

D.A.P.M. R.V. DENTAL COLLEGE

| Certificate Course Details | | | | | |
|----------------------------|--------|-----------------------------|---------------------|--------|---------------|
| Sl. No | Batch | Name of the Students | Course | Gender | State |
| 1 | Jan-15 | Dr. Manasa M | Aesthetic Dentistry | Female | Karnataka |
| | | Dr. Prasiddha S | Implant Dentistry | Female | Karnataka |
| | | Dr. Shaily Poddar | Implant Dentistry | Female | Non Karnataka |
| 2 | Jul-15 | Dr. Khushboo Agarwal | Implant Dentistry | Female | Non Karnataka |
| | | Dr. Vibhuti Upadhyay | Aesthetic Dentistry | Female | Karnataka |
| | | | | | |
| 3 | Jan-16 | Dr. Vinanthi P.V | Aesthetic Dentistry | Female | Karnataka |
| | | | | | |
| 4 | Jul-16 | Dr. Gorantla Tejaswini | Implant Dentistry | Female | Non Karnataka |
| | | Dr. Sarojini K | Implant Dentistry | Female | Karnataka |
| | | Dr. Antara Shah | Aesthetic Dentistry | Female | Non Karnataka |
| | | Dr. Prachi Ashok Rao Bobade | Aesthetic Dentistry | Female | Karnataka |
| | | | | | |
| 5 | Jul-17 | Dr. Harsha A Khalam | Aesthetic Dentistry | Female | Non Karnataka |
| | | Dr. Surbhi Razdon | Aesthetic Dentistry | Female | Non Karnataka |
| | | | | | |
| 6 | Jan-18 | Dr. Zoya Rasheed | Aesthetic Dentistry | Female | Non Karnataka |
| | | | | | |
| 7 | Sep-18 | Dr. Lalnunthara Ralte | Aesthetic Dentistry | Male | Non Karnataka |
| | | Dr. Jaikumar R | Implant Dentistry | Male | Karnataka |
| | | Dr. Pavithra L | Implant Dentistry | Female | Non Karnataka |
| | | | | | |
| 8 | Sep-19 | DR. SIVARANJANI A | Implant Dentistry | Female | Non Karnataka |
| | | DR. SHAWMIYASWATHI S | Implant Dentistry | Female | Non Karnataka |
| | | DR. VINUTHA M | Aesthetic Dentistry | Female | Karnataka |


 PRINCIPAL
 D.A. PANDU MEMORIAL
 R.V. DENTAL COLLEGE

2019 - Certificate Course



RASHTREEYA SIKSHANA SAMITHI TRUST, JAYANAGAR, BANGALORE - 560 011
D.A.PANDU MEMORIAL
R.V.DENTAL COLLEGE & HOSPITAL
 (Recognised by Dental Council of India, Affiliated to RGUHS, Karnataka)
 No. CA 37, 24th Main, 1st Phase, J.P. Nagar, Bangalore - 560078
 Phone : +91 (08) 26547053 / 22445754. Fax : +91 (08) 26658411
 E-mail : rvdc@vsnl.com website : www.rvdentalcollege.org

Estd : 1992

APPLICATION FOR CERTIFICATE COURSE - IMPLANT / AESTHETIC DENTISTRY- 2019

| | | |
|---|---|---|
| 1 | Name of the Applicant : (in Block Letters) | SUSHMA . A |
| 2 | Name of the Parent : (in Block Letters) | ASHOK REDDY. B. R. |
| 3 | Permanent Address (in Block Letters) | # 192, BALLUR, ATTIBELE (P), ANEKAL (T), BANGALORE |
| | MOBILE No. & Tele. No. | 8904469543 / |
| | Email address | sushmax777@gmail.com |
| 4 | Sex | Female |
| 5 | Age / Date of Birth | 23 yrs / 13/05/1996 |
| 6 | Nationality | INDIAN |
| 7 | Blood Group | O +ve |

Details of qualifying Examination Passed

| Examination | Name of Institution | Name of the University / Register no./ Passed date | | | | No. of Attempts |
|-------------|---------------------------|--|-----------|----------------|-----|-----------------|
| | | | Max Marks | Marks Obtained | % | |
| B.D.S. | The Oxford Dental College | RGUHS | 600 | 433 | | |
| I B.D.S. | 11 | 1304820 | 600 | 433 | 72% | 1 |
| II B.D.S. | 11 | 1304820 | 800 | 565 | 70% | 1 |
| III B.D.S. | 11 | 1304820 | 600 | 419 | 69% | 1 |
| IV B.D.S. | 11 | 1304820 | 1600 | 1102 | 68% | 1 |
| Total | | | 3600 | 2519 | 70% | |

DISCIPLINE DECLARATION

I, SUSHMA . A Son/Daughter of ASHOK REDDY hereby agree to conform to the rules and regulations of the College including those relating to the Hostel, if any, laid down or to be laid down hereafter by the Principal of the College or the Management for the due maintenance of discipline at the said college and I further agree to make good, when called upon to do so, and damages to furniture, apparatus or other articles which may be caused by carelessness, negligence or wantonness on my part.

Place:

Date:

(Signature)

Sushma

SIGNATURE OF THE CANDIDATE

D.A.P.M.E.H. ...
 J.P. Nagar I Phase,
 Bangalore - 560 078.



Called Coriform 21/8/19

14/02/19-20
8/7/19



RASHTREEYA SIKSHANA SAMITHI TRUST, JAYANAGAR, BANGALORE - 560 011
D.A.PANDU MEMORIAL

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E-mail : rvdc@vsnl.com website : www.rvdentalcollege.org

Estd : 1992

APPLICATION FOR CERTIFICATE COURSE - IMPLANT / AESTHETIC DENTISTRY- 2019

| | | |
|---|---|---|
| 1 | Name of the Applicant : (in Block Letters) | VINUTHA.M |
| 2 | Name of the Parent : (in Block Letters) | B.M. MAHADEVAPPA |
| 3 | Permanent Address (in Block Letters) | #181, SADANANDANAGAR NHEF. BANGALORE - 560 038 |
| | MOBILE No. & Tele. No. | 7411144903, 7975817151 |
| | Email address | |
| 4 | Sex | FEMALE |
| 5 | Age / Date of Birth | 25 Yrs 02/08/1994 |
| 6 | Nationality | INDIAN |
| 7 | Blood Group | O+ |

Details of qualifying Examination Passed

| Examination | Name of Institution | Name of the University / Register no./ Passed date | No. of Attempts | | |
|-------------|----------------------------------|--|-----------------|----------------|--------|
| | | | Max Marks | Marks Obtained | % |
| B.D.S. | SRI VENKATESHWARA DENTAL COLLEGE | RGUHS | | | |
| I B.D.S. | | 12D4-018 | 600 | 368 | 1 |
| II B.D.S. | | | 800 | 526 | 2 |
| III B.D.S. | | | 600 | 418 | 1 |
| IV B.D.S. | | | 1600 | 1017 | 1 |
| Total | | | 3,600 | 2329 | 64.69% |

DISCIPLINE DECLARATION

I, VINUTHA.M. Son/Daughter of B.M. MAHADEVAPPA hereby agree to conform to the rules and regulations of the College including those relating to the Hostel, if any, laid down or to be laid down hereafter by the Principal of the College or the Management for the due maintenance of discipline at the said college and I further agree to make good, when called upon to do so, and damages to furniture, apparatus or other articles which may be caused by carelessness, negligence or wantonness on my part.

Place: BANGALORE

Date: 04/07/19.

[Signature]
Principal
D.A.P.M.R.V. Dental College
J.P. Nagar I Phase,
Bangalore - 560 078.

[Signature]
SIGNATURE OF THE CANDIDATE

RASHTREEYA SIKSHANA SAMITHI TRUST, JAYANAGAR, BANGALORE - 560 011

D.A.PANDU MEMORIAL

R.V.DENTAL COLLEGE & HOSPITAL

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E-mail : rvdc@vsnl.com website : www.rvdentalcollege.org

Estd : 1992



APPLICATION FOR CERTIFICATE COURSE - IMPLANT / AESTHETIC DENTISTRY- 2019

| | | |
|---|---|--|
| 1 | Name of the Applicant : (in Block Letters) | Dr. A. SIVARANTANI |
| 2 | Name of the Parent : (in Block Letters) | D/O S.S. ANNAKODI |
| 3 | Permanent Address (in Block Letters) | No - 337 VISWAS ILLAM, C.T BED ROAD, BSK - 2 nd STAGE BANGALORE - 560070 |
| | MOBILE No. & Tele. No. | 8012957573, 9080760570 |
| | Email address | drvaranjani1993@gmail.com |
| 4 | Sex | FEMALE |
| 5 | Age / Date of Birth | 26 YEARS / 07/01/1993 |
| 6 | Nationality | INDIAN |
| 7 | Blood Group | A ⁺ |

Details of qualifying Examination Passed

| Examination | Name of Institution | Name of the University / Register no./ Passed date | | | | No. of Attempts |
|-------------|-------------------------------|--|-----------|----------------|--------|-----------------|
| | | | Max Marks | Marks Obtained | % | |
| B.D.S. | RVS DENTAL COLLEGE & HOSPITAL | DR. MGR UNIV 54105825 | | | | |
| I B.D.S. | " | AUG-2011 | 600 | 404 | 67.33% | 1 |
| II B.D.S. | " | FEB-2013 | 760 | 481 | 63.28% | 2 |
| III B.D.S. | " | AUG-2013 | 600 | 354 | 59% | 1 |
| IV B.D.S. | " | AUG-2014 | 1600 | 910 | 56.87% | 1 |
| Total | | | 3560 | 2149 | | |

DISCIPLINE DECLARATION

I, Dr. A. SIVARANTANI... Son/Daughter of S.S. ANNAKODI... hereby agree to conform to the rules and regulations of the College including those relating to the Hostel, if any, laid down or to be laid down hereafter by the Principal of the College or the Management for the due maintenance of discipline at the said college and I further agree to make good, when called upon to do so, and damages to furniture, apparatus or other articles which may be caused by carelessness, negligence or wantonness on my part.

Place: BANGALORE.

Date: 15/6/19

Principal

D.A.P.M.R.V. Dental College
J.P. Nagar, 1st Phase,
Bangalore - 560078.

SIGNATURE OF THE CANDIDATE

14/3/19-21
 8/7/19
 D.A. Pandu Memorial R.V. Dental College

RASHTREEYA SIKSHANA SAMITHI TRUST, JAYANAGAR, BANGALORE - 560 011
 D.A.PANDU MEMORIAL

R.V.DENTAL COLLEGE & HOSPITAL

(Recognised by Dental Council of India, Affiliated to RGUHS, Karnataka)

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Phone : +91 (08) 26547053 / 22445754. Fax : +91 (08) 26658411

E-mail : rvdc@vsnl.com website : www.rvdentalcollege.org

Estd : 1992

APPLICATION FOR CERTIFICATE COURSE - IMPLANT/AESTHETIC DENTISTRY- 2019

| | | |
|---|--|---|
| 1 | Name of the Applicant : (in Block Letters) | KEERTHANA UDAY |
| 2 | Name of the Parent : (in Block Letters) | DR. C.R. UDAYA KUMAR |
| 3 | Permanent Address (in Block Letters) MOBILE No. & Tele. No. Email address | KRISHNA, MAIN ROAD #102, 2 nd main 5 th cross KODLIPET - 571231 Brindhavaragar - NORTH COORG, KARNATAKA Chikka aggedi 9481650413 Bengaluru - 560069. keer.nambiar94@gmail.com Phone No - 8073731492 |
| 4 | Sex | Female |
| 5 | Age / Date of Birth | 09/09/1994 |
| 6 | Nationality | INDIAN |
| 7 | Blood Group | AB-VE |

Details of qualifying Examination Passed

| Examination | Name of Institution | Name of the University / Register no. / Passed date | | | | No. of Attempts |
|-------------|---------------------|---|-----------|----------------|--------|-----------------|
| | | | Max Marks | Marks Obtained | % | |
| B.D.S. | | | | | | |
| I B.D.S. | DSCDS | RGUHS | 600 | 352 | 50 | |
| II B.D.S. | DSCDS | RGUHS | 800 | 505 | 50 | |
| III B.D.S. | DSCDS | RGUHS | 600 | 336 | 50 | |
| IV B.D.S. | DSCDS | RGUHS | 1600 | 943 | 50 | |
| Total | | | 3600 | 2136 | 59.33% | |

DISCIPLINE DECLARATION

I, Keerthana Uday Son/Daughter of Dr. Uday Kumar hereby agree to conform to the rules and regulations of the College including those relating to the Hostel, if any, laid down or to be laid down hereafter by the Principal of the College or the Management for the due maintenance of discipline at the said college and I further agree to make good, when called upon to do so, and damages to furniture, apparatus or other articles which may be caused by carelessness, negligence or wantonness on my part.

Place: Bangalore

Date: 8/7/19

[Signature]

[Signature]

SIGNATURE OF THE CANDIDATE



Asha R Iyengar <principalrvdc@gmail.com>

Certificate Course Details

1 message

Asha R Iyengar <principalrvdc@gmail.com>
To: thomasvge@gmail.com

Tue, Apr 30, 2019 at 1:04 PM

Sir,

Certificate Course is a Full Time One Year Course. The Course fee is Rs. 2,50,000/-
Academic session will start from Aug-2019 . For more details you can call the office no. 080-22445754.

--
With regards,

Principal
DA Pandu Memorial R.V.Dental College & Hospital,
CA-37, 24th Main, J P Nagar 1st Phase, Bangalore - 560 078
Ph: 080 22 44 57 54



Principal
D.A.P.M.R.V. Dental College
J.P. Nagar I Phase,
Bangalore - 560 078.



