SRI SIDDHARTHA DENTAL COLLEGE AND HOSPITAL, TUMKUR

STUDENTS PROFILE

RGUHS/SSU SCHEME: UNIVERSITY Reg. No. :

STUDENT NAME: ARATHY MURALI . L

Age: 19 Sex: Female D.O.B: 08/08/1999

Year of Study: 2018

Batch: Regular/Supplementary

Year of Joining: 2018

Year & Month of forth coming Exam: 2019

Student E-Mail: cutelittlevava@gmail.com

Mobile No.: 9847244039

Pass Port No.:

Tracking No. (If applicable):

Blood Group: A+

Identification Marks:

Languages Known: Malayalam, English

Height / Weight: 165 , 52

Father's Name: K. Muralidharan Nair

Occupation: F.O AHD

Mother's Name: Lalitha Kumary G. S

PERMANENT ADDRESS: ....

...Kausthubham., Venganoor..........

...Thiruvanathapuram......................

..............................Pin:...695523..........

Ph. No.:- Res:(with code)

Mobile: 9847311703 E-mail: muralivenganoor @gmail.com

STAYING IN THE HOSTEL /OUTSIDE

If hostel, Name of the Hostel: PADMAPANI

Room No.: 33

If Staying outside (Local Address):................

....

....

....

.......................Pin:..........................

LOCAL REFERENCE:-

Guardian Name: Prijeesh

(Mention the Relationship): Brother.

Address:-..No#.29....1st main

2nd Stage.,.Clubroad...

Vijayanagar........Pin:...560040

Ph.: - Res: Mobile: 9986404800

E-mail: prijeeshsiva@gmail.com

MOTHERS MAILING ADDRESS :

LALITHA KUMARY G.S

lalithamuralinair@gmail.com

9847723703

MARITAL STATUS: - Married : Yes/No

Name of Spouse (If yes):

Address:

Ph. No.: Mobile No.: E-mail:

DECLARATION

I..Arathy Murali.L... declare that the above given details are true to the best of my knowledge. If the above details are proved to be false and if the contact details are changed and not informed, serious action may [...] against me by the concerned authorities.

Date: 06/08/2018

Signature of the Student

Arathy

Address of earlier place of ordinary residence (if applying due to shifting from another constituency)		Street/Area/Locality		
House No.		Pin Code		
Town/Village		State/UT		
Post Office				
District				

I am aware that making a statement or declaration which is false and which I know or believe to be false or do not believe to be true, is punishable under Section 31 of the Representation of the People Act, 1950 (43 of 1950).

Place.....

Signature of Applicant.....

Date.....

Remarks of Field Level Verifying Officer:

Details of action taken

(To be filled by Electoral Registration Officer of the constituency)

The application of Shri / Shrimati/ Kumari .....for inclusion of name in the electoral roll in Form 6 has been accepted/ rejected. Detailed reasons for acceptance [under or in pursuance of rule 18/20/26(4)] or rejection [under or in pursuance of rule 17/20/26(4)] are given below:

Place:

Date:

Signature of ERO

Seal of the ERO

Intimation of decision taken (to be filled by Electoral Registration Officer of the constituency and to be posted to the applicant on the address as given by the applicant)

The application in Form 6 of Shri/Shrimati/Kumari.....

Current address where applicant is ordinarily resident	House No.		Postage Stamp to be affixed by the Electoral Registration Authority at the time of dispatch
Street/Area/Locality			
Town/Village			
Post Office		Pin Code	
District	State/UT		

Has been (a) accepted and the name of Shri/Shrimati/Kumari.....

Has been registered at Serial No.....in Part No..... of AC No.....

(b) rejected for the reason.....

Date:

Electoral Registration Officer

Address.....

Acknowledgement/Receipt

Acknowledgement Number _____

Date _____

Received the application in form 6 of Shri / Smt. / Ms. _____

[Applicant can refer the Acknowledgement No. to check the status of application].

Name/Signature of ERO/AERO/BLO

Date: 12/10/18

Darshana B
C, Tumkur

K. Muralidharan Nair, Kaustubham, Venganoor, Thiruvarthoor
Kerala - 695523.

Ipal,
tha Dental College, Tumkur-572107.

adam,

Sub: Regarding your ward's academic performance – First BDS (2018-2019)

I like to bring to your kind notice that your ward Mr/Miss. Arathy Murali L
llowing academic status (till Nov 2018), as per the college records.

