed to be University Estd.u/s 3 of the UGC Act.1956)
CHENNAI - 600117

HALL TICKET

END SEMESTER EXAMINATIONS - DECEMBER 2023

Name of the Course : LL.B.-LAW

Register Number : 23122330

Name of the Candidate : MARY JESVINI S

Date of Birth : 06/12/1999

Gender : FEMALE

Semester : I



| Date of Examination | Session | Subject Code | Subject Title | Semeste | Block - Room No. | Seat No. |
|---------------------|---------|--------------|---|---------|------------------|----------|
| - | - | 21ALLB11 | RESEARCH METHODOLOGY | 1 | | |
| - | - | 21SLLB11 | USING OF LAW REPORTERS AND JOURNALS | 1 | | |
| 18/12/2023 | FN | 21CLLB11 | JURISPRUDENCE | 1 | APJ312 | B1 2 |
| 20/12/2023 | FN | 21CLLB12 | LAW OF TORTS INCLUDING CONSUMER PROTECTION ACT AND MOTOR VEHICLES ACT | 1 | APJ212 | C1 2 |
| 2/12/2023 | FN | 21CLLB13 | LAW OF CONTRACTS - I INCLUDING SPECIFIC RELIEF ACT | 1 | APJ312 | A2 7 |
| 26/12/2023 | FN | 21CLLB14 | LAW OF CRIMES | 1 | APJ306 | A2 1 |
| 27/12/2023 | FN | 21CLLB15 | HUMAN RIGHTS LAW AND PRACTICE | 1 | APJ210 | C2 2 |
| 28/12/2023 | FN | 21CLLB16 | LEGAL AND CONSTITUTIONAL HISTORY OF INDIA | 1 | ENB207 | C1 6 |

FN (09:30 AM-12:30 PM)

Signature of the Candidate

Controller of Examinations

INSTRUCTIONS TO STUDENTS

1. The use of Mobile Phone, Smart Watch, Blue Tooth and Programmed Calculators are prohibited inside the Examination Hall. Candidates possessing these electronics gadgets will be booked under malpractice.
2. The Answer Book contains sufficient pages and NO ADDITIONAL SHEETS will be given.
3. The candidate is instructed not to write/mark anything on the Question paper.
4. (a) The Candidate will not be permitted to enter into Examination Hall without Hall ticket and University ID card.
(b) No candidate will be allowed into the Examination Hall after 30 minutes from the commencement of examination.
(c) No candidate will be allowed to leave the Examination Hall in the first 30 minutes after the commencement of examination.
5. The Candidate should write his/her Register number and subject code in the appropriate column of the main Answer book and shade them properly. The Answer book with incorrect or illegible Register Number and not shaded in the column provided will not be valued. The Register Number should be written legibly in the Question paper.
6. The Candidate should also write Name of the Course, Total Number of pages written and the Date of examination legibly in the columns provided.
7. The candidate should write the answers in legible handwriting using only Blue or Black Ink pen/Ball pen.
8. No candidate will be allowed to write the Examination, if he/she commits malpractice or involves in any untoward incident at the time of writing the Examination. The Examination taken by them will be treated as cancelled and will be asked to appear before Disciplinary Committee for further action.
9. The fees once paid will not be refunded or adjusted for the subsequent examination.
- 10 The Candidate should refer to the notification on the Department Notice Board for any change in the Examination Schedule.
- 11 The Candidate should write the Serial Number of the Answer Book in the column provided in the Attendance Sheet and sign.

From ;

S. Arish Rahavan, Regno: 22142103

II B.com LLB Phone no: 94229993
School of law 80
VISTAS (A) Approved

To, The controller
Vels university,
Pallavaram.

Arish
16/11/23
ASB

sub: Request for scribe

Respected sir,

I am studying in IInd
B.com LLB, I have an semester examination
from Tomorrow 17-11-2023 to 29-11-2023.
my fingers had injured, so I can't able to
write the semester Examination, so kindly
provide me a scribe for writing the
Examination.

Thank you

Yours's obediently
S. Arish Rahavan.

