



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL

Recognised by Dental Council of India

Affiliated to The Tamilnadu Dr.M.G.R Medical University

A Unit of Adhiparasakthi Charitable, Medical, Educational & Cultural Trust

PROCEEDINGS OF PARENT –TEACHERS MEETINGS HELD DURING THE LAST 5 YEARS



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR - 603319
PARENTS TEACHERS MEET- 2015-2016



MENTOR-PARENTS REMARK FORM

MENTOR NAME: *Dr. Mani Sundar*

Date: 01/04/2016

DESIGNATION: *Reader*

DEPARTMENT: *Periodontics*

SL NO	STUDENT NAME	YEAR OF STUDY	PARENT NAME	FEEDBACK FORM (Y/N)	PARENTS SIGNATURE	STUDENTS SIGNATURE	REMARKS
1	<i>R. Balaji</i>	<i>II</i>	<i>P. RAVI</i>	<i>Y</i>	<i>P. Ravi</i>	<i>[Signature]</i>	
2	<i>G.R. THARINI PRIYA</i>	<i>I</i>	<i>S. RAJESKUMARI</i>	<i>Y</i>	<i>A. Din</i>	<i>[Signature]</i>	
3	<i>L. ALEXKUMAR</i>	<i>I</i>				<i>L. Alex</i>	
4	<i>G. AVINAYA</i>	<i>I</i>				<i>G. Avithra</i>	<i>to exam duty</i>
5	<i>B. AVITHRA</i>	<i>II</i>				<i>[Signature]</i>	<i>to exam duty</i>
6	<i>M. DHARANI</i>	<i>III</i>				<i>[Signature]</i>	<i>Due to office meeting available after</i>
7	<i>D. DEEPA RANJANI</i>	<i>III</i>				<i>M. Sarani</i>	<i>Hospital, check-up - dad</i>
8	<i>A. CATHERIN</i>	<i>III</i>				<i>[Signature]</i>	<i>Exam duty - mom</i>
9						<i>[Signature]</i>	<i>Sister delivery.</i>
10						<i>A. Vij</i>	<i>Exam duty</i>
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NOTE: ALL MENTORS KINDLY RETURN THE COMPLETED FORM WITH REMARKS WITHOUT FAIL BEFORE LEAVING THE AUDITORIUM

[Signature]
 30/3/16
 Mentor Secretary



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
 DENTAL COLLEGE & HOSPITAL
 Hospital Road, Melmaruvathur,
 Chevur Taluk, Chengalpattu District
 Tamil Nadu - 603 319

[Signature]
 30/3/16
 Mentor Director



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PARENTS TEACHERS MEET- 2015-2016



MENTOR-PARENTS REMARK FORM

MENTOR NAME: *Dr. Karthikeyan*

DESIGNATION: *Senior Lecturer*

Date: 01/04/2016

DEPARTMENT: *Orthodontics*

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SL NO	STUDENT NAME	YEAR OF STUDY	PARENT NAME	FEEDBACK FORM (Y/N)	PARENTS SIGNATURE	STUDENTS SIGNATURE	REMARKS
1	E. KIRAN KANAK	I yr.	C. Shashi kumar	✓	<i>[Signature]</i>	<i>[Signature]</i>	
2	P. IYANYA	III yr.	<i>S. Ravikumar</i>	✓	<i>[Signature]</i>	<i>[Signature]</i>	
3	DEEPIKA. K	I yr.	<i>P. KANDASAMY</i>	✓	<i>[Signature]</i>	<i>[Signature]</i>	
4	DEEPIKA. S	I yr.	<i>K. Sankaranarayanan</i>	✓	<i>[Signature]</i>	<i>[Signature]</i>	
5	Maheswari	I yr.	<i>K. Sankaranarayanan</i>	✓	<i>[Signature]</i>	<i>[Signature]</i>	
6	Durga	I yr.	<i>P. PERUMAL</i>	✓	<i>[Signature]</i>	<i>[Signature]</i>	
7			<i>S. SARITHA</i>	✓	<i>[Signature]</i>	<i>[Signature]</i>	
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PARENTS TEACHERS MEET - 2015-2016



MENTOR-PARENTS REMARK FORM

MENTOR NAME: Dr. Prabanthi

Date: 01/04/2016

DESIGNATION: Reader

DEPARTMENT: Orthodontics

SL NO	STUDENT NAME	YEAR OF STUDY	PARENT NAME	FEEDBACK FORM (Y/N)	PARENTS SIGNATURE	STUDENTS SIGNATURE	REMARKS
1	KETHANA.MI (NISHA)	II	A.L.MOHANARAJ	Y	[Signature]	M. Neetha	
2	K.KOMALI	I	D.KRISHNAVENI	Y	[Signature]	[Signature]	
3	YASHIKA.S.	I	P.S. KRISHNAVENI	Y	[Signature]	S. Vahide	
4	J. JAYASHANTHINI	I	R. JAYAPRAKASH	Y	[Signature]	[Signature]	
5	G.Pandi	IV	M. Anjan	Y	[Signature]	[Signature]	
6	A.KALARAS	I	M. ANJAMALAI	Y	[Signature]	[Signature]	
7	R. MONISHA	II	N. RAMALINGAM	Y	[Signature]	[Signature]	
8	J. MOHAMMED BISHMI	III	← NOT PRESENT →	Y	[Signature]	[Signature]	
9	N. NISHANDHINI	III	S. NAGENDRAN	Y	[Signature]	[Signature]	
10	MONISHA-K.	II	K. NAGALAKSHMI	Y	[Signature]	[Signature]	
11	MUGILAN.S	II	Absent.	Y	[Signature]	[Signature]	
12							Not attended
13							absent
14							
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MENTOR-PARENTS REMARK FORM

Date: 01/04/2016

Dr. D. MENTOR NAME:

DESIGNATION: Professor

DEPARTMENT: Oral pathology.

SL NO	STUDENT NAME	YEAR OF STUDY	PARENT NAME	FEEDBACK FORM (Y/N)	PARENTS SIGNATURE	STUDENTS SIGNATURE	REMARKS
1	Ponmani Sobij.	IV	P. Thangaraj	Y	P. Thangaraj	T. Binu	
2	waga Desij	II	N. NAGARAJAN	Y	N. NAGARAJAN	N. NAGARAJAN	
3	Pawi Haran	IV	P. Velusamy	Y	P. Velusamy	P. Velusamy	
4	PAARVATHI THENAPPAN	III	VALLI THENAPPAN	Y	Valli	Paarvathi	
5	E-KARTHIKA	I	T.S. ELUMALAI	Y	T.S. Elumalai	e. Kasthuri	
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Dr. D. MENTOR SECRETARY
20/3/16



PRINCIPAL
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Hospital Road, Melmaruvathur
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MENTOR DIRECTOR
Dr. D. MENTOR