Asha R Iyengar <principalrvdc@gmail.com>

Fwd: Certificate courses in Aesthetic Dentistry

1 message

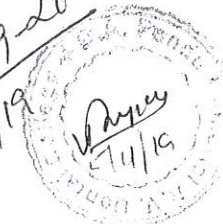
Thomas Varghese <thomasvge@gmail.com>
To: principalrvdc@gmail.com, principalrvdc@yahoo.com

Fri, Apr 5, 2019 at 4:18 PM

----- Forwarded message -----

From: **Thomas Varghese** <thomasvge@gmail.com>
Date: Fri, Apr 5, 2019 at 2:46 PM
Subject: Certificate courses in Aesthetic Dentistry
To: <dapmrvdc@rvei.edu.in>

73/19-20
5/4/19
Varghese
7/11/19



Dear Sir

I would like to know more about the Certificate Course in Aesthetic Dentistry, July 2019 batch. I would like to know the course content, fees, course schedule etc.

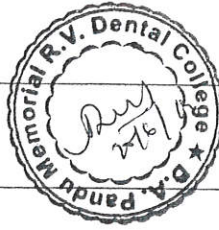
Thanking you.

Dr.Thomas Varghese

Ashanya
Principal
D.A.R.M.R.E. Dental College,
J.P. Nagar, I Phase,
Bangalore - 560 072



Asha R Iyengar <principalrvdc@gmail.com>



11/4/19-20
20.6.19

Details of Implant course

1 message

Asha R Iyengar <principalrvdc@gmail.com>
To: dr.monikapavar@yahoo.com

Thu, Jun 20, 2019 at 1:05 PM

Dear Madam

Implant is a full time one year certificate course, the course fee is 2,50,000/- [Two lakh fifty thousand only]. Fill the application form for july-2019 session, along with marks cards xerox copies. The application is attached for your reference.

--
With regards,

Principal
DA Pandu Memorial R.V.Dental College & Hospital,
CA-37, 24th Main, J P Nagar 1st Phase, Bangalore - 560 078
Ph: 080 22 44 57 54

certi-application form 2019.PDF
571K

Asha R Iyengar

Principal

DA Pandu Memorial R.V. Dental College & Hospital
CA-37, 24th Main, J P Nagar 1st Phase, Bangalore - 560 078
Ph: 080 22 44 57 54



Asha R lyengar <principalrvdc@gmail.com>



Sopi

Implant course

1 message

dr.monika Pavar <dr.monikapavar@yahoo.com>
Reply-To: "dr.monikapavar@yahoo.com" <dr.monikapavar@yahoo.com>
To: "principalrvdc@gmail.com" <principalrvdc@gmail.com>

Thu, Jun 20, 2019 at 9:49 AM

Respected Madam

This is w.r.t to the IMPLANT course that ur college is conducting.I was interested in joining it.May I receive info about an upcoming IMPLANT COURSE at. Ur respective college.Aspiring to be an IMPLANTologist.

Genuine request as the phone lines didn't work.

Yours sincerely
Dr.MONIKA,BDS

Sent from Yahoo Mail on Android

Principal
D.A.P.M.R.V. Dental College
J.P. Nagar I Phase,
Bangalore - 560 078.



Asha R Iyengar <principalrvdc@gmail.com>

Certificate course in Aesthetic Dentistry

1 message

Asha R Iyengar <principalrvdc@gmail.com>
To: nishi.y.86@gmail.com

1165/19-23
22/6/19
DA PANDU MEMORIAL R.V. DENTAL COLLEGE
22/6/19

Sat, Jun 22, 2019 at 12:26 PM

Dear Madam.

Aesthetic Dentistry is a full time one year certificate course, the course fee is 2,50,000/-. Fill the application form for july 2019-session, along with marks card xerox copies. The application is attached for your reference

--
With regards,

Principal
DA Pandu Memorial R.V.Dental College & Hospital,
CA-37, 24th Main, J P Nagar 1st Phase, Bangalore - 560 078
Ph: 080 22 44 57 54

certi-application form 2019.PDF
571K

Ashyanyan
Principal
D.A.P.M.R.V. Dental College
J.P. Nagar 1 Phase,
Bangalore - 560 078.



Asha R Iyengar <principalrvdc@gmail.com>

Certificate course in Aesthetic Dentistry and Oral Implantology

1 message

Nishitha Reddy <nishi.y.86@gmail.com>

To: principalrvdc@gmail.com, principalrvdc@yahoo.com, dapmrvdc@rvei.edu.in

Thu, Jun 20, 2019 at 5:04 PM

Hi

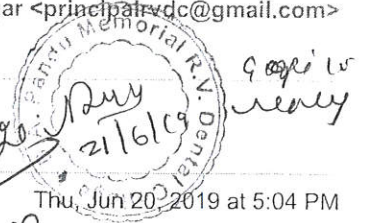
My name is Nishitha Reddy Nimma and I am a BDS graduate from Government Dental college and Hospital, Hyderabad, Telangana.

I would like to know more information about the certificate course in Aesthetic Dentistry and Oral Implantology. Appreciate if you could provide me with more details on the admission procedure and fee details.

Thank you.

Best Regards
Nishitha

Principal
D.A.P.M.R.V. Dental College
J.P. Nagar I Phase,
Bangalore - 560 078.



11/6/19-20/6/19
21/6/19



RASHTREEYA SIKSHANA SAMITHI TRUST D. A. PANDU MEMORIAL R. V. DENTAL COLLEGE

- ✘ Affiliated to Rajiv Gandhi University of Health Sciences, Karnataka
- ✘ Recognised by Dental Council of India, New Delhi
- ✘ Accredited by National Assessment Accreditation Council (NAAC) "A" Grade
- ✘ Included under section 2 (f) of the UGC ACT-1956

Ref. : DAPM RVDC /

Date :

615 / 2019 - 20

21.08.2019

To,

The Registrar
Rajiv Gandhi University of Health Sciences
Jayanagar 4th "T" Block
Bangalore - 560 041

Dear Sir,

Sub: Interview for selection of candidates for Certificate Course - Implant Dentistry /
Aesthetic Dentistry.


I would like to inform you that the Interview for selection of candidates for the above subject courses for the academic year 2019-2020 is scheduled to be held on Saturday the 24th August 2019 at 11.00 a.m. in the Principal's chamber of the College.
Hence, I request you to kindly depute subject Expert.

| Sl. No | Name of the Doctor | Department | College Name and Address |
|--------|---|------------------------|---|
| 1. | Dr. Anitha Professor Mob: 9845919324 | Conservative Dentistry | V.S. Dental College K R Road, Next To-KIMS Hospital, Visvesvarapuram, Bengaluru, Karnataka 560004 |
| 2. | Dr. Sreerexha Professor & HOD Mob: 9620958898 | Conservative Dentistry | Oxford Dental College 10th Milestone, Hosur Rd, Bommanahalli, Bengaluru, Karnataka 560068 |
| 3. | Dr. Vinayak Gowda Professor Mob: 9845511031 | Periodontics | V.S. Dental College K R Road, Next To-KIMS Hospital, Visvesvarapuram, Bengaluru, Karnataka 560004 |
| 4. | Dr. Anupama Professor Mob: 9845448384 | Prosthodontics | V.S. Dental College K R Road, Next To-KIMS Hospital, Visvesvarapuram, Bengaluru, Karnataka 560004 |

Thanking you,

Yours faithfully,


PRINCIPAL



Principal
D.A.P.M. Dental College
J.P. Nagar 1 Phase,
Bangalore - 560 078.



D.A. PAWDU MEMORIAL R.V. DENTAL COLLEGE & HOSPITAL
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 E-mail : rvdc@vsnl.com website : www.rvdentalcollege.org

✓ J. P. Nagar

Estd : 1992

CERTIFICATE

APPLICATION FOR MBS COURSE - ACADEMIC YEAR 20.18 - 20.19



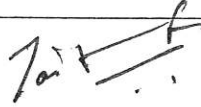
| | | | | | | | | |
|---|--|---|--|----------------------|------------------------------|-------------------------------------|-------------------------------|----------------------|
| 1 | Name of the Applicant (In Block Letters) | LALNUNTHARA RALTE | | | | | | |
| 2 | Name of the Parent : (In Block Letters) | R. VANLALTLUANGA | | | | | | |
| | a) Occupation b) Annual Income | ENGINEER - IN CHIEF, PWD, GOVT. OF MIZORAM RS. 25.00 LAKHS | | | | | | |
| 3 | Permanent Address (In Block Letters) | M - 2/20, CHHINGA VENG, AIZAWL MIZORAM PIN - 796001 | | | | | | |
| | MOBILE No. & Tele.No. | 9436142851 0389 2322097 | | | | | | |
| 4 | Mobile No. of Student | 9535266095 | | | | | | |
| 5 | E-MAIL I.D. of Parent | r.vanlaltluanga@yahoo.co.in | | | | | | |
| 6 | E-Mail I.D. of Student | meisterlanralte@gmail.com | | | | | | |
| 7 | Local Guardian Name and Address (In Block Letters) | REV. R. LALRINMAWIA UNITED THEOLOGICAL COLLEGE (UTC) MILLER'S ROAD, BANGALORE | | | | | | |
| | MOBILE No. & Tele.No | 9612270377 | | | | | | |
| 8 | a) Nationality b) Religion and Caste c) Whether you belong to Scheduled Caste /tribe ? | INDIAN CHRISTIANITY, SCHEDULE TRIBE I BELONG TO SCHEDULE TRIBE | | | | | | |
| | d) Sex | <input type="checkbox"/> M <input checked="" type="checkbox"/> M <input type="checkbox"/> F | | | | | | |
| | e) Date & Place of Birth | <input type="text" value="20"/> <input type="text" value="09"/> <input type="text" value="1988"/> AIZAWL..... | | | | | | |
| | f) Blood Group | B+ | | | | | | |
| 9 | Details of Qualifying Examination Passed | | | | | | | |
| Examination | Name of Institution or Board or University | 1) Month & Year of passing 2) Reg. No. | PCBE | | | PCB | | |
| | | | Max Marks | Marks Obtained | % | Max Marks | Marks Obtained | % |
| a) Pre - University or Intermediate Examination (10 + 2 years Course) | CBSE | 1) MAY, 2006 2) 3218938 | Phy - 100 Che - 100 Bio - 100 Maths - 100 | 50 55 58 55 | 50 % 55 % 58 % 55 % | Phy - 100 Che - 100 Bio - 100 | 50 55 58 | 56 % 55 % 58 % |
| b) B.D.S. | Shri Siddhartha University, Tumkur | SEPTEMBER 2016 3) 105D1012 | Max Marks :- 1600 Marks Obtained :- 931 | | | Percentage 58.18 % | | |
| 10 | Category of Seat | CET / PGET | | | COMEDK | | MGT : NRI / FOREIGN --NA-- | |
| | Rank and % | | | | | | | |

Signature
 D.A.PAWDU Memorial R.V. Dental College
 J.P. Nagar, 1st Phase
 Bangalore - 560078

2018 Batch
Certificate Course

D.A.P.M.R.V. DENTAL COLLEGE
J P NAGAR, BANGALORE - 560 078

No. of Candidates Appearing for Interview for August-2018 Batch for Certificate Course

| Sl. No. | Name of Student | Mob. No | Singature of the Candidates |
|---------|--------------------------|--------------------------|---|
| 1 | Dr. Lainunthara Ralte | 9535266095 |  |
| 2 | Dr. Pavithra L | 7338868832 |  |
| 3 | Dr. Sharu Maria Cheriyan | | |
| 4 | Dr. T. Maduri | | |
| 5 | Dr. Rahil Barani | | |
| 6 | Dr. Sujee Chembilary | | |
| 7 | Dr. Sangana Shiva Ganga | | |
| 8 | Dr. Sarita Gupta | | |
| 9 | Dr. Jaikumar R | 9742076644 9449673224 |  |
| 10 | Dr. Foad Karamlou | | |



Dr. Sujee Chembilary

Principal

D.A.P.M.R.V. DENTAL COLLEGE

J P NAGAR, BANGALORE - 560 078



D.A.P.M.R.V. DENTAL COLLEGE & HOSPITAL
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 E mail : rvdc@vsnl.com website : www.rvdentalcollege.org

Estd : 1992

5584/17-18
 7/3/18

APPLICATION FOR CERTIFICATE COURSE IN IMPLANTOLOGY
ACADEMIC YEAR 2018 - 2019

| | | | | | | | | | |
|----|--|--|---|---|----------------|-------|----------------------|----------------|-------|
| 1 | Name of the Applicant (In Block Letters) | PAVITHRA.L | | | | | | | |
| 2 | Name of the Parent : (In Block Letters) a) Occupation b) Annual Income | S. LAKSHMI NARASIMHAN HR MANAGER RETIRED | | K. GAYATHRI HR MANAGER Rs 5 Lakhs | | | | | |
| 3 | Permanent Address (In Block Letters) MOBILE No. & Tele.No. | No: 13 G. K STREET, PADMAVATHY SRINIVASA NAGAR, AMBATTUR, CHENNAI - 600053. Ph: 9841964542. | | | | | | | |
| 4 | Mobile No. of Student | 7338868832 | | | | | | | |
| 5 | E-MAIL I.D. of Parent | gayathrik7@gmail.com. | | | | | | | |
| 6 | E-Mail I.D. of Student | Pavi.pavithra281@gmail.com. | | | | | | | |
| 7 | Local Guardian Name and Address (In Block Letters) MOBILE No. & Tele.No | MRS. DEEPA VENKADESAN, No: 8 MUNESWARA TEMPLE STREET, 3 rd MAIN ROAD, HEBBAL KEMPAPURA, BANGALORE - 2A. Ph: 8310142258. | | | | | | | |
| 8 | a) Nationality b) Religion and Caste c) Whether you belong to Scheduled Caste /tribe ? d) Sex e) Date & Place of Birth f) Blood Group | INDIAN, HINDU, FORWARD CASTE. No <input type="checkbox"/> M <input checked="" type="checkbox"/> F <input type="checkbox"/> 16 <input type="checkbox"/> 09 <input type="checkbox"/> 1992 O+VE | | | | | | | |
| 9 | Details of Qualifying Examination Passed | | | | | | | | |
| | Examination | Name of Institution or Board or University | 1) Month & Year of passing 2) Reg. No. | PCBE | | | PCB | | |
| | | | | Max Marks | Marks Obtained | % | Max Marks | Marks Obtained | % |
| | a) Pre - University or Intermediate Examination (10 + 2 years Course) | 10 th - CBSC 12 th - MATRICULATION | MAY 2008 MARCH 2010 | 500 | 269 | 53.8% | 1200 | 692 | 57.6% |
| | b) B.D.S. | ANNAMALAI UNIVERSITY | FEB 2016 | Max Marks :- 3600 Marks Obtained :- 2129 | | | Percentage 59.13% | | |
| 10 | Category of Seat | CET / PGET | | | COMEDK | | MGT : NRI / FOREIGN | | |
| | Rank and % | | | | | | --NA-- | | |

Principals
 Principal
 D.A.P.M.R.V. Dental College
 J.P. Nagar I Phase,
 Bangalore - 560 078.