Forwarded

Arish
16/11/23

Received
Swamy
17/11/23

(A) Mrs. Malini, Asst professor has accepted to be the
scribe for the student on 17/11/23, A.N. Arish
17/11/23




CERTIFICATE FOR LEAVE OR EXTENSION

Signature of Applicant :

I, Dr. I.ANTO ROMINE DOSS, M.D, Reg. No. 14832, after careful personal Examination of the case hereby certify that Thiru/Tmt/Selvi ARISH RAHAVAN of the B.com IIB, II year VELS UNIVERSITY, DACLAVARAM. department, whom signature is given above, is suffering from Crush injury of hand, and I consider that a period of absence from duty for 5 days with effect from 11/11/23 to 15/11/23 is absolutely necessary for the restoration of his /her health.

Station:

Date:

Signature: 

Dr.ANTO ROMINE DOSS M.D.
Designation: **Physician**
Reg.No :HN14832
Kallikulam.

Nov 2023



From

Dhanush Vinayak. P
Reg.No.21130247
III B.Com., 'C' section
Department of Commerce-General
VISTAS, Pallavaram

CS
Proceed as per
the list enclosed.
Alec
10/11/23
COE

To

The Controller of Examination
VISTAS, Pallavaram.

Through

The HOD,
Department of Commerce-General
VISTAS, Pallavaram

Respected sir,

Sub.: Request for Scribe reg.

I regret to convey my hand bone broke due to accident. So I am unable to write the examination by myself. I kindly request you to arrange scribe for write the examination on behalf of me. Details of staff members are willing to write the examination as scribe for me attached below. Please accept my request and do the needful.

Thanking you

Your's truly

Dhanush Vinayak

Dhanush Vinayak.P

Received
17/11/23

Forwarded
to the COE
Dhanush Vinayak
(Dhanush Vinayak)

Dr.P.JAGADEESAN.M.Com.,H.Phil.,Ph.D(MKT),Ph.D(BRM),NET,PGDCA
PROFESSOR & HEAD RESEARCH SUPERVISOR & GUIDE,
DEPARTMENT OF COMMERCE
ASSOCIATE DIRECTOR (EXTRACURRICULAR & EXTENSION ACTIVITIES)
VISTAS (VELS UNIVERSITY)
PALLAVARAM, CHENNAI-600 117

Details of Examination and Scribe

| Subject code | subject Name | Date of Examination | Session | Staff Name | Employee ID. |
|--------------|-------------------------------|---------------------|---------|----------------------|--------------|
| 21CBCF31 | Business Statistics | 17.11.2023 | AN | Dr.G.S. Dhanashree | 1283 |
| 21CBCF51 | Cost Accounting | 18.11.2023 | FN | Dr.P.Vijayashree | 1260 |
| 21CBGL32 | Corporate Accounting I | 20.11.2023 | AN | Dr.Sridevi | 1298 |
| 21DBGL51 | Income Tax Law and Practice I | 21.11.2023 | FN | Dr.P.Vijayashree | 1260 |
| 21DBCF52 | Practical Auditing | 23.11.2023 | FN | Dr.M.Mohanapriya | 1296 |
| 21DBGL53 | Financial Management | 25.11.2023 | FN | Dr.Sridevi | 1298 |
| 21 CBGL51 | Universal Human Values | 28.11.2023 | FN | Dr.M.Mohanapriya | 1296 |
| 21CBGL42 | Corporate Accounting II | 01.12.2023 | FN | Dr.C.Chitra | 1244 |
| 21GMA001 | Operation Research | 04.12.2023 | FN | Dr.H. Kamilah Banu | 1284 |
| 21CBCF43 | Company Law | 08.12.2023 | FN | Ms.Swathi Pradeeba.P | 1257 |
| 21CBCF44 | Marketing Management | 09.12.2023 | FN | Ms.Swathi Pradeeba.P | 1257 |

Handwritten notes and signatures on the right side of the table, including names like 'A.S.', 'P.P.', 'C.ch', 'P. Pradeeba.P', and 'P. Pradeeba.P'.

