

**MATHRUSRI RAMABAI AMBEDKAR  
DENTAL COLLEGE & HOSPITAL**  
 (Founded by : Ananda Social & Educational Trust)  
 ISO 9001:2015 CERTIFIED  
 Affiliated to Rajiv Gandhi University of Health Sciences  
 Recognised by Dental Council of India  
 1/36, Cline Road, Cooke Town, Bengaluru - 560 005  
 Ph: 080 - 2546 0747      www.mradc.in




**Number of research projects/clinical trials funded by government,  
industries and non-governmental agencies during the last five  
years – 2018 - 23**

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*P.R.P.*  
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 M.R. Ambedkar Dental College & Hospital  
 Bengaluru - 560 005



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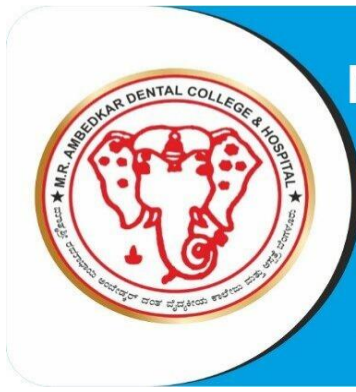
## TO WHOMSOEVER IT MAY CONCERN



The institution is dedicated to fostering a supportive environment for academic research by offering students access to its equipment and facilities. This initiative allows students to engage in hands-on learning and undertake innovative research projects, thereby enriching their educational experience. By providing access to advanced tools and resources, the institution encourages students to explore new ideas, develop critical thinking skills, and make meaningful contributions to their fields of study. This policy not only empowers students to achieve academic excellence but also equips them with practical experience using standard equipment. These additional facilities are made available without any fees for both undergraduate and postgraduate students, as well as faculty members.

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## Supporting Documents for Research projects/ clinical trails from year 2018-2023



From,

30/08/2019

Dr.Sreeshna. p

Post graduate student  
Department of Orthodontics,  
M.R. Ambedkar Dental College, Bangalore.

Through,

The Head of the Department  
Department of Orthodontics  
M.R Ambedkar Dental College and Hospital, Bangalore.

To,

The Head of the Department ,  
Department of Oral Pathology  
M.R.Ambedkar Dental College and Hospital, Bangalore

SUB: Permission to use STEREOMICROSCOPE for thesis purposes.

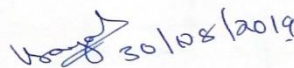
Respected Madam,

This is to bring to your kind notice, that I, Dr.Sreeshna.P, 3<sup>rd</sup> year PG student in the Department of Orthodontics request you to kindly grant me permission to use Stereomicroscope for testing ARI index on tooth surfaces for my thesis purposes.

Thanking you.

Yours sincerely

  
Dr. Sreeshna. P

  
30/08/2019

Dr. Rabindra S.Nayak

Head of the Department

Department of Orthodontics



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From

Post Graduate Students

Dept. of conservative dentistry & Endodontics

MRADC

Bangalore.

To

The Principal

MRADC

Bangalore.

Through: Head of the Department  
Dept. of conservative dentistry and Endodontics

Respected madam.

Subject: Permission letter for using incubator

We the post graduate students of dept. of conservative dentistry and Endodontics, (final year), are writing this letter requesting to use incubator from the dept. of Oral and Maxillofacial pathology for dissertation work for a period of 3 weeks.

Kindly grant us permission.

Thanking you

Forwarded to the  
principal for needful  
llh il  
4/9/19.

for needful as per protocol  
done  
09/09/19  
Dr. Soundarya }  
SIC HOD Dept of Oral Path }

4/9/19  
Bangalore.



Yours sincerely,

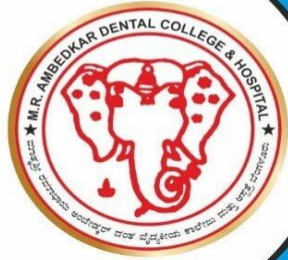
Pg students  
(Dept. of Cons & Endo)

D. Vinoda - D. Vinod  
Saksham - Laksham  
Niveditha - Niveditha  
Arathi - Arathi  
Lekshmi - Lakshmi

P.R.P. P

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Bengaluru - 560 005



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FR

To,  
The Head of Department,  
Department of Oral Pathology  
MRADC

C

From,  
Final year PG's  
Department of Conservative Dentistry and Endodontics.  
MRADC.

T

Subject: Permission for using incubator for thesis purpose.


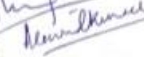



T

Respected ma'am,

We final year PG's of Department of  
Conservative dentistry and Endodontics kindly requesting  
to permit us to use incubator for our thesis study.