Followship

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 (Recognised by Dental Council of India, Affiliated to RGUHS, Karnataka)
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 Phone : +91 (08) 26547053 / 22445754. Fax : +91 (08) 26658411
 E-mail : rvdc@vsnl.com website : www.rvdentalcollege.org

5594/17-18 ✓
 7.3.07/18
 2/3/18

Estd : 1992 CERTIFICATE
APPLICATION FOR MDS COURSE - ACADEMIC YEAR 2018- 2019

| | | | | | | | | | |
|----|--|--|----------------------------|--------------------------|---------------------------|----------------|---------------------|-----------|----------------|
| 1 | Name of the Applicant (In Block Letters) | SHARU MARIA CHERIYAN | | | | | | | |
| 2 | Name of the Parent : (In Block Letters) | CHERIYAN GEORGE | | | | | | | |
| | a) Occupation b) Annual Income | BUSINESS 40000 | | | | | | | |
| 3 | Permanent Address (In Block Letters) | VENKADATHU HOUSE THIRUVANCHOOR PO KOTTAYAM | | | | | | | |
| | MOBILE No. & Tele.No. | 9447600814 | | | | | | | |
| 4 | Mobile No. of Student | +96871756912 | | | | | | | |
| 5 | E-MAIL I.D. of Parent | | | | | | | | |
| 6. | E-Mail I.D. of Student | sharumaria@gmail.com | | | | | | | |
| 7 | Local Guardian Name and Address (In Block Letters) | | | | | | | | |
| | MOBILE No. & Tele.No | | | | | | | | |
| 8 | a) Nationality b) Religion and Caste c) Whether you belong to Scheduled Caste /tribe ? | INDIAN CHRISTIAN | | | | | | | |
| | d) Sex | <input type="checkbox"/> M | <input type="checkbox"/> F | F | | | | | |
| | e) Date & Place of Birth | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ...23/02/1990 MANGANAM... | | | | |
| | f) Blood Group | O POSITIVE | | | | | | | |
| 9 | Details of Qualifying Examination Passed | | | | | | | | |
| | Examination | Name of Institution or Board or University | 1) Month & Year of passing | PCBE | | | PCB | | |
| | | | | 2) Reg. No. | Max Marks | Marks Obtained | % | Max Marks | Marks Obtained |
| | a) Pre - University or Intermediate Examination (10 + 2 years Course) | | 2005 | 240 | 217 | 72.3 | 180 | 117 | 65 |
| | | | 2007 | 299 | 400 | 74 | 300 | 230 | 76.6 |
| | b) B.D.S. | | 54075075 | Max Marks :-3600 | | | Percentage 63 | | |
| | | | | Marks Obtained :-2263 | | | | | |
| 10 | Category of Seat | CET / PGET | | | COMEDK | | MGT : NRI / FOREIGN | | |

Principals
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 Bangalore - 560078.



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 Phone : +91 (08) 26547053 / 22445754. Fax : +91 (08) 26658411
 E-mail : rvdc@vsnl.com website : www.rvdentalcollege.org

Handwritten: 5642/17-18
 9/3/18
 D.A. Pandu Memorial R.V. Dental College & Hospital
 Bangalore - 560078

Estd : 1992
 APPLICATION FOR

CERTIFICATE COURSE IN IMPLANTOLOGY
 - ACADEMIC YEAR 2018 - 20..19

| | | |
|---|--|--|
| 1 | Name of the Applicant (In Block Letters) | T. MADURI |
| 2 | Name of the Parent : (In Block Letters) a) Occupation b) Annual Income | N. THANDAPANI MANAGER Rs. 3,50,000/annum |
| 3 | Permanent Address (In Block Letters) MOBILE No. & Tele.No. | FLAT NO 22/1, BHALAJI BHAVANAM, ASHTALAKSHMI NAGAR, K.T.C NAGAR, TIRUNELVELI TAMILNADU - 620111 8220113212 |
| 4 | Mobile No. of Student | 9488159164 |
| 5 | E-MAIL I.D. of Parent | thandapani52@gmail.com |
| 6 | E-Mail I.D. of Student | anubds18@gmail.com |
| 7 | Local Guardian Name and Address (In Block Letters) MOBILE No. & Tele.No | PARTHIBAN GOVINDARAJ FLAT #F2, BTH, SAMRUDHI, 9 th MAIN, 2 ND CROSS BEML 4 th STAGE, RAJARAJESHWARI NAGAR BANGALORE - 560098 9845761976 |
| 8 | a) Nationality b) Religion and Caste c) Whether you belong to Scheduled Caste /tribe ? d) Sex e) Date & Place of Birth f) Blood Group | INDIAN HINDU ; VADUGAR NO <input type="checkbox"/> M <input checked="" type="checkbox"/> F 22 07 1993 'O' positive |

Principal
 D.A.P.M.R.V. Dental College
 J.P. Nagar I Phase,
 Bangalore - 560 078.
 T.U.TICORIN

| 9 | | | | | | | | | |
|---|---|---|---|----------------|--------|----------------------|---------------------|-----|--|
| Details of Qualifying Examination Passed | | | | | | | | | |
| Examination | Name of Institution or Board or University | 1) Month & Year of passing 2) Reg. No. | PCBE | | | PCB | | | |
| | | | Max Marks | Marks Obtained | % | Max Marks | Marks Obtained | % | |
| a) Pre - University or Intermediate Examination (10 + 2 years Course) | 10 th RAMAKRISHNA VM HSS VILUPURAM | MARCH-2008 908935 | 200 | 166 | 83% | 100 | 87 | 87% | |
| | ROSEMARY HSS TIRUNELVELI | MARCH-2010 144896 | 800 | 653 | 81% | 600 | 487 | 81% | |
| b) B.D.S. | ANNAMALAI UNIVERSITY | APRIL-2014 11763 | Max Marks :- 1600 Marks Obtained :- 1004 | | | Percentage 62.75% | | | |
| 10 | Category of Seat | CET / PGET | | | COMEDK | | MGT : NRI / FOREIGN | | |
| | Rank and % | - | | | - | | --NA-- | | |

RASHTREEYA SIKSHANA SAMITHI TRUST, JAYANAGAR, BANGALORE - 560 011

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E-mail : rvdc@vsnl.com website : www.rvdentalcollege.org

5712/17-18

13.3.18

Informal



Estd : 1992

APPLICATION FOR CERTIFICATE COURSE - IMPLANT / AESTHETIC DENTISTRY- 2018

| | | |
|---|---|--|
| 1 | Name of the Applicant : (in Block Letters) | RAHIL BARANI |
| 2 | Name of the Parent : (in Block Letters) | HOSSEIN |
| 3 | Permanent Address (in Block Letters) | NO 58, YANRAM LAYOUT, ANEKAL ROAD, BANGALORE, KARNATAKA, INDIA - 560083 |
| | MOBILE No. & Tele. No. | 8884937068 |
| | Email address | barani.rahil@yahoo.com |
| 4 | Sex | FEMALE |
| 5 | Age / Date of Birth | 28 YEARS / 29/07/1989 |
| 6 | Nationality | IRANIAN |
| 7 | Blood Group | A ⁺ |

Details of qualifying Examination Passed

| Examination | Name of Institution | Name of the University / Register no./ Passed date | | | | No. of Attempts |
|-------------|--|---|-----------|----------------|-----|-----------------|
| | | | Max Marks | Marks Obtained | % | |
| B.D.S. | Sri Venkateshwarra dental college and Hospital | Rajiv Gandhi university of Health science / 11D4002 | | | | |
| I B.D.S. | " | Jun 2013 | 600 | 362 | 60% | 3rd |
| II B.D.S. | " | December 2014 | 800 | 491 | 61% | 3rd |
| III B.D.S. | " | December 2015 | 600 | 393 | 65% | 1st |
| IV B.D.S. | " | December 2016 | 1600 | 1042 | 65% | 1st |
| Total | | | 3600 | 2288 | 63% | |

DISCIPLINE DECLARATION

I ... Rahil Barani Son/Daughter of ... Hossein hereby agree to conform to the rules and regulations of the College including those relating to the Hostel, if any, laid down or to be laid down hereafter by the Principal of the College or the Management for the due maintenance of discipline at the said college and I further agree to make good, when called upon to do so, and damages to furniture, apparatus or other articles which may be caused by carelessness, negligence or wantonness on my part.

Place: Bangalore

Date: 13/3/18

(Signature)
Principal
D.A.P.M.R.V. Dental College
J.P. Nagar I Phase,
Bangalore - 560 078.

SIGNATURE OF THE CANDIDATE

(Signature)

RASHTREEYA SIKSHANA SAMITHI TRUST, JAYANAGAR, BANGALORE - 560 011

D.A.PANDU MEMORIAL

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E-mail : rvdc@vsnl.com website : www.rvdentalcollege.org

Estd : 1992

Cancelled

238/18-19
16/4/18



To file

APPLICATION FOR CERTIFICATE COURSE - IMPLANT / AESTHETIC DENTISTRY- 2018

| | | |
|---|---|---|
| 1 | Name of the Applicant : (in Block Letters) | DR. SUJEE CHEMBILARY |
| 2 | Name of the Parent : (in Block Letters) | T. SURENDRAN |
| 3 | Permanent Address (in Block Letters) | 107, GP-2, ASTRO GREEN PARK REGENCY, HALANAYAKANAHALLI, off HOSA ROAD, SARJAPUR, BANGALORE-35 |
| | MOBILE No. & Tele. No. | 7259778065 |
| | Email address | drsujee@gmail.com |
| 4 | Sex | FEMALE |
| 5 | Age / Date of Birth | 36 yrs. / 19.09.1981 |
| 6 | Nationality | INDIAN |
| 7 | Blood Group | O - POSITIVE |

Details of qualifying Examination Passed


| Examination | Name of Institution | Name of the University / Register no. / Passed date | No. of Attempts | | |
|-------------|-----------------------|---|-----------------|----------------|------|
| | | | Max Marks | Marks Obtained | % |
| B.D.S. | MAHATMA GANDHI DENTAL | PONDICHERY UNIVERSITY | | | |
| I B.D.S. | COLLEGE & HOSPITAL. | 20457429 | 600 | 424 | 70.6 |
| II B.D.S. | PONDICHERY. | MAY-2003 | 600 | 428 | 71.3 |
| III B.D.S. | | | 800 | 571 | 71.4 |
| IV B.D.S. | | | 1400 | 880 | 62.9 |
| Total | | | 3400 | 2303 | 67.7 |

DISCIPLINE DECLARATION

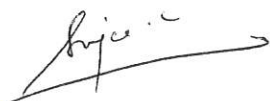
I DR. SUJEE CHEMBILARY Son/Daughter of T. SURENDRAN hereby agree to conform to the rules and regulations of the College including those relating to the Hostel, if any, laid down or to be laid down hereafter by the Principal of the College or the Management for the due maintenance of discipline at the said college and I further agree to make good, when called upon to do so, and damages to furniture, apparatus or other articles which may be caused by carelessness, negligence or wantonness on my part.

Place: BANGALORE

Date: 16.4.18


Principal
D.A.P.M.R.V. Dental College
J.P. Nagar I Phase,
Bangalore - 560 078.

SIGNATURE OF THE CANDIDATE



not mentioned...
 Approved ✓

246/18-19
 16.4.18

RASHTREEYA SIKSHANA SAMITHI TRUST, JAYANAGAR, BANGALORE - 560 011
D.A.PANDU MEMORIAL
R.V.DENTAL COLLEGE & HOSPITAL
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Estd : 1992

APPLICATION FOR CERTIFICATE COURSE - IMPLANT / AESTHETIC DENTISTRY- 2018

| | | |
|---|---|---|
| 1 | Name of the Applicant : (in Block Letters) | SANGANA SHIVA GANGA |
| 2 | Name of the Parent : (in Block Letters) | S. ADINARAYANA REDDY |
| 3 | Permanent Address (in Block Letters) | H.No - 1025 / 789, 9 th CROSS, KERTHI-LAYOUT, CHANDAPURA, BANGALURU. |
| | MOBILE No. & Tele. No. | 9916978679 |
| | Email address | shivaganga0111@gmail.com |
| 4 | Sex | female siva |
| 5 | Age / Date of Birth | 30 1/11/1987 |
| 6 | Nationality | Indian |
| 7 | Blood Group | B+ |

Details of qualifying Examination Passed

| Examination | Name of Institution | Name of the University / Register no./ Passed date | | | | No. of Attempts |
|-------------|---------------------|--|-----------|----------------|------|-----------------|
| | | | Max Marks | Marks Obtained | % | |
| B.D.S. | navadaya dental | RGUHS | | | | |
| I B.D.S. | | | 750 | 462 | 61 | 2 |
| II B.D.S. | | | 950 | 571 | 60 | 1 |
| III B.D.S. | | | 1000 | 556 | 55.6 | 2 |
| IV B.D.S. | | | 1750 | 1017 | 58.1 | 2 |
| Total | | | 13450 | 2606 | 58.5 | |

DISCIPLINE DECLARATION

I Son/Daughter of hereby agree to conform to the rules and regulations of the College including those relating to the Hostel, if any, laid down or to be laid down hereafter by the Principal of the College or the Management for the due maintenance of discipline at the said college and I further agree to make good, when called upon to do so, and damages to furniture, apparatus or other articles which may be caused by carelessness, negligence or wantonness on my part.