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MENTOR-PARENTS REMARK FORM

Date: 01/04/2016

r. AMENTORNAME *ayathiri.R*

DESIGNATION: *Senior Lecturer*

DEPARTMENT: *Medicine*

SL NO	STUDENT NAME	YEAR OF STUDY	PARENT NAME	FEEDBACK FORM (Y/N)	PARENTS SIGNATURE	STUDENTS SIGNATURE	REMARKS
1	Anilana.P	III yr	R. Perumalsamy	yes	<i>[Signature]</i>	<i>[Signature]</i>	General medicine to be improve clinical surgery have to improve
2	Achana.A	III yr	C. Aridasa	Yes	<i>[Signature]</i>	<i>[Signature]</i>	Pathology, microbiology to be improve
3	Arbass.J	II yr	J. Shahin banu	Yes	<i>[Signature]</i>	<i>[Signature]</i>	to improve pharmacology and pathology
4	Anus Pandian.R	Digi	S. Lakshappa	Yes	S. Rayan R. Arifan	<i>[Signature]</i>	fully satisfied
5	T. SURYANANDARAJAN	I yr	S. SRIPRIYA	Yes	<i>[Signature]</i>	<i>[Signature]</i>	General Surgery have to be improve
6	ARJUNASUDAR.S	III yr	S. CHITRA	Yes	<i>[Signature]</i>	<i>[Signature]</i>	General Surgery have to be improve
7	P. Swatha	I yr	P. PAL RAS	Yes	<i>[Signature]</i>	<i>[Signature]</i>	General Surgery have to be improve
8	SUDHAKRISHN	I yr	N. HALA	Yes	<i>[Signature]</i>	<i>[Signature]</i>	General Surgery have to be improve
9	V. ABIMATH	Final	A. VENKATESAN	Yes	<i>[Signature]</i>	<i>[Signature]</i>	General Surgery have to be improve
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[Signature]
 30/3/16
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[Signature]
 PRINCIPAL

Mentor Director

ref. Dr. S. Karthiga Kannan, MDS.,

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MENTOR-PARENTS REMARK FORM

MENTOR NAME: *Dr. Jayaprakashini*

Date: 01/04/2016

DESIGNATION: *Reader*

DEPARTMENT: *Endodontics*

SL NO	STUDENT NAME	YEAR OF STUDY	PARENT NAME	FEEDBACK FORM (Y/N)	PARENTS SIGNATURE	STUDENTS SIGNATURE	REMARKS
1	Mohamed Hussain	<u>IV</u>	M. Vahitha Begum	Y	<i>M. N. Hussain</i>	<i>M. N. Hussain</i>	
2	M. Nivedha	<u>I</u>	J. Manoharan	Y	<i>J. Manoharan</i>	<i>M. Nivedha</i>	
3	S. Sowmya	<u>IV</u>	D. R. Sumanthara	Y	<i>D. R. Sumanthara</i>	<i>M. A. R. D.</i>	
4	R. Senthuraja	<u>II</u>	P. Sriganai	Y	<i>P. Sriganai</i>	<i>P. Sriganai</i>	
5	K. Sindhumathi	<u>II</u>	R. KANNAN	Y	<i>R. Kannan</i>	<i>R. Kannan</i>	
6	N. NIVEDHA	<u>II</u>	G. NEELCHEZHIAN	Y	<i>G. Neelchezhian</i>	<i>N. Nivedha</i>	
7	V. SUBASHRI	<u>IV</u>	R. VISWANATHAN	Y	<i>R. Viswanathan</i>	<i>V. Subashri</i>	
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Sowmya
 30/3/16
 Mentor Secretary



J. Manoharan
 PRINCIPAL
 Prof. Dr. S. Karchiga Kannan, MDS.,
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J. Manoharan
 Mentor Director



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PARENTS TEACHERS MEET- 2015-2016



MENTOR-PARENTS REMARK FORM

MENTOR NAME : *Dr. Vasup*

: *Satha*

DESIGNATION: *Senior Lecturer*

Date: 01/04/2016

DEPARTMENT: *Oral Surgery*

SL NO	STUDENT NAME	YEAR OF STUDY	PARENT NAME	FEEDBACK FORM (Y/N)	PARENTS SIGNATURE	STUDENTS SIGNATURE	REMARKS
1	<i>AMPRAWIN PANDARAJ</i>	<i>2016</i>	<i>Dr. M. SHANMUGA</i>	<i>Y</i>	<i>M. S. Shanmuga</i>	<i>[Signature]</i>	<i>Very very Excellent</i>
2	<i>V. RAVI</i>	<i>I - BDS</i>	<i>V. RAVI</i>	<i>Yes</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>Excellent</i>
3	<i>R. VIJAYARAGHAN</i>	<i>IV - BDS</i>	<i>V. RAVI</i>	<i>Yes</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>Excellent</i>
4	<i>H. Swathi</i>	<i>III - BDS</i>	<i>H. Poongothai</i>	<i>Yes</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>GOOD</i>
5	<i>F. Praveen</i>	<i>I - BDS</i>	<i>F. Chithira</i>	<i>Yes</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>Good</i>
6	<i>M. THIRUMATHI</i>	<i>III RDS</i>	<i>MIRUDHAN</i>	<i>Yes</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>Good</i>
7	<i>T. Prabhakar</i>	<i>I</i>	<i>V. Thangavel</i>	<i>Yes</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>Good</i>
8							<i>v. Good.</i>
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[Signature]
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 Mentor Director

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MENTOR-PARENTS REMARK FORM

MENTOR NAME: *Dr. Gajathri for Dr. Vidyashree* DESIGNATION: *Senior Lecturer* DEPARTMENT: *Orol Medicine*
 Date: 01/04/2016

SL NO	STUDENT NAME	YEAR OF STUDY	PARENT NAME	FEEDBACK FORM (Y/N)	PARENTS SIGNATURE	STUDENTS SIGNATURE	REMARKS
1	M. LEAVI PRIYA	II	N CHITHRA KURUGAIYAN	Y	<i>M. Leavipriya</i>	<i>M. Leavipriya</i>	
2	M. VAISHNAVI	I	P.K.B. MOORTHY	Y	<i>P. K. B. Moorthy</i>	<i>M. Vaishnavi</i>	<i>improve in human anatomy</i>
3	N. K. KERTHANA	IV	A. L. MOHANRAJ	Y	<i>A. L. Mohanraj</i>	<i>N. K. Kertana</i>	<i>improve in histology</i>
4	N. Deebakray	I	S. Natarajan	Y	<i>S. Natarajan</i>	<i>N. Deebakray</i>	<i>less to improve in Physiology</i>
5	S. Deepa	I	N. Kalaiselvi	Y	<i>N. Kalaiselvi</i>	<i>S. Deepa</i>	<i>should improve in anatomy</i>
6	A. Madhumitha	IV	A. Shanithi	Y	<i>A. Shanithi</i>	<i>A. Madhumitha</i>	<i>Should improve in practical ethics</i>
7	B. Bobbysarao	I	M. RAJESH SELVA DURAI	Y	<i>M. Rajesh Selva Durai</i>	<i>B. Bobbysarao</i>	<i>should improve in anatomy & physiology</i>
8	S. Kethika	IV		N		<i>S. Kethika</i>	
9	M.V. KARARAJ	II		N		<i>M. V. Kararaj</i>	
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S. G. S. 30/3/16
 Mentor Secretary



S. G. S.
 Mentor Director

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PARENTS TEACHERS MEET- 2015-2016



