



## **SRI BALAJI VIDYAPEETH (SBV)**

(Deemed to be University)  
U/S 3 of UGC Act 1956  
Puducherry-607402

### **Criteria 1**

#### **Metrix 1.3 : Curriculum Enrichment**

##### **1.3.2**

### **Index Page**

#### **Details of Course on Dissertation to Publications for Post Graduates**

##### Links to documents

1. [Link to Prospectus](#)
2. [Circular & Schedule](#)
3. [Course Content](#)
4. [Sample Certificate](#)
5. [Enrolled List of students](#)



**SBV/VAC committee/2018**

**04.05.2018**

To

The Heads of Institutions.


SBV constituent Colleges.

Respected Sir / Madam.

We are pleased to inform the decision of the registry that as per the Strategic perspective plan prepared by the Value-added course committee, the following certificate courses have been planned to be conducted for the year 2018-2019 as listed below. You are requested to

Kindly nominate a course co-ordinator for each course, who will prepare the syllabi and the conduct the BOS for the same before **18.05.2018**.

1.	Course on Dissertations to Publications for PGs	MEU, MGMCRI, Puducherry NEU, KGNC, Puducherry DEU, IGIDS, Puducherry
2.	PG Orientation course cum Training on Research Methodology & EBM	MEU, SSSMCRI, Chennai

  
Dr. Kripa Angeline,  
Member secretary

Copy to:

- The Registrar, SBV.
- IQAC, SBV.
- The Dean, MGMCR.
- The Principal, IGIDS.
- Head, CMTER

  
REGISTRAR  
SRI BALAJI VIDYAPEETH  
(Deemed University under Section 3 of UGC Act 1956)  
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Pillaiyarkuppam, Pondicherry 607 004



Office of the Dean/VAC/2018/1

Dt.10.05.2018

**CIRCULAR**

Value added committee (VAC) of Sri Balaji Vidyapeeth has decided to initiate following course for the year 2018-2019 at MGMCRI. In this regards, Medical Education Unit, MGMCRI, is directed to nominate a course co-ordinator who will prepare the syllabus and submit the same before 17.05.2018 to undersign.


Name of the Course: Course on Dissertations to Publications for Postgraduates

  
DEAN

DEAN

Mahatma Gandhi Medical College & Research Institute  
Pondicherry - 607 402.

Copy to: The Coordinator, VAC Committee, SBV.

  
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**MEDICAL EDUCATION UNIT**  
Mahatma Gandhi Medical College and Research Institute  
Pillaiyarkuppam, Puducherry - 607402.  
(Sri Balaji Vidyapeeth Deemed University)



Date 16.05.2018

From  
The Coordinator  
Medical Education Unit  
MGMCRI, Puducherry

To  
The Dean  
MGMCRI, Puducherry

Dear Sir,

Sub: Nomination course co-ordinator-Regarding.

Ref: Circular Office of the Dean/VAC/2018/1 Dt.10.05.2018

Hereby , following faculty are nominated as coordinator for Course on Dissertations to Publications for Postgraduates, who will be coordinating the course on behalf of Medical Education Unit ,MGMCRI, Puducherry.

Name of the Faculty: Dr.Vineet Thomas

Designation: Professor , Department of Orthopaedics.

Copy to: The VAC,SBV.

Seal with signature

Co-Ordinator  
Medical Education Unit,  
Mahatma Gandhi Medical College  
& Research Institute  
Pillaiyarkuppam, Pondicherry-607 402.

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# MAHATMA GANDHI MEDICAL COLLEGE AND RESEARCH INSTITUTE

## OFFICE OF DEAN

Office of the Dean/Acad./2019/15

Dated: 08.03.2019

### CIRCULAR

Complying with the request of Post Graduates, The workshop "Convert Your Dissertation Into Research Publication" has been combined for the next two batches as one. It will start from 12<sup>th</sup> March, 2019 and finish on 16<sup>th</sup> March, 2019. Venue: I Block 7<sup>th</sup> Floor

The Guide and Co-Guide who are free need to attend the program without affecting the regular work in the department.

  
DEAN

To: All the HODs concerned / PG Curriculum Coordinator  
Copy to: The GM (admin), SBV/MS/VP (Curriculum)/VP (Students)  
Copy submitted to: The Dean of faculty for information  
The Register, SBV for information  
The Vice-Chancellor, SBV for information  
The Chancellor for kind information

*This document is attested from pages 1 - 56*

  
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**CONVERT YOUR DISSERTATION INTO RESEARCH PUBLICATIONS**  
MGMC&RI, Date: 05.03.2019 to 09.03.2019 (Five Days); Venue: MEU, MGMC & RI

**PROGRAM SCHEDULE**

Session	Topic	Resource Person
<b>DAY 1: TUESDAY, 05.03.2019</b>		
9.00- 9.05 a.m.	Welcome address by Dean, MGMCRI	Prof.M.Ravishankar
9.05 - 9.25 a.m.	Hon'ble Vice-Chancellor's Address	Prof. S. C. Parija
9.25am - 9.40 a.m.	An Overview of Workshop activities	Prof.A.R.Srinivasan
9.40 a.m.-10a.m	Self Introduction by MD/MS students	
10.00 - 10.15 a.m.	Turning Dissertation into Research Publications	Prof. Selvaraj Stephen
10.15a.m.-10.35a.m.	Language skills in Research paper writing	Prof.B.V.Adkoli
10.35a.m.--11.05a.m.	1. IMRAD 2. Title and Abstract writing	Prof. C. Adithan,
11.05 -11.20 a.m.	TEA BREAK	
11.20 a.m.-12.30 p.m..	<b>Group Exercise</b> (5 groups of 4/5students each) <b>GE-1</b> a. Selection of type of articles (1+2) b. Selection of Journals	Guides, Co-Guides and one facilitator for each group
12.30-1.00 p.m.	How to write a Review Article?	Prof.B.Siva Prakash
1.00-2.00p.m.	LUNCH BREAK	
2.00 -4.00 p.m.	<b>GE-2:Review writing</b>	Guides, Co-Guides and one facilitator for each group
4.00p.m. onwards	<b>Discussion &amp; Planning for overnight tasks</b>	Guides, Co-Guides and one facilitator for each group

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**DAY 2: WEDNESDAY, 06.03.2019**

9.00 a.m.– 10.30 am	Presentation of Review Article by MD/MS Students - One per group (5 x 15 mins.)	Guides, Co-Guides and one facilitator for each group
10.30 a.m. onwards: Plagiarism Check of Review papers by online submission to Dr. Ezhumalai, Senior Research Consultant /Dr.A.Lokesh Maran Assistant Professor, Community Medicine, MGMCRI, E-mail: ezhumalaig@mgmcri.ac.in		
10.30 - 10.50 a.m.	Authorship, Copyright and Ethical Issues	Prof. S. Lokesh
10.50- 11.00 a.m.	TEA BREAK	
11.00 -11.20a.m.	How to write an Introduction	Prof.N. Seetharaman
11.20 a.m.– 1.00p.m.	GE-3: Writing Abstract and Introduction	Guides, Co-Guides and one facilitator for each group
1.00-2.00 p.m.	LUNCH BREAK	
2.00 – 3.00 p.m.	Presentation of Abstract and Introduction by MD/MS Students	Guides, Co-Guides and one facilitator for each group
3.00-3.20 p.m.	How to write Materials and Methods	Prof. Partha Nandi
3.20-4.30p.m	GE-4: Write Methods	Guides, Co-Guides and one facilitator for each group
4. 30 pm onwards – Discussion of REVIEW papers, returned after Plagiarism check and Planning for overnight tasks		

**DAY 3: THURSDAY, 07.03.2019**

9.00 – 10.15 am	Presentation of Methods	MD/MS Students
10.15 to 4.00 pm continue plagiarism check by online submission		
10.15 – 10.45 am	Structure of Short Communication/ Letter/ Correspondence/Dispatch	Prof. J. Anbalagan
10.45 – 11.00 am	TEA BREAK	
11.00 – 1.00 pm	GE-5: Brief or Short Communication/ Correspondence/Dispatch/Letter Discussion in Groups as per the nature of article selected	Guides, Co-Guides and one facilitator for each group
1.00 – 2.00 pm	LUNCH BREAK	
2.00 – 2.20 pm	How to write a Discussion	Prof. Seetesh Ghosh
2.20 – 4.00 p.m.	Writing and Presenting Discussion by Students	Guides, Co-Guides and one facilitator for each group
4. 00 pm onwards	Discussion of Brief or Short Communication/ Correspondence/Dispatch/Letter	Guides, Co-Guides and one facilitator for each group
Planning for overnight tasks		