Place: Bangalore

Date: 16/4/18

S. Sujaya
 Principal
 D.A.P.M.R.V. Dental College
 J.P. Nagar I Phase,
 Bangalore - 560 078.

S. Sujaya
 SIGNATURE OF THE CANDIDATE

arunpharmauk@gmail.com



490/18-19

3.5.18

Submitted 12/6/18

SHTREEYA SIKSHANA SAMITHI TRUST, JAYANAGAR, BANGALORE - 560 011
D.A.PANDU MEMORIAL

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E-mail : rvdc@vsnl.com website : www.rvdentalcollege.org



Estd : 1992

APPLICATION FOR CERTIFICATE COURSE - IMPLANT / AESTHETIC DENTISTRY- 2018

| | | |
|---|---|--|
| 1 | Name of the Applicant : (in Block Letters) | DR. SARITA GUPTA |
| 2 | Name of the Parent : (in Block Letters) | MR. M.S. GUPTA |
| 3 | Permanent Address (in Block Letters) | 2062, SOBHA DAISY, (ORR) BELLANDUR, BANGALORE - 560103 KARNATAKA |
| | MOBILE No. & Tele. No. | Mob. NO - 9538850139 |
| | Email address | drsarita77@yahoo.com |
| 4 | Sex | FEMALE |
| 5 | Age / Date of Birth | 41 YEARS 07/01/1977 |
| 6 | Nationality | INDIAN |
| 7 | Blood Group | O+ |

Details of qualifying Examination Passed

| Examination | Name of Institution | Name of the University / Register no. / Passed date | Marks | | | No. of Attempts |
|--------------|--|---|-------------|----------------|---------------|-----------------|
| | | | Max Marks | Marks Obtained | % | |
| B.D.S. | SRI RAJIV GANDHI COLLEGE OF DENTAL SCIENCES, BANGALORE | BANGALORE REGISTER NO. 967047 SEPT. 2000 | 3600 | 2039 | 56.63% | |
| I.B.D.S. | " | MARCH 1997 | 600 | 337 | 56.16% | 2nd |
| II B.D.S. | " | SEPT. 1998 | 800 | 484 | 60.5% | 2nd |
| III B.D.S. | " | SEPT. 1999 | 800 | 454 | 56.7% | 2nd |
| IV B.D.S. | " | SEPT. 2000 | 1400 | 764 | 54.57% | 2nd |
| Total | | | 3600 | 2039 | 56.63% | |

DISCIPLINE DECLARATION

I, DR. SARITA GUPTA, Son/Daughter of hereby agree to conform to the rules and regulations of the College including those relating to the Hostel, if any, laid down or to be laid down hereafter by the Principal of the College or the Management for the due maintenance of discipline at the said college and I further agree to make good, when called upon to do so, and damages to furniture, apparatus or other articles which may be caused by carelessness, negligence or wantonness on my part.

Place: BANGALORE

Date:

(Signature)
Principal
D.A.P.M.R.V. Dental College
J.P. Nagar, 1st Phase,
Bangalore - 560 078.

(Signature)
Sarita Gupta

SIGNATURE OF THE CANDIDATE



RASHTREEYA SIKSHANA SAMITHI TRUST, JAYANAGAR, BANGALORE - 560 011
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E-mail : rvdc@vsnl.com website : www.rvdentalcollege.org

Estd : 1992

Intermed 12/16

538/18-19 7/5/18



APPLICATION FOR CERTIFICATE COURSE - IMPLANT / AESTHETIC DENTISTRY- 2018

| 1 | Name of the Applicant : (in Block Letters) | DR. JAISKUMAR R | | | | |
|---|---|--|-----------|----------------|-----|-----------------|
| 2 | Name of the Parent : (in Block Letters) | RAJENDRAN P | | | | |
| 3 | Permanent Address (in Block Letters) | NO 129, SOMESHWARA COLONY, BTM LAYOUT 2 ND STAGE, BANGALORE - 560076 | | | | |
| | MOBILE No. & Tele. No. | 9449673234, 9742076644 | | | | |
| | Email address | dr. Jaikumar.r@gmail.com ✓ dr. Jaikumar.r@gmail.com | | | | |
| 4 | Sex | MALE | | | | |
| 5 | Age / Date of Birth | 30 years 14-06-1987 | | | | |
| 6 | Nationality | INDIAN | | | | |
| 7 | Blood Group | A+ve | | | | |
| Details of qualifying Examination Passed | | | | | | |
| Examination | Name of Institution | Name of the University / Register no. / Passed date | | | | No. of Attempts |
| | | | Max Marks | Marks Obtained | % | |
| B.D.S. | | | | | | |
| I B.D.S. | RV dental college and hospital | RGUHS/0504618/02/11/2006 | 750 | 439 | 58% | 1 |
| II B.D.S. | RV dental college and hospital | RGUHS/0504618/28/09/2007 | 950 | 578 | 60% | 1 |
| III B.D.S. | RV dental college and hospital | RGUHS/0504618/20/09/2008 | 1000 | 577 | 57% | 1 |
| IV B.D.S. | RV dental college and hospital | RGUHS/0504618/08/09/2009 | 1750 | 1063 | 60% | 1 |
| Total | | | 4450 | 2657 | 59% | |

DISCIPLINE DECLARATION

I ..Dr. Jaikumar R..... Son/Daughter of ..Rajendran P.... hereby agree to conform to the rules and regulations of the College including those relating to the Hostel, if any, laid down or to be laid down hereafter by the Principal of the College or the Management for the due maintenance of discipline at the said college and I further agree to make good, when called upon to do so, and damages to furniture, apparatus or other articles which may be caused by carelessness, negligence or wantonness on my part.

Place: Bangalore

Date: 5/5/2018

(Signature)
Principal
D.A.P.M.R.V. Dental College
J.P. Nagar I Phase,
Bangalore - 560 078.

(Signature)
SIGNATURE OF THE CANDIDATE



990/18-19
2.6.18

RASHTREEYA SIKSHANA SAMITHI TRUST, JAYANAGAR, BANGALORE - 560 011
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R.V.DENTAL COLLEGE & HOSPITAL
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E-mail : rvdc@vsnl.com website : www.rvdentalcollege.org



Estd : 1992

APPLICATION FOR CERTIFICATE COURSE - IMPLANT / AESTHETIC DENTISTRY- 2018

| | | |
|---|---|---|
| 1 | Name of the Applicant : (in Block Letters) | FOAD KARAMLOU |
| 2 | Name of the Parent : (in Block Letters) | FEREIDOUN KARAMLOU |
| 3 | Permanent Address (in Block Letters) | NO. 1, 18TH FLOOR, BANAFSHEH TOWER ATISAZ TOWERS, ABUZAR TOWNS, TEHRAN IRAN |
| | MOBILE No. & Tele. No. | 9900260632 |
| | Email address | foadkaramlou004@gmail.com |
| 4 | Sex | MALE |
| 5 | Age / Date of Birth | 25 yrs old, 03/09/1992 |
| 6 | Nationality | IRANIAN |
| 7 | Blood Group | O ⁺ ve |

Details of qualifying Examination Passed

| Examination | Name of Institution | Name of the University / Register no. / Passed date | | | | No. of Attempts |
|-------------|---------------------|---|-----------|----------------|-----|-----------------|
| | | | Max Marks | Marks Obtained | % | |
| B.D.S. | DSCDS | 11D1610 | 6 | | | |
| I B.D.S. | DSCDS | 11D1610 | 600 | 391 | 65% | Three |
| II B.D.S. | DSCDS | 11D1610 | 800 | 487 | 60% | Two |
| III B.D.S. | DSCDS | 11D1610 | 600 | 362 | 60% | one |
| IV B.D.S. | DSCDS | 11D1610 | 1600 | 951 | 59% | one |
| Total | | | 3600 | 2191 | | Seven |

DISCIPLINE DECLARATION

I...FOAD KARAMLOU Son/Daughter of FEREIDOUN..... hereby agree to conform to the rules and regulations of the College including those relating to the Hostel, if any, laid down or to be laid down hereafter by the Principal of the College or the Management for the due maintenance of discipline at the said college and I further agree to make good, when called upon to do so, and damages to furniture, apparatus or other articles which may be caused by carelessness, negligence or wantonness on my part.

Place:

Date: 2/6/18

(Signature)
Principal
D.A.P.M.R.V. Dental College
J.P. Nagar I Phase,
Bangalore - 560 078.

(Signature)

SIGNATURE OF THE CANDIDATE



2017 Batch

next year

mob: - 9535684397

C Bangalore

RASHTREEYA SIKSHANA SAMITHI TRUST, JAYANAGAR, BANGALORE - 560 011
D.A.PANDU MEMORIAL

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E-mail : rvdc@vsnl.com website : www.rvdentalcollege.org



40/11/17
22/11/17

Estd : 1992

APPLICATION FOR CERTIFICATE COURSE - IMPLANT / AESTHETIC DENTISTRY - 2017

| | | |
|---|---|---|
| 1 | Name of the Applicant : (in Block Letters) | JITHULA . M.V |
| 2 | Name of the Parent : (in Block Letters) | M.C. VAREED |
| 3 | Permanent Address (in Block Letters) | MUTHUPEEDIKA HOUSE, CHAKARAPARMBU, VENNALA . P.O , KOCHI - 682028 |
| | MOBILE No. & Tele. No. | 9895934022 |
| | Email address | jithulamv@gmail.com |
| 4 | Sex | FEMALE |
| 5 | Age / Date of Birth | 25 / 03-02-1992 |
| 6 | Nationality | INDIAN |
| 7 | Blood Group | B+ |

Details of qualifying Examination Passed

| Examination | Name of Institution | Name of the University / Register no. / Passed date | No. of Attempts | | |
|-------------|---------------------|---|-----------------|----------------|---|
| | | | Max Marks | Marks Obtained | % |
| B.D.S. | | | | | |
| I B.D.S. | PUSPAGIRI COLLEGE | KUHS 100020958 | 750 | 495 | 2 |
| II B.D.S. | " | " | 1050 | 611 | 1 |
| III B.D.S. | " | " | 750 | 453 | 1 |
| IV B.D.S. | " | " | 2000 | 1270 | 1 |
| Total | | | 4550 | 2275 | |

DISCIPLINE DECLARATION

I JITHULA . M.V ~~Son~~ Daughter of M.C. VAREED hereby agree to conform to the rules and regulations of the College including those relating to the Hostel, if any, laid down or to be laid down hereafter by the Principal of the College or the Management for the due maintenance of discipline at the said college and I further agree to make good, when called upon to do so, and damages to furniture, apparatus or other articles which may be caused by carelessness, negligence or wantonness on my part.

Place: EKM

Date: 20 / 11 / 2017

[Signature]
Principal
D.A.P.M.R.V. Dental College
J.P. Nagar 1 Phase,
Bangalore - 560 078.

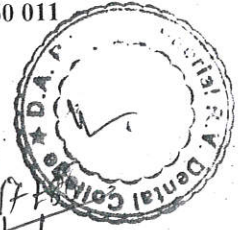
[Signature]
SIGNATURE OF THE CANDIDATE



mob: 95 35 68 43 97
(Bangalore)

RASHTREEYA SIKSHANA SAMITHI TRUST, JAYANAGAR, BANGALORE - 560 011
D.A.PANDU MEMORIAL

R.V.DENTAL COLLEGE & HOSPITAL
(Recognised by Dental Council of India, Affiliated to RGUHS, Karnataka)
No. CA 37, 24th Main, 1st Phase, J.P. Nagar, Bangalore - 560078
Phone : +91 (08) 26547053 / 22445754. Fax : +91 (08) 26658411
E-mail : rvdc@vsnl.com website : www.rvdentalcollege.org



2013/17
22/11/17

Estd : 1992

APPLICATION FOR CERTIFICATE COURSE - IMPLANT / AESTHETIC DENTISTRY - 2017

| | | |
|---|--|---|
| 1 | Name of the Applicant : (in Block Letters) | ARUN TITUS KOSHY |
| 2 | Name of the Parent : (in Block Letters) | TITUS KOSHY |
| 3 | Permanent Address (in Block Letters) MOBILE No. & Tele. No. Email address | THAZHE MANNIL HOUSE, THONNIAMALA, PATHANAMTHITTA PIN - 689668 9447119999 aruntitus10000@gmail.com |
| 4 | Sex | MALE |
| 5 | Age / Date of Birth | 27 / 07-09-1990 |
| 6 | Nationality | INDIAN |
| 7 | Blood Group | O+ |

Details of qualifying Examination Passed

| Examination | Name of Institution | Name of the University / Register no. / Passed date | No. of Attempts | | |
|---------------|---------------------|---|-----------------|------------------------|---|
| | | | Max Marks | Marks Obtained | % |
| B.D.S. | | | | | |
| I B.D.S. | PUSHPAGIRI COLLEGE | M.G university 1212/3052 | 900 | 534 | 2 |
| II B.D.S. | " | 3809/3431 | 1200 | 715 1250 | 2 |
| III B.D.S. | " | 7895 | 900 | 509 | 1 |
| IV B.D.S. | " | 9725 | 2300 | 1362 | 1 |
| Total | | | 5300 | 3120 | |

DISCIPLINE DECLARATION

I, ARUN TITUS KOSHY... Son/Daughter of TITUS KOSHY... hereby agree to conform to the rules and regulations of the College including those relating to the Hostel, if any, laid down or to be laid down hereafter by the Principal of the College or the Management for the due maintenance of discipline at the said college and I further agree to make good, when called upon to do so, and damages to furniture, apparatus or other articles which may be caused by carelessness, negligence or wantonness on my part.