MENTOR-PARENTS REMARK FORM

MENTOR NAME: **DR. D. VIJAYALAKSHMI** DESIGNATION: **READER** DEPARTMENT: **ORAL PATHOLOGY**
 Date: 01/04/2016

SL NO	STUDENT NAME	YEAR OF STUDY	PARENT NAME	FEEDBACK FORM (Y/N)	PARENTS SIGNATURE	STUDENTS SIGNATURE	REMARKS
1	D. MANDOSRI	I	N. DEVARAJAN	Yes	N. Devarajan	D. Mandosri	
2	S. PRAVEENKUMAR	II	M. SIVASANKARAN	Yes	M. Sivasankaran	S. Praveen	
3	S. Y. MENA JABLEN	I	Y. NARAIN	Yes	Y. Narain	S. Y. Mena	
4	S. MOHAMED YACOOB	I	A. SABIBULLAH	Yes	A. Sabibullah	S. Mohamed	
5	K. REKHA	IV	L. KOPPUSAMY	Yes	L. Koppusamy	K. Rekha	
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[Signature]
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MENTOR-PARENTS REMARK FORM

MENTOR NAME: I. Ivelavan

Date: 01/04/2016

DESIGNATION: Reader

DEPARTMENT: OMFS

SL NO	STUDENT NAME	YEAR OF STUDY	PARENT NAME	FEEDBACK FORM (Y/N)	PARENTS SIGNATURE	STUDENTS SIGNATURE	REMARKS
1	S. ASHIKA	II	P. SHAMY DHAS	YES	<i>[Signature]</i>	S. Ashika	Adv to get good marks in C.P. & to refer students to college.
2	M. AISHWARYA LALESHME	I	D. IC. NANIMARAN	YES	D. K. Nanimaran		To aim better to make in second year.
3	P. ABINAVASHREE	I	P. BANU	YES	P. Banu	<i>[Signature]</i>	Adv to get good marks in C.P.
4	P. BALAJI	III	R. AMALARAKSHMI	YES	<i>[Signature]</i>	<i>[Signature]</i>	Adv to get good marks in C.P.
5	D. BHAVANI	IV	R. DURAIKANNAN	YES	<i>[Signature]</i>	<i>[Signature]</i>	To be in better in study.
6	R. SWETHA	I	N. RAJICANDRAN	YES	<i>[Signature]</i>	<i>[Signature]</i>	Adv to get good marks in C.P.
7	V. ANIRAKH	I	V. RAJESWARI	NO	<i>[Signature]</i>	<i>[Signature]</i>	Adv to study to master for ready & easy to learn.
8	S. ASHTALAKSHMI	II	S. SEKAR	YES	V. Rajeswari	<i>[Signature]</i>	Adv to study in library for improve in N.
9	ARTHI . I	III	ILANGO . E	YES	S. Sekar	S. Arthika	Adv to study & make use of library more.
10					<i>[Signature]</i>	<i>[Signature]</i>	Adv to improve in skills of taking radiology.
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MENTOR-PARENTS REMARK FORM

MENTOR NAME: *V. Venkatesan*

Date: 01/04/2016

DESIGNATION: *Professor*

DEPARTMENT: *Paedodontic*

SL NO	STUDENT NAME	YEAR OF STUDY	PARENT NAME	FEEDBACK FORM (Y/N)	PARENTS SIGNATURE	STUDENTS SIGNATURE	REMARKS
1	<i>Sandhya M</i>	<i>I Year</i>	<i>Bhuvaneshwari</i>	<i>Yes</i>	<i>Dr. Bhuvaneshwari M. S. P.</i>	<i>S. M. S. P.</i>	
2	<i>S. Sri Lakshmi</i>	<i>I year</i>	<i>Bhuvaneshwari G. Karthika</i>	<i>Yes</i>	<i>Bhuvaneshwari G. Karthika</i>	<i>S. Sri Lakshmi</i>	
3	<i>T. S. Shalini</i>	<i>I year</i>	<i>T. V. Malini</i>	<i>Yes</i>	<i>T. V. Malini</i>	<i>T. S. Shalini</i>	
4	<i>D. Shankari</i>	<i>I Year</i>	<i>D. Chitra</i>	<i>Yes</i>	<i>D. Chitra</i>	<i>D. Shankari</i>	
5	<i>P. Sreene</i>	<i>I yr</i>	<i>K. Anitha</i>	<i>Yes</i>	<i>K. Anitha</i>	<i>P. Sreene</i>	
6	<i>M. Sathya Praya</i>	<i>I-yr</i>	<i>K. Muthumari</i>	<i>Yes</i>	<i>K. Muthumari</i>	<i>M. Sathya Praya</i>	
7	<i>T. SHARMILA</i>	<i>I yr</i>				<i>T. Sharmila</i>	
8	<i>SAKTHISHA K</i>	<i>I yr</i>				<i>K. Sakthi</i>	<i>My parents get monthly</i>
9	<i>M. SALINI</i>	<i>I-yr</i>				<i>K. Sakthi</i>	<i>Medically compromised, unable</i>
10	<i>T. SANDHYA</i>	<i>I yr</i>				<i>S. Sakthi</i>	<i>Parent can't get leave</i>
11						<i>S. Sakthi</i>	<i>Parent is in financial trouble and</i>
12							<i>cannot attend</i>
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S. Venkatesan
20/3/16
Mentor Secretary



S. Venkatesan
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S. Venkatesan
Mentor Director



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MELMARUVATHUR - 603319
PARENTS TEACHERS MEET - 2015-2016



MENTOR-PARENTS REMARK FORM

MENTOR NAME: **Dr. ABISHAK R. BALAJI**

Date: **01/04/2016**

DESIGNATION: **SENIOR LECTURER**

DEPARTMENT: **DENTAL SOCIETY**

SL NO	STUDENT NAME	YEAR OF STUDY	PARENT NAME	FEEDBACK FORM (Y/N)	PARENTS SIGNATURE	STUDENTS SIGNATURE	REMARKS
1	CHRISTY RATNA	II nd yr	Mr. PON RAJ	Y	<i>[Signature]</i>	<i>[Signature]</i>	SMS / E-MAIL TO PARENTS
2	DHIVYA VARESHINI RK	III rd yr	Mr. N. Ravi	Y	<i>[Signature]</i>	<i>[Signature]</i>	
3	ANUSHA A	II nd yr	Mrs. Anitha	Y	<i>[Signature]</i>	<i>[Signature]</i>	
4	ARUN DIVAKAR S	I st yr	Mrs. S. DEVIKA	Y	<i>[Signature]</i>	<i>[Signature]</i>	SMS / E-MAIL TO PARENT
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➤ NOTE: ALL MENTORS KINDLY RETURN THE COMPLETED FORM WITH REMARKS WITHOUT FAIL BEFORE LEAVING THE AUDITORIUM

[Signature]
 20/3/16
 Mentor Secretary

[Signature]
 20/3/16
 Mentor Director



PRINCIPAL
 Prof. Dr. S. Karthiga Kannan, MDS.,
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MELMARUVATHUR - 603319
PARENTS TEACHERS MEET - 2015-2016



MENTOR-PARENTS REMARK FORM

MENTOR NAME: K. Jayaswamy DESIGNATION: Senior Lecturer DEPARTMENT: Public Health
 Date: 01/04/2016 Industry