Subject	Attendance						Internal Assessment							
	Theory			Practical			I (Max-10)		II (Max-10)		III (Max-10)		Avg (Max-10)	
	TCC	TCA	%	TCC	TCA	%	Th	Pr	Th	Pr	Th	Pr	Th	Pr
ral Human Anatomy	34	23	68	17	16	94	7	6						
ral Human Physiology	#	#	#	#	#	#	5.4	8.5						
emistry	#	#	#	#	#	#	#	#						
al Anatomy & Oral Histology	36	25	69	43	37	76	7	6						
al Materials (Prosthodontics)	13	09	69	14	12	92	#	#						
al Materials (Conservative)	10	10	100	10	10	100	#	#						
Clinical Prosthodontics	–	–	–	13	13	100	#	#						

TC - Total Classes Conducted 2) TCA - Total Classes Attended 3) * Yet to start Clinical posting 4) # - To be Conducted
ubjects with less than 75% of attendance will not be permitted for exams
rmitted/Not permitted for exams (To be mentioned at the end of annual academic performance)
gular /Repeater/Carry over- 8) Any other matter -

king you,

shana
of the Mentor
Dr. Darshana B
9164984840
darmadhu@yahoo.com

Signature of the Coordinator
Name : Dr. Mythri. H
Ph. No. : 9886550367
E mail : mythrisanya@gmail.com

Signature of the Principal
Principal
Sri Siddhartha Dental College
Agalakote B.H. Road Tumkur-572 107

ACKNOWLEDGEMENT
(To be posted by the Parent) **Date:**

I duly acknowledge my ward's academic performance for being brought to my notice.

nt / Guardian
ent Name : Arathy Murali L
e:...K. Muralidharan...Nair

Reg. No. 18501907

Signature of the Parent

e No.: 9847311703 E mail id : muralivenganoor@gmail.com

e of Mentor : Dr. Darshana B

	Student	Father/Guardian	Mother/Guardian
			
...tters)	Arathy Murali.L	K.Muralidharan Nair	Lalitha Kumari G.S
...er of the ...adhar ...er	925585055610	868633160153	
...e no.	9847244039	9847311703	9847723703
...No. ...code			
...l	arathymurali88@gmail.com	muralivenganoor@gmail.com	lalithamuralinair@gmail.com
...ss	Hostel /Local address Padmapani UG Girl's Hostel SSMC Campus, Agalakote, Tumkur 572107 Karnataka	Postal address Kousthubham Venganoor Thiruvananthapuram Kerala	Postal address Kousthubham Venganoor Thiruvananthapuram Kerala

...and that all official communications will be made to the person/s and address / phone numbers mentioned above. We the ...d hereby confirm that the above mentioned particulars are accurate and we will inform the concerned authorities in writing, if any ...ur in future.

...'s Signature Arathy 03/10/2018	Father's/Guardian's Signature Date:	Mother's/ Guardian's Signature Date:

APPRAISAL OF THE STUDENT

Name of the student: Arathy Murali Year of Joining: 2012 Reg. No.: 18SD1007

Current Year of Studying: I BDS Belongs to: Regular / Repeater (Eligible) / Supplementary Batch

Probable-Month and Year of Final exam appearance: July 2019.

Month & year of Appraisal: December 2018.

Time period-Contact	Name & Contact details of the parents	Name of the Parent-Appraised with	Mode of communication	Appraisal – Date and Time	Ph. No/ email id/ Whatsapp No.-to which appraisal was done	Appraised - Issues	Response of the Parent	Any other Remarks – During / after appraisal
1st three months / 2nd three month / Last months	Mr. Muralidharan Nair. 09847311703 Mrs. Lalitha BS 09847723703 muralivengaroor	Mr. Murali dharan Nair 09847311703	Call & whatapp	12/12/18 10.30am . 11.53am . 21/01/19 10.07am	09847311703	- Sending of Academic performance letter - PTM - Mid term vaccation	Positive Response - Going to attend - Dates noted	Attended PTM & Got Ackn. receipt.

Darshana
Signature of the Mentor
Date: 05/07/19
[Dr. Darshana B.....]

Arathy
Signature of the Student
Date: 7/2/19
[Miss/Mr. Arathy.....]

Signature of the Principal
Date:
[Dr. .....]