Place: THIRUVALLA

Date: 20/11/2017

[Signature]
Principal
D.A.P.M.R.V. Dental College
J.P. Nagar 1 Phase,
Bangalore - 560 078.

[Signature]
SIGNATURE OF THE CANDIDATE



M.R Dinesh <principalrvdc@gmail.com>

Certificated course in aesthetic dentistry and implant dentistry

yazo dentzz <yazodentzz@gmail.com>

Fri, Nov 24, 2017 at 5:25 PM

To: principalrvdc@gmail.com

Hey
This is zoya...
Would like to know in detail about both the courses like in

Mob: 95027 22431

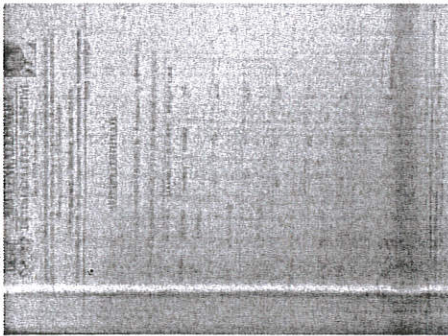
Aesthetic dentistry..

- 1)perio esthetics
- 2)ortho esthetic
- 3) bleaching
- 4)dental photography etc..

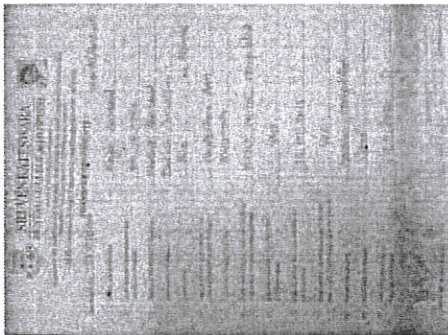
Implants..

- 1)What all kinds of implants will be thought ..
- 2)no.of cases.
- 3)what all procedures will be thought.eg:-zygomatic,sinus lift, prosthetic etc..
- 4)hybrid dentures..

14 attachments



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2044K



IMG_20171124_163352.jpg
2286K

10010.jpg
126K

Dyeyar
Principal
D.A.P.M.R.V. Dental College
J.P. Nagar I Phase,
Bangalore - 560 078.

RASHTREEYA SIKSHANA SAMITHI TRUST, JAYANAGAR, BANGALORE - 560 011
D.A.PANDU MEMORIAL

R.V.DENTAL COLLEGE & HOSPITAL
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No. CA 37, 24th Main, 1st Phase, J.P. Nagar, Bangalore - 560078
Phone : +91 (08) 26547053 / 22445754. Fax : + 91 (08) 26658411
E-mail : rvdc@vsnl.com website : www.rvdentalcollege.org

Estd : 1992

APPLICATION FOR CERTIFICATE COURSE - IMPLANT / AESTHETIC DENTISTRY- 2017

| | | |
|---|--|--|
| 1 | Name of the Applicant : (in Block Letters) | SAYALI, GAJANAN CHINNAWAR |
| 2 | Name of the Parent : (in Block Letters) | GAJANAN DATTATRAY CHINNAWAR |
| 3 | Permanent Address (in Block Letters) MOBILE No. & Tele. No. Email address | NATH NAGAR, NEAR GAJANAN MANOIR UMARKHED. DIST. YAVTMAL MAHARASHTRA. PIN CODE - 445206 - 8007502805 / 9422481449 - Sayalichinnawar@gmail.com |
| 4 | Sex | FEMALE |
| 5 | Age / Date of Birth | 23 yrs [23/10/1994] |
| 6 | Nationality | INDIAN |
| 7 | Blood Group | B+ve |

Details of qualifying Examination Passed

| Examination | Name of Institution | Name of the University / Register no. / Passed date | | | | No. of Attempts |
|-------------|-----------------------------|---|-----------|----------------|--------|-----------------|
| | | | Max Marks | Marks Obtained | % | |
| B.D.S. | Sharad Pawar Dental college | Datta Meghe Institute of Medical Science | | | | |
| I B.D.S. | SPDC | DMIMS | 600 | 397 | 66.16% | First attempt |
| II B.D.S. | SPDC | DMIMS | 800 | 549 | 68.62% | First attempt |
| III B.D.S. | SPDC | DMIMS | 600 | 406 | 66.66% | First attempt |
| IV B.D.S. | SPDC | DMIMS | 1600 | 1041 | 65.06% | First attempt |
| Total | | | 3600 | 2387 | 66.30% | |

DISCIPLINE DECLARATION

I, Sayali Chinnawar, Son/Daughter of Gajanan Chinnawar hereby agree to conform to the rules and regulations of the College, including those relating to the Hostel, if any, laid down or to be laid down hereafter by the Principal of the College or the Management for the due maintenance of discipline at the said college and I further agree to make good, when called upon to do so, and damages to furniture, apparatus or other articles which may be caused by carelessness, negligence or wantonness on my part.

Place: Umarched

Date: 28/11/17

Rajeev
D.A.P.M.R.V. Dental College
J.P. Nagar I Phase,
Bangalore - 560 078

Sayali
SIGNATURE OF THE CANDIDATE

H-301/17-18
9.12.17



RASHTREEYA SIKSHANA SAMITHI TRUST, JAYANAGAR, BANGALORE - 560 011
D.A.PANDU MEMORIAL
R.V.DENTAL COLLEGE & HOSPITAL
 (Recognised by Dental Council of India, Affiliated to RGUHS, Karnataka)
 No. CA 37, 24th Main, 1st Phase, J.P. Nagar, Bangalore - 560078
 Phone : +91 (08) 26547053 / 22445754. Fax : + 91 (08) 26658411
 E-mail : rvdc@vsnl.com website : www.rvdentalcollege.org

Estd : 1992

APPLICATION FOR CERTIFICATE COURSE - IMPLANT / AESTHETIC DENTISTRY- 2017

| | | |
|---|--|---|
| 1 | Name of the Applicant : (in Block Letters) | VADDEPALLY NEERAJA |
| 2 | Name of the Parent : (in Block Letters) | VADDEPALLY PULLAIAH |
| 3 | Permanent Address (in Block Letters) MOBILE No. & Tele. No. Email address | FLAT NO:203, HAPPY HOMES APARTMENT, SRINAGAR COLONY, HANAMKONDA, WARANGAL DISTRICT, TELANGANA STATE. (506370 pin CODE) Ph: 8790646199, neeraja vaddepally@gmail.com |
| 4 | Sex | FEMALE |
| 5 | Age / Date of Birth | 23 yrs / 26-04-1994 |
| 6 | Nationality | INDIAN |
| 7 | Blood Group | A +ve |

Details of qualifying Examination Passed

| Examination | Name of Institution | Name of the University / Register no./ Passed date | | | | No. of Attempts |
|---------------|-----------------------|--|--------------|----------------|--------------|-----------------|
| | | | Max Marks | Marks Obtained | % | |
| B.D.S. | | | | | | |
| I B.D.S. | MAHATA DENTAL COLLEGE | NTR UNIVERSITY 1288094 / JUNE 2013 | 600 | 358 | 59.6% | 01 |
| II B.D.S. | MAHATA | NTR 1288094 / JUNE 2014 | 800 | 500 | 62.5% | 01 |
| III B.D.S. | MAHATA | JUNE/JULY 2015 | 600 | 364 | 60.6% | 01 |
| IV B.D.S. | MAHATA | JUNE/JULY 2016 | 1600 | 1022 | 63.8% | 01 |
| Total | | | 3,600 | 2,244 | 62.3% | 01 |

DISCIPLINE DECLARATION

I**V. NEERAJA**..... Son/Daughter of**V. PULLAIAH**..... hereby agree to conform to the rules and regulations of the College including those relating to the Hostel, if any, laid down or to be laid down hereafter by the Principal of the College or the Management for the due maintenance of discipline at the said college and I further agree to make good, when called upon to do so, and damages to furniture, apparatus or other articles which may be caused by carelessness, negligence or wantonness on my part.

Place: **WARANGAL**

Date: **5/12/17**

(Signature)
Principal
D.A.PANDU Memorial College
J.P. Nagar, 1st Phase,
Bangalore - 560 078.

(Signature)
SIGNATURE OF THE CANDIDATE

11/4/2017

Gmail - Information regarding the Certificate courses



M.R Dinesh <principalrvdc@gmail.com>

Information regarding the Certificate courses

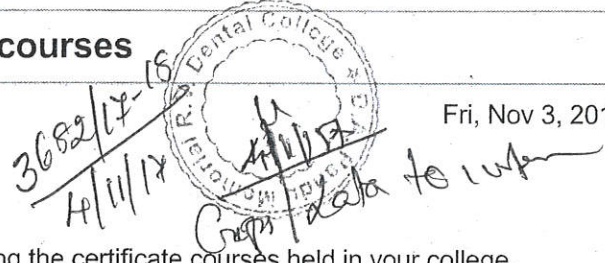
MARIYA ALI <mariya.hasanali95@gmail.com>
To: principalrvdc@gmail.com

Fri, Nov 3, 2017 at 6:40 PM

Good evening Sir/Madam,

I would like to request you to send me details regarding the certificate courses held in your college. I have tried calling but am unable to reach. Please forward me the details and I would like to know if there is vacancy fir the January 2018 session.

Thanking you,
Mariya Ali



Mariya Ali
Principal
D.A.P.M.R.V. Dental College
J.P. Nagar I Phase,
Bangalore - 560 078.

D.A.P.M.R.V. DENTAL COLLEGE
J P NAGAR, BANGALORE - 560 078

Application Forms Received from the Candidates for Certificate Course (Implant / Aesthetic Dentistry) for the Academic Year 2019-20

| Sl. No. | Date of Receipt of application | Name of Student / Place | Course | DOB | Age | Mobile no. | E-mail | Qualification | Year of passing | Marks Year wise | Attempts | Marks Obtained | Percentage of Marks obtained(Finial Year) | Remarks |
|---------|--------------------------------|-------------------------|-----------------------------|------------|--------|--------------------------|--------------------------|---------------|-----------------|--|------------------------------------|----------------|---|--------------|
| 1 | 15.06.2019 | Dr. A Sivarajani | Implant Dentistry | 07.01.1993 | 26 Yrs | 8012957513 9080760370 | dranjanani1993@gmail.com | BDS | Aug-2014 | I 404/600 II 481/760 III 354/600 IV 910/1600 | First Second First First | 2149/3560 | 60.36% | ---- |
| 2 | 08.07.2019 | Dr. Keerthana Uday | Implant/Aesthetic Dentistry | 09.08.1994 | 25 Yrs | 9481650413 8073731492 | keerthananar94@gmail.com | BDS | June-2017 | I 352/600 II 505/800 III 336/600 IV 943/1600 | First First First First | 2136/3500 | 59.33% | ---- |
| 3 | 08.07.2019 | Dr. Vinutha M | Aesthetic Dentistry | 02.08.1994 | 25 Yrs | 7411144903 7975817151 | | BDS | Dec-2016 | I 369/600 II 526/800 III 418/600 IV 1017/1600 | First Second First First | 2329/3500 | 64.69% | ---- |
| 4 | 15.07.2019 | Dr. Shawmiya Swathi | Implant Dentistry | 18.03.1995 | 24 Yrs | 9865323278 7418594033 | swathinrsh@gmail.com | BDS | Aug-2017 | I 376/600 II 657/960 III 404/600 IV 959/1600 | Second First First Second | 2396/3760 | 63.72% | ---- |
| 5 | 23.08.2019 | Dr. Sushma A | Aesthetic Dentistry | 13.05.1996 | 23 Yrs | 8904469543 | sushmax777@gmail.com | BDS | June-2017 | I 433/600 II 565/800 III 419/600 IV 1102/1600 | First First First First | 2519/3600 | 70.00% | ---- |
| 6 | 02.05.2019 | Dr. Nishi | | | | | | | | | | | | Mail Enquiry |
| 7 | 20.06.2019 | Dr. Monika | | | | | | | | | | | | Mail Enquiry |
| 8 | 22.06.2019 | Dr. Thomas | | | | | | | | | | | | Mail Enquiry |

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Selected

Selected

Selected

Handwritten signature
Principal

D.A.P.M.R.V. Dental College
J P Nagar, Bangalore
560 078

**D.A.P.M.R.V. DENTAL COLLEGE
J P NAGAR, BANGALORE - 560 078**

Application Forms Received from the Candidates for Certificate Course (Implant / Aesthetic Dentistry)

| Sl. No. | Date of Receipt of application | Name of Student / Place | Course | DOB | Age | Mobile no. | E-mail | Qualification | Year of passing | Marks Year wise | Attempts | Marks Obtained | Percentage of Marks obtained (Final Year) | Remarks |
|---------|--------------------------------|--------------------------|---------------------------------------|------------|--------|--------------------------|---|---------------|-----------------|--|------------------------------------|----------------|---|---------|
| 1 | 14.02.2018 | Dr. Lainunthara Ralte | Implant Dentistry <i>Aesthetic</i> | 20.09.1988 | 30 Yrs | 9436142851 9535268095 | meisterlanralte@gmail.com r_vanilaitluanga@yahoo.co.in | BDS | Sep-2016 | II 353/600 III 607/800 IV 331/600 9311/1600 | Second First First Third | 2122/3600 | 59.00% | ---- |
| 2 | 07.03.2018 | Dr. Pavithra L | Implant/Aesthetic Dentistry | 16.09.1992 | 26 Yrs | 9841964542 7338868832 | pav.pavithra281@gmail.com gavathrik71@gmail.com | BDS | November-2014 | II 352/600 III 484/800 IV 347/600 946/1600 | II First III First IV Second | 2129/3600 | 59.00% | ---- |
| 3 | 07.03.2018 | Dr. Sharu Maria Cheriyan | Implant/Aesthetic Dentistry | 23.02.1990 | 28 Yrs | 9447600814 | sharumaria@gmail.com | BDS | August-2011 | I 687/1050 II 914/1350 III 837/1400 IV 862/1400 | Second First First First | 3300/5200 | 63.46% | ---- |
| 4 | 09.03.2018 | Dr. T. Maduri | Implant Dentistry | 22.07.1993 | 25 Yrs | 8220113212 9488159164 | anubds.18@gmail.com | BDS | April-2014 | I 398/600 II 498/800 III 390/600 IV 1004/1600 | First First First First | 2290/3600 | 63.60% | ---- |
| 5 | 13.08.2018 | Dr. Rathi Barani | Implant/Aesthetic Dentistry | 23.07.1989 | 28 Yrs | 8864937068 | barani.rathi@yahoo.com | BDS | Dec-2016 | I 362/600 II 491/800 III 393/600 IV 1042/1600 | Third Third First First | 2288/3600 | 63.00% | ---- |
| 6 | 16.04.2018 | Dr. Sujee Chembiary | Implant/Aesthetic Dentistry | 19.09.1981 | 36 Yrs | 7259778065 | dr.sujee@gmail.com | BDS | May 2003 | I 424/600 II 428/600 III 571/800 IV 880/1400 | First First First First | 2303/3400 | 67.70% | ---- |

Sujee

Principal
D.A.P.M.R.V. Dental College
J.P. Nagar 1 Phase,
Bangalore - 560 078.