SL NO	STUDENT NAME	YEAR OF STUDY	PARENT NAME	FEEDBACK FORM (Y/N)	PARENTS SIGNATURE	STUDENTS SIGNATURE	REMARKS
1	Aravind	I year	G. Anandhan	Y	[Signature]	G. Anandhan	Transport made
2	Aravind	I year	Madheswaran	N	[Signature]	M. [Signature]	Psychology funding facility
3	Aravind	I year	S. Ramesan	Y	[Signature]	A. [Signature]	Communication - [Signature]
4	V. Anand	I year	P. Srinivasan	Y	[Signature]	P. Srinivasan	
5	V. Anand	I year	S. Thiruvengadam	Y	[Signature]	S. Thiruvengadam	
6	V. Anand	I year	S. Anand	N	[Signature]	S. Anand	Communication before instead
7	V. Anand	I year	A. G. Ganapathy	N	[Signature]	A. G. Ganapathy	
8	V. Anand	I year	K. Anantha	Y	[Signature]	K. Anantha	
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[Signature]
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 Mentor Secretary

[Signature]
 01/04/2016
 Mentor Director



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PARENTS TEACHERS MEET - 2015-2016



MENTOR-PARENTS REMARK FORM

MENTOR NAME: *V.R. Arunkumar*

Date: 01/04/2016

DESIGNATION: *Senior Lecturer*

DEPARTMENT: *Orthodontics*

Per

SL NO	STUDENT NAME	YEAR OF STUDY	PARENT NAME	FEEDBACK FORM (Y/N)	PARENTS SIGNATURE	STUDENTS SIGNATURE	REMARKS
1	<i>R. Madhupriya</i>	<i>II</i>	<i>S. Varalakshmi</i>	<i>Y</i>	<i>S. Varalakshmi</i>	<i>Madhupriya</i>	<i>Requested to keep frequent feat.</i>
2	<i>K. MUTHU PAVETHRA</i>	<i>III</i>	<i>K. KRISHNA MURTHY K. TAMIL VANI</i>	<i>Y</i>	<i>K. Krishna Murthy</i>	<i>K. Muthu Pavethra</i>	
3	<i>R. Anand</i>	<i>I</i>	<i>P. PAVI P. CHITHRA</i>	<i>Y</i>	<i>P. Pavi</i>	<i>R. Anand</i>	<i>Posting want special training for English (Grant Hostel)</i>
4	<i>P. HEMALATHA</i>	<i>I</i>	<i>R. PUNNIYAKOTI</i>	<i>Y</i>	<i>R. Punniyakoti</i>	<i>P. Hemalatha</i>	
5	<i>E. NARAYANA PRINA</i>	<i>III</i>	<i>E. THILAGAVATHI</i>		<i>E. Thilagavathi</i>	<i>E. Narayana Prina</i>	
6	<i>P. NALINI</i>	<i>III</i>	<i>A. JAYANTHI</i>	<i>Y</i>	<i>A. Jayanthi</i>	<i>P. Nalini</i>	
7	<i>S. Vinayakumar</i>	<i>I</i>	<i>P. SURESHKANTHAR</i>	<i>-</i>	<i>P. Sureshkantar</i>	<i>S. Vinayakumar</i>	
8	<i>Maxiyam Faleela</i>	<i>II</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>Maxiyam</i>	<i>Had g. function to attend. Went to Chennai.</i>
9	<i>Madhavanandhi. N</i>	<i>II</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>Madhavanandhi</i>	<i>Went to Chennai.</i>
10	<i>G. Meena</i>	<i>II</i>	<i>G. Aranganaja</i>	<i>N</i>	<i>G. Aranganaja</i>	<i>G. Meena</i>	<i>Went to Chennai.</i>
11	<i>T. Muthuselvi</i>	<i>III</i>	<i>N. Jayapriya J. Ramani</i>	<i>Y</i>	<i>N. Jayapriya J. Ramani</i>	<i>T. Muthuselvi</i>	<i>Went to Chennai.</i>
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S.R.
30/3/16
Mentor/Secretary



S.R.
Mentor Director

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MENTOR-PARENTS REMARK FORM

MENTOR NAME: Dr. Vijoykumar .k.V.

Date: 01/04/2016

DESIGNATION: Reader

DEPARTMENT: public Health Dentistry

SL NO	STUDENT NAME	YEAR OF STUDY	PARENT NAME	FEEDBACK FORM (Y/N)	PARENTS SIGNATURE	STUDENTS SIGNATURE	REMARKS
1	K. SUCHINDRAN	I	A.G. KESAVAN			<i>[Signature]</i>	
2	S. AAFIVA RESHMA	III	S. SAHIRA BANU	YES	<i>[Signature]</i>	<i>[Signature]</i>	Very Good
3	S. SUBHA ANCHANA	I	S. LALITHA	YES	<i>[Signature]</i>	<i>[Signature]</i>	Very Good
4	<i>[Signature]</i>	IV	-			<i>[Signature]</i>	Very Good
5	AARTHI.S	II				<i>[Signature]</i>	
6	T.AJAY RAJ	II				<i>[Signature]</i>	
7	K.S. ANJANA	III	K. KOTHA I.	YES	<i>[Signature]</i>	<i>[Signature]</i>	
8	S. Sowmya	I	R. Saravanan	YES	<i>[Signature]</i>	<i>[Signature]</i>	Very Good
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[Signature]
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 Mentor Secretary



[Signature]
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 Mentor Director
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 Hospital Road, Melmaruvathur
 Cheyur Taluk, Chengalpattu District
 Tamil Nadu - 603 319



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MENTOR-PARENTS REMARK FORM

Date: 01/04/2016

MENTOR NAME: Dr. K. Divya a

DESIGNATION: Senior Lecturer

DEPARTMENT: Oral Pathology

SL NO	STUDENT NAME	YEAR OF STUDY	PARENT NAME	FEEDBACK FORM (Y/N)	PARENTS SIGNATURE	STUDENTS SIGNATURE	REMARKS
1	R. Prabhavathy	I-BDS	Mrs. R. Kolanjanel	Y	R. Kolh	R. Prabhavathy	Weak in Anatomy
2	L. SHANTHI PRIYA	I-BDS	Mr. B. LAKSHMANAMURTHY	Y	U	L. Shanthi	-
3	R. SUGANYA	IV-BDS	Mrs. R. PALANIAMMAL	Y	R. Bl	R. Suganya	Weak in Prosthodontics
4	M. THEENDRAI	I-BDS	M. MADHU	Y	M. 10/16	M. Thir	Physiology, Learning difficult
5	S. SURYA	II-BDS	Mr. B. R. SRINIVASAN	Y	M. P. S	S. Surya	-
6	R. PHANAV	I-BDS	Mr. R. RAJAGOPAL	Y	Princy	R. Phanav	Weak in Physiology
7	K. Praveenbabu	I-BDS	N. Sivasankari	Y	N. Praveen	K. Praveenbabu	Weak in Physiology
8	S. Shabnassi	III-BDS	Mr. R. Srinivasan	Y	S. Shabnassi	S. Shabnassi	-
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30/3/16



