



SRI SIDDHARTHA ACADEMY OF HIGHER EDUCATION

(Deemed to be University Declared under Section 3 of the UGC Act, 1956)

Accredited 'A+' Grade by NAAC

SRI SIDDHARTHA DENTAL COLLEGE & HOSPITAL

Agalakote, B.H. Road, Tumkur - 572107, Karnataka

Recognised by Dental Council of India, New Delhi

A Constituent College of Sri Siddhartha Academy of Higher Education (Deemed to be University)

Web : www.ssdctumkur.org

Email: ssdctumkur@gmail.com



SSAHE2023621

DEPARTMENT OF PUBLIC HEALTH DENTISTRY

CAMP REPORT

Date: 18 /03/2024

Place: NCC BATTALION

Time: 9am to 4pm

Student Participants: 05

Dental screening camp was conducted from department of Public health dentistry at NCC BATTALION , on 18/03/2024

On the day of the camp Staff – Dr Mythri, Interns , Ms. Divya, Mr. Krishnaveni, Ms. Jesty, Ms Priya and Ms Madhumita assembled and camp started at 10am at camp site. Dental screening was done for **One Hundred and Thirty Four** people. And they were educated regarding their oral health problems, oral hygiene awareness etc & given a camp referral card to visit the dental college for further treatments.


Head of the Department




Chairperson
Internal Quality Assurance Cell
Principal/IQAC-Chairperson
Sri Siddhartha Dental College
Tumkur - 572107

From,

18 Mar 2024

4 Kar Bn NCC
BH Road, SS Circle
Tumkur

To,

The Head of the Department
Department of Public Health Dentistry
Sri Siddhartha Dental College & Hospital
Agalkote, Tumkur.

Sub: Acknowledgement Letter

We here by thank & acknowledge the staff Dr. **Mythri** and Interns Miss Divya, Miss Jesty, Miss Priya, Miss Madhumitha, **Krishnaveni Mr. Jeevan**, from Department of Public Health Dentistry, Sri Siddhartha Dental College for providing free oral health Education and screening camp at 4 Kar Bn NCC, Tumkur

Thanking you



(GS Gujral)
Col
Commanding Officer



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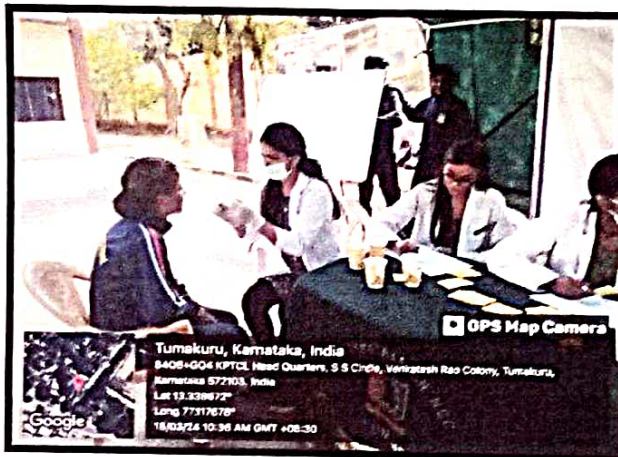
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SSAHE2023621

CAMP PHOTOS – NCC BATTALION ON 18/03/24




Head of the Department

PROF. & H.O.D.
Dept. of Community Dentistry
Sri Siddhartha Dental College
Agalakote, B.H. Road, Tumkur - 572107




Chairperson
Internal Quality Assurance Cell
Principal/IQAC-Chairperson
Sri Siddhartha Dental College
SSDC
Tumakuru - 572107

CAMP SHEET

Date : 18/3/24.

Organised by :

Place : NCC Batallion.

Sl No.	Name	Age / Gender	Diagnosis
1.	Vikash M.	19/M.	Elus class I $\frac{1}{1}$
2.	Danush	17/M.	GCH.
3.	Gunashee	17/F	Dental fluorosis
4.	Anurha	20/F	DC $\frac{1}{1}$ Imp $\frac{1}{1}$
5.	Yamuna	20/F	CGH.
6.	Manasa	19/F	CGH. , DC $\frac{1}{1}$
7.	Devansha M.	17/F	GCH.
8.	Neha	18/F	DC $\frac{1}{1}$
9.	Lakshmi	18/F	GCH.
10.	Nandan	19/M	DC $\frac{1}{1}$
11.	Nandish	16/M.	GCH.
12.	Aslam	17/M.	DC $\frac{1}{1}$
13.	Nagarimha Gunde	16/M.	Dental fluorosis

