



MAHATMA GANDHI MISSION'S DENTAL COLLEGE & HOSPITAL
DEPARTMENT OF CONSERVATIVE DENTISTRY & ENDODONTICS

II BDS ODD BATCH-20

Pre-clinical Conservative 03/01/2023

Sr. No.	Name of the Student	Theory Attendance Status, No. of Classes Conducted - 05 (Present/Absent)	Practical Attendance Status, No. of Classes Conducted - 10 (Present/Absent)	Remarks
1	Arakh Mayur	05/00	08/02	
2	Karishma Rathod	05/00	10/00	
3	Panda Ayush	05/00	10/00	
4	Sawant Riya	03/00	07/03	
5	Nigar Fatima	00	00/10	

incharge - Dr. Antara Ghosh 


Professor & H. O. D.

Dept. of Conservative Dentistry
MGM's Dental College & Hospital
Kamothe, Navi Mumbai - 410 200



MONTHLY ATTENDANCE REPORT OF H.O.D. & DEAN

MGM Dental College and Hospital, Kamothe, Navi Mumbai

Month: Full Dec 2022

Year	Subject	Planned		Conducted		Remarks
		Theory	Practical/Clinicals (Demostrative)	Theory	Practical/Clinicals (Demostrative)	
II BDS Odel Baleh	Pre-clinical Conserv.	05	05	10	10	

Signature of HOD



Professor & H. O. D.

Dept. of Conservative Dentistry
MGM's Dental College & Hospital
Kamothe, Navi Mumbai - 410 209



Signature of Dean





MAHATMA GANDHI MISSION'S DENTAL COLLEGE & HOSPITAL
DEPARTMENT OF CONSERVATIVE DENTISTRY & ENDODONTICS

II BDS ODD BATCH-20

Cons - DM

Dec 22.

Sr. No.	Name of the Student	Theory Attendance Status, No. of Classess Conducted - (Present/Absent)	Practical Attendance Status, No. of Classess Conducted - (Present/Absent)	Remarks
1	Arakh Mayur	3/1	5/0	
2	Karishma Rathod	4/0	5/0	
3	Panda Ayush	4/0	5/0	
4	Sawant Riya	0/4	4/01	
5	Nigar Fatima	0/4	0/5	

Incharge

Dr Shouvik Ganguly SS/10/23

Professor & H. O. D.
 Dept. of Conservative Dentistry
 MGM's Dental College & Hospital
 Kamothe, Navi Mumbai - 410 200

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MONTHLY ATTENDANCE REPORT OF H.O.D. & DEAN

MGM Dental College and Hospital, Kamothe, Navi Mumbai

Month: Dec 22

Year	Subject	Planned		Conducted		Remarks
		Theory	Practical/Clinicals (Demostrative)	Theory	Practical/Clinicals (Demostrative)	
2nd odd BDS	DM cons	4	5	4	5	

Signature of HOD



Professor & H. O. D.
Dept. of Conservative Dentistry
MGM's Dental College & Hospital
Kamothe, Navi Mumbai - 410 200

S. Smvally
Signature of Dean

MGM Dental College and Hospital, Kamothe, Navi Mumbai
 FORMAT FOR STUDENTS ATTENDANCE REPORT BY THE TEACHER

Year: II BDS I Term, Subject: Pre-clinical Prosthodontics Date: 3/1/23

Sr. No.	Name of the Student	Theory Attendance Status, No. of Classess Conducted - (Present/Absent)	Practical Attendance Status, No. of Classess Conducted - (Present/Absent)	Remarks
1	Arakh Mayur Dayanand	2/3	7/2	
2	Karishma Ashok Rathod	4/1	8/1	
3	Panda Ayush Kailash	4/1	9/0	
4	Sawant Riya Sandeep	4/1	2/7	

Signature of Teacher P. S. Juri
 Name: Dr. Prachi Juri

Note : Average Attendance of the Student shall be calculated at month end by the HOD

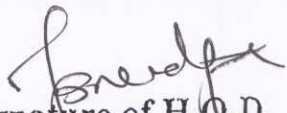
P. S. Juri
 Professor & H. O. D.
 Dept. of Prosthetics & Crown & Bridge
 MGM's Dental College & Hospital
 Kamothe, Navi Mumbai - 410 209

MONTHLY ATTENDANCE REPORT OF H.O.D. & DEAN/PRINCIPAL

Name of College: MGM Dental College.....