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S. K. Divya

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MENTOR-PARENTS REMARK FORM

Date: 01/04/2016

MENTOR NAME: M. DEBAREZAL

DR

DESIGNATION: SENIOR LECTURER

DEPARTMENT: PERIODONTICS

SL NO	STUDENT NAME	YEAR OF STUDY	PARENT NAME	FEEDBACK FORM (Y/N)	PARENTS SIGNATURE	STUDENTS SIGNATURE	REMARKS
1	ASHVINTHA	2 nd year	P. LEO MARIA ANTONY	Y	[Signature]	[Signature]	Improve in academics
2	S. USHA NANDHINI	1st yr	S. SIVA KUMAR	Y	[Signature]	[Signature]	good
3	E. GRAYATHRI	IV yr	E. VIGAYAKUMARI	Y	[Signature]	[Signature]	good
4	V. Geeyathani	III yr	P. Koteswara Rao	Y	[Signature]	[Signature]	good.
5	S. Gnanwin	II yr	-	-	-	[Signature]	My Father has no leave
6	R. Geethaman	II yr	-	-	-	[Signature]	My father is not well
7	P. Anun Kumar	I yr	-	-	-	[Signature]	My father has no leave
8	S. Anurabi	IV yr	-	-	-	[Signature]	My uncle goes my sister school
9	K. DIVYA	II yr	-	-	-	[Signature]	My parents are working
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[Signature]
 30/3/16
 Mentor/Secretary



[Signature]
 Mentor Director

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PARENTS TEACHERS MEET- 2015-2016



MENTOR-PARENTS REMARK FORM

Date: 01/04/2016

MENTOR NAME: DR. PREETI PRABHAKARAN

DESIGNATION: SENIOR LECTURER DEPARTMENT: ORTHODONTICS

DEPARTMENT

SL NO	STUDENT NAME	YEAR OF STUDY	PARENT NAME	FEEDBACK FORM (Y/N)	PARENTS SIGNATURE	STUDENTS SIGNATURE	REMARKS
1	R. PAVITHRA	1st	K. PUSHPAVATI, RAMANANDAN	Y	R. Pushpavathi	R. Pavithra	
2	S. PAVITHRA	1st	RAJESHANANDAN	Y	P. Rajesh		
3	M.G. PANKAJ YATHAN	1st	Parents have not come	Y			She is good in practical starts
4	SIRATHI KUMAR	2nd	T. RAMALINGAM	Y	T. N. Raj	SGK Pany	He is good in studies.
5	SANGAVI	2nd	CHELLAMMA R.	Y	R. Chellamma	R. Sakthi	She is good student.
6	SHANMUGARNA	2nd	Parents have not come	Y			
7	SAKTHI	2nd	ARUL SURESH	Y	S. Arul	P. Sakthi	He is good in studies.
8	SINDHUJA A.	Final	Parents have not come	Y			Failed in all practicals
9	SINDHUJA S.	Final	"	Y			Failed in all practicals
10	SENIMA	"	Parents have not come	-	M. Senima		Failed in all practicals
11	SHANMATI	"	"	-			Failed in all practicals
12	RAJKUMAR	3rd	DURESH	Y	D. Duresh		He is good in studies.
13	RESHMA SEN	"	Parents have not come	Y			Failed in all practicals
14	RENUKA DEVI	"	"	-			Failed in all practicals
15	SAKTHI BALAN	"	"	-			Failed in all practicals

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Dr. Preeti Prabhakaran
 30/3/16
 Mentor Secretary



Dr. S. Karthiga Kannan
 PRINCIPAL
 Mentor Director

Prof. Dr. S. Karthiga Kannan, MDS.,
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 Chennai - 603319



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MENTOR-PARENTS REMARK FORM

Date: 01/04/2016

MENTOR NAME: KARTHKEYAN

R.

DESIGNATION: SENIOR LECTURER

DEPARTMENT: OMR

SL NO	STUDENT NAME	YEAR OF STUDY	PARENT NAME	FEEDBACK FORM (Y/N)	PARENTS SIGNATURE	STUDENTS SIGNATURE	REMARKS
1	S. KAVERI	III	S. RAMAKRISHMI	Y	S. Ramakrishmi	S. Kaveri	S.A.H.S.K.A
2	KARUNANITHI	III	K.C. KANAPPAN	Y	K.C. Kanappan	K. Karunani	
3	SHIVANESWARAN	I	K. SANTHI	Y	K. Sant		
4	BHUVANESWARAN . B	II	R. KATHAVELU	Y	R. Kathavelu		
5	JEEVEDHAM	II	P. MUTIAKUMAR	Y	P. Mutiakumar		
6	Bhavanthi . M	I					
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Mentor Secretary
30/3/16



Principal
Mentor Director

Prof. Dr. S. Karthiga Kannan, M.D.S.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Tamil Nadu, Chennai-603319



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MENTOR-PARENTS REMARK FORM

Date: 01/04/2016

MENTOR NAME: Dr. K. SRINIVASAN

DESIGNATION: SENIOR LECTURER

DEPARTMENT: PEDIODONTICS

SL NO	STUDENT NAME	YEAR OF STUDY	PARENT NAME	FEEDBACK FORM (Y/N)	PARENTS SIGNATURE	STUDENTS SIGNATURE	REMARKS
1	PRINYAKA.KV	II nd	K.VELLAICHAMY	Y	<i>[Signature]</i>	<i>[Signature]</i>	ACADEMIC PERFORMANCE GOOD
2	PRIGADHARINI	II nd	A.SARAVANAN	Y	<i>[Signature]</i>	<i>[Signature]</i>	GOOD
3	PRINYAKA.S	III rd	V.SURESH KUMAR	Y	<i>[Signature]</i>	<i>[Signature]</i>	EXCELLENT
4	N.Preeti	III rd	B.Latha	Y	<i>[Signature]</i>	<i>[Signature]</i>	GOOD
5	RAGAPRIYA	II nd	M. KUMAR	Y	<i>[Signature]</i>	<i>[Signature]</i>	GOOD
6	K.PRIYANGA	III rd year	V. KARINATHAN	Y	<i>[Signature]</i>	<i>[Signature]</i>	EXCELLENT
7	MA-PRIVADARSHINI	III rd year	N. EZHILAKASI	Y	<i>[Signature]</i>	<i>[Signature]</i>	Excellent
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[Signature]
 20/3/16
 Mentor Secretary



[Signature]
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 Mentor Director