Session	Topic	Resource Person
<b>DAY 4: FRIDAY, 08.03.2019</b>		

	correspondence Dispatch Letter by MD/MS students	
10.00 -10.20 am	How to write Results, Tables and Figures	Prof. Sri Priya
10.20 -11.30 a.m.	GE – 6: Results, Tables and Figures	Guides, Co-Guides and one facilitator for each group
11.30 am -11.45 am.	TEA BREAK	
11.45 am -12.05 pm	Writing References	Prof. Sukanto Sarkar
12.05pm - 1.15 pm	GE-7:References writing and presentation by students	Guides, Co-Guides and one facilitator for each group
1.15 -2.00 pm	LUNCH BREAK	
2.00 pm-3.45 pm	Writing Full Paper	Guides, Co-Guides and one facilitator for each group
3.45-4.15 pm	How to reply to Reviewer's Comments OR How to Revise the Paper	Prof. Senthil Coumarie
4. 15 pm onwards	Discussion of Full articles followed by fine tuning of the same in the presence of Guide, Co-Guide & Facilitator	Guides, Co-Guides and one facilitator for each group
	Planning for overnight tasks	
<b>DAY 5: SATURDAY, 09.03.2019</b>		
9.00am -11.00am	Presentation of Full papers by MD/MS students	Guides, Co-Guides and one facilitator for each group
11.00-11.15 a.m.	TEA BREAK	
11.15 -11.40a.m.	Online submission of manuscripts	Prof. Joseph Philipraj
11.40 a.m -12 noon	Programme Feedback	
12.00 noon-12.45 p.m.	Valedictory Function: Issue of certificates by Honourable Vice-Chancellor, SBV	

\* Programme Feedback need to be essentially provided by the Students, on a daily basis for evaluation and the presentation based on the previous day's feedback will happen the next day.

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<ul style="list-style-type: none"> <li>• Is the discussion of previous evidences accompanied by citation of those references?.....use of author names of previous studies discouraged; use in indirect sentences is encouraged</li> <li>• Study hypothesis: clearly declared and answered or not /substantiated (If not, reasons for the same should be provided)</li> <li>• Unbiased view of the strengths and weaknesses / limitations of the study to be checked</li> </ul> <p>(Authors may use discussion as a forum for suggesting how the future research can be performed on the same topic overcoming the limitations of the present study)</p>		
<p><b>Conclusion</b></p> <ul style="list-style-type: none"> <li>• Shall be brief mention of the outcomes focussing of important aspects and mentioning limitations</li> <li>• Does it justify the results and is it based on the primary outcome variable?</li> <li>• Shall not be more than 3 sentences</li> </ul> <p>(Conclusion based on secondary objectives or suggesting future study or recommending something should be discouraged – this is because, the study is not powered adequately to answer the secondary objectives and hence could just be chance findings; future study is necessary for every study and therefore, should not be part of the conclusion; recommendations cannot be done through small scale studies – only meta-analysis and systematic reviews may be able to come out with such things)</p>	<input type="checkbox"/>	
<p><b>References</b></p> <ul style="list-style-type: none"> <li>• Have the authors listed the references in Vancouver style?</li> <li>• Have the authors updated their write up with latest references (from past 5-10 years)?</li> <li>• Do the references and their citations in the text match with each other? [(i).Often, during rewriting/rephrasing of articles – the authors end up citing references in incorrect order resulting in reference being cited in inappropriate places (ii). The citations are sometimes not relevant, related to drug, concentration, technique,etc...please verify]</li> <li>• Reference citations are not allowed in title / abstract and conclusions</li> <li>• Ideally, the references should be only in introduction and discussion</li> <li>• Methods section might require one or two references if authors are using some tools for meaurement, etc from another source</li> <li>• Discourage citation of only abstracts / incomplete references / references from non-indexed sources / references from non-peer reviewed sources (e.g.,google, newspapers, etc).</li> <li>• For web references, check for entry of date of access</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

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  - Be mindful of the language used in the assessment to authors, criticize the article but not the author

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**Facilitators for Workshop at MGMCRI between 05.03.2019 & 09.03.2019**

S.No	Day & Date	Name of the Facilitators
1.	<b>TUESDAY</b> <b>05.03.2019</b>	Prof. C. Adithan, Dean (Research), SBV Prof. M. Ravishankar, Dean-MGMCRI Prof. J. Anbalagan, Principal AHS Prof. Vineeth Thomas, PG Coordinator, MGMCRI Prof. B.V.Adkoli, Director, CHPE
2.	<b>WEDNESDAY,</b> <b>06.03.2019</b>	Prof.S.C.Parija, Hon'ble V-C, SBV Prof. Ganesh Babu, Gen.Surgery,MGMCRI Prof.B.V.Adkoli, Director, CHPE Prof. Vineeth Thomas, PG Coordinator, MGMCRI Prof. N. Seetharaman
3.	<b>THURSDAY,</b> <b>07.03.2019</b>	Prof. K. Srikanth, HoD Ophthalmology, MGMCRI Dr. R. Reeta, Associate Professor, Biochemistry MGMCRI Prof. Shanmugasamy, Associate Professor, Pathology MGMCRI Prof. Kannan R. Gen.Surgery, MGMCRI Dr. J. M. Pandian, Dy.Director -CIDRF
4.	<b>FRIDAY,</b> <b>08.03.2019</b>	Prof. N.Ananthakrishnan, Dean of Faculty, SBV Dr. Sukanto Sarkar, Prof.of Psychiatry, MGMCRI Dr. Anand Vaithy, Pathology, MGMCRI Dr. A. N. Uma, V-P, AHS Prof. Karthik J Salwe, Pharmacology, MGMCRI
5.	<b>SATURDAY,</b> <b>09.03.2019</b>	Prof. Joseph Philipraj, Urology, MGMCRI Prof. Senthil Coumarie, OBGY, MGMCRI Prof. Hemanth Kumar, Anaesthesiology, MGMCRI Dr.Pooja Pratheesh, Scientist, CIDRF Dr.R.Reeta, Associate Professor, Biochemistry, MGMCRI

Date: 28.02.2019

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**GROUP TASK 1: FOR GROUPS A & B**

**GIVEN TIME: 30 MINUTES**

**TASK TO BE DONE: READ THE FOLLOWING STUDY, AND WRITE THE DISCUSSION**

**Iron Deficiency as a Risk Factor for Simple Febrile Seizures– A Case Control Study**

**Introduction:**

Febrile seizures are the commonest cause of seizures in children, occurring in 2-5% of children [1]. Iron deficiency is the commonest micronutrient deficiency worldwide, and is a preventable and treatable condition [7]. Iron is needed for brain energy metabolism, for metabolism of neurotransmitters and for myelination. Thus, iron deficiency may alter the seizure threshold of a child [8, 9]. Iron deficiency is postulated as a risk factor for febrile seizures in children [10, 11]. We, therefore, studied the association between iron deficiency and simple febrile seizures.

**Methods**

This case control study was done in the Department of Pediatrics, in a tertiary care Hospital during January 2011 to December 2011. Cases were children of age group 6 months to 3 years presenting with simple febrile seizures to the Pediatrics Emergency Department and wards of the hospital during the study period. Diagnostic criteria for simple febrile seizures was based on AAP Clinical Practice Guidelines (2); those who did not satisfy AAP criteria and those who were on iron supplements were excluded. Consecutive cases were selected for the study and concurrent controls were selected from the same setting and included febrile children of age group 6 months to 3 years who presented with short duration fever (<3 days) but without seizures. Cases and controls were selected in 1:1 ratio.

After informed consent, detailed history was elicited and physical examination was done. Iron deficiency was diagnosed by hemoglobin, serum ferritin, serum iron and red cell width distribution ratio (RDW), based on WHO recommended standard values [7]. Other variables studied are sex, socioeconomic status and protein energy malnutrition (IAP classification).

Sample size was calculated using standard procedure and analysis was done using SPSS version 11.

**Results:**

Criteria	Cases (n=154)	Controls (n=154)	P value
Female	71(46.15%)	81(52.6%)	0.254
Social Class 4	115(74.7%)	109(70.8%)	0.443
Iron deficiency	98 (63.6%)	38 (24.7%)	0.001
Malnutrition	62 (40.3%)	52(33.8%)	0.238
Rural / urban	69 (44.8%)	83 (55.2%)	0.234

154 cases and 154 controls were included in the study. The average age of cases and controls was  $17.5 \pm 8.81$  and  $17.6 \pm 8.54$  months, respectively. Iron deficiency is found to be significantly associated with simple febrile seizures (see *Table*). Variables malnutrition (p value 0.238), socio-economic status (p value 0.443) and sex of the child (p value 0.254) were found to be insignificant. No difference between rural and urban children (p value 0.234). All children who had reduced Hb also had reduced iron and ferritin levels in their blood.

**References**

12. Pisacane A, Roland P, Sansone R, Impagliazzo N, Coppola A, D' Appuzo A. Iron Deficiency anaemia and febrile convulsions: A case control study. *BMJ*. 1996;313:343 {age group studied: 6 months to 3 years; Hb, serum iron and serum ferritin levels were less in cases. Iron deficiency anemia in controls was 10 % and in cases 50%}
13. Dawn SH, Jonatan T, Jerome Y, Don S. The association between iron deficiency and febrile seizures in childhood. *Clin Pediatr*. 2009;48:420-6. {Hb, serum iron and serum ferritin were less in children with febrile seizures. Febrile seizures was 1.83 times more likely in iron deficient children aged 3 months to 5 years}

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14. Daud AS, Batieha A, Ekteish A, Gharaibeh N, Ajlouni S, Hijazi S. Iron status: a possible risk factor for first febrile seizures. *Epilepsia*. 2002;43:740-3.