D.A.P.M.R.V. DENTAL COLLEGE
J P NAGAR, BANGALORE - 560 078

Application Forms Received from the Candidates for December 2017 Batch for Certificate Course (Implant / Aesthetic Dentistry)

| Sl. No. | Date of Receipt of application | Name of Student / Place | Course | DOB | Age | Mobile no. | E-mail | Qualification | Year of passing | Marks Year wise | Attempts | Marks Obtained | Percentage of Marks obtained(Final Year) | Remarks |
|---------|--------------------------------|------------------------------|-----------------------------|------------|--------|------------|-----------------------------|---------------|-----------------|---|---------------------------|----------------|--|------------------|
| 1 | 22.11.2017 | Dr. Jithula M.V | Implant Dentistry | 03.02.1992 | 25 Yrs | 9895934022 | jithulamv@gmail.com | BDS | February-2015 | I 495/750 II 611/1050 III 453/750 IV 1217/2000 | Second First First First | 2275/4550 | 50.00% | |
| 2 | 22.11.2017 | Dr. Arun Titus Koshy | Implant Dentistry | 07.09.1990 | 27 Yrs | 9447119999 | aruntitus10000@gmail.com | BDS | November-2014 | I 534/900 II 715/1200 III 509/900 IV 1362/2300 | Second Second First First | 3120/5300 | 59.00% | |
| 3 | 24.11.2017 | Dr. Zoya Rasheed | Implant/Aesthetic Dentistry | 09.10.1988 | 29 Yrs | 9502722431 | vazodentizz@gmail.com | BDS | August-2011 | I 376/600 II 519/800 III 511/800 IV 858/1400 | First First First First | 2264/3600 | 62.80% | |
| 4 | 05.12.2017 | Dr. Sayali Gajanan Chinnawar | Implant/Aesthetic Dentistry | 23.10.1994 | 23 Yrs | 8007502805 | savaliichinnawar@gmail.com | BDS | June-2016 | I 397/600 II 549 /800 III 400/600 IV 1041/1600 | First First First First | 2387/3600 | 66.30% | |
| 5 | 9.12.2017 | Dr. Vaddepally Neeraja | Implant/Aesthetic Dentistry | 26.04.1994 | 23 Yrs | 8790646199 | neerajavaddepally@gmail.com | BDS | June-2016 | I 358/600 II 500 /800 III 364/600 IV 1022/1600 | First First First First | 2244/3600 | 62.30% | |
| 6 | 03.11.2017 | Dr. Mariya | | | | | mariya.hasanali95@gmail.com | | | | | | | Mail information |

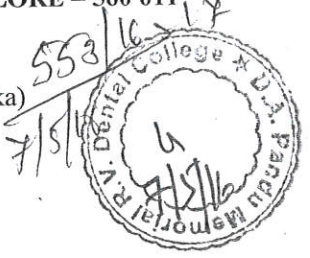
(Handwritten signature)

D.A.P.M.R.V. DENTAL COLLEGE
J.P. Nagar, Bangalore - 560 078

2016 Batch



RASHTREEYA SIKSHANA SAMITHI TRUST, JAYANAGAR, BANGALORE - 560 011
D.A.PANDU MEMORIAL
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 E-mail : rvdc@vsnl.com website : www.rvdentalcollege.org



Estd : 1992

APPLICATION FOR CERTIFICATE COURSE - IMPLANT / AESTHETIC DENTISTRY - 2016.

| | | |
|---|---|--|
| 1 | Name of the Applicant : (in Block Letters) | DR. ANTARA SAHA |
| 2 | Name of the Parent : (in Block Letters) | KANTILAL SAHA . |
| 3 | Permanent Address (in Block Letters) | INDRANAGAR , C/O NEW AMRIT STORES I.T.I ROAD, AYARTALA, TRIPURA (W) 799006 . |
| | MOBILE No. & Tele. No. | 9738727742 , 9738811098 |
| | Email address | antarasaha.bds@gmail.com |
| 4 | Sex | Female |
| 5 | Age / Date of Birth | 24 / 24/8/1991 . |
| 6 | Nationality | Indian |
| 7 | Blood Group | O positive |

Details of qualifying Examination Passed

| Examination | Name of Institution | Name of the University / Register no./ Passed date | | | | No. of Attempts |
|--------------|---------------------|--|-----------|----------------|-------|-----------------|
| | | | Max Marks | Marks Obtained | % | |
| B.D.S. | M.R. | R.G.U.H.S | | | | |
| I B.D.S. | Ambedkar | 09D3412 | 600 | 341 | 56 | 2 |
| II B.D.S. | Dental | 01/10/2014 | 800 | 532 | 66.5 | 1 |
| III B.D.S. | College | | 600 | 319 | 53.1 | 1 |
| IV B.D.S. | | | 1600 | 957 | 59.8 | 2 |
| Total | | | 3600 | 2149 | 59.6% | |

DISCIPLINE DECLARATION

I Antara Saha Son/Daughter of Kantilal Saha hereby agree to conform to the rules and regulations of the College including those relating to the Hostel, if any, laid down or to be laid down hereafter by the Principal of the College or the Management for the due maintenance of discipline at the said college and I further agree to make good, when called upon to do so, and damages to furniture, apparatus or other articles which may be caused by carelessness, negligence or wantonness on my part.

Place: Bangalore

Date: 5/5/2016

Principals
 Principal
 D.A.P.M.R.V. Dental College
 J.P. Nagar I Phase,
 Bangalore - 560 078.

Antara
 SIGNATURE OF THE CANDIDATE



2

RASHTREEYA SIKSHANA SAMITHI TRUST, JAYANAGAR, BANGALORE - 560 011

D.A.PANDU MEMORIAL

R.V.DENTAL COLLEGE & HOSPITAL

(Recognised by Dental Council of India, Affiliated to RGUHS, Karnataka)

No. CA 37, 24th Main, 1st Phase, J.P. Nagar, Bangalore - 560078

Phone : +91 (08) 26547053 / 22445754. Fax : + 91 (08) 26658411

E-mail : rvdc@vsnl.com website : www.rvdentalcollege.org



Estd : 1992

APPLICATION FOR CERTIFICATE COURSE - IMPLANT / AESTHETIC DENTISTRY- 20....

| | | |
|---|---|--|
| 1 | Name of the Applicant : (in Block Letters) | APARNA JAI KRISHNA |
| 2 | Name of the Parent : (in Block Letters) | C.V. JAI KRISHNA |
| 3 | Permanent Address (in Block Letters) | NO,165, 2 nd MAIN, 4 th CROSS, CHAMRAJPET. BANGALORE. |
| | MOBILE No. & Tele. No. | 9886232383 |
| | Email address | aparna.jai.krishna@gmail.com |
| 4 | Sex | F |
| 5 | Age / Date of Birth | 25yrs / 19-10-1990 |
| 6 | Nationality | INDIAN |
| 7 | Blood Group | O +ve |

Details of qualifying Examination Passed

| Examination | Name of Institution | Name of the University / Register no./ Passed date | | | | No. of Attempts |
|-------------|----------------------------------|--|-----------|----------------|-------|-----------------|
| | | | Max Marks | Marks Obtained | % | |
| B.D.S. | V.K INSTITUTE OF DENTAL SCIENCES | KLE UNIVERSITY 34059-A | | | | |
| I B.D.S. | | | 600 | 362 | 60.33 | 1 |
| II B.D.S. | | | 800 | 491 | 61.37 | 1 |
| III B.D.S. | | | 600 | 366 | 61 | 1 |
| IV B.D.S. | | | 1600 | 993 | 62.06 | 1 |
| Total | | | 3600 | 2212 | 61.44 | |

DISCIPLINE DECLARATION

I APARNA JAI KRISHNA Son/Daughter of C.V. JAI KRISHNA hereby agree to conform to the rules and regulations of the College including those relating to the Hostel, if any, laid down or to be laid down hereafter by the Principal of the College or the Management for the due maintenance of discipline at the said college and I further agree to make good, when called upon to do so, and damages to furniture, apparatus or other articles which may be caused by carelessness, negligence or wantonness on my part.

Place: BANGALORE

Date: 7th JUNE '16

Principa
Principal
D.A.P.M.R.V. Dental College,
J.P. Nagar I Phase,
Bangalore - 560 078.

Aparna
SIGNATURE OF THE CANDIDATE



RASHTREEYA SIKSHANA SAMITHI TRUST, JAYANAGAR, BANGALORE - 560 011

D.A.PANDU MEMORIAL

R.V.DENTAL COLLEGE & HOSPITAL

(Recognised by Dental Council of India, Affiliated to RGUHS, Karnataka)

No. CA 37, 24th Main, 1st Phase, J.P. Nagar, Bangalore - 560078

Phone : +91 (08) 26547053 / 22445754. Fax : + 91 (08) 26658411

E-mail : rvdc@vsnl.com website : www.rvdentalcollege.org

909/16-17
2/6/16
2/6/16

APPLICATION FOR CERTIFICATE COURSE - IMPLANT / AESTHETIC DENTISTRY-

20....

| | | |
|---|---|---|
| 1 | Name of the Applicant : (in Block Letters) | THAPASYA T.J |
| 2 | Name of the Parent : (in Block Letters) | T.G.V MAHESH |
| 3 | Permanent Address (in Block Letters) | o/o M.S. Ciri Kumar, C-1, block 1, Rama Residency, opposite Ayyappa Temple, Rama Temple Street, Newthipasandra, Bangalore |
| | MOBILE No. & Tele. No. | 09003143630, 09845291640 560075 |
| | Email address | dr.thapasyathai@gmail.com |
| 4 | Sex | FEMALE |
| 5 | Age / Date of Birth | 24 / 08.11.1991 |
| 6 | Nationality | INDIAN |
| 7 | Blood Group | B+ |

Details of qualifying Examination Passed

| Examination | Name of Institution | Name of the University / Register no. / Passed date | | | | No. of Attempts |
|-------------|---|---|-----------|----------------|-----|-----------------|
| | | | Max Marks | Marks Obtained | % | |
| B.D.S. | CHETTINAD DENTAL COLLEGE & RESEARCH INSTITUTE | DR. MGR UNIV, 54094493 | | | | |
| I B.D.S. | | 54094493 AUG 2010 | 600 | 372 | 62% | - |
| II B.D.S. | | 54094493 AUG 2012 | 960 | 624 | 65% | 2. |
| III B.D.S. | | 54094493 AUG 2013 | 600 | 363 | 60% | - |
| IV B.D.S. | | 54094493 AUG 2014 | 1,600 | 1023 | 63% | - |
| Total | | | 3760 | 2382 | 63% | 2. |

DISCIPLINE DECLARATION

I, THAPASYA, T.J Son/Daughter of T.G.V. MAHESH hereby agree to conform to the rules and regulations of the College including those relating to the Hostel, if any, laid down or to be laid down hereafter by the Principal of the College or the Management for the due maintenance of discipline at the said college and I further agree to make good, when called upon to do so, and damages to furniture, apparatus or other articles which may be caused by carelessness, negligence or wantonness on my part.

Place: BANGLORE

Date: 30/05/2016

(Signature)

Principal
D.A.PANDU MEMORIAL
J.P. Nagar, Bangalore - 560 078

(Signature)

SIGNATURE OF THE CANDIDATE

N.C.