Forwarded to
The COE
Dr. P. Jagadeesan

Dr.P.JAGADEESAN, B.Com., M.Phil., Ph.D.(MKT), Ph.D.(HRM), NET, PGDCA
PROFESSOR & HEAD RESEARCH SUPERVISOR & GUIDE,
DEPARTMENT OF COMMERCE
ASSOCIATE DIRECTOR (EXTENSION ACTIVITIES)
VISTAS (VELS UNIVERSITY)
PALLAVARAM, CHENNAI-600 117

NOV 2023

14.11.23

From,

L. Sabarish
B.Tech CSC (AIEML)
Vel's University.
Pallavaram.
Chennai

CS.
✓ Approved
✓ Proceed as per the
list enclosed

To

The COE
Vel's University
Pallavaram
Chennai

Submitted to ~~COE~~
Sir,
Requisition of Scribe,

A. Stalin
16/11/23

Sub: Scribe request letter.

Respected Sir/Madam.

My son met with an accident.
Yesterday. He is having injuries. Mainly
in his both palms. He is not able to
write the upcoming exam. So please
kindly arrange a scribe on behalf of my
son to write the exams. kindly,
Please consider.

Thank you.

Forwarded to
HoD
K-Ulaganathan.

Forwarded to the HoD
R. Sathya
16/11/2023
Charge



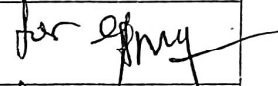
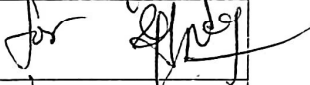

University Examination November 2023

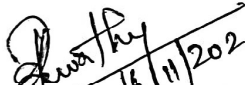
Scribe Details


Student Name: L. SABARISH

Year/Semester: II/III

Department: B.E-CSE Artificial Intelligence and Machine Learning

| S.No | Date | Subject Code/Name | Scribe Name | Signature |
|------|------------|---------------------------------------|--------------------------------|---|
| 1 | 17.11.2023 | 21CBAI31/Mathematics III | Mrs. Daphne Sherine/9094326600 |  |
| 2 | 20.11.2023 | 21CBAI32/Digital Electronics | Mrs. Daphne Sherine/9094326600 |  |
| 3 | 22.11.2023 | 21CBAI33/Operating System | Ms. Preetha/9597709438 |  |
| 4 | 24.11.2023 | 21CBAI34/Data Structures & Algorithms | Ms. Preetha/9597709438 |  |
| 5 | 27.11.2023 | 21CBAI35/Foundation of AI&ML | Mrs. Daphne Sherine/9094326600 |  |


Signature of Class In-charge


Signature of HOD

Date: 30/11/23

From:

M. Jayalakshmi
BCA - I Year
VISTAS,
Pallavaram -



To talk to HOD
and assess the
condition of the
student

To:

The HOD,
Department of Computing Science,
VISTAS,
Pallavaram.

If it is not
possible to claim
sick leave, then
permit her

Respected mam,

Recently I got injure on Right knee due to
small accident. I can't able to climb the staircase even
doctors advised to take care few days. so kindly I
request you to arrange the exam hall at ground
floor. I hope you can understand my situation
and do the needful.

Thanking you.

Yours Truly,

M. Jayalakshmi

Received
Sivani
30/12/2023
(Dr. S. Suresh Kumar)

Forwarded
to COE

Dr. P. SUTATMA
12/11/23
(Dr. P. SUTATMA)
HOD-BCA MIT

Class Incharge
30/11/23
(Dr. A. BHARATHI)

THIRAVIAM ORTHOPAEDIC HOSPITAL

(NABH Accredited Hospital)

2-191, Tirunelveli Main Road, Thorokalputhoo, NAGERCOIL - 629 901

Phone : 04652 - 276607, 277567, 276186

www.thiraviamorthopaedic.com / email : thiraviamhospital@yahoo.co.in



Dr. T. Thiraviam, D.Ortho., M.S. Ortho., M.Ch., (Plastic Surgery)
Orthopaedic Surgeon, Hand, Face & Maxillary, Micro Vascular Surgeon.