{The mean serum ferritin level in the cases was 29.5 mcg/L, and in the controls 53.5 mcg/L. But, Hb and serum iron levels were similar in both cases and controls. This study was conducted in Jordan}

15. Rajwanti KV, Praveen GD, Swati K, Ghosh K. Iron deficiency as a risk factor for first febrile seizure. *Indian Pediatr*. 2010;47:437-9.

{The mean serum ferritin level in children with first febrile seizures (31.9±31.0 mcg/L) and in controls (53.9±56.5 mcg/L) ( $P=0.003$ ). Mean hemoglobin value of cases (9.4±1.2 g/dL) and controls (9.5±1.0 g/dL) ( $P=0.7$ ). The serum iron values were also similar in both the groups. This study was done in Mumbai}

16. Rao S. Assessment of iron status; ICMR .

{Serum ferritin is the early indicator of iron deficiency in the body; serum ferritin gets lowered in the early stages in iron deficiency and lowering of serum iron and Hb occurs later}

17. Jonghan kim et al. Iron and mechanisms of emotional behavior – a review article. *J Nutr Biochem* 2014 Nov;25(11): 1101-07.

{Less iron status probably interferes with myelination of brain, metabolism of monoamine oxidases, and homeostasis in Glutamate and GABA levels in the brain}

18. Kanth et al. Nutritional status in upper socioeconomic status:

{50% of children <5 years belonging to India's upper most economic group have less Hb values}.

19. Nutritional status of Indian children. NFHS survey III.

{iron deficiency in rural community of India is 74% and urban community of India 66 % in children < 3 years; the difference is not significant}

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## GROUP TASK 2: FOR GROUPS C & D

GIVEN TIME: 30 MINUTES

### TASK TO BE DONE: READ THE FOLLOWING STUDY AND WRITE THE DISCUSSION

#### **Determinants of Vitamin A Deficiency amongst Children in Aligarh District, Uttar Pradesh**

##### **Introduction:**

Vitamin A deficiency (VAD) is an important cause of preventable blindness among children and a major public health problem in developing countries like India. It has also been established that VAD increases the risk of childhood morbidity and mortality [1, 2]. Identification of focal pockets of xerophthalmia is necessary so that interventions can be prioritized. We estimated the prevalence of xerophthalmia among rural and urban preschool children, and analyzed the risk factors in 6 villages and 4 peri-urban areas in Western Uttar Pradesh, as the same has not been studied so far.

##### **Methods**

The present cross-sectional descriptive study was undertaken between January and July 2009. The study population comprised all the under-five children (0-60 months) residing in the specified locality in Aligarh district ( $n=3679$ ). Ethical clearance was obtained from the Institutional ethics committee.

A house-to-house survey was carried out and information was obtained about socio-economic status, dietary details and the presence of symptom of vitamin A deficiency (night blindness) in the child. Then the child was examined for signs of vitamin A deficiency.

##### **Results**

Mean age of the participants was  $36\pm 21$  months. Prevalence of xerophthalmia in the present study was 9.1%; most of them had only early signs of vitamin A deficiency. There was a rising trend in the prevalence and severity of xerophthalmia with increasing age (*Table I*). The difference in xerophthalmia prevalence among under two and over two years age groups was statistically significant ( $P<0.001$ ). *Table II* depicts the socio demographic status in relation to xerophthalmia. Other risk factors associated with xerophthalmia are depicted in *Table III*. Inadequate intake of vitamin A rich foods and predominant intake of white maize as the staple diet (which lacks carotenoid pigments, the provitamin A) are the significant dietary factors. Vitamin A deficiency was less among children who were given prolonged breast feeding.

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**TABLE I Prevalence of Xerophthalmia (Vitamin A deficiency) in Different Age Groups**

Age-group (months)	Number	Only night Blindness (XN only)	Only Bitot's spots (XIB only)	Corneal xerosis X2	Corneal ulceration X3A	Kerato-Malacia X3B	Corneal scarring XS	Total number with Xerophthalmia
0-12	789	-	6 (0.7)	0 (0)	0 (0)	0(0)	2 (0.3)	8(1.1)
13-24	742	-	44 (5.9)	1 (0.1)	1 (0.2)	0(0)	1 (0.2)	47(6.3)
25-36	666	23 (3.5)	47 (6.9)	3 (0.4)	1 (0.2)	0(0)	3 (0.4)	77(11.6)
37-48	762	43 (5.6)	42 (5.5)	3 (0.4)	2 (0.2)	0(0)	6 (0.8)	96(12.6)
49-60	612	35 (5.7)	54 (8.8)	2 (0.3)	1 (0.2)	0(0)	5 (0.8)	97(15.8)
Total	3571	101 (2.8)	193 (5.4)	9 (0.3)	5 (0.2)	0(0)	17 (0.5)	325(9.1)

Figures in parentheses indicate percentages.

**TABLE II Socio Demographic factors in relation to Xerophthalmia**

Variable	Number in the group	Children with Xerophthalmia No & Percentage	P value
<b>Social class</b>			
Upper	286	9 (3.1%)	<0.01
Lower	3285	316 (9.6%)	
<b>Place of residence</b>			
Rural	2160	247 (11.4%)	<0.01
Urban	1411	78 (5.5%)	
<b>Maternal literacy</b>			
Literate	367	13 (3.5%)	<0.01
Illiterate	3204	322 (10%)	

**Table III. Nutritional and other co-morbid factors in relation to Xerophthalmia:**

Variable	Total number	No. of children with Xerophthalmia	P value
<b>Vitamin A rich foods (By 24 hour recall method)</b>			
Adequate	964	48 (4.9%)	<0.01
In adequate	2607	277 (10.6%)	
<b>Breast feeding up to 2 years</b>			
Yes	2144	134 (6.2%)	<0.01
No	1427	191 (13.3%)	
<b>White maize as the main food</b>			
Yes	2765	295 (10.6%)	<0.01
No	810	30 (3.7%)	

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## References

10. WHO/UNICEF. "Indicators for Assessing Vitamin A Deficiency and their Application in Monitoring and Evaluating Intervention Programmes. Report of a Joint WHO/UNICEF Consultation. Geneva, Switzerland, 9–11 November 1992; Review Version. May 1994. {if the prevalence of xerophthalmia is >5% and corneal involvement is >0.1% then possibly it is a major public health problem in that community}
11. Khandait DW, Vasudeo ND, Zodpey SP, Ambadekar NN, Koram MR. Vitamin A intake and xerophthalmia among Indian children. *Public Health*. 1999;113:69-72. {prevalence of xerophthalmia in Nagpur urban preschool slum children was 8.7%}
14. NNMB National Nutrition Monitoring Bureau. National Institute of Nutrition, Hyderabad: NNMB Micronutrient Survey; 2002. {a) prevalence of vitamin A deficiency was 0.7%. (b) 68% of individuals consume less than 1/3<sup>rd</sup> of RDA of vitamin A. (c) Vitamin A intake was assessed by 24 hour recall method}
15. Curtale F, Tammam H, Hammoud ES, Aloï A. Prevalence of xerophthalmia among children in Beheira governorate, Egypt. *East Med Health J*. 1999;5:984-91. {number of children with vitamin A deficiency progressively increased from 1 to 7 years}
16. WHO fact sheet. Vitamin A content of the human breast milk is high
17. Swami HM, Thakur JS, Bhatia SP, Ahuja R. Rapid assessment and delivery of Vitamin A to slum children by using National Immunization Day in Chandigarh. *Indian J Pediatr*. 2001;68:719-23. {of children with vitamin A deficiency, only 5% had corneal ulceration and 1% had keratomalacia}
18. Semba RD, Pee SD, Panagides D, Poly O, Bloem MW. Risk factors for xerophthalmia among mothers and their children and for mother-child pairs with xerophthalmia in Cambodia. *Arch Ophthalmol*. 2004;122:517-23. {maternal education, socioeconomic status of the mother and cultural beliefs were found to be significant risk factors for xerophthalmia; rural areas have more prevalence of xerophthalmia}
19. Schémann JF, Banou AA, Guindo A, Joret V, Traore L, Malvy D. Prevalence of undernutrition and vitamin A deficiency in the Dogon region, Mali. *J Am Coll Nutr*. 2002;21:381-7. {Consumption of yellow orange and green foods (which are good source of Vitamin A) were very low in children with Vitamin A deficiency ranging from thrice in a month to once in several months}
20. Harjes CE, Rocheford TR, Bai L, Brutnell TP, Kandianis CB, Sowinski SG, *et al*. Natural genetic variation in lycopene epsilon cyclase tapped for maize biofortification. *Science*. 2008;319:330-3. {More than half of children with vit A deficiency were predominantly fed on white maize as their staple food, which is essentially devoid of yellow carotenoid pigments, which are precursors of provitamin A.}

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(Deemed University u/s 3 of UGC ACT, 1956)  
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### **GROUP TASK 3: FOR GROUPS E & F**

**GIVEN TIME: 30 MINUTES**

**TASK TO BE DONE: READ THE FOLLOWING STUDY AND WRITE THE DISCUSSION**

#### **School Absenteeism among Children and its Correlates**

**Introduction:** School absenteeism has been studied in detail in relation to various social and physical causes (1, 2). School absenteeism has been linked to maternal education, residence, and specific illnesses like asthma, headache, abdominal pain, etc (3-7). However, role of social pressures like poverty, part-time jobs etc. has not been explored. Identification of such problems may help in predicting children at higher risk of absenting themselves and hence ensuring timely preventive interventions. But, there is paucity of literature comprehensively assessing the various factors leading to school absenteeism. So, we conducted this study to assess the magnitude of school absenteeism and to study its correlates.