H163/15/16
2/2/16



RASHTREEYA SIKSHANA SAMITHI TRUST, JAYANAGAR, BANGALORE - 560 011

D.A.PANDU MEMORIAL

R.V.DENTAL COLLEGE & HOSPITAL

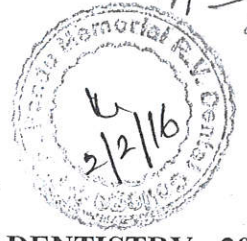
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No. CA 37, 24th Main, 1st Phase, J.P. Nagar, Bangalore - 560078

Phone : +91 (08) 26547053 / 22445754. Fax : +91 (08) 26658411

E-mail : rvdc@vsnl.com website : www.rvdentalcollege.org

Estd : 1992



APPLICATION FOR CERTIFICATE COURSE - IMPLANT / AESTHETIC DENTISTRY- 2016

| | | |
|---|--|---|
| 1 | Name of the Applicant : (in Block Letters) | MANALI DEB BARMA |
| 2 | Name of the Parent : (in Block Letters) | RAJIB DEB BARMA |
| 3 | Permanent Address (in Block Letters) MOBILE No. & Tele. No. Email address | SOUGANDHIKA, KRISHNANAGAR, OPP. BIJOY KUMAR GIRLS SCHOOL, AGARTALA, TRIPURA (W) 799001 (PIN CODE) 9583288236 , 0381-2327312 manali10@live.com |
| 4 | Sex | FEMALE |
| 5 | Age / Date of Birth | 23/10.04.1992 |
| 6 | Nationality | INDIAN |
| 7 | Blood Group | AB+ |

09436123
124

Details of qualifying Examination Passed

| Examination | Name of Institution | Name of the University / Register no./ Passed date | | | | No. of Attempts |
|-------------|---------------------|--|-----------|----------------|------|-----------------|
| | | | Max Marks | Marks Obtained | % | |
| B.D.S. | INSTITUTE | SHIKSHA D | | | | |
| I B.D.S. | OF DENTAL | ANUSANDHAN UNIVER | 800 | 495 | 61.8 | 1 |
| II B.D.S. | SCIENCES, | -SITY/ | 1000 | 612 | 61.2 | 1 |
| III B.D.S. | BHUBANES | 1011131071 | 800 | 513 | 64.1 | 1 |
| IV B.D.S. | -WAR | 06/12/14. | 1600 | 946 | 59.1 | 1 |
| Total | | | 4200 | 2566 | 61.5 | |

DISCIPLINE DECLARATION

I Manali Deb Barma Son/Daughter of Rajib Deb Barma hereby agree to conform to the rules and regulations of the College including those relating to the Hostel, if any, laid down or to be laid down hereafter by the Principal of the College or the Management for the due maintenance of discipline at the said college and I further agree to make good, when called upon to do so, and damages to furniture, apparatus or other articles which may be caused by carelessness, negligence or wantonness on my part.

Place: Agartala

Date: 29/01/16.

Manali Deb Barma -
SIGNATURE OF THE CANDIDATE



Estd : 1992

RASHTREEYA SIKSHANA SAMITHI TRUST, JAYANAGAR, BANGALORE - 560 011
D.A.PANDU MEMORIAL

R.V.DENTAL COLLEGE & HOSPITAL

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888/16-17
1/6/16

Prachi to info

APPLICATION FOR CERTIFICATE COURSE - IMPLANT / AESTHETIC DENTISTRY- 20....

| | | |
|---|---|---|
| 1 | Name of the Applicant : (in Block Letters) | PRACHI ASHOKRAO BOBADE |
| 2 | Name of the Parent : (in Block Letters) | ASHOKRAO BOBADE |
| 3 | Permanent Address (in Block Letters) | Sumukha, 36, J.P NAGAR, 4 th PHASE, BANGALORE. |
| | MOBILE No. & Tele. No. | 7022995657 |
| | Email address | prachideokate@gmail.com. |
| 4 | Sex | FEMALE |
| 5 | Age / Date of Birth | 26 / 03 / 86 |
| 6 | Nationality | INDIAN |
| 7 | Blood Group | AB +ve |

Details of qualifying Examination Passed

| Examination | Name of Institution | Name of the University / Register no./ Passed date | | | | No. of Attempts |
|-------------|---------------------|--|-----------|----------------|--------|-----------------|
| | | | Max Marks | Marks Obtained | % | |
| B.D.S. | VSPMDCRC | MUHS NASHIK | | | | |
| I B.D.S. | VSPMDCRC NAGPUR | A-27554 | 600 | 327 | 54.5% | 3 |
| II B.D.S. | | 22-8-12 | 800 | 444 | 55.5% | 3 |
| III B.D.S. | | | 700 | 394 | 56.28% | 2 |
| IV B.D.S. | | | 1400 | 755 | 53.92% | 4 |
| Total | | | 3500 | 1920 | 54.85% | |

DISCIPLINE DECLARATION

I Son/Daughter of hereby agree to conform to the rules and regulations of the College including those relating to the Hostel, if any, laid down or to be laid down hereafter by the Principal of the College or the Management for the due maintenance of discipline at the said college and I further agree to make good, when called upon to do so, and damages to furniture, apparatus or other articles which may be caused by carelessness, negligence or wantonness on my part.

Place: BANGALORE

Date:

Prachi Bobade
Principal
D.A.P.M.R.V. Dental College
J.P. Nagar I Phase
Bangalore - 560 078.
SIGNATURE OF THE CANDIDATE



Estd : 1992

RASHTREEYA SIKSHANA SAMITHI TRUST, JAYANAGAR, BANGALORE - 560 011
D.A.PANDU MEMORIAL

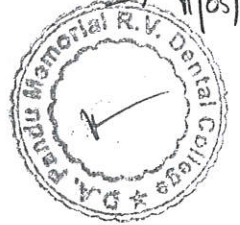
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E-mail : rvdc@vsnl.com website : www.rvdentalcollege.org



566/2016/17
11/05/16

APPLICATION FOR CERTIFICATE COURSE - IMPLANT / AESTHETIC DENTISTRY- 20....

| | | |
|---|---|---|
| 1 | Name of the Applicant : (in Block Letters) | DHANUSHA MURALI PADIKKAL. |
| 2 | Name of the Parent : (in Block Letters) | MURALIDASAN PADIKKAL. |
| 3 | Permanent Address (in Block Letters) | SREE SABSI 90PM, Raily Compound, COONDOOR VILL & PO NILGIRYS. PIN 643 101. |
| | MOBILE No. & Tele. No. | 9620402150, 77955753684, 0096824790606 |
| | Email address | dhanusha39@gmail.com. |
| 4 | Sex | FEMALE |
| 5 | Age / Date of Birth | 24 years / 12/04/1992 |
| 6 | Nationality | INDIAN |
| 7 | Blood Group | B+ve |

Details of qualifying Examination Passed

| Examination | Name of Institution | Name of the University / Register no./ Passed date | | | | No. of Attempts |
|-------------|---------------------|--|-----------|----------------|-------|-----------------|
| | | | Max Marks | Marks Obtained | % | |
| B.D.S. | VIDS & RC. | RGUHS | | | | |
| I B.D.S. | VIDS & RC | RGUHS | 600 | 256 | 59% | FIRST |
| II B.D.S. | VIDS & RC | RGUHS | 800 | 500 | 63% | FIRST |
| III B.D.S. | VIDS & RC | RGUHS | 600 | 373 | 62% | FIRST |
| IV B.D.S. | VIDS & RC. | RGUHS | 1600 | 1017 | 63.5% | SECOND |
| Total | | | 3600 | 2246 | 62.3% | |

DISCIPLINE DECLARATION

I, Dhanusha Murali Son/Daughter of Murali Padikkal hereby agree to conform to the rules and regulations of the College including those relating to the Hostel, if any, laid down or to be laid down hereafter by the Principal of the College or the Management for the due maintenance of discipline at the said college and I further agree to make good, when called upon to do so, and damages to furniture, apparatus or other articles which may be caused by carelessness, negligence or wantonness on my part.

Place:

Date:

[Signature]

Principal
D.A.P.M.R.V. Dental College
J.P. Nagar I Phase,
Bangalore - 560 078.

[Signature]

SIGNATURE OF THE CANDIDATE

RASHTREEYA SIKSHANA SAMITHI TRUST, JAYANAGAR, BANGALORE - 560 011

D.A.PANDU MEMORIAL

R.V.DENTAL COLLEGE & HOSPITAL

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E-mail : rvdc@vsnl.com website : www.rvdentalcollege.org

Estd : 1992

APPLICATION FOR CERTIFICATE COURSE - IMPLANT / AESTHETIC DENTISTRY- 2016

| | | |
|---|---|---|
| 1 | Name of the Applicant : (in Block Letters) | PRACHI GARG |
| 2 | Name of the Parent : (in Block Letters) | DR. HEMANT KUMAR GARG |
| 3 | Permanent Address (in Block Letters) | D-1101, APEX GREEN VALLEY SECTOR-9, VAISHALI GHAZIABAD (U.P) - 201012 |
| | MOBILE No. & Tele. No. | 9958436584 / 9886753977 |
| | Email address | prachi26garg@gmail.com |
| 4 | Sex | FEMALE |
| 5 | Age / Date of Birth | 26.04.87 |
| 6 | Nationality | INDIAN |
| 7 | Blood Group | B+ |

Details of qualifying Examination Passed

| Examination | Name of Institution | Name of the University / Register no./ Passed date | | | | No. of Attempts |
|---------------|------------------------|--|-----------|----------------|------|-----------------|
| | | | Max Marks | Marks Obtained | % | |
| B.D.S. | | | | | | |
| I B.D.S. | KRISHNA DENTAL COLLEGE | CCS, MEERUT | 600 | 435 | 72.5 | 01 |
| II B.D.S. | | | 600 | 429 | 71.5 | 01 |
| III B.D.S. | | | 800 | 551 | 68.8 | 01 |
| IV B.D.S. | | | 1400 | 996 | 71.1 | 01 |
| Total | | | 3400 | 2411 | 70.9 | |

DISCIPLINE DECLARATION

I PRACHI GARG Son/Daughter of DR. H. K. GARG hereby agree to conform to the rules and regulations of the College including those relating to the Hostel, if any, laid down or to be laid down hereafter by the Principal of the College or the Management for the due maintenance of discipline at the said college and I further agree to make good, when called upon to do so, and damages to furniture, apparatus or other articles which may be caused by carelessness, negligence or wantonness on my part.

Place:

Date: 27/4/2016

Prachi
Principal
D.A.P.M.R.V. Dental College
J.P. Nagar I Phase,
Bangalore - 560 078.

Prachi
SIGNATURE OF THE CANDIDATE

Not attending

365/16-1
27/4/16
R.V. Dental College
4
27/4/16



SHTREEYA SIKSHANA SAMITHI TRUST, JAYANAGAR, BANGALORE - 560 011

D.A.PANDU MEMORIAL

R.V.DENTAL COLLEGE & HOSPITAL

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E-mail : rvdc@vsnl.com website : www.rvdentalcollege.org



324/16-18
25/4/16

Tajula

APPLICATION FOR CERTIFICATE COURSE - IMPLANT / AESTHETIC DENTISTRY- 20.1.6

| | | |
|---|--|---|
| 1 | Name of the Applicant : (in Block Letters) | RUCHITA SHRIVASTAVA |
| 2 | Name of the Parent : (in Block Letters) | MANOJ KRISHNA SHRIVASTAVA |
| 3 | Permanent Address (in Block Letters) MOBILE No. & Tele. No. Email address | B-1306 MANTRI TRANQUIL GUBALALA VILLAGE, NEAR KANE KANTTE CROSS, KANAKPURA ROAD, BANGALORE (KARNATAKA) MO- 7022320365, 080-42058580 - hereisruchi@gmail.com |
| 4 | Sex | Female |
| 5 | Age / Date of Birth | 04/05/1985 |
| 6 | Nationality | INDIAN |
| 7 | Blood Group | AB+ |

Details of qualifying Examination Passed

| Examination | Name of Institution | Name of the University / Register no./ Passed date | | | | No. of Attempts |
|-------------|------------------------------------|--|-----------|----------------|--------|-----------------|
| | | | Max Marks | Marks Obtained | % | |
| B.D.S. | | | | | | |
| I B.D.S. | RKDF Dental College, Bhopal (M.P.) | BARKATULLA | 600 | 446 | 74.3% | First |
| II B.D.S. | " | UNIVERSITY | 600 | 421 | 70.1% | First |
| III B.D.S. | " | /A-1986/ | 800 | 530 | 66.25% | First |
| IV B.D.S. | " | 2009 | 1400 | 972 | 69.4% | First |
| Total | | | 3400 | 2369 | 69.67% | |

DISCIPLINE DECLARATION

I, Ruchita Shrivastava Son/Daughter of Manoj Krishna Shrivastava hereby agree to conform to the rules and regulations of the College including those relating to the Hostel, if any, laid down or to be laid down hereafter by the Principal of the College or the Management for the due maintenance of discipline at the said college and I further agree to make good, when called upon to do so, and damages to furniture, apparatus or other articles which may be caused by carelessness, negligence or wantonness on my part.

Place: Bangalore
Date: 20/04/2016

Principal

D.A.P.M.R.V. Dental College SIGNATURE OF THE CANDIDATE
J.P. Nagar I Phase,
Bangalore - 560 078.

RASHTREEYA SIKSHANA SAMITHI TRUST, JAYANAGAR, BANGALORE - 560 011

D.A.PANDU MEMORIAL

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E-mail : rvdc@vsnl.com website : www.rvdentalcollege.org

Estd : 1992

APPLICATION FOR CERTIFICATE COURSE - IMPLANT / AESTHETIC DENTISTRY- 2016

| | | |
|---|--|---|
| 1 | Name of the Applicant : (in Block Letters) | SAROJINI . K |
| 2 | Name of the Parent : (in Block Letters) | M. KUMARESAN |
| 3 | Permanent Address (in Block Letters) MOBILE No. & Tele. No. Email address | D-002, G.K. JEWEL CITY APARTMENTS, BARAPPANA AGRAHARA MAIN ROAD, KUDLU VILLAGE - BANGALORE - 560068 9894853573 sarojinikumaresan@gmail.com |
| 4 | Sex | Female |
| 5 | Age / Date of Birth | 29 / 02-01-1987 |
| 6 | Nationality | INDIAN |
| 7 | Blood Group | |

Details of qualifying Examination Passed

| Examination | Name of Institution | Name of the University / Register no./ Passed date The Tamil Nadu | | | | No. of Attempts |
|-------------|----------------------|--|-----------|----------------|-------|-----------------|
| | | | Max Marks | Marks Obtained | % | |
| B.D.S. | RAJAS DENTAL COLLEGE | DR. MGR. Medical University | | | | |
| I B.D.S. | " | 54042254 August 2008 | 600 | 372 | 62 | 2 |
| II B.D.S. | " | " | 800 | 495 | 61.88 | 1 |
| III B.D.S. | " | " | 800 | 514 | 64.25 | 1 |
| IV B.D.S. | " | " | 1400 | 916 | 65.43 | 1 |
| Total | | | 3600 | 2297 | 63.80 | |

DISCIPLINE DECLARATION

I SAROJINI . K Spn/Daughter of M. KUMARESAN hereby agree to conform to the rules and regulations of the College including those relating to the Hostel, if any, laid down or to be laid down hereafter by the Principal of the College or the Management for the due maintenance of discipline at the said college and I further agree to make good, when called upon to do so, and damages to furniture, apparatus or other articles which may be caused by carelessness, negligence or wantonness on my part.