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MENTOR-PARENTS REMARK FORM

MENTOR NAME: DR. SIVARAJAN I

Date: 01/04/2016

DESIGNATION: SENIOR LECTURER

DEPARTMENT: Periodontics

SL NO	STUDENT NAME	YEAR OF STUDY	PARENT NAME	FEEDBACK FORM (Y/N)	PARENTS SIGNATURE	STUDENTS SIGNATURE	REMARKS
1	Tamil Arasi	II Yr	K. SAMPATH	✓	[Signature]	[Signature]	Satisfied
2	Neena	I Yr	K. Lalitha	✓	K. Lalitha	K. Neena	"
3	Melud. Hussain	III Yr	Viveendha	✓	M. Viveendha	[Signature]	Satisfied
4	Victoria	IV Yr	Gandhi Mathi	✓	G. Li	[Signature]	"
5	Nivedha	I Yr	Kalai Madhi	✓	K. Li	A. Nivedha	"
6	Vijayragavi	III Yr	Ravindran	✓	[Signature]	[Signature]	"
7	Shi Abinandinin	III Yr	G. Thirumankarasi	✓	[Signature]	[Signature]	Satisfied
8	Abimathi	III Yr	Venkatesan	X	[Signature]	[Signature]	"
9	Manimekalai	IV Yr	Elumalai	X	[Signature]	[Signature]	"
10	Abimatha Indu	IV Yr	Kosiviswanathan	X	[Signature]	[Signature]	"
11	Rexha	IV Yr	L. Kuppasamy	✓	[Signature]	[Signature]	"
12	Subasvi	IV Yr	R. Vishwanathan	X	[Signature]	[Signature]	"
13	Savitara	IV Yr	C. Selvaraju	X	[Signature]	[Signature]	"
14	Arun Vignash	IV Yr	G. Rajaswini	X	[Signature]	[Signature]	"
15	Thasama	II Yr	Medhina	✓	[Signature]	[Signature]	"

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[Signature]
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 Mentor Secretary



[Signature]
 01/04/2016
 Mentor Director

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MENTOR-PARENTS REMARK FORM

Date: 01/04/2016

MENTOR NAME: *K. Prabhu*

DESIGNATION: *Reader*

DEPARTMENT:

Orthodontics

SL NO	STUDENT NAME	YEAR OF STUDY	PARENT NAME	FEEDBACK FORM (Y/N)	PARENTS SIGNATURE	STUDENTS SIGNATURE	REMARKS
1	<i>M. Divya Lakshmi</i>	<i>I</i>	<i>D. MOHAN DASS</i>	<input checked="" type="checkbox"/>	<i>[Signature]</i>	<i>[Signature]</i>	
2	<i>A. Ruthra Priya</i>	<i>I</i>	<i>A.L. Komaramani</i>	<input checked="" type="checkbox"/>	<i>[Signature]</i>	<i>[Signature]</i>	
3	<i>Rethina N.</i>	<i>I</i>	<i>N. S. Saranya</i>	<input checked="" type="checkbox"/>	<i>[Signature]</i>	<i>[Signature]</i>	
4	<i>Valar mathi</i>	<i>II</i>	<i>Devarajam.</i>	<input checked="" type="checkbox"/>	<i>[Signature]</i>	<i>[Signature]</i>	
5	<i>Yamini</i>	<i>II</i>			<i>[Signature]</i>	<i>[Signature]</i>	
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15	<i>Yokesh</i>	<i>II</i>				<i>[Signature]</i>	<i>Work was more</i>

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[Signature]
 30/3/16
 Mentor Secretary



[Signature]
PRINCIPAL

Prof. Dr. S. Karthiga Kumaran, MDS.,

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 Hospital Road, Melmaruvathur
 Chevur Taluk, Chengalpattu District

[Signature]
 Mentor Director



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MENTOR-PARENTS REMARK FORM

Date: 01/04/2016

MENTOR NAME: Dr. SHANMUGAVADIVE

DESIGNATION: Sr Lecturer

DEPARTMENT: Pedodontics

SL NO	STUDENT NAME	YEAR OF STUDY	PARENT NAME	FEEDBACK FORM (Y/N)	PARENTS SIGNATURE	STUDENTS SIGNATURE	REMARKS
1	V. MYTHILEE	IY	V. NALINI	Y	[Signature]	V. Mythilee	Parent's duty every day
2	B. NANDHINI PERI	IY	N. BALASUBRAMANIAN	Y	[Signature]	[Signature]	Anatomy, Physiology, Histology
3	D. SHAFEE	IV	A. SARAMA	Y	[Signature]	[Signature]	Physiology, Pathology, Radiology
4	REETU D	IV		N		[Signature]	Microbiology, Pathology
5	RETHINA SHARATHI	IV		N		[Signature]	Microbiology, Pathology
6	RAJASEKAR	IV		N		[Signature]	Physiology, Pathology, Radiology
7	SASILESH	IV	SIVASANKARI D	Y	[Signature]	[Signature]	Microbiology, Pathology, Radiology
8	RANJITH M	IV		N		[Signature]	Microbiology, Pathology, Radiology
9	NASTHYA	IV	V. RAJENDRAN	Y	[Signature]	[Signature]	Microbiology, Pathology, Radiology
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[Signature] 20/3/16
 Mentor Secretary

[Signature]
 Mentor Director



PRINCIPAL
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 Tamil Nadu - 603319



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MENTOR-PARENTS REMARK FORM

MENTOR NAME: DR. DINESH

Date: 01/04/2016

DESIGNATION: PROFESSOR

DEPARTMENT: CONSERVATIVE
DENTISTRY

SL NO	STUDENT NAME	YEAR OF STUDY	PARENT NAME	FEEDBACK FORM (Y/N)	PARENTS SIGNATURE	STUDENTS SIGNATURE	REMARKS
1	PRİYANKA M	II YEAR	M. DEVIKAL	Y	M. Devikal	Prinyan	
2	KAVIYA SHRI. R	I YEAR	P. DHANALAKSHMI	Y	P. Dhana Lakshmi		
3	MADHAN NAGAR	I YEAR	M. MEENAMBHAGINI	Y	M. Meera	M. Meethu	
4	PAVITHRA S	II YEAR	M. JHARDAPANI	Y	M. Jha	A. P. P.	
5	PAVITHRA S	II YEAR	P. SURESH	Y	P. Suresh	S. Sairi	
6	PRİYANKA E	II YEAR	N. ELUMAJAI	Y	N. S. S.	F. Prinyan	Attid look in conservative
7	PAVITHRA B	II YEAR	P. BOOBALAN	Y	P. Boobal		
8	NIVEDHA CS	II YEAR	S. SHANMUGAM (NOT PRESENT)	N		C. S. N.	Fees not paid
9	R. POONJADHARI	II YEAR	E. S. PATTINISAMI (NOT PRESENT)	N			Fees not paid
10	S. KOKILA	I YEAR	NOT PRESENT	N			Fees not paid
11	PAVITHRA M	III YEAR	Arutha M	Y	M. Arutha	M. Arutha	Mark in G. med.
12	PAVITHRA SIVUENA	III YEAR					
13	RADA SUREE						
14	RAMESH KANAKISH						
15	NAME						

NOTE: ALL MENTORS KINDLY RETURN THE COMPLETED FORM WITH REMARKS WITHOUT FAIL BEFORE LEAVING THE AUDITORIUM

80/3/16
Mentor Secretary



PRINCIPAL
 Prof. Dr. S. Karthiga Kannan, MDS.,
 ADHIPARASAKTHI
 DENTAL COLLEGE & HOSPITAL
 Hospital Road, Melmaruvathur
 Chervur Taluk, Chengalpattu District
 Tamil Nadu - 603119

01/04/2016
Mentor Director



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR - 603319
PARENTS TEACHERS MEET - 2015-2016