**Methods:** A cross-sectional, school based study was conducted in three government schools in South Delhi. The absenteeism was studied over a 6 month period from July to December 2006. Total of 704 children, of both sexes in the age group 10-15 years were registered as the participants.

At enrolment, information on socio-demographic profile of the students was collected. It included age, sex, class, education and occupation of the parents, their family structure and income. The socio-economic status was calculated as per the Revised Kuppaswami's Scale for determining socio-economic status of urban families (2001).

A pre-designed questionnaire was administered to ascertain the duration of absence and the causes for absenteeism, medical and non-medical. Participants were assured of confidentiality and were inquired about school truancy and various phobias of schools, teachers and subjects. The causes of absenteeism were also ascertained by school records, leave applications and one month's recall by the students. Students, teachers and parents were interviewed whenever needed.

For the purpose of this study, significant school absenteeism is defined as "absent for more than 2 days per month (i.e. 12 days in the 6 month study period).

Data were analyzed using Stata 9.1 software.

#### **Results**

A total of 704 students were registered of which 332 (47.16%) were boys. The average absenteeism per child was 10.2%. Only 9 children did not miss a single school day. 336 (47.8%) children had significant absenteeism (absent for more than two days in a month)

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**Table I**  
*Relationship of Socio-demographic Factors with Significant School Absenteeism*

Factors	Total number in each group	Children with significant Absenteeism
<b>Sex*</b>		
Male	332	208 (61.9%)
Female	372	128 (38.1%)
<b>Age group*</b>		
< 14	441	250 (74.4%)
> 14	263	86 (25.6%)
<b>Standard*</b>		
6	132	92 (27.4%)
7	224	122 (36.3%)
8	180	68 (20.2%)
9	168	54 (16.1%)
<b>Birth order*</b>		
1	165	42 (12.5%)
2	276	133 (39.6%)
3	140	83 (24.7%)
4	81	40 (11.9%)
5	42	38 (11.3%)
<b>Mother's education*</b>		
<5 standard	277	180 (53.6%)
>5 standard	427	156 (46.4%)
<b>Father's education*</b>		
<8 standard	206	124 (36.9%)
>8 standard	498	212 (63.1%)
<b>Residence</b>		
City	227	107 (31.8%)
Urban slum	477	229 (68.2%)
<b>Occupation</b>		
Unskilled	62	48 (14.3%)
Semi skilled	114	81 (24.1%)
Skilled	178	83 (24.7%)
Clerk/Shop	273	112 (33.3%)
Semi Professional	77	12 (3.6%)
<b>Family size*</b>		
<4	158	63 (18.8%)
5	227	80 (23.8%)
6	115	67 (19.9%)

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7	107	61 (18.25%)
8	97	65 (19.3%)
Family income/mo (Rs.)*		
£6,10	84	78 (23.2%)
6,101-10,160	97	92 (27.4%)
10,161-15,280	115	104 (30.9%)
>15,281	408	62 (18.5%)

**\*P <0.01.**

Male sex, increasing birth order and family size, lower parental education and income were identified to be associated with significant school absenteeism (*Table I*). Causes responsible for their school absenteeism, as reported by the students are listed in *Table II*.

**Table II**  
*Causes of School Absenteeism Reported by Students*

Cause	Absentees n = 336	Others n = 368	P value
Part-time job	72 (21.4%)	0 (0%)	<0.001
Illness	182 (54.2%)	187 (50.8%)	0.37
Chronic illness	51 (15.2%)	14 (3.8%)	<0.001
Perception of ill health	150 (44.64%)	129 (35.1%)	<0.001
Family function	162 (48.2%)	115 (31.2%)	<0.001
Family illness	103 (30.6%)	62 (16.85%)	<0.001
Family problem	141(42%)	36 (9.8%)	<0.001
School phobia	159 (47.32%)	82 (22.3%)	<0.001
School truancy	59 (17.6%)	2 (0.5%)	<0.001
School load	167 (49.7%)	121(32.9%)	<0.001

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## References:

2. Besculides M, Heffernan R, Mostashari F, Weiss D. Evaluation of school absenteeism data for early outbreak detection, New York City. BMC Public Health 2005; 5: 105. {a) percentage of children with school absenteeism in different schools range from 7.3% to 17.8%. b) Adolescent children were more likely to remain absent compared to younger children}
8. Awasthi S, Sharma A. Survey of school health and absenteeism in Lucknow. Indian Pediatr 2004; 41: 518. {a) Prevalence of school absenteeism is 4.7%. b) Male children are more likely to remain absent from school}
11. Ananthakrishnan S, Nalini P. School absenteeism in a rural area in Tamil Nadu. Indian Pediatr 2002; 39: 847-850. {a) Of children with school absenteeism, 50.2% were males and 49.8% were females. b) School absenteeism is more common in younger children}
12. Kaplan BA, Mascie Taylor CG, Boldsen J. Birth order and health status in a British national sample. J Biosoc Sci 1992; 24: 25-33. (In first born child, school absenteeism is seen in 8%, in second order birth it is 12% and in 3<sup>rd</sup> order it is 22.4%)
13. Rumberger RW. Dropping out of high school: the influence of race, sex, and family background. Am Educ Res J 1983; 20: 199-220. {75% of children with school absenteeism were from poor families and 80% of mothers were uneducated}

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(Deemed University u/s 3 of UGC ACT, 1956)  
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## **CHECK LIST**

### **ABSTRACT**

- Abstract must be structured
- The structured abstract should have the following components
  - I. Back ground
  - II. Methods
  - III. Results
  - IV. Conclusion
  - V. Keywords

### **INTRODUCTION**

1. Background and need for the study
2. Lacunae in previous related studies
3. Scope of the present study
4. Aim & Objectives
5. Uniqueness of the study

### **METHODOLOGY / MATERIALS AND METHODS / SUBJECTS, MATERIALS**

#### **AND METHODS**

1. Place of the work
2. Study design including period of study
3. Sample size and gender specificity
4. Inclusion / Exclusion criteria
5. Methods shall be written with citation
6. Statistical tools and specific software used

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7. The tense should always denote past tense, since the dissertation has already been completed
8. Internal Quality Control and External Quality Assessment if any should be mentioned
9. IHEC/IAEC approval or waiver
10. Storage of scheduled Drugs if any

### **RESULTS**

1. Study outcome
2. Tables with captions in the top, legends and abbreviations in the bottom. Tables need to be numbered appropriately
3. For figures the caption shall be come below
4. Same data should not be duplicated in tables and figures
5. Units of measurement must be indicated
6. Discussion / Explanation should not be indicated here

### **Discussion**

1. Recapitulate the results
2. Correlate with the previous studies
3. Compare and contrast with suitable interpretations, the results with previous studies
4. Important facts / salient features that have emerged from the study
5. Conclusion

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SRI BAJAJI VIDYAPEETH  
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### Title of the Manuscript

#### **Importance of Title:**

You should provide a snappy title to your article.

The first words in a paper that potential readers or reviewers will see are those in your title.

Hence, make the title interesting and easy to understand.

#### **Phrases to avoid in the title: (Especially the starting words/phrases ...)**

- Notes on ....
- Means of ....
- Observations of .....
- Preliminary studies of ....
- Results of ....
- Studies on ....
- Retrospective analysis...
- Cause of ....
- Development of ...

- Predictors of ...
- Use of....
- Report of a case of ...
- A study of ...
- A study to determine...
- An investigation into .....
- Investigation of ...
- Contribution to...
- Correlation of ....

#### **Writing a 'Title'**

A good title should be informative, precise and should generate interest without being too long.

It should **NOT** be in the form of a question.

The key words should be incorporated in the title as it helps the researcher searching for a particular topic from the title of the manuscript.

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The title must suggest the topic, the objective of the study and its application.

For example:

**The effects of slow pranayamaic breathing on pulmonary functions in chronic asthma patients**

Major conclusions of the study can also be reflected in the title.