Dr. A. Selvakumar Kingallu, M.D., D.A.,
Consultant Anaesthesiologist.

Dr. S. Maria Subian, M.Ch., (Neuro Surgery)
Fellowship in Minimally Invasive Brain & Spine Surgery.

Dr. C. Muthuraj, D.Ortho.,
Senior Orthopaedic Surgeon.

Dr. S. Shakeen, M.S.Ortho., Orthopaedic Surgeon.

Dr. M. Sudhan, M.S.Ortho., Orthopaedic Surgeon.

Dr. R. Bharath, M.S.Ortho., Orthopaedic Surgeon.

Dr. S. Ramesh, B.Sc., M.B.B.S., Medical Officer.

November 30, 2023

77


TO WHOMSOEVER IT MAY CONCERN

O. P. No : 110492

This is to certify that Miss. Jeyalekshmi, 18yrs/Female, D/o Mr. Karthick Babu, East Street, Karaichuthuputhoo, Thisayanvilai, Tirunelveli District was admitted in our hospital on October 24, 2023 for the treatment of fracture right proximal tibia and underwent Open reduction internal fixation with plating right proximal tibia done under spinal anaesthesia on October 24, 2023. She was discharged on October 27, 2023.

She was under treatment as an outpatient to November 15, 2023.




Dr. S. Shakeen, M.B.B.S., M.S.Ortho
Reg. No: 75080
Orthopaedic Surgeon
THIRAVIAM ORTHOPAEDIC HOSPITAL
NAGERCOIL

18.12.2023
Chennai 117

From

Dr. K. Karthickeyan
Professor & Head
Department of Pharmacy Practice
School of Pharmaceutical Sciences
Vel's Institute of Science, Technology and Advanced Studies (VISTAS)
Pallavaram, Chennai 600 117.

To

The Controller of Examinations
Vels Institute of Science Technology & Advanced Studies (VISTAS)
Pallavaram, Chennai 600117.

CS
for needful
Heef
18/12/23
CSB

Through proper channel

Respected sir,

Sub:- Request to permit Pharm.D IV year student Sanjay. S – Reg. No. 19408901- Grant permission for appointing a scribe for writing the exam- Reg.

With due respect I wish to bring to your kind notice that Mr. Sanjay S, (Register No: 19408901) a student from Pharm. D IV Year (Transferred Student), has met with an accident and has suffered injuries to his right hand and has undergone a surgery for the same and because of the surgery he is unable to write the remaining exams on his own. He already attended few exams before the cyclone rain. So I kindly request you to permit the student to use a scribe to write the exam. I am herewith enclosed his discharge summary for your kind reference. The following faculties will be the Scribe for writing the examination.

| S.No | Date of Examination | Session | Subject | Subject Code | Name of the Faculty | Signature of the Faculty |
|------|---------------------|---------|--|--------------|---|--------------------------|
| 1 | 19.12.2023 | FN | Pharmacotherapeutics-III | 17CPHDA4 | Ms. Indumathy, Asst. Professor | <i>P. Indumathy</i> |
| 2 | 21.12.2023 | FN | Clinical Toxicology | 17CPHDF4 | Ms. Harshini, Asst. Professor | <i>S. Harshini</i> |
| 3 | 30.12.2023 | FN | Biostatistics and Research Methodology | 17CPHDD4 | Dr.M.K.Sundar Sri, Asst. Professor | <i>M.K. Sundar Sri</i> |
| 4 | 3.1.2024 | FN | Clinical Pharmacy | 17CPHDC4 | Mr. J. Kabilan, Asst. Professor | <i>J. Kabilan</i> |
| 5 | 5.1.2024 | FN | Hospital Pharmacy | 17CPHDB4 | Dr. Mohamed Zerein Fathima, Asst. Professor | <i>M. Zerein Fathima</i> |

Kindly do the needful in this regard.

Thanking you,

- Encl: 1. Email sent by the student to Dean
2. Email sent by the student to COE and his reply.
3. Discharge summary sent by the student via email to class incharge.
4. Student Hall ticket copy.

