

# RAJAS DENTAL COLLEGE & HOSPITAL

KAVALKINARU JN., TIRUNELVELI DISTRICT - 627 105

## ACADEMIC PERFORMANCE REPORT

DATE : .....

Dear Parent,

1. Your Daughter / Son .....
2. Reg. No : .....
3. Year : **I B.D.S.**
4. Exam :

| S. NO. | SUBJECT         | MARKS 100%<br>(Min. Pass : 50%) | ATTENDANCE AVERAGE 100%<br>Required : 85% |
|--------|-----------------|---------------------------------|---|
| 1.     | GENERAL ANATOMY |                                 |   |
| 2.     | PHYSIOLOGY      |                                 |   |
| 3.     | BIOCHEMISTRY    |                                 |   |
| 4.     | DENTAL ANATOMY  |                                 |   |

### Remarks from Staff Members : -

1. Dept. of General Anatomy - .....
2. Dept. of Physiology - .....
3. Dept. of Biochemistry - .....

(P.T.O)

: 2 :

**4. Dept. of Dental Anatomy**

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- **For further enquiries you are requested to come to college and contact the respective departments.**
- **Attendance by the Parent (or) Guardian is COMPULSORY.**
- **PTA MEETING ON .....TIME .....**

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Dear Parent,

1. Your Daughter / Son .....
2. Reg. No : .....
3. Year : **II B.D.S.**
4. Exam :

| S. NO. | SUBJECT           | MARKS 100%<br>(Min. Pass : 50%) | ATTENDANCE AVERAGE 100%<br>Required : 85% |
|--------|-------------------|---------------------------------|---|
| 1.     | GENERAL PATHOLOGY |                                 |   |
| 2.     | MICROBIOLOGY      |                                 |   |
| 3.     | PHARMACOLOGY      |                                 |   |
| 4.     | DENTAL MATERIALS  |                                 |   |

### Remarks from Staff Members : -

1. Dept. of General Pathology - .....  
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2. Dept. of Microbiology - .....  
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3. Dept. of Pharmacology - .....  
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(P.T.O)

**4. Dept. of Dental Materials**

**a) Pre clinical Conservative** - .....  
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**b) Pre clinical Prosthodontics** - .....  
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**KAVALKINARU JN., TIRUNELVELI DISTRICT - 627 105**

**ACADEMIC PERFORMANCE REPORT**

DATE : .....

Dear Parent,

1. Your Daughter / Son .....
2. Reg. No : .....
3. Year : **III B.D.S.**
4. Exam :

| S. NO. | SUBJECT          | MARKS 100%<br>(Min. Pass : 50%) | ATTENDANCE AVERAGE 100%<br>Required : 85% |
|--------|------------------|---------------------------------|---|
| 1.     | ORAL PATHOLOGY   |                                 |   |
| 2.     | GENERAL MEDICINE |                                 |   |
| 3.     | GENERAL SURGERY  |                                 |   |

**Remarks from Staff Members : -**

**1. Dept. of Oral Pathology** - .....

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**2. Dept. of General Medicine** - .....

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**(P.T.O)**

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3. Dept. of General Surgery - .....  
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DATE : .....

Dear Parent,

1. Your Daughter / Son .....
2. Reg. No : .....
3. Year : **IV B.D.S.**
4. Exam :

| S. NO. | SUBJECT                 | MARKS 100%<br>(Min. Pass : 50%) | ATTENDANCE AVERAGE 100%<br>Required : 85% |
|--------|-------------------------|---------------------------------|---|
| 1.     | ORTHODONTICS            |                                 |   |
| 2.     | ORAL MEDICINE           |                                 |   |
| 3.     | PERIODONTICS            |                                 |   |
| 4.     | PEDODONTICS             |                                 |   |
| 5.     | CONSERVATIVE DENTISTRY  |                                 |   |
| 6.     | PROSTHODONTICS          |                                 |   |
| 7.     | ORAL SURGERY            |                                 |   |
| 8.     | PUBLIC HEALTH DENTISTRY |                                 |   |

### Remarks from Staff Members :-

1. Dept. of Orthodontics - .....

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2. Dept. of Oral Medicine - .....

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3. Dept. of Periodontics - .....

(P.T.O)

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4. Dept. of Pedodontics - .....  
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5. Dept. of Conservative - .....  
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6. Dept. of Prosthodontics - .....  
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7. Dept. of Oral Surgery - .....  
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8. Dept. of Public Health - .....  
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