Sl No.	Name	Age / Gender	Diagnosis
14.	Yashwanth	18/M.	CGH.
15.	Aishwarya.	18/F	GOH.
16.	Srushti	20/F	CGH.
17.	Poojashree	18/F	GOH.
18.	Manasa H	18/F	CGH.
19.	Varshavini	18/F	Imp $\frac{1}{8} \frac{1}{8}$.
20.	Harshithe	19/F	GOH.
21.	Manisha.	18/F	Maboulin
22.	Jayaprakash	20/M.	CGH + Lp.
23.	Prajwal	18/M.	Imp $\frac{1}{3}$.
24.	Varshavini S	18/F	CGH.
25.	Sharan	18/M	Ellis class II $\frac{1}{1}$
26.	Punithe S	18/M.	GOH.
27.	Yogesh.	20/M.	Maboulin
28.	Ullas	19/M.	Rs $\frac{1}{6}$.

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Department of Public Health Dentistry

CAMP SHEET

Organised by :

Date :

Place :

Sl No.	Name	Age / Gender	Diagnosis
29	Chetan	17 / M	GOH
30	Rakesh .H	17 / M	GOH. Generalized Fluorosis.
31	Krishnamurthy, D.	17 / M	GOH. Generalized Fluorosis
32	Vinutha	18 / F	GOH.
33	Rushika	18 / F	DC <u>5</u>
34	Chaitra	19 / F	CGG.
35	Harshitha .T.	19 / F	DC <u>7</u>
36	Chinmay	16 / F	CGG
37	Re Poorna	19 / F	Fluorosis
38	Sumanth	17 / M	CGG.
39	Kushal	17 / M	GOH.
40	Tegs	16 / M	GOH
41	Ramesh	16 / M	CGG / Malocclusion
42	Dhanya	17 / F	CGG
43	Hema	17 / F	DC 15
44	Jules	21 / F	DC 47

Sl No.	Name	Age / Gender	Diagnosis
45	Varsha. R.	18 / F	DPC GT RS 16 .
46	Adeebha	20 / F	CGE.
47	Bindhushree T. S	18 / F	CGE.
48	Arpitha. V.	18 / F	DC 2 / 7
49	Sajay Kumar.	43 / M	DC 1 / 8. CGE. Aut. attention.
50	Rajnjushree	20 / F	GOH
51	Divakar	14 / M	GOH.
52	Bhoovika	19 / F	GOH
53	Tegavitha.	18 / F	DPC 7 / 7, Malocclusion
54	Bhoovika	17 / F	GOH.
55	Shamala	19 / F	Generalized Fluorosis.
56	Shashikumar	18 / F	GOH.
57	Hemant	17 / F	DC 1 / 7
58	Vaani	19 / F	GOH.
59	Darshan	19 / F	CGE.
60	Chizanjeevi	20 / M.	CGE.
61.	Nadhi	14 / F	Malocclusion
62.	Lakshmi	14 / F	GOH
63.	Duthi	14 / F	GOH, DC 1 / 6
64.	Jyotami	14 / F	DC 1 / 6

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Date :

Organized by :

Place :

Sl No.	Name	Age / Gender	Diagnosis
65.	Shuthana	14/F	Fluorosis
66.	Harishini	14/F	GCH
67.	Lahari	14/F	PE $\frac{1}{45}$
68.	Deeksha	14/F	DC $\frac{1}{6}$
69.	Anuspathi	15/F	GCH
70.	Simra	14/F	GCH
71.	Pidha	15/F	DC $\frac{1}{6}$
72.	Iyashona	15/F	RS $\frac{4}{1}$
73.	Shashank	15/M	GCH
74.	Balu	15/M	GCH
75.	Vishwanth	15/M	DC $\frac{1}{6}$
76.	Mishanth	14/M	Malocclusion
77.	Nandish	14/M	DC $\frac{1}{6}$
78.	Tarun	15/M	GCH
79.	Somath	14/M	Malocclusion
80.	Dibjardh	14/M	GCH
81.	Almas Pasha	14/M	Retained $\frac{1}{6}$
82.	Likith	13/M	CCH
83.	Veerash	14/M	GCH

Sl No.	Name	Age / Gender	Diagnosis
84.	Jagan	14/M	GD — S
85.	Mani Kantaya	14/M	GOH
86.	Jyoti	14/M	GOH
87.	Poonoprasad	16/M	Malocclusion
88.	Tejas	18/M	DC — C
89.	Manohar	13/M	GOH
90.	Nishanth	13/M	Malocclusion
91.	Jishu	13/M	GOH
92.	Hemant	14/M	GOH
93.	Hidhun	14/M	GOH
94.	Yashwardh	18/M	GOH