Yours faithfully,
K. Karthickeyan
18/12/23
Dr. K. KARTHICEYAN,
M.Pharm., MBA., PGDCR., Ph.D.
Professor and Head
Department of Pharmacy Practice
School of Pharmaceutical Sciences
Vel's Institute of Science,
Pallavaram, Chennai 600 117.

Dr. P. Shanmugasundaram, M.Pharm., Ph.D., D.Lit.,
Dean
School of Pharmaceutical Sciences,
Vels Institute of Science, Technology and Advanced Studies (VISTAS),
Pallavaram, Chennai 600 117.

Submitted to me for approval
[Signature]

Received
18/12/23
(Dr. S. S. Noyan)



HOD Dept of Pharmacy Practice Vels University <hodppractice@velsuniv.ac.in>

Fwd: Req for scribe

Dean School of Pharmaceutical Sciences Vels University <dean.sps@vistas.ac.in>
To: HOD Dept of Pharmacy Practice Vels University <hodppractice@velsuniv.ac.in>

Sat, Dec 16, 2023 at 4:33 AM

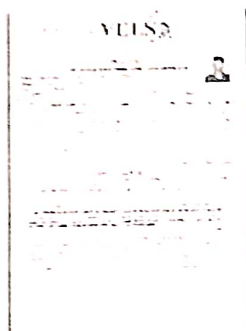
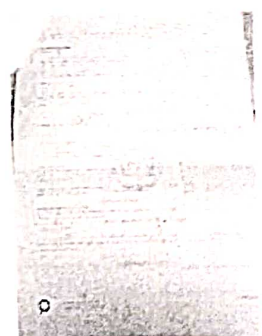
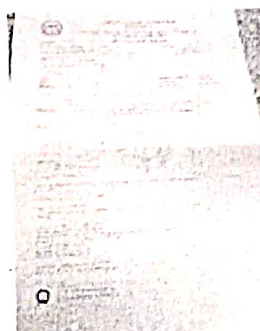
----- Forwarded message -----

From: **Apu** <ssanjay1804@gmail.com>
Date: Sat, 16 Dec, 2023, 18:00
Subject: Req for scribe
To: <dean.sps@velsuniv.ac.in>

Respected sir/madam,

Subject : Requesting for scribe to write an semester examination.

Honorable sir/madam, I am Sanjay S (Reg no : 19408901) from pharm.D IV year in our college. I mate an accident my Right ring finger traumatic amputation dip level with degloving of the middle and proximal segment. Because of my arelessness I didn't inform anything about my accident. After awareness from our department HOD sir. kindly I am requesting scribe to write an end semester examination. Please accept my request for scribe to exam. (I will attach my medical certificate with)

4 attachments**2bb05b40-12a0-4afa-9fa1-6d5a7a91fa70.jpg**
344K**IMG_9403.jpg**
1025K**IMG_9401.jpg**
1412K



IMG_9402.jpg
2159K



HOD Dept of Pharmacy Practice Vels University <hodppractice@velsuniv.ac.in>

Fwd: Requesting for scribe

Dr.Jacintha Sharon Daniel.J VISTAS <jacintha.sps@velsuniv.ac.in>
To: "Dr. K. Karthickeyan" <hodppractice@velsuniv.ac.in>

Sun, Dec 17, 2023 at 8:53 PM

----- Forwarded message -----

From: **Apu** <ssanjay1804@gmail.com>
Date: Mon, 18 Dec 2023, 10:23
Subject: Fwd: Requesting for scribe
To: <jacintha.sps@velsuniv.ac.in>

----- Forwarded message -----

From: **Controller of Exams VISTAS** <coe@vistas.ac.in>
Date: Sun, Dec 17, 2023 at 8:11 PM
Subject: Re: Requesting for scribe
To: Apu <ssanjay1804@gmail.com>

pl. contact the Chief Superintendent of Exams.

Thanks and Regards**Dr. A. Udhayakumar,**
Controller of Examinations,
VISTAS,
Chennai-600117.On Sat, Dec 16, 2023 at 6:02 PM Apu <ssanjay1804@gmail.com> wrote:
Respected sir/madam,

Subject : Requesting for scribe to write an semester examination.