MENTOR-PARENTS REMARK FORM

MENTOR NAME: R. N. SURESH

DESIGNATION: SENIOR LECTURER

Date: 01/04/2016

DEPARTMENT: GEN SD

SL NO	STUDENT NAME	YEAR OF STUDY	PARENT NAME	FEEDBACK FORM (Y/N)	PARENTS SIGNATURE	STUDENTS SIGNATURE	REMARKS
1	R. FAHIMA ABERIN	I	A. RABEEK MOHAMED	Y	[Signature]	[Signature]	
2	L. GAAYATHRI	I			N.A.	[Signature]	12 th exam - suspension
3	A.M. VIGNESH	I	parents not available		N.A.	[Signature]	Festival in village
4	A.S. MANIVAMMAL	III	R. ANBU	Y	[Signature]	[Signature]	
5	G.C. LALITHA PERIYA	II	D. GOVINDARAJU	Y	[Signature]	[Signature]	
6	T. LOKITHA	II	T. THANGARAJ		N.A.	[Signature]	
7	K. LOCHANNA	II	K. R. THILAGAMANI		N.A.	[Signature]	Box of office. No leave
8	M. LOGANAYAGI	II	S. MANICKAM		N.A.	[Signature]	Because of absence
9	S. MOHAMED MOHIDEN	III	S. SAMSUDEEN		N.A.	[Signature]	Because for fever
10	S. MEENA	IV	S. JAYARANI	Y	[Signature]	[Signature]	
11	P. MEGALA	III	K. RADHA KRISHNAN	Y	[Signature]	[Signature]	
12	F. MANIMEKALAI	II	K. ELUMALAI	Y	[Signature]	[Signature]	
13							
14							
15							

NOTE: ALL MENTORS KINDLY RETURN THE COMPLETED FORM WITH REMARKS WITHOUT FAIL BEFORE LEAVING THE AUDITORIUM

[Signature] 30/3/16
 Mentor Secretary



[Signature]
 PRINCIPAL/Mentor Director

Prof. Dr. S. Karthiga Kannan, MDS
 ADHIPARASAKTHI
 DENTAL COLLEGE & HOSPITAL
 Hospital Road, Melmaruvathur
 Chengalpattu, Chennai District

N.A ⇒ NOT AVAILABLE

Title: Mentoring Procedure

1. **Purpose :** To describe the procedure for counseling students and Interacting with parents.
2. **Objective:** To create a major positive influence on development of the student's community.
3. **Responsibility:** Mentor Director, Principal Mentors (Staff, allotted to group of students)
4. **Definition:** NIL
5. **Procediure:**
 - 5.1: The Mentor directors would allot the students to each mentor according to the year of study of the students and the subjects handled by the staff members.
 - 5.2: Each mentor will be allotted approx 15-20 students at the beginning of the academic year, after the approval from the members of the committee and principal.
 - 5.3: The ward would have a One on One Interaction with their concerned Mentee to assess his/her performance.
 - 5.4: The Mentor would interact with parents about the student's performance and behavior in the Parent – Teacher Meeting held twice a year as per the academic calendar

Mentor Chair Person

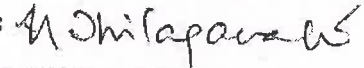
Principal : Prof. Dr. S. Thillainayagam

Signature:

Principal
ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR, CHEYYUR TALUK
BANCHEEPURAM DT - 603 319

Mentor Directors

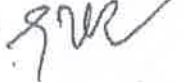
Prof. Dr. N.Thilagavathy

Signature: 

Prof.Dr. Vasantha kumari

Signature: **Mentor Secretary**

Dr. R. Gayathri

Signature: 


PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MD
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL



PARENTS FEEDBACK ANALYSIS 2015-16

FIRST YEAR BDS

Date: 04/04/2016

1. Does the College faculty provide all guidance to your ward in the subjects handled?
2. Has the teaching methodology of the faculty improved the ward's understanding?
3. Has the College provided opportunities in co-curricular activities to the ward?
4. Has the College provided opportunities in extra-curricular activities to the ward?
5. Are you getting on time communication from the College?
7. Does your ward's progress reach you from the College periodically?
8. Has the College constantly progressed in its activities to satisfy the parents and students?
9. Do your / your ward needs taken care of and understood by the College?

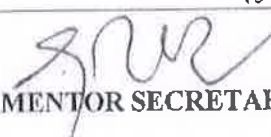
Q.NO	ALWAYS	SOMETIMES	RARELY	NEVER
1	49	13	1	-
2	46	17	0	-
3	40	22	1	-
4	46	14	3	-
5	36	22	4	1
7				
8				
9				

6. Rate the infrastructural facilities available in the College / class room in comforting your wards learning?

Infrastructure	Rating Scale: 10 Excellent to 0 Poor									
	1	2	3	4	5	6	7	8	9	10
Laboratory	1	2	0	1	2	4	6	7	17	17
Dental Chairs	0	1	1	2	4	3	5	9	18	9
Clinics	1	2	0	4	1	1	4	13	15	12
Class Rooms	2	0	0	0	1	0	4	5	18	26
Auditorium	1	1	0	0	2	2	2	4	11	33
Library	2	0	0	0	3	6	7	7	15	18
Transport	0	3	2	2	4	3	13	7	11	11
Hostel Accommodation	2	0	3	2	4	2	5	5	7	9
Hostel Food	0	4	3	3	7	2	4	4	7	7

10. Are you receiving the SMS, Email?

YES	NO
16	47


MENTOR SECRETARY


04/04/2016
MENTOR DIRECTOR




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur,
Cheyyur Taluk, Chengalpattu District,
Tamil Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL



PARENTS FEEDBACK ANALYSIS 2015-16

SECOND YEAR BDS

Date: 04/04/2016

1. Does the College faculty provide all guidance to your ward in the subjects handled?
2. Has the teaching methodology of the faculty improved the ward's understanding?
3. Has the College provided opportunities in co-curricular activities to the ward?
4. Has the College provided opportunities in extra-curricular activities to the ward?
5. Are you getting on time communication from the College?
7. Does your ward's progress reach you from the College periodically?
8. Has the College constantly progressed in its activities to satisfy the parents and students?
9. Do your / your ward needs taken care of and understood by the College?

Q.NO	ALWAYS	SOMETIMES	RARELY	NEVER
1	27	2	1	-
2	18	11	1	-
3	21	7	1	1
4	14	14	2	-
5	18	9	2	1
7				
8				
9				

6. Rate the infrastructural facilities available in the College / class room in comforting your wards learning?

Infrastructure	Rating Scale: 10 Excellent to 0 Poor									
	1	2	3	4	5	6	7	8	9	10
Laboratory	0	1	0	0	1	4	3	6	7	8
Dental Chairs	0	0	1	0	3	3	5	7	2	9
Clinics	0	0	0	0	1	1	3	9	5	8
Class Rooms	0	0	0	0	2	2	2	7	5	12
Auditorium	0	0	0	0	1	2	3	7	5	12
Library	0	1	2	1	0	1	2	8	5	11
Transport	1	0	0	1	3	0	4	9	8	8
Hostel Accommodation	0	1	1	0	1	3	4	5	6	10
Hostel Food	0	1	1	0	2	4	2	4	6	6

10. Are you receiving the SMS, Email?

YES	NO
3	28

[Signature]
MENTOR SECRETARY

[Signature] 04/04/2016
MENTOR DIRECTOR



[Signature]
PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
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DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur,
Chengalpattu, Chengalpattu District,
Tamil Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL



PARENTS FEEDBACK ANALYSIS 2015-16

THIRD YEAR BDS

Date: 04/04/2016

1. Does the College faculty provide all guidance to your ward in the subjects handled?
2. Has the teaching methodology of the faculty improved the ward's understanding?
3. Has the College provided opportunities in co-curricular activities to the ward?
4. Has the College provided opportunities in extra-curricular activities to the ward?
5. Are you getting on time communication from the College?
7. Does your ward's progress reach you from the College periodically?
8. Has the College constantly progressed in its activities to satisfy the parents and students?
9. Do you / your ward needs taken care of and understood by the College?