For example:

**Practice of relaxation techniques improves heart rate variability in hypertensive patients**

Study designs, such as randomized control trial, case-control study etc. can also be incorporated in the study:

For example:

**Effects of yoga therapy on systolic cardiac functions in heart failure patients: a randomized controlled trial.**

**Tips for writing a Title**

1. Ensure that the theme of the study is clearly and concisely depicted in the title.
2. Obtain a sample copy of the journal and go through the titles of some similar works published or related works.
3. Usually, the first letter is 'Capital' and remaining all letters are written in small case (Sentence case).
  - Sometimes, all letters may be in CAPS.
  - Rarely, title may be written in 'Title Case'.

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4. If the scientific name of an organism or animal is written in the title, capitalize the first letter of the genus, but not the species, and the whole name must be in *italics*.

e.g., *Vibrio cholerae*

5. Abbreviations should never be used in title, unless they are very common to the scientific community.

e.g., autonomic function test as **AFT**, heart rate variability as **HRV**, ejection fraction as **EF**, should not be written.

- body mass index as **BMI**, human immunodeficiency virus as **HIV** may be used.

6. Avoid using symbols in title; such as 'Effects of injection of  $\beta$  blockers ....'

As symbols may get converted into some other symbols, especially when the text is copied or exported from one software to another. E.g, often  $\mu\text{g}$  becomes **mg**.

7. 'full-stop' is not given at the end of the title

8. Better to prepare 2 to 3 titles of the same manuscript and show your colleagues or seniors having experience in publications, preferably in that area of research.

#### Examples of Title:

An analytical study of the assessment of the impact of socioeconomic status, age, gender, nutritional status on body mass index, waist circumference, waist-hip ratio, heart rate, blood pressure, ejection fraction and systolic time intervals in children studying in various primary, secondary and higher secondary schools in Pondicherry

**Influence of age, gender and nutritional status on anthropometric indices and cardiovascular functions in school children of Pondicherry**

**Anthropometric indices and cardiovascular functions in school children of Pondicherry: correlation with age, gender and nutritional status**

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**Name of Authors in the Title Page**

Names of authors with their affiliations appear below the 'title' of the manuscript.

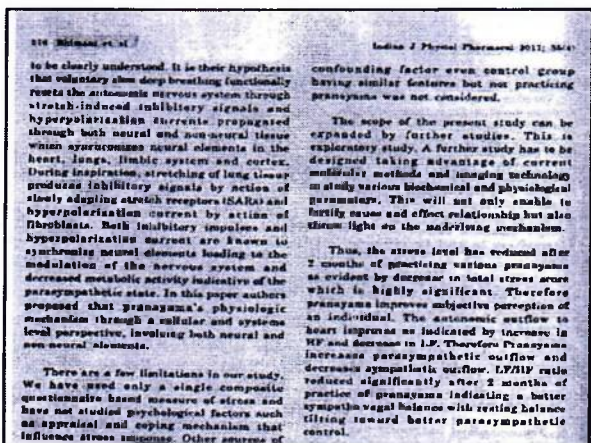
Sequence of names in the title page should be very categorically drafted in a multi-authored paper. Difficult to change sequence later.

All authors should approve the list and sequence.

First author is important, as in the 'text of manuscript' only first author is referred to for the citation of a work.

E.g., "In the year 2011, **Edward et al** had observed the effects of  $\beta$ -blockers .....

In the same journal, the 'First Author' name appears on the on the **left upper corner of left page** top of the manuscript as et al.



First author is given due importance in the interview/recruitment/selection/promotion.

Hence, if you are the main investigator and if the manuscript is written mainly by you (may be corrected/improved by your guide or seniors) make sure that you remain as the first author.

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In most of the journals, if the authors are more than six, in the list of references usually the names of 'First Six Authors' are depicted ...

**For example:**

Ishikawa Y, Ishikawa J, Ishikawa S, Kayaba K, Nakamura Y, Shimada K, et al. Prevalence and determinants of prehypertension in a Japanese general population. *Hypertens Res* 2008;31(7):1323-30.

In some journals, if the authors are more than six, names of only first three authors are quoted in references:

**For example:**

Nery AB, Mesquita ET, Lugon JR, et al. Prehypertension and cardiovascular risk in adults enrolled for a primary health programme. *Eur J Cardiovasc Prev Rehabil* 2011;18:233-39.

In few journals, all authors are quoted in the list of references.

Therefore, if you are primary researcher, make sure that in the 'title page' your name appears at least in the list of first three.

The name of the seniors, HOD, head of the institute and so on can come later, if they are to be included at all.

**For corresponding author, provide details correspondence including your e-mail, phone and Fax.**

Please, do not change your e-mail, till that paper is accepted/rejected.

- Publisher will contact for proof correction, copyright and payment issues through the same e-mail.

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If a young researcher is corresponding, be careful not to change the e-mail IDs & phone numbers, as it hampers the communication process.

Often, after acceptance of the paper, publication takes more time;  
- hence the change of e-mail ID if any should immediately be communicated to the editorial/publication office.

The name and initials of all the authors should be noted very carefully.

Many journals insist the full name to be written in the title page.

But when the name appears in PubMed, shorter versions of names with initials appear with the abstract.

Make sure that the name given in the title page should finally concur the names that you expect to appear in PubMed or any other indexing agencies.

**For example:**

If the actual name is Dhanalakshimi A., it should be written as Anandaraja Dhanalakshmi to finally appear as Dhanalakshimi A in the PubMed.

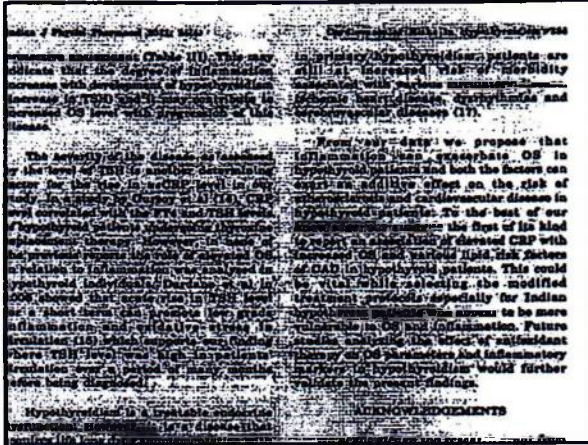
If it is written as Dhanalakshmi Anandaraja in the manuscript, it will appear as Anandaraja D in PubMed.

It becomes very difficult to change the names thereafter, once it has already been indexed in Index Medicus/Med-line.

**Short Title**

Usually it should be very short (not more than 6 to 7 words).

This is used for the brief title written at the top of the right side pages of the article.



## ABSTRACT

Most important component of the manuscript.

The 'Abstract' is the first one to be read by editorial team and the editor.

Preliminary screening of the article is done by judging the content & standard of the abstract.

To the potential reviewer, first the 'Abstract' is sent to obtain his consent, if he agrees the full manuscript is sent.

Only the abstract appears in the indexing sites like PubMed.

All researchers see the 'abstract' to update their knowledge in that area of research. For most journals, full papers are not made available.

Hence, most readers read only the abstract of the paper.

Therefore, abstract of a manuscript must be well written.

### Types of Abstract

Format of 'Abstract' depends on the journal style and the type of manuscript.

### Types of Manuscript:

- Editorial/Guest Editorial
- Review paper
- Research paper/Original article/Full-length Paper/Original Contribution
- Short Communication/Brief Communication/Rapid Communication
- Letter to Editor/Research Letter
- Commentaries
- Case reports

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SRI BALAJI VIDYAPEETH  
(Deemed University u/s 3 of UGC ACT, 1956)  
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Abstract is not required for editorials, commentaries, letter-to-editor and research letters.

Generally, for review papers, case reports and short communications, the abstracts are non-structured and small.

For all original contributions (full length research articles) of many journals the **abstract is structured**.

#### Format of a Structured Abstract

Structured has following components:

1. **Background / Objectives or Background and Objectives**
2. **Methods**
3. **Results**
4. **Conclusion or Inference and Conclusion**

**Key words**

#### Background/Objectives or Background and Objectives

This component of the abstract briefly mentions the **problem of the study** (why the work is taken up?) and defines the **primary objective** of the work.

#### Methods

This briefly mentions how the study was conducted.

The **main groups** in the study, the **sample size**, the **important parameters** studied and the **main procedures** are very briefly mentioned in this section.

REGISTRAR  
H. BALAJI VIDYAPEETH  
(3381) TGA  
University u/s 3 of UGC ACT, 1956  
Accredited by NAAC with 'A' Grade  
Pillaiyarkuppam, Pondicherry-607 402.

DEAN  
MAHATMA GANDHI MEDICAL COLLEGE  
AND RESEARCH INSTITUTE  
PONDICHERRY - 607 402.

**Results**

**Important findings** that are notable to explain the objective of the study should be briefly stated in this section.

The **level of significance** between the groups for important parameters should also be mentioned here

**Conclusion or Inference and Conclusion**

Interpretation of the major findings, **primary conclusion and application** of the study are highlighted in this section.

Conclusion should be based on the **findings of your study**.

**Key Words**

Few **key words** (usually three to seven) are given below the abstract to assist in **indexing** the paper and help readers to search the literature on the concerned area of interest.