Honorable sir/madam, I am Sanjay S (Reg no : 19408901) from pharm.D IV year in our college. I mate an accident my Right ring finger traumatic amputation dip level with degloving of the middle and proximal segment. Because of my carelessness I didn't inform anything about my accident. After awareness from our department HOD sir. kindly I am requesting scribe to write an end semester examination. Please accept my request for scribe to exam. (I will attach my medical certificate with)



CHRISTIAN MEDICAL COLLEGE

VELLORE - 4

DR. PAUL BRAND CENTRE FOR HAND SURGERY & LEP.RECONS.SURGERY

DISCHARGE SUMMARY

Consultants

| | | |
|--|-------------------------|-------------------------------|
| Dr. Binu P Thomas MS(Orth) , D.Orth , PDFHS (USA) | Senior Professor | Email: hands@cmcvellore.ac.in |
| Dr. SAMUEL CHANDRASUKHARA RAJ MBBS, MCh Hand Surgery, D Orth, DNB(Orth) , PDFHS(USA) | Senior Professor & Head | Tel: (0416) 2282924 |
| Dr. ANIL MATHIEW D Orth , M.S Orth , FHS (CMC) FHRMS(Canada), M.Ch Hand Surgery | Professor | Fax/Web: (0416) 2232035 |
| Dr. KIRAN SASI P. MBBS, MCh Hand Surgery, MS Ortho, D Ortho, DNB Ortho, MNAMS, PDFHS (CMC) | Assoc. Surgeon | |
| Dr. Sreekanth R MBBS, D.Orth , M.S Orth , PDFHS (CMC), FHS(RCEng) | Assoc. Professor | |

| | |
|-------------------------|----------------------------|
| Name: SANJAY S | Hospital number: AD53476 |
| Age: 21 Sex: Male | Admitted on: 24-Nov-2023 |
| MRDNo: 904062J Ward: B3 | Discharged On: 01-Dec-2023 |

Address: 2203, ROAD STREET, KALIGAPURAMP
PADAVEDU
POLUR THIRUVANNAMALAI TAMIL NADU Pincode: 606905

Diagnosis: RIGHT RING FINGER TRAUMATIC AMPUTATION AT DIP LEVEL
WITH DEGLOVING OF THE MIDDLE AND PROXIMAL SEGMENT

History

Time of assessment: 6:00 PM

Time of Incident : 11:00:00 AM

Date of Incident : 24/11/2023

Place of Incident : KADAPA ANDHRA PRADESH

Mode of ED arrival: Pvt Car

Informant:

- Name: SELF

- Mobile No.: 9976424954

HISTORY OF TRAUMA

Mode of injury: finger got stuck in a small space in a van and got amputated while trying to pull off

Object of impact: metal handle

Presenting complaints:

1. degloving injury with traumatic amputation over the right ring finger

EVENTS:

Seat belt use: Not Applicable

Helmet applied: Not Applicable

Alleged history of alcohol consumption prior to the incident: No

History of loss of consciousness: No

History of ENT bleed: No

History of Vomiting: No

History of Seizures: No

Treatment administered elsewhere if any:

History of Inj. Tetanus toxoid administration: Yes/No



Finalised on : 01-Dec-2023 17:23
Accredited by the NABH

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PAST HISTORY:
 Comorbidities: None
 3. History of chronic smoking: No
 4. History of chronic alcohol consumption: No

MEDICATION HISTORY: nil

Past history of any surgery: None
 Past history of any allergy: None
 Time of last meal: 10 am

On Examination

examination of the right upper limb :
 traumatic amputation noted over the right ring finger at the level of the dip joint with degloving of the middle and proximal segment .
 (da tendons attached to the middle phalanx (intact)
 radial and ulnar digital neurovascular structure : damaged ,
 movement at the mcp and pip joint of the ring finger : possible (with pain)
 active bleeding noted at the site of amputation .
 minimal contamination .

distal segment (brought in icebox) is cyanotic , cold , with macerated edges .
 neurovascular structure could not be appreciated on to the distal sement .