Month :

Year	Subject	Planned		Conducted		Remarks
		Theory	Practical/ Clinicals (Demonstrative)	Theory	Practical/ Clinicals (Demonstrative)	
II	Dye - Clinical	05	09	05	09	
I	Prosthodontics					
TERM						


 Signature of H.O.D.
 Professor & H.O.D.
 Dept. of Prosthetics & Crown & Bridge
 MGM's Dental College & Hospital
 Kamothe, Navi Mumbai - 410 209


 Signature of Dean/ Principal

FORMAT FOR STUDENTS ATTENDANCE REPORT BY THE TEACHER

Year:

Subject:

Date:

Sr. No.	Name of Student	Attendance Status (Present / Absent)	Remarks


Signature of Teacher
 (Name : _____)

(Note: Average Attendance of the Student shall be calculated at month end by the HOD)

MGM Dental College and Hospital, Kamothe, Navi Mumbai
 FORMAT FOR STUDENTS ATTENDANCE REPORT BY THE TEACHER

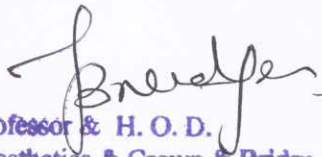
Year: III BDS (Odd), Subject: PROSTHODONTICS Date: 01/12/22 - 31/12/22,

Sr. No.	Name of the Student	Theory Attendance Status, No. of Classess Conducted - 3 (Present/Absent)	Practical Attendance Status, No. of Classess Conducted - (Present/Absent) 14
1	CHOUDHARY SHWETA	3/0	13/1
2	GULAVI DHANASHREE	2/1	14/0
3	NAGORI AREEBA	0/3	3/11
4	JADHAV AKSHATA	3/0	10/4
5	KULKARNI SANKET	2/1	8/6
6	MORE RENUKA	1/2	10/4
7	SONAWANE SHRADDHA	3/0	13/1

Signature of Teacher 

Name: DR. RAGHINI S. SANAYE

Note : Average Attendance of the Student shall be calculated at month end by the HOD

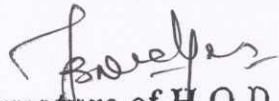

 Professor & H. O. D.
 Dept. of Prosthetics & Crown & Bridge
 MGM's Dental College & Hospital
 Kamothe, Navi Mumbai - 410 209

MONTHLY ATTENDANCE REPORT OF H.O.D. & DEAN/PRINCIPAL


Name of College: MGM Dental College.....

Month :

Year	Subject	Planned		Conducted		Remarks
		Theory	Practical/ Clinicals (Demonstrative)	Theory	Practical/ Clinicals (Demonstrative)	
<u>III</u>	<u>BDS Prostho</u> <u>Ortho</u>	<u>03</u>	<u>14</u>	<u>03</u>	<u>14</u>	


Signature of H.O.D.

Professor & H.O.D.
Dept. of Prosthetics & Crown & Bridge
MGM's Dental College & Hospital
Kamothe, Navi Mumbai - 410 209


Signature of Dean/ Principal

FORMAT FOR STUDENTS ATTENDANCE REPORT BY THE TEACHER

Year:

Subject:

Date:

Sr. No.	Name of Student	Attendance Status (Present / Absent)	Remarks

Signature of Teacher
(Name :)

(Note: Average Attendance of the Student shall be calculated at month end by the HOD)

IIⁿ YEAR ODD BATCH

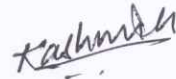
MGM/DCH/PROSTHO/08/2023.

MGM Dental College and Hospital, Kamothe, Navi Mumbai

FORMAT FOR STUDENTS ATTENDANCE REPORT BY THE TEACHER

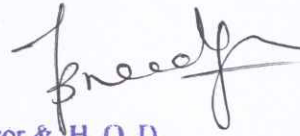
Year: II BDS I Term, Subject: DENTAL MATERIALS (PROSTHO) Date: 31/12/22

Sr. No.	Name of the Student	Theory Attendance Status, No. of Classes Conducted - (Present/Absent)	Practical Attendance Status, No. of Classes Conducted - (Present/Absent)	Remarks
1	Arakh Mayur Dayanand	2/1	3/3	
2	Karishma Ashok Rathod	3/0	6/0	
3	Panda Ayush Kailash	3/0	6/0.	
4	Sawant Riya Sandeep	1/2	5/1	

Signature of Teacher 

Name: Dr. Kashmīra Pawar

Note : Average Attendance of the Student shall be calculated at month end by the HOD



Professor & H. O. D.
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Kamothe, Navi Mumbai - 410 209

MONTHLY ATTENDANCE REPORT OF H.O.D. & DEAN/PRINCIPAL

Name of College: MGM Dental College

Month :

Year	Subject	Planned		Conducted		Remarks
		Theory	Practical/ Clinicals (Demonstrative)	Theory	Practical/ Clinicals (Demonstrative)	
<u>II</u>	<u>Dental</u>	<u>03</u>	<u>06</u>	<u>03</u>	<u>06</u>	
<u>I</u>	<u>Materials</u>					

[Signature]
 Signature of H.O.D.
 Professor & H.O.D.
 Dept. of Prosthetics & Crown & Bridge
 MGM's Dental College & Hospital
 Kamothe, Navi Mumbai - 410 209

[Signature]
 Signature of Dean/ Principal

FORMAT FOR STUDENTS ATTENDANCE REPORT BY THE TEACHER

Year: Subject: Date:

Sr. No.	Name of Student	Attendance Status (Present / Absent)	Remarks

Signature of Teacher
 (Name :)

(Note: Average Attendance of the Student shall be calculated at month end by the HOD)