SRI SIDDHARTHA DENTAL COLLEGE AND HOSPITAL, TUMKUR

ACADEMIC STATUS OF THE STUDENT

f the student: Aradhya Mazali Ph. No. & E-mail Id of the student 9847244039 Reg. No. 18SD1007
cutelittlevava@gmail.com

ysian Students Only
No. & Expiry Date: Date of Visa expiry: PIO Card No.:

atch – Jan / July) Year: July 2018-19.

SUBJECTS	General Human Anatomy	General Human Physiology & Biochemistry	Dental Anatomy & Oral Histology
g current year since	August 2018	August 2018	August 2018
nd year of examination	July 2019	July 2019	July 2019.
d	—	—	—
nd year of examination eared	—	—	—
(Please √)	Attendance / Fee / Health / Any Other		
	Pass	Pass	Pass
	I	I	I
s			

longs to: Regular / Repeater (Eligible) / Supplementary Batch: Regular II BDS [From July 2019]
-Month and Year of Final exam appearance: July 2020 Exam batch.

Darshana 31/2/19
ignature of the Mentor

Name & Signature of the Student
Date: 16/01/2020

Signature of the Principal
Date:

atch – Jan / July) Year: .....

BJECTS	Gen. Dental Pharmacology	Gen. Pathology and Microbiology	Dental Materials (Prosthodontics)	Pre-Clinical Prosthodontics	Pre-Clinical Conservative Dentistry
g current e					
nd year of ion					
nd year of ion Not					
Please √)	Attendance / Fee / Health / Any Other				

ngs to: Regular / Repeater (Eligible) / Supplementary Batch:
Month and Year of Final exam appearance:

nature of the Mentor

Name & Signature of the Student
Date:

Signature of the Principal
Date:

SRI SIDDHARTHA DENTAL COLLEGE AND HOSPITAL, TUMKUR.

CONFIDENTIAL STUDENTS HEALTH PROFILE

Sri Siddhartha Dental College ensures that the student in the dental program (BDS/MDS) will not be discriminated against on the basis of past or current health problems or handicap provided that neither endangers the well-being of patients or fellow students or hinders the student's ability to perform the functions required of a dental health professional.

UNIVERSITY Reg. No. :

RGUHS / SSU SCHEME

STUDENT NAME: Arathy Murali. L

Age: 19 **Sex:** Female **D.O.B:** 08/08/1999

Year of Study: 2018

Batch: Regular / ~~Supplementary~~

Year of Joining: 2018

Please provide information regarding your health conditions and give details of the same (if any):

Sl.no	Health Condition	Details
1	Cardiac conditions	NA
2	Hypertension	NA
3	Epilepsy / neurological conditions	NA
4	Respiratory conditions	NA
5	Psychiatric conditions	NA
6	Diabetes	NA
7	Allergies (Include all known allergies) E.g.: Drug allergies, sensitivity to chemicals, dust, latex, etc	~~NA~~ Yes (dust)
8	Any other conditions	NA

- Are you on any regular medications (Prescription as well as over the counter): ~~Yes~~ / No.
    - If Yes, give details of the medication.

- Provide information of your addictive habits (If Any): Smoking / Alcohol / Drug Dependency.

No

- Provide information regarding inability to perform certain motions / Physical work limitations (If Any):

- History of immunization for hepatitis B: Yes / No (If No, then it is the duty of the candidate to get immunized immediately)

DECLARATION BY THE CANDIDATE

I Arathy Murali, L declare that the above given details are true to the best of my knowledge and if any untoward emergency/life threatening health incidents take place I shall not hold the college authorities responsible for the same.

I will update my health profile to the college authorities as and when it changes.

I hereby grant the college authorities permission to contact any physician(s) or other professional(s) to evaluate/treat my health condition if required

Signature of the Student

Date: 06.08.2018

DECLARATION BY THE PARENT/GUARDIAN

If guardian, please mention the relationship with the student:

I K. Muraleedharan Nair father/~~mother~~/~~guardian~~ of Arathy Murali L declare that the above given details of my ward, are true to the best of our knowledge and if any untoward emergency/life threatening health incidents take place we shall not hold the college authorities responsible for the same.

I will update my wards health profile to the college authorities as and when it changes.

I hereby grant the college authorities permission to contact any physician(s) or other professional(s) to evaluate/treat my wards health condition if required

Signature of the Parent/Guardian

Date: 06.08.2018