Q.NO	ALWAYS	SOMETIMES	RARELY	NEVER
1	26	4	3	
2	25	8	0	
3	19	13	1	
4	13	16	2	
5	13	17	3	
7				
8				
9				

6. Rate the infrastructural facilities available in the College / class room in comforting your wards learning?

Infrastructure	Rating Scale: 10 Excellent to 0 Poor									
	1	2	3	4	5	6	7	8	9	10
Laboratory	3	0	0	0	5	3	3	7	3	8
Dental Chairs	1	0	2	2	5	3	6	5	2	6
Clinics	3	0	0	1	3	3	6	7	3	7
Class Rooms	3	0	0	0	0	0	2	8	7	11
Auditorium	3	0	0	0	2	1	1	8	9	8
Library	2	1	0	0	1	2	2	7	5	12
Transport	2	0	1	5	5	4	4	6	3	3
Hostel Accommodation	2	0	1	0	2	6	3	6	1	4
Hostel Food	1	0	5	1	5	1	2	5	2	2

10. Are you receiving the SMS, Email?

YES	NO
10	23


MENTOR SECRETARY


MENTOR DIRECTOR




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Chennai Taluk, Chengalpattu District
Tamil Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL



PARENTS FEEDBACK ANALYSIS 2015-16

FINAL YEAR BDS

Date: 04/04/2016

1. Does the College faculty provide all guidance to your ward in the subjects handled?
2. Has the teaching methodology of the faculty improved the ward's understanding?
3. Has the College provided opportunities in co-curricular activities to the ward?
4. Has the College provided opportunities in extra-curricular activities to the ward?
5. Are you getting on time communication from the College?
7. Does your ward's progress reach you from the College periodically?
8. Has the College constantly progressed in its activities to satisfy the parents and students?
9. Do your / your ward needs taken care of and understood by the College?

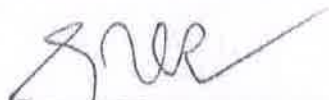
Q.NO	ALWAYS	SOMETIMES	RARELY	NEVER
1	24	1	-	-
2	24	1	-	-
3	21	4	-	-
4	20	5	-	-
5	19	5	-	1
7				
8				
9				


6. Rate the infrastructural facilities available in the College / class room in comforting your wards learning?

Infrastructure	Rating Scale: 10 Excellent to 0 Poor									
	1	2	3	4	5	6	7	8	9	10
Laboratory	2	0	0	0	2	1	3	7	3	8
Dental Chairs	2	0	0	1	4	1	3	2	6	7
Clinics	2	0	0	0	2	0	4	7	2	9
Class Rooms	2	0	0	0	1	0	3	1	4	14
Auditorium	2	0	0	0	0	1	0	4	3	15
Library	3	0	0	0	0	1	2	7	3	10
Transport	5	0	0	1	0	4	0	3	1	9
Hostel Accommodation	7	0	0	0	2	0	1	4	5	8
Hostel Food	5	2	10	2	6	1	3	2	2	5


10. Are you receiving the SMS, Email?

YES	NO
10	19


MENTOR SECRETARY


04/04/2016
MENTOR DIRECTOR




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Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR – 603319
PG STUDENTS MENTOR LIST 2015-2016



Acknowledgement

Received a copy of PG students Mentor list for the academic year 2015-2016

SL NO	HEAD OF THE DEPARTMENTS	DEPARTMENTS	SIGNATURE
1	Dr. THILLAINAYAGAM	CONSERVATIVE DENTISTRY & ENDODONTICS	
2	Dr. RAMAKRISHNAN	PERIODONTICS	
3	Dr. RAMESH	PROSTHODONTICS	
4	Dr. M.KARTHIKEYAN	ORAL & MAXILLOFACIAL SURGERY	
5	Dr. VIJAYALAKSHMI	ORTHODONTICS & DENTO-FACIAL ORTHOPAEDICS	
6	Dr. ALEX VARGEES	ORAL & MAXILLOFACIAL PATHOLOGY	

- NOTE: Kindly see the circular with Ms.Lakshmi (Receptionist) and put signature; kindly collect your corresponding mentor students list.

DATE: 08/02/2016

MENTOR DIRECTOR



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
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DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyur Taluk, Chengalpattu District
Tamil Nadu - 603319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR – 603319
MENTOR LIST 2015-2016



S.No	Mentors Name List	Department	Signature
1	Dr. Velavan	Oral Surgery	[Signature]
2	Dr. Mani sundar	Periodontics	[Signature]
3	Dr. Abishek Balaji	Oral Surgery	[Signature]
4	Dr. Ebenezer	Periodontics	[Signature]
5	Dr. Karthikeyan, K.	Oral Medicine	[Signature]
6	Dr. Vidya Sekar	Periodontics	[Signature]
7	Dr. Karthikeyan	Conservative Dentistry	[Signature]
8	Dr. Bharath	Conservative Dentistry	[Signature]
9	Dr. Niveditha Kini	Orthodontics	[Signature]
10	Dr. Arun Kumar	Prosthodontics	[Signature]
11	Dr. Prashanth	Conservative Dentistry	[Signature]
12	Dr. Devi	Conservative Dentistry	[Signature]
13	Dr. Dinesh	Oral Pathology Cons	[Signature]
14	Dr. Vijayalakshmi, D	Oral Pathology	[Signature]
15	Dr. Srinivasan	Pedodontics	[Signature]
16	Dr. Shanmugavadivel	Pedodontics	[Signature]
17	Dr. Shivaranjani	Periodontics	[Signature]
18	Dr. Jayasenthil	Conservative Dentistry	[Signature]
19	Dr. Preethi.	Orthodontics	[Signature]
20	Dr. Dhinakar	Oral Pathology	[Signature]
21	Dr. Vasupradha	Oral Pathology	[Signature]
22	Dr. Prabhu	Prosthodontics	[Signature]
23	Dr. Venkatesh	Prosthodontics	[Signature]
24	Dr. Rajeswari	Public Health Dentistry	[Signature]
25	Dr. Vijaya Kumar	Public Health Dentistry	[Signature]
26	Dr. Gayathiri.R	Oral Medicine	[Signature]

- NOTE: Kindly see the circular with Ms. Lakshmi (Reception) and put signature; Kindly collect your corresponding mentor students list.

DATE: 18/3/16

MENTOR DIRECTOR

[Signature]

[Signature]



[Signature]
PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319