T

Thanking you,

Dr. Aksha Masim   
Dr. Aravindh Kumar   
Dr. Manasa D.R.   
Dr. Rishi Rajan   
Dr. Shreya Maithi 

Pr  
27/10/2020

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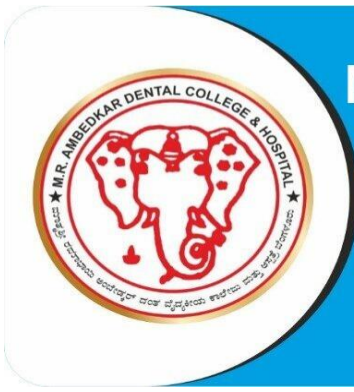
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From,  
Dr. Sandhya P  
III year Postgraduate student  
Department of Orthodontics  
M R Ambedkar Dental College and Hospital.

Date : 18/11/2020



To,  
The Head of Department,  
Department of Oral Pathology  
M R Ambedkar Dental College and Hospital.

Through,  
The Head of Department,  
Department of Orthodontics,  
M R Ambedkar Dental College and Hospital.

Respected Madam,

Subject : To use stereomicroscope for thesis purpose.

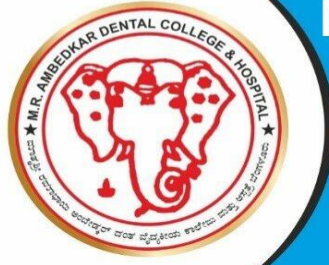
I, Dr. Sandhya P, 3<sup>rd</sup> year Postgraduate Student from Department of Orthodontics am requesting permission to use the Stereomicroscope for my thesis purpose for evaluating the Adhesive Remnant Index(ARI) on samples of extracted teeth.

I request you to kindly permit me to use the same and oblige.

Thanking You,  
Yours Sincerely,  
Sandhya P

*Sandhya P*

*Forwarded to the HOD, Oral  
Pathology - for needful,  
18/11/2020*



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From  
Dr. Shilpa S  
Postgraduate student  
Dept of Pediatric and Preventive Dentistry  
M R Ambedkar dental college and hospital  
Bangalore- 560002

DATE- 9- MARCH 2023  
BANGALORE

Through  
Head Of Department  
Dept of Pediatric and Preventive Dentistry  
M R Ambedkar dental college and hospital  
Bangalore- 560002

To  
Head Of Department  
Dept of Oral Pathology and Microbiology  
M R Ambedkar dental college and hospital  
Bangalore- 560002

Respected ma'am

Sub: Permission to use equipments in your department

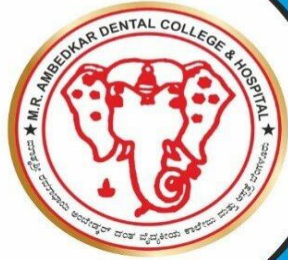
With regard to the above subjects, I Dr. Shilpa S, Postgraduate from the department of pediatric dentistry, request you to grant the permission to use the hot air oven and incubator available in your department, as these are required for my thesis titled "comparative evaluation of antimicrobial efficacy of *tinospora cordifolia*, sodium hypochlorite and chlorhexidine gluconate in root canal disinfection of primary teeth: a clinical study."

I kindly request you to grant the permission and oblige

Thanking you  
Yours faithfully  
  
Dr. Shilpa S

forwarded to the  
HOD of Oral pathology  
for needful.  
for HOD

  
Department of Paedodontics  
M. R. A. Dental College  
Bangalore - 560 005



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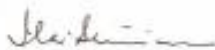


To HOD,  
of Oral and Maxillofacial Pathology,

Dr. Anushka Das, 1<sup>st</sup> year Post Graduate student of my dept. of  
Pedodontics and Preventive Dentistry is doing her dissertation on the  
topic of Microtensile Bond Strength of Silver Nano Fluoride Particles on  
Glass Ionomer Cement, which involves the use of light microscope to  
check the complete removal of enamel from primary extracted molar  
teeth.

So, I kindly request you to permit her to use the facilities in your  
department.

Thank you and Regards,

  
Dr. Ila Srinivasan  
(Head of Department)





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To,  
The Principal  
MRADC  
Bangalore

21-11-2019.



Subject:- Request of permission for conduction of HbA1c  
test in pathology dept of the college for disertation.

Respected Malam,

With reference to the above mentioned subject, I, Dr Kriti  
Dalmia, 2nd year post graduate from Dept. of Periodontics would  
like to request your permission to conduct HbA1c test  
in pathology dept of MRADC for my disertation work, with  
self purchased kit.

I would be highly obliged for the same.

Thanking you

Yours Sincerely  
Kriti Dalmia

(II - Post graduate)  
Dept of Periodontics.

for discussion with Dr. Soundarya/  
Dr V. Jain.

Done  
21/11/19

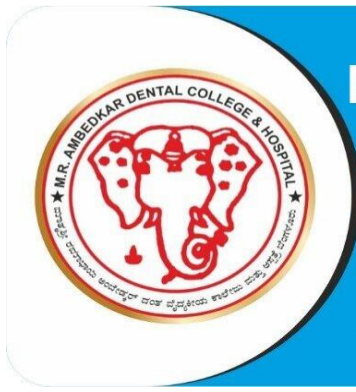
(D.D.)