**Abstract**

**Background & Objectives:** Mosquitoes are the most important single group of insects acting as vector for many tropical and subtropical diseases. Helminthes are recognized as a major problem in livestock production throughout the tropics. The larvicidal and wormicidal potential of methanolic extracts of five macrolichens *Ramalina nervulosa* (Noll. Arg.) Abbaye (Ramolinaceae), *Ramalina pacifica* Asahina (Ramaltracae), *Rocella montigena* Bel. Em. D D. Awasthi (Roccellaceae) and *Ulex galbana* Acharina (Parmeliaceae) and a foliose lichen *Parmotrema tinctorum* (Despr. ex Nyl.) Hale (Parmeliaceae) collected from Bhadra wildlife sanctuary were investigated.

**Methods:** The crude methanolic extracts of the lichens were subjected to analysis of secondary metabolites using TLC. The larvicidal potential was evaluated using the second instar larvae of *Aedes aegypti*. The percentage mortality and the LC50 values for various concentrations of the lichen extracts were determined. Indian earth worm model was employed to determine wormicidal potential of the lichen extracts.

**Results:** The different lichen extracts showed the presence of secondary metabolites such as Usnic acid, Lecanoric acid, Sekikic acid etc in TLC. All the extracts were found to possess good larvicidal potential. A marked wormicidal activity was observed in case of lichen extracts. The results showed dose dependent activity of lichen extracts. Among lichens tested, more potent activity was observed in case of *P. tinctorum*. The wormicidal efficacy of extract of *P. tinctorum* was found to be greater when compared to standard piperazine citrate.

**Interpretation & Conclusion:** The larvicidal and wormicidal activity of lichen extracts may be due to the presence of active metabolites. The lichen metabolites could be used against mosquitoes and intestinal worms. Further studies are to be carried to isolate and to subject the metabolite against larvae and worms.

**Key words:** *Aedes aegypti*, Bhadra wildlife sanctuary, Lichens, Larvicidal activity, Methanolic extracts, Wormicidal activity.

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### Ingredients of a Good Abstract

Before writing 'Abstract', 'Instruction for Authors' should be read.

- Abstract should be **very specific and should be representative** of the manuscript.
- Should be **structured correctly** for the target journal.
- The first few sentences should state the **problem, hypothesis and objective** of the work.

- Methodology should be **very brief**.
- All **important findings** that are oriented towards objective of the work must be highlighted.
- **Conclusion should be very clear**. Conclusion should be based on the result of the present study, **NOT be speculative** based on others work.

- **Clinical relevance** of the study should be highlighted.
- Should **not exceed** the desired number of words.

Though abstract appears at the beginning of the manuscript, ideally, it should be written **after** writing the manuscript.

### Do 'NOTs' in Abstract

- It should **not be lengthy**. Must not exceed the no. of words prescribed.
- Background should **not contain review** of the literature and must not be made lengthy.
- The details of procedure should not be given.
- Name of **equipment, manufacturer, place of manufacture etc.** should not be given. Only the principle of the estimation/procedure be mentioned.

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- Reference/citations to any statement must not appear in abstract.
- Details of statistical procedure and the software used for statistics should not be mentioned.
- Speculative conclusion based on other's works must not be done in abstract. Speculative explanation may be given in 'Discussion'.
- Abbreviations without expansion should not be used & use of abbreviations should be restricted.

**Speculative conclusion in 'Abstract' ruins the manuscript.**  
 Indian authors emphasize too much on speculative conclusion & application of work.  
 This deviates from the actual focus of the study, and land up with totally different conclusion, rendering the manuscript for rejection.  
 One has to be very careful in 'conclusion' in the 'Abstract', which should be based on the findings of their works alone.

IJPP- OA 187/2012

**Link of sympathovagal modulation to exercise-induced cardio-vascular risk factors in adult hypertensives.**

**ABSTRACT**

**Background:** Hypertension, one of the modifiable risk factor for cardiovascular disease (CVD) and stroke is known to be associated with oxidative stress and reduced cardio vagal modulation. Hypertension has a greater risk of adverse cardiovascular events. However, there is a paucity of literature in human sympathovagal modulation with hypertension and associated cardiovascular (CV) risk factors.

**Methods:** Subjects (n=45) recruited through hypertension screening camps conducted in our population in the city, and were grouped into hypertensive (n=23) and normotensives (n=22). Anthropometric indices, basal physiological parameters and heart rate variability (HRV) indices were measured in both the groups before and after 30 min isotonic exercise. LF:HF ratio was correlated with mean arterial pressure (MAP) changes. *No CV risks studied*

**Results:** We found significant difference between hypertensive and normotensive subjects in sympathovagal modulation and their significant correlation with cardiovascular risk factors before and after exercise. A positive correlation was established between exercise-induced MAP changes and sympathovagal modulation. Derangements in sympathovagal modulation parameters observed in hypertensive young adults are comparable to that of normotensive adults.

**Conclusions:** Results of this study indicate decreased sympathovagal modulation in hypertensive patients following exercise. Increased sympathetic activity in hypertensive young adults associated with CV risk factors increases their lifetime risk for cardiovascular morbidity and mortality compared to that of normotensive middle aged adults that warrants early lifestyle intervention like regular practice of aerobics and yoga that decreases sympathetic tone.

*Not studied in this work*

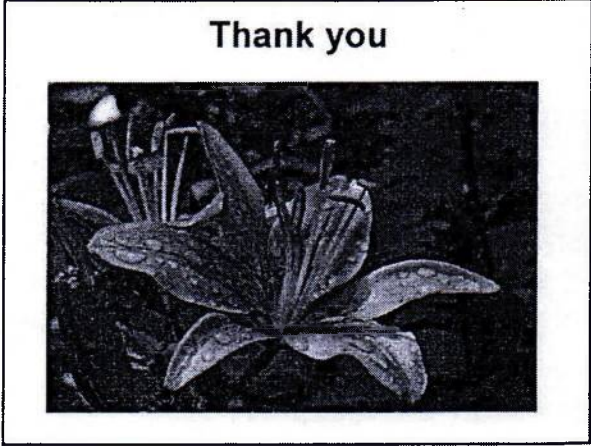
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*Not studied in this work*

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Abstract should be **representative of your work.**

Conclusion and application should be derived from the **findings of your work.**



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**CONVERT YOUR DISSERTATION INTO RESEARCH PUBLICATIONS**

SSSMC & RI Date: 25.02.2019 to 26.02.2019 at the Office of Dean, SSSMC & RI

**PROGRAM SCHEDULE**

Session	Topic	Resource Person
<b>DAY 1: MONDAY, 25.02.2019</b>		
9.30 - 9.35 am	Welcome address	Dean, SSSMC & RI
9.35 - 10.00 am	Hon'ble Vice-Chancellor's Address	Prof. S. C. Parija
10.00 - 10.15 am	Turning Dissertation into Research Publications	Prof. Selvaraj Stephen
10.15 - 10.30 am	An Overview of Workshop activities	Dr. Saurabh Shrivastava
10.30 - 10.45 am	Self Introduction by MD/MS students	
10.45 - 11.15 am	1. IMRAD 2. Title and Abstract writing	Prof. C. Adithan, Dean Research, SBV
11.15 - 11.30 am	TEA BREAK	
11.30 - 12.30 pm	Group Exercise (5 groups of six students each) GE-1 a. Selection of type of articles (1+2) b. Selection of Journals	Guides, Co-Guides and one facilitator for each group
12.30 - 1.00 pm	How to write a Review Article?	Prof. C. Adithan, Dean Research, SBV
1.00 - 2.00 pm	LUNCH BREAK	
2.00 - 4.00 pm	GE-2: Review writing	Guides, Co-Guides and one facilitator for each group
4.00 pm onwards	Discussion & Planning for overnight tasks	Guides, Co-Guides and one facilitator for each group
<b>DAY 2: TUESDAY, 26.02.2019</b>		
9.00 - 10.15 am	Presentation of Review Article by MD/MS Students - One per group (5 x 15 mins)	Guides, Co-Guides and one facilitator for each group
10.15 onwards	Plagiarism Check of Review papers by online submission to Dr. Ezhumalai, Senior Research Consultant E-mail: ezhumalai@mmcri.ac.in	
10.15 - 10.45 am	Authorship, Copyright and Ethical Issues	SSSMC & RI
10.45 - 11.00 am	TEA BREAK	

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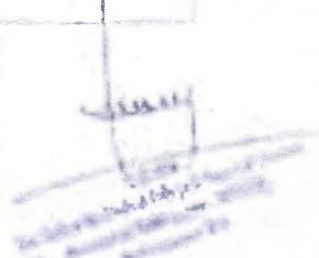
11.00 - 11.20 pm	Language Skills in Research paper writing	Prof. B.V. Adkoli
11.20 - 11.40 pm	How to write an abstract and Introduction	SSSMC & RI
11.40 - 12.10 pm	GE-3: Writing Abstract and Introduction	Guides, Co-Guides and one facilitator for each group
12.10 - 1.10 pm	Presentation of Abstract and Introduction by MD/MS Students	Guides, Co-Guides and one facilitator for each group
1.10 - 2.15 pm	LUNCH BREAK	
2.15 - 2.45 pm	How to write Materials and Methods	SSSMC & RI
2.45 - 4.00 pm	GE-4: Write about Methods	Guides, Co-Guides and one facilitator for each group
4.00 pm onwards	Discussion of REVIEW papers, returned after Plagiarism check	