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Department of Public Health Dentistry

CAMP SHEET

Date :

Organised by :

Place :

Sl No.	Name	Age / Gender	Diagnosis
95	Bhavani	14 / F	GCH AP $\frac{7}{7}$
96	Dhruv	14 / F	GCH.
97	Tharunhree	14 / F	GCH
98	Veghana	14 / F	GCH.
99	Lakshanya	14 / F	GCH.
100	Udya	14 / F	DL $\frac{7}{7}$
101	Kishan R.N	19 / M	Temp $\frac{8}{8}$
102	Veeksha	14 / F	GCH.
3	Sampadha	15 / F	GCH.
4	Ankitha	15 / F	GCH.
5	Ananya	15 / F	GCH.
6	Poojika	15 / F	DL $\frac{8}{8}$
7	Smreetaksha	15 / F	GCH.
8	Ganesh	14 / M	GCH
9	Kushal	14 / M	GCH.
110	Arith V.	14 / M	GCH.
1	Shashank	18 / M.	GCH.
2	Udghoshth. V.	14 / M	GCH.
3	Yeshwanth. V.	18 / M	DDC $\frac{6}{6}$

Sl No.	Name	Age / Gender	Diagnosis
4	Aleshay.	14/m	GON.
5	Juhan Shankar	14/M	GON.
6	Sanjay	14/m	GON.
7	Suhan.	14/m.	CGC.
8	Md. Abaan.	16/m.	GON.
9	Praswal.	14/m.	Malocclusion
120	Tejas .T.P.	14/m	GON.
21	Dhanesh . P	14/m.	GON.
2	Keerthan.	13/m.	GON
3	Lohita	13 /m	GON
4	Krushal	12 /m	GON
5	Shanish	14/m	GON.
6	Poorvaj	13/m	GON
7	Neeraj	14/m.	GON.
8	Karnik Yogesh.	14/m.	CGC
9	Md. Maaz	14/m.	CGC.
130	Gagan. R.	14/m	GON
31	Punitha	14/m	DDC 76/
32	Hanharl.	14/m.	Dental fluorosis.
33	Md. Rehan.	15 /m.	GON
134	Freebham	15/m	GON.

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SSAHE2024

15/3/24

DEPARTMENT OF PUBLIC HEALTH DENTISTRY

CAMP CIRCULAR

Staff and students are instructed to attend the dental camp. The camp details as follows;

Date: 18/03/24

Place: NCC Bazaar Tumkur university)

Time: 9am - 4pm.

Staff: Dr. Mythri H.

Students:

Sl. No.	Register No.	Name of the student	Signature
01 J	19SD1014	Madhumita	for madhumita
02 J	19SD013	Iesty	Iesty
03 J	19SD1008	Priya	Priya
04 J	19SD1012	Jeenu	for Jeenu
05 H	19SD1011	Krishnaveni	Krishnaveni
06	19SD1010	Dhanya	Dhanya

Camp posting incharge

Head of the Department



Chairperson
Internal Quality Assurance Cell
Principal/IOAC Chairperson
Tumkur
SSDC 2107

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SSAHE2024

From
HOD,
Dept Of Public Health Dentistry
SSDC, Tumkur

15/03/2024

Through
The Principal,
SSDC, Tumkur.

To,
Mr. Kumaraswamy,
Stores in charge,
SSMC, Tumkur.

Sub: Vehicle required for conduction of Dental camp

Dear Sir,

In continuation with the above subject, I request you to arrange for a vehicle for conducting a
Dental Screening Camp at ... *NCC (near Tumkur university)* ... on 18/03/2024

At 9.30 am & approximate number of doctors/interns attending the camp will be around *10* members.

Thanking you,

Yours sincerely

Darshan
15/3/24
Camp posting incharge

[Signature]
Head of the Department

[Signature]
Chairperson
Principal/IOAC-Chairperson
Internal Quality Assurance Cell
SSDC
Sri Siddhartha Dental College
Tumkur-572107

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From

Head of J

From,

Head of the Department

Department of Public Health Dentistry,

Sri Siddhartha Dental College,

Tumkur

Date: 13/03/24

To,

Respected Sir,

Subject: Requisition Letter for conducting Oral Health Camp.

As the subject cited above, we, from Sri Siddhartha Dental College and Hospital, Tumkur hereby request you to kindly grant us permission to conduct Oral Health Camp (Education & Screening) at your esteemed school.

Kindly do the needful and give us your valuable date and permission for conducting camp.

Thanking you,

Yours Sincerely,

Subject:



Head of the department

Methi

Head & ours