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From,

Kariya P  
2nd Year BSc  
Department of Orthodontics  
MRAAC  
Bengaluru

02/01/21  
Bengaluru



Through,

The HOD  
Dept of Orthodontics  
MRAAC  
Bengaluru

TO,

The HOD  
Dept of Oral Pathology  
MRAAC  
Bengaluru

Respected Madam,

Subject: permission to use the refrigerator.  
As I will be needing the -8°C Refrigerator for  
the purpose of storing my thesis samples I kindly  
request you to grant me permission to store  
my samples in your lab refrigerator. please do the  
needful.

Thanking You

Yours Sincerely

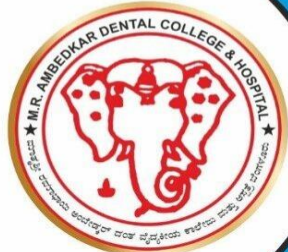
P.K.  
(Kariya P)

P.K.  
Pg thesis guide.

02/01/2021

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Date: 16<sup>th</sup> Aug 2021

From  
Sabahath Kibriya  
III<sup>rd</sup> year PG student  
Dept of Pedodontics, MRADC, Bangalore


Through  
Dr. Ila Shrinivasan  
Professor and HOD  
Dept of Pedodontics, MRADC, Bangalore

To,  
Head of Department  
Department of Oral and Maxillofacial pathology  
MRADC, Bangalore

Respected maam,  
Subject: Requisition for permitting usage of cold storage for my thesis

With regard to above, I, Sabahath Kibriya, III<sup>rd</sup> year post-graduate student from Dept of Pedodontics request you to grant me permission to use cold storage for storing saliva samples of my thesis. Hope you do the needful and oblige.

Thanking You  
Yours sincerely  
Sabahath K

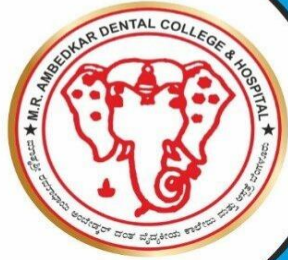
  
16/8/2021

PROFESSOR & HEAD  
Department of Pedodontics & Preventive Dentistry  
M.R. Ambedkar Dental College & Hospital  
1/36, Cline Road, Cooke town  
Bengaluru-560 005



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FROM

III MDS Post Graduate  
Department of Periodontics  
M R Ambedkar Dental College  
Bangalore - 560005

03<sup>rd</sup> September 2021

Dr. Aashada  
Dr. Deeba  
Dr. Abhilekha  
Dr. Anjali  
Dr. Neha  
Dr. Sneha

To

The Head of the Department  
Department of Oral Pathology  
M R Ambedkar Dental College  
Bangalore - 560005

Through

The Head of the Department  
Department of Periodontics  
M R Ambedkar Dental College  
Bangalore - 560005

Respected Maam,

Subject:- Permission to use the Deep Freezer for the  
purpose of sample storage.

We, III MDS Post Graduate students of Department  
of Periodontics would like to request you to allow us to  
use the Deep freezer in the Department of Oral Pathology  
for the purpose of sample storage with regards to Dissertation.  
Kindly Oblige and kindly grant us permission for the same.

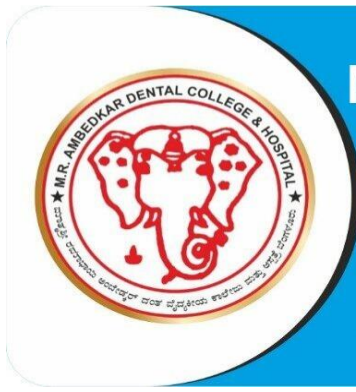
Thanking You,  
Yours Sincerely  
III MDS Post Graduate

Forwarded to principal  
for the record  
Jubal 3/9/21

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FROM,

DR-SUMAYAH MUNEER

III<sup>rd</sup> YEAR (POST-GRADUATE STUDENT)

DEPARTMENT OF CONSERVATIVE DENTISTRY & ENDODONTICS  
BANGALORE

THROUGH,

HEAD OF THE DEPARTMENT

DEPARTMENT OF CONSERVATIVE DENTISTRY & ENDODONTICS  
BANGALORE

TO,

THE HEAD OF THE DEPARTMENT

DEPARTMENT OF ORAL PATHOLOGY  
BANGALORE

SUBJECT:- REQUEST TO USE STEROMICROSCOPE

I, Dr. SUMAYAH MUNEER, a post graduate student from the department of Conservative Dentistry & Endodontics, I would Request you to kindly grant me the permission to utilize stereomicroscope Installed in your department for my thesis related research kindly oblige.

Thank you

Yours faithfully  
*(Signature)*

*(Signature)*  
Principals Office,  
Dept of Cons. Dent.

P.R.P. P

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Bengaluru - 560 005