**DAY 3; WEDNESDAY, 27.02.2019**

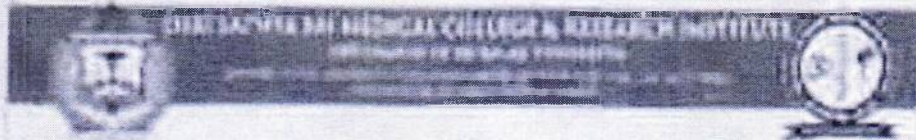
9.00 - 10.15 am	Presentation of Methods	MD/MS Students
10.15 to 4.00 pm	continue plagiarism check by online submission	
10.15 - 10.45 am	Structure of Short Communication/ Letter/ Correspondence/Dispatch	SSSMC & RI
10.45 - 11.00 am	TEA BREAK	
11.00 - 1.00 pm	GE-5: Brief or Short Communication/ Correspondence/Dispatch/Letter Discussion in Groups as per the nature of article selected	Guides, Co-Guides and one facilitator for each group
1.00 - 2.00 pm	LUNCH BREAK	
2.00 - 2.30 pm	How to write a Discussion	SSSMC & RI
2.30 - 4.00 pm	Writing and Presenting Discussion by Students	Guides, Co-Guides and one facilitator for each group
4.00 pm onwards	Discussion of REVIEW papers, returned after Plagiarism check	Guides, Co-Guides and one facilitator for each group

Session	Topic	Resource Person
<b>DAY 4: THURSDAY, 28.02.2019</b>		
9.00 - 10.00am	Presentation of Brief or Short Communication/ correspondence-Dispatch/Letter by MD/MS students	Guides, Co-Guides and facilitators
10.00 am - 10.30 am	How to write Results, Tables and Figures	SSSMC & RI
10.30 am - 11.30 am	GE - 6: Results, Tables and Figures	Guides, Co-Guides and one facilitator for each group
11.30 am - 11.45 am.	TEA BREAK	
11.45 am - 12.15 pm	Writing References	Prof. Sukanto Sarkar

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12.15pm - 1.15 pm	GE-7:References writing and presentation by students	Guides, Co-Guides and one facilitator for each group
1.15 pm -2.15 pm	LUNCH BREAK	
2.15 pm-4.00 pm	Writing Full Paper	Guides, Co-Guides and one facilitator for each group
4.00 pm onwards	Discussion of REVIEW papers & Full articles followed by fine tuning of the same in the presence of Guide, Co-Guide & Facilitator	Guides, Co-Guides and one facilitator for each group
<b>DAY 5: FRIDAY, 01.03.2019</b>		
9.00am -12.30 pm	Presentation of Full papers by MDMs students	Guides, Co-Guides and one facilitator for each group
12.30 pm -1.00 pm	Online submission of manuscripts	Dr.Saurabh Shrivastava
1.00 pm -2.00pm	LUNCH BREAK	
2.00 - 2.30 pm	How to reply to Reviewer's Comments OR How to Revise the Paper	SSSMC&RI
2.30 - 3.30 pm	Programme Feedback	
3.30 - 4.00 pm	Valedictory Function: Issue of certificates by Honourable Vice-Chancellor, SBV	

\* Programme Feedback will be filled on a daily basis and the presentation based on the previous days feedback will be presented the next day.

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*[Handwritten signature]*  
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 PILLAIYARKUPPAM, PONDICHERY - 607 402

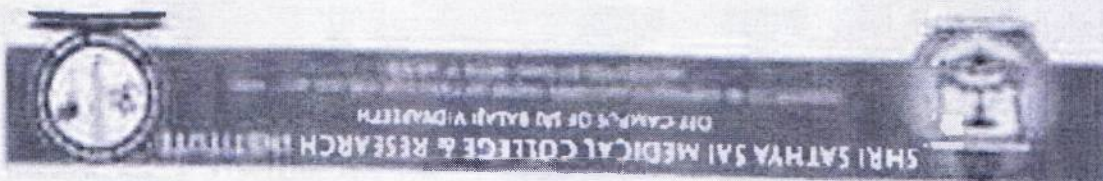
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 (308) 734  
 80724  
 1234 567-8901234

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Date: 21.02.2019

S.No	Day & Date	Name of the Facilitator
1	MONDAY, 25.02.2019	Prof.C. Adithan, Dean (Research), SRV Prof. Seshanuj Stephen, Asso. Dean(R), SRV Dr. Saurabh Shrivastava, Vice-Principal (Curriculum), SSSM(CRI)
2	TUESDAY, 26.02.2019	Prof.P.F. Kaur, Dean (SSM(CRI)) Prof.B.V. Adkoli, Director, CHPE Dr. Saurabh Shrivastava, Vice-Principal (Curriculum), SSSM(CRI)
3	WEDNESDAY, 27.02.2019	Prof. Karthika Jayakumar, Asso. Dean(R), SSSM(CRI) Dr. Vijay Kautya, Co-ordinator, MBEU, SSSM(CRI) Dr. Saurabh Shrivastava, Vice-Principal (Curriculum), SSSM(CRI)
4	THURSDAY, 28.02.2019	Prof.P. Kaur, Dean (SSM(CRI)) Dr. Sukanto Sarkar, Prof of Psychiatry, MIMC(RI) Dr. Abhisat, Vice-Principal (Student Affairs), SSSM(CRI)
5	FRIDAY, 01.03.2019	Prof.P.F. Kaur, Dean (SSM(CRI)) Prof. Seshanuj Stephen, Asso. Dean(R), SRV Dr. Saurabh Shrivastava, Vice-Principal (Curriculum), SSSM(CRI)

Facilitators for Workshop at SSSM(CRI) between 25.02.2019 & 01.03.2019  
 3 groups of Students





SRI BALAJI



VIDYAPEETH  
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**MAHATMA GANDHI MEDICAL COLLEGE  
& RESEARCH INSTITUTE**

Pillaiyarkuppam, Puducherry - 607 403

**Medical Education Unit**

**Certificate of Participation**

Dr .....

has participated in the

Value added Course on Conversion of

Dissertation to publication, held at

Medical Education Unit, SBV university,

on.....

Course Co-Ordinator,  
MEU, SBV

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Dean Research,  
SBV





KASTURBA GANDHI NURSING COLLEGE  
Sri Balaji Vidyapeeth, SHY CAMPUS



CONVERT DISSERTATION INTO PUBLICATION - APRIL 2019

Sl.	NAMES	UIN NO
1.	Kayalvizhi V(OBG)	1703031001
2.	Rajaventi P(OBG)	1703031002
3.	Sowmiya V(OBG)	1703031003
4.	Srinathi K(OBG)	1703031004
5.	Binda Arekta Amali J (Child HN)	1703032001
6.	Kulenthani A (Child HN)	1703032002
7.	Nithyapriya R (Child HN)	1703032003
8.	Ishrath Bathima I (MSN)	1703034001
9.	Sribharathy J (MSN)	1703034002
10.	Deepika K (MHN)	1703035001
11.	Dheepa V (MHN)	1703035002
12.	Dhivya R (MHN)	1703035003
13.	Subhah Sathiyakani (MHN)	1703035004

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# SRI BALAJI VIDYAPEETH

Indira Gandhi Institute of Dental Science  
MDS - Oral Pathology and Oral  
Microbiology 2017

Name	UIN	Date of Birth	Home Group	Course	Address	Parent's No	Student's No	Student Email	Photo
C Gayatri	1704023001	12-06-1990	B Positive	MDS - Oral Pathology and Oral Microbiology	NO 167, 314/2/2/1/3 STREET, TEACHERS COLONY, RAJAHMUNDRAM, PONDICHERY - 605002	9443687504	0003417087	gayatri023@sbv.ac.in	



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HT  
 (6/1/17)  
 50A TSS - PONDICHERY



# SRI BALAJI VIDYAPEETH

Indira Gandhi Institute of Dental Science  
MDS - Orthodontics and  
Dental facial orthopedics

2017

Name	UIN	Date of Birth	Blood Group	Course	Address	Parent's No.	Student's No.	Student Email	Photo
M PUTHANISWAMY	1706025001	04-10-1993	O Positive	MDS - Orthodontics and Dental facial orthopedics	NO 6 PAARI STREET, M. J. A. PARK, KUMUDAMBE, PUDUCHERRY, PUDUCHERRY, INDIA	7399434024	1706025001	puthaniswamy@gmail.com	
R ARJA KUMARAN	1706025002	14-04-1994	O Positive	MDS - Orthodontics and Dental facial orthopedics	No 1, 1st cross street, Pudukkottai, Pudukkottai, Tamil Nadu - 605001, INDIA	9944111111	1706025002	arajakumaraj@gmail.com	
A SHARAJ OOLATH	1706025003	25-01-1994	O Positive	MDS - Orthodontics and Dental facial orthopedics	NO 122 MAIN STREET, S. AND J. S. LANE, MADURAI, MADURAI, Tamil Nadu - 625011, INDIA	9844111111	1706025003	asharajoolath@gmail.com	