Investigations

| Date | Investigation | Result | Unit | Reference Range |
|------------|---------------------------------|----------|---------|-------------------|
| 25/11/2023 | CBC PROFILE | | | |
| | NE:72, LY:18, MO:10, EO:0, BA:0 | | | |
| | MCV | 83.7 | fL | 80-100 |
| | MCH | 27.8 | pg | 26-34 |
| | MCHC | 33.2 | % | 31.4-36.3 |
| | RDW-CV | 13.7 | % | 11.5-14.5 |
| | TOTAL WBC | 14000 | /CUMM | 4,000-12,000 |
| | HB | 13.8 | g/dL | M 13-17; F 11-15 |
| | PLATELET COUNT | 289000 | /CUMM | 1,50,000-4,50,000 |
| | RBC | 4.97 | MM/cumm | M |
| 4.4-5.9;F | HCT (PCV) | 41.6 | % | M 40-50; F 35-46 |
| | RETICS | 0.1 | % | 0.5-2.5 |
| 25/11/2023 | SERUM ELECTROLYTES | | | |
| | SODIUM | 140 | m mol/L | 135-145 |
| | POTASSIUM | 4.1 | m mol/L | 3.5-5.0 |
| | BICARBONATE | 28 | m mol/L | 22-29 |
| 25/11/2023 | UREA/CREATININE | | | |
| | UREA | 12 | mg% | 13-43 |
| | CREATININE | 0.95 | mg% | 0.5-1.4 |
| 25/11/2023 | RAPID BLOOD BORNE VIRUS SCREEN | | | |
| | HIV | NEGATIVE | | |
| | HbsAg | NEGATIVE | | |
| | HCV | NEGATIVE | | |

Procedure(S) Done:

He underwent right ring finger debridement, dip joint fusion and raw area coverage with groin flap under general anesthesia on 25/11/2023.

Progress In Hospital

Progress in ward was Uneventful.

Discussion



Patient came with above complaints and underwent right ring finger debridement, DIP joint fusion and raw area coverage with groin flap under general anesthesia on 25/11/2023. Intra and post-operative period was uneventful. He was observed in ward. Serial dressings were done and wound was examined and found to be healing. He is being discharged with following recommendations.

Recommendations

Medications :

- Cap. Cephalexin 500mg four times daily for 5 days.
- Tab. Aceclofenac 100 mg twice daily for 5 days.
- Cap. Omez 20mg twice daily for 5 days.
- Tab. Vit C 500mg once daily for one month.
- Tab. Paracetamol 1 gm when required for pain.
- Tab. Aspirin 75mg once daily for 4 weeks.

Keep the hip flexed at the time of mobilization.
Regular flap dressing in OPD.
DONOT wet it or let the water inside.
Keep operated limb, dry and elevated in sling with quadry.
Plan for flap separation on 14/12/2023.

Review in HLRS OPD on 04/12/2023.

Written by: Dr. SIDDHANT SANJAY GANDHI

DR. PAUL BRAND CENTRE FOR HAND SURGERY & LEP. RECONS. SURGERY

PLEASE NOTE THE FOLLOWING:

1. DO NOT dirty or wet your plaster or dressings.
2. DO NOT Remove your dressings unless instructed by HLRS doctors.
3. DO NOT keep your hand in a dependent posture.
4. YOU MAY COME TO THE CASUALTY OR HLRS OPD IF YOU HAVE SEVERE PAIN, OR NOTICE ANY DISCOLOURATION OF FINGERS, OR UNPLEASANT DISCHARGE from your splinted/operated hand.
5. In case there is severe pain, swelling or bluish discoloration of the operated hand, please contact HLRS Office at 0416-2282924 during office hours or please come to the Accident and Emergency Department of CMC Vellore.

Note: Please collect the Finalised Discharge Summary when the Biopsy and other reports are ready from HLRS Office (Room No.1103) Paul Brand Building, 1st floor.

Appointments can be fixed

Online through the following link:

Prior OPD appointments can be obtained in the web at "www.cmch-vellore.edu" and Click "Patient Services" and Click "Appointments" using CHRIS card or Credit cards from the following banks: HDFC, City, HSBC, SBI, Standard Chartered, ICICI, Axis.