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# SRI BALAJI VIDYAPEETH

Indian Council of Institutes of Dental Education  
MDS - Oral and Maxillofacial Surgery 2013

Name	Age	Field of Study	Specialization	COURSE	Address	Parent's No.	Student's No.	Medical Exam	Photo
SRINIVASAN, SRI	32	ORAL SURG	OR Maxillofacial Surgery	MDS - Oral and Maxillofacial Surgery	No. 1, Sri Balaji Vidyapeeth, Pillaiyarkuppam, Pondicherry - 607 402	9842123456	SRINIVASAN, SRI	SRINIVASAN, SRI	
SRINIVASAN, SRI	32	ORAL SURG	OR Maxillofacial Surgery	MDS - Oral and Maxillofacial Surgery	No. 1, Sri Balaji Vidyapeeth, Pillaiyarkuppam, Pondicherry - 607 402	9842123456	SRINIVASAN, SRI	SRINIVASAN, SRI	



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HIGH SCHOOL  
 (32)  
 2013-14

**"CONVERT YOUR DISSERTATION INTO RESEARCH PUBLICATIONS"**

Date: 25.02.2019 to 01.03.2019 (Five Days)      Venue: Ground Floor Lecture Hall,

Sl. No	Name of the Post Graduate	UIN NUMBER	Attendance Status
1	Chinrakum Kalyani	1602021002	Present all days
2	Shikha Sharma	1602021003	Present all days
3	Aayudh Kumar L	1602021001	Present all days
4	Indira Bal S	1602031002	Present all days
5	Rospek Visakha Rao	1602071001	Present all days
6	Rama Subba Reddy Mudda	1602091001	Present all days
7	Siraveni Thampathi	1602091002	Present all days
8	Mallu Karamam	1602091003	Present all days
9	Shamsheer Khan Pallam	1602091001	Present all days
10	Jegun Mohan Y	1602091003	Present all days
11	Sumant Gosavi	1602091006	Present all days
12	Ailapsi Gini Prasanna	1602101001	Present all days
13	Rakesh Natesan S	1602101002	Present all days
14	Stanley James B	1602101003	Present all days
15	Sudhakar A	1602101001	Present all days
16	Maheudreddy B Sekharreddy	1602131001	Present all days
17	Nandini R Baby	1602141001	Present all days
18	Dalip Vivekanandh A G	1602141002	Present all days
19	Feshan Bhardwaj	1602141003	Present all days
20	Navya Sri Yemmalu	1602151002	Present all days
21	Vannu Soukar TR	1602151003	Present all days
22	Shubina Sharina	1602161001	Present all days
23	Seethal N Ganesh	1602161002	Present all days
24	Pudhikar Chandhary	1602161003	Present all days
25	Sudha Lalith	1602201001	Present all days
26	Muneeb Mohammed	1602211001	Present all days
27	Selvi D	1702121003	Present all days
28	Judy venkatesh JI	1602151001	Absent on One day

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**List of Guides and Co Guides Attending**

Sl NO	Name of the Guide/ Co Guide	Department	Attendance details
1	Prof. Dr. P. F. Kottu	Anesthesiology	Present all days
2	Dr. S.N.Krishnamoorthy	Anesthesiology	Present all days
3	Dr. Vinod	Anesthesiology	Present all days
4	Dr. S. Guttmani	ENT	Present all days
5	Dr. Sridhar	General Medicine	Absent on two days
6	Dr. Chinmayan	General Medicine	Absent on one day
7	Dr. Nasreen Begum	General Medicine	Present all days
8	Dr. Balasubramanian	General Medicine	Absent on one day
9	Dr. V. S. Thirunavukarasu	General Surgery	Present all days
10	Dr. Mohamed Ismail	General Surgery	Present all days
11	Dr. Floret	General Surgery	Present all days
12	Dr. Lalith Kumar	General Surgery	Present all days
13	Dr. Venkatesh. S	Ophthalmology	Absent on one day
14	Dr. P. Saravanan	Orthopedics	Absent on one day
15	Dr. T. Sundararajan	Orthopedics	Present all days
16	Dr. Abdul Khader. F	Orthopedics	Absent on one day
17	Dr. Rajakumar P. G	Pediatrics	Present all days
18	Dr. Jaishree Vasudevan	Pediatrics	Present all days
19	Dr. Nasreen	Pathology	Present all days
20	Dr. I. Gumbharath	Radiology	Absent on three days
21	Dr. Pushpa Kotur	OBG	Present all days

  
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Sl NO	Name of the Guide/ Co Guide	Department	Attendance details
22	Dr Naren Kumar	General Surgery	Present all days
23	Dr Gokul	General Surgery	Present all days
24	Dr Nandhana Prashanth V	General Surgery	Present all days
25	Dr Vinod Balaji	General Surgery	Absent on all days
26	Dr Senthil	General Medicine	Present all days
27	Dr Midun Chanda	General Medicine	Absent on one day
28	Dr Rishi Kumar	General Medicine	Absent on all days
29	Dr Sujetha	General Medicine	Absent on one day
30	Dr Brayan	General Medicine	Absent on Four days
31	Dr Ajeesh	TBCD	Present all days
32	Dr Raja Purushottaman	Orthopedics	Absent on all days
33	Dr K.Pandi	Pediatrics	Absent on all days
34	Dr Guna Sekhar	Anesthesiology	Present all days
35	Dr Dilip	Anesthesiology	Present all days
36	Dr Krishnaprasad	Anesthesiology	Present all days
37	Dr Shiru P Hegde	Ophthalmology	Present all days
38	Dr Valli	ENT	Present all days
39	Dr Prateek Bolhate	Community Medicine	Present all days
40	Dr Pavithra	Radiology	Present all days
41	Dr Revathi Shree	Pathology	Present all days



# SHRI SATHYA SAI MEDICAL COLLEGE & RESEARCH INSTITUTE

OFF CAMPUS OF SRI BALAJI VIDYAPEETH

DEEMED TO BE UNIVERSITY DECLARED UNDER SECTION 3 OF THE UGC ACT, 1956  
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## List of Resource persons and Facilitators from SSSMCRI:

Sl. NO	Name of the Resource Persons and Facilitator	Department	Role during the workshop
1	Dr P F Kotur	Dean, SSSMCRI	Resource Person & Facilitator
2	Dr Kartika Jayakumar	Asso. Dean Research	Resource Person & Facilitator
3	Dr Vijay Karthika D	MEU Coordinator	Resource Person & Facilitator
4	Dr Saurabh Shrivastava	VP Curriculum	Resource Person & Facilitator
5	Dr Pradip Kumar	Professor, OBG	Resource Person & Facilitator
6	Dr Jaishree Vasudevan	Professor Pediatrics	Resource Person
7	Dr Lavakumar	Asso. Professor, Pharmacology	Facilitator
8	Dr Glad Mohesh	Asst. Professor, Physiology	Resource person
9	Dr Abilash SC	Associate Professor, Pathology	Facilitator

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KASTURBA GANDHI NURSING COLLEGE  
Sri Balaji Vidyapeeth, SIV CAMPUS



CONVERT DISSERTATION INTO PUBLICATION - APRIL 2019

Sl.	NAMES	UIN NO
1.	Kayalvizhi V(OBG)	1703031001
2.	Rajiventi P(OBG)	1703031002
3.	Sowmya V(OBG)	1703031003
4.	Srimathi K(OBG)	1703031004
5.	Bindu Arokia Amali J(Child H N)	1703032001
6.	Kulathanic A(Child H N)	1703032002
7.	Nathyagaya R(Child H N)	1703032003
8.	Israth Fathima J(MSN)	1703034001
9.	Sribharathiy J(MSN)	1703034002
10.	Deepika K(MHN)	1703035001
11.	Deepa V(MHN)	1703035002
12.	Divya R(MHN)	1703035003
13.	Sabbash Sathiyakani(MHN)	1703035004

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**INDIRA GANDHI**  
**INSTITUTE OF DENTAL SCIENCES**  
**SRI BALAJI VIDYAPEETH**  
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**Course on Dissertations to publications for PGs-2019**

Name	UIN
M KAZHANISWA MY	1704025001
R ARTHI, KUMARAN	1704025002
A SHANAJ DOULATH	1704025003
C Gayathri	1704023001
RAMAMOORTHY Rajjiba	1704024001
Adkersh, G.	1704024002



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PONDY-CUDDALORE MAIN ROAD, PILLAIYARKUPPAM, PUDUCHERRY - 607 402

PH: 0413-2615808, FAX: 0413-2615808

E-Mail: [Info@igids.ac.in](mailto:Info@igids.ac.in), Web site: [www.igids.ac.in](http://www.igids.ac.in)