Official email communication will always be from an address ending with @cmcvellore.ac.in. Please confirm this before responding to an email. Email communication is not secure and can be intercepted in transit by hackers. Please do not share any confidential information over email to avoid breach of privacy and financial loss.

Discharge Summary received by: _____



Finalised on :01-Dec-2023 17:23
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INSTITUTE OF SCIENCE, TECHNOLOGY & ADVANCED STUDIES (VISTAS)
 (Incorporated by Government Order No. 10 of 1982)
 PALLAVARAM, CHENNAI
 ACCREDITED BY NAAC WITH 'A' GRADE
 Marching Beyond 30 Years Successfully

HALL TICKET

END SEMESTER EXAMINATIONS - NOVEMBER 2023



Name of the Course : Pharm.D-DOCTOR OF PHARMACY

Register Number : 19408901

Name of the Candidate : SANJAY S

Date of Birth : 18/04/2002

Gender : MALE

Semester : IV

| Date of Examination | Session | Subject Code | Subject Title | Sem | Block - Room No. | Seat No. |
|---------------------|---------|--------------|--|-----|------------------|----------|
| 17/11/2023 | AN | 17CPHDE3 | MEDICINAL CHEMISTRY | 3 | IT BLOCK-ITB401 | A1 3 |
| 21/12/2023 | FN | 17CPHDE4 | BIOPHARMACEUTICS AND PHARMACOKINETICS | 4 | APJ213 | A1 4 |
| 04/12/2023 | FN | 17CPHDD4 | BIOSTATISTICS AND RESEARCH METHODOLOGY | 4 | APJ212 | B2 6 |
| 06/12/2023 | FN | 17CPHDC4 | CLINICAL PHARMACY | 4 | APJ212 | D2 3 |
| 08/12/2023 | FN | 17CPHDB4 | HOSPITAL PHARMACY | 4 | APJ211 | A2 6 |
| 12/12/2023 | FN | 17CPHDA4 | PHARMACOTHERAPEUTICS - III | 4 | APJ203 | D1 7 |
| 14/12/2023 | FN | 17CPHDF4 | CLINICAL TOXICOLOGY | 4 | APJ202 | A2 5 |

AN (01:30 PM-04:30 PM), FN (09:30 AM-12:30 PM)

Handwritten signature of Controller of Examinations

Signature of the Candidate

Controller of Examinations

INSTRUCTIONS TO STUDENTS

- The use of Mobile Phone, Blue Tooth and Programmed Calculators are prohibited inside the Examination Hall. Candidates possessing these electronics gadgets will be booked under malpractice.
- The Answer Book contains sufficient pages and NO ADDITIONAL SHEETS will be given.
- The candidate is instructed not to write/mark anything on the Question paper.
- (a) The Candidate will not be permitted to enter into Examination Hall without Hall ticket and University ID card.
(b) No candidate will be allowed into the Examination Hall after 30 minutes from the commencement of examination.
(c) No candidate will be allowed to leave the Examination Hall in the first 30 minutes after the commencement of examination.
- The Candidate should write his/her Register number and subject code in the appropriate column of the main Answer book and shade them properly. The Answer book with incorrect or illegible Register Number and not shaded in the column provided will not be valued. The Register Number should be written legibly in the Question paper.
- The Candidate should also write Name of the Course, Total Number of pages written and the Date of examination legibly in the columns provided.
- The candidate should write the answers in legible handwriting using only Blue or Black Ink pen/Ball pen.
- No candidate will be allowed to write the Examination, if he/she commits malpractice or involves in any untoward incident at the time of writing the Examination. The Examination taken by them will be treated as cancelled and will be asked to appear before Disciplinary Committee for further action.
- The fees once paid will not be refunded or adjusted for the subsequent examination.
- The Candidate should refer to the notification on the Department Notice Board for any change in the Examination Schedule.
- The Candidate should write the Serial Number of the Answer Book in the column provided in the Attendance Sheet and sign.