Place: Bangalore

Date: 11-06-2016

(Signature)
R.V. DENTAL COLLEGE
J.P. Nagar 1 Phase,
Bangalore - 560 078.

(Signature)
SIGNATURE OF THE CANDIDATE



M.R Dinesh <principalrvdc@gmail.com>

Implant course information

1 message

650/16-17
18/5/16
D.A.P.M.R.V. Dental College
18/5/16

lucjm <mantadocin@yahoo.com>
To: principalrvdc@gmail.com

Tue, May 17, 2016 at 4:47 PM

Hi! Iam interested in Implantology course at your college , if somebody can provide me with the details of both the courses(six month and one year) from your end. I called up at the numbers provided but nobody gave. Wat are the fees structure and documents required .when is the course batch starting ? Would be glad to get the details as soon as possible

Dr.Manta Sawhney
9826134488

Sent from my iPhone

To & vedy

Principala

Principal
D.A.P.M.R.V. Dental College
J.P. Nagar I Phase,
Bangalore - 560 078.

Interested and wanting
over phone information is
given to the student
at 18/5/16, at 12:50 P.M.

already joined MDS



Estd : 1992

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 E-mail : rvdc@vsnl.com website : www.rvdentalcollege.org



APPLICATION FOR CERTIFICATE COURSE - IMPLANT / AESTHETIC DENTISTRY- 20....

| | | |
|---|--|--|
| 1 | Name of the Applicant : (in Block Letters) | HARINI A KRISHNAN |
| 2 | Name of the Parent : (in Block Letters) | KRISHNAN A SHARMA |
| 3 | Permanent Address (in Block Letters) MOBILE No. & Tele. No. Email address | H-2, MAITREE APARTMENTS, 6 TH MAIN 14 TH CROSS, MALESWARAN BENGAURU - 560003 9620294748 harini.krishnan@yahoo.in |
| 4 | Sex | FEMALE |
| 5 | Age / Date of Birth | 24 / 30.11.1992 |
| 6 | Nationality | INDIAN |
| 7 | Blood Group | A + VE |

Details of qualifying Examination Passed

| Examination | Name of Institution | Name of the University / Register no./ Passed date | | | | No. of Attempts |
|---------------|---------------------|--|-------------|----------------|--------------|-----------------|
| | | | Max Marks | Marks Obtained | % | |
| B.D.S. | | RGUHS/ | | | | |
| IB.D.S. | D.A.P.M.R.V.D.C | 11D1816/ | 600 | 422 | 70.33 | 1 |
| II B.D.S. | D.A.P.M.R.V.D.C | 11D1816 | 800 | 582 | 72.75 | 1 |
| III B.D.S. | D.A.P.M.R.V.D.C | 11D1816 | 600 | 419 | 69.83 | 1 |
| IV B.D.S. | D.A.P.M.R.V.D.C | 11D1816 | 1600 | 1157 | 72.31 | 1 |
| Total | | | 3600 | 2580 | 71.66 | |

DISCIPLINE DECLARATION

I HARINI A KRISHNAN Son/Daughter of KRISHNAN A SHARMA hereby agree to conform to the rules and regulations of the College including those relating to the Hostel, if any, laid down or to be laid down hereafter by the Principal of the College or the Management for the due maintenance of discipline at the said college and I further agree to make good, when called upon to do so, and damages to furniture, apparatus or other articles which may be caused by carelessness, negligence or wantonness on my part.

Place: BENGALURU

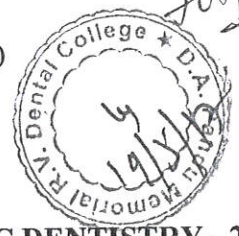
Date:

(Signature)
 Principal
 D.A.P.M.R.V.D.C
 1st Phase,
 Bangalore - 560 078.

(Signature)
 ...
 SIGNATURE OF THE CANDIDATE

Confirmed

707/17-18
19/5/17



RASHTREEYA SIKSHANA SAMITHI TRUST, JAYANAGAR, BANGALORE - 560 011

D.A.PANDU MEMORIAL

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Estd : 1992

APPLICATION FOR CERTIFICATE COURSE - IMPLANT / AESTHETIC DENTISTRY - 20....

| | | |
|---|---|--|
| 1 | Name of the Applicant : (in Block Letters) | SURBHI RAZDAN |
| 2 | Name of the Parent : (in Block Letters) | DILIP KUMAR RAZDAN |
| 3 | Permanent Address (in Block Letters) | HNO. 159 LANE No. 4 DREAMCITY MUTHI JAMMU JAMMU AND KASHMIR 9086023661 |
| | MOBILE No. & Tele. No. | |
| | Email address | sbrazdan@gmail.com |
| 4 | Sex | FEMALE |
| 5 | Age / Date of Birth | 21-08-1992 |
| 6 | Nationality | INDIAN |
| 7 | Blood Group | B+ |

Details of qualifying Examination Passed

| Examination | Name of Institution | Name of the University / Register no. / Passed date | | | | No. of Attempts |
|--------------|--------------------------|--|-------------|----------------|-------------|-----------------|
| | | | Max Marks | Marks Obtained | % | |
| B.D.S. | | BABA FARD UNIVER SITY OF HEALTH SCIENCES / 2010-2011 | 600 | 324 | | |
| I B.D.S. | GURU NANAK DEV DENTAL | MAY/JUNE 2011 | 800 | 484 | 54 | ONE |
| II B.D.S. | COLLEGE AND | MAY/ JUNE 2012 | | | 60.5 | ONE |
| III B.D.S. | RESEARCH INSTITUTE | MAY/ JUNE 2013 | 600 | 370 | 61.6 | ONE |
| IV B.D.S. | | MAY/ JUNE 2014 | 1600 | 999 | 62.4 | ONE |
| Total | | | 3600 | 2177 | 60.4 | |

DISCIPLINE DECLARATION

I, Surbhi Razdan Son/Daughter of Dilip Kumar Razdan hereby agree to conform to the rules and regulations of the College including those relating to the Hostel, if any, laid down or to be laid down hereafter by the Principal of the College or the Management for the due maintenance of discipline at the said college and I further agree to make good, when called upon to do so, and damages to furniture, apparatus or other articles which may be caused by carelessness, negligence or wantonness on my part.

Place:

Date:

[Signature]
Principal
D.A.P.M.R.V. Dental College
J.P. Nagar I Phase,
Bangalore - 560 078.

[Signature]
SIGNATURE OF THE CANDIDATE



Confirmed

RASHTREEYA SIKSHANA SAMITHI TRUST, JAYANAGAR, BANGALORE - 560 011

D.A.PANDU MEMORIAL

R.V.DENTAL COLLEGE & HOSPITAL

(Recognised by Dental Council of India, Affiliated to RGUHS, Karnataka)

No. CA 37, 24th Main, 1st Phase, J.P. Nagar, Bangalore - 560078

Phone : +91 (08) 26547053 / 22445754. Fax : + 91 (08) 26658411

E-mail : rvdc@vsnl.com website : www.rvdentalcollege.org

362/17
26.4



Estd : 1992

APPLICATION FOR CERTIFICATE COURSE - IMPLANT / AESTHETIC DENTISTRY- 2017

| | | |
|---|---|---|
| 1 | Name of the Applicant : (in Block Letters) | HARSHA A. KHALAM |
| 2 | Name of the Parent : (in Block Letters) | ABDUL KHALAM |
| 3 | Permanent Address (in Block Letters) | # 272, UMA MAHESHWARA BHAVAN, JAYARAM LAYOUT, BANNERGHATTA, BANGALORE |
| | MOBILE No. & Tele. No. | 9741595024 |
| | Email address | harshaharish2215@gmail.com |
| 4 | Sex | FEMALE |
| 5 | Age / Date of Birth | 24 YEARS / 15/08/1992 |
| 6 | Nationality | INDIAN |
| 7 | Blood Group | O+ve |

Details of qualifying Examination Passed

| Examination | Name of Institution | Name of the University / Register no./ Passed date | | | | No. of Attempts |
|-------------|---------------------|--|-----------|----------------|-----|-----------------|
| | | | Max Marks | Marks Obtained | % | |
| B.D.S. | | | | | | |
| I B.D.S. | S.V DENTAL COLLEGE | RGUHS 11D4020 | 600 | 408 | 68% | 1 |
| II B.D.S. | S.V DENTAL COLLEGE | RGUHS 11D4020 | 800 | 515 | 64% | 1 |
| III B.D.S. | S.V DENTAL COLLEGE | RGUHS 11D4020 | 600 | 370 | 62% | 1 |
| IV B.D.S. | S.V DENTAL COLLEGE | RGUHS 11D4020 | 1600 | 1071 | 67% | 1 |
| Total | | | 3600 | 2364 | 66% | |

DISCIPLINE DECLARATION

I HARSHA A. KHALAM Son/Daughter of ABDUL KHALAM hereby agree to conform to the rules and regulations of the College including those relating to the Hostel, if any, laid down or to be laid down hereafter by the Principal of the College or the Management for the due maintenance of discipline at the said college and I further agree to make good, when called upon to do so, and damages to furniture, apparatus or other articles which may be caused by carelessness, negligence or wantonness on my part.

Place: BANGALORE

Date: 26/04/2017

Principal
D.A.P.M.R.V. Dental College
J.P. Nagar I Phase,
Bangalore - 560 078.

SIGNATURE OF THE CANDIDATE



RASHTREEYA SIKSHANA SAMITHI TRUST, JAYANAGAR, BANGALORE - 560 011
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 E-mail : rvdc@vsnl.com website : www.rvdentalcollege.org

Estd : 1992

APPLICATION FOR CERTIFICATE COURSE - IMPLANT / AESTHETIC DENTISTRY- 20....

| | | |
|---|---|---|
| 1 | Name of the Applicant : (in Block Letters) | JANANI. T |
| 2 | Name of the Parent : (in Block Letters) | LATE A. THIRU SAKTHIVEL |
| 3 | Permanent Address (in Block Letters) | NO, 42/29 PONNUSAMY VATHIYAR STREET VARADARAJPET, CHOLLAIMEDU, CHENNAI - 600094. |
| | MOBILE No. & Tele. No. | 9884949181 |
| | Email address | jananni.28@gmail.com |
| 4 | Sex | FEMALE |
| 5 | Age / Date of Birth | 23 / 28.08.1993 |
| 6 | Nationality | INDIAN |
| 7 | Blood Group | B+ve |

Details of qualifying Examination Passed


| Examination | Name of Institution | Name of the University / Register no. / Passed date | | | | No. of Attempts |
|--------------|----------------------------------|---|-------------|----------------|-------------|-----------------|
| | | | Max Marks | Marks Obtained | % | |
| B.D.S. | | | | | | |
| IB.D.S. | TAYORE DENTAL COLLEGE & HOSPITAL | DR. MGR UNIVERSITY 54115638 / 10.12.2012 | 600 | 438 | 73 | 1 |
| II B.D.S. | TAYORE DENTAL COLLEGE & HOSPITAL | DR. MGR UNIVERSITY 54115638 / 11.11.2013 | 960 | 618 | 64.3 | 1 |
| III B.D.S. | TAYORE DENTAL COLLEGE & HOSPITAL | DR. MGR UNIVERSITY 54115638 / 17.10.14 | 600 | 457 | 76.1 | 1 |
| IV B.D.S. | TAYORE DENTAL COLLEGE & HOSPITAL | DR. MGR UNIVERSITY 54115638 / 25.9.15 | 1600 | 1000 | 62.5 | 1 |
| Total | | | 3760 | 2513 | 66.8 | |


DISCIPLINE DECLARATION

I JANANI. T. Son/Daughter of LATE A. THIRU SAKTHIVEL hereby agree to conform to the rules and regulations of the College including those relating to the Hostel, if any, laid down or to be laid down hereafter by the Principal of the College or the Management for the due maintenance of discipline at the said college and I further agree to make good, when called upon to do so, and damages to furniture, apparatus or other articles which may be caused by carelessness, negligence or wantonness on my part.

Place: CHENNAI

Date: 24.05.2017


 Principal
 D.A.P.M.R.V. Dental College
 J.P. Nagar I Phase,
 Bangalore - 560 078.


 SIGNATURE OF THE CANDIDATE



Estd : 1992

RASHTREEYA SIKSHANA SAMITHI TRUST, JAYANAGAR, BANGALORE - 560 011
D.A.PANDU MEMORIAL

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Confirmed.

1185/17-18
10/6/17



APPLICATION FOR CERTIFICATE COURSE - IMPLANT / AESTHETIC DENTISTRY- 20....

| | | |
|---|---|---|
| 1 | Name of the Applicant : (in Block Letters) | BHATT RUCHITA KALPESH |
| 2 | Name of the Parent : (in Block Letters) | KALPESH 'R.' BHATT |
| 3 | Permanent Address (in Block Letters) | 19, BANK OF INDIA SOCIETY, BEHIND H.L. COMMERCE COLLEGE, NAYRA NOPURA, AHMEDABAD - 380009 |
| | MOBILE No. & Tele. No. | (M) - 9558207004 (R) - 079-26465063 |
| | Email address | ruchitabhata111@gmail.com |
| 4 | Sex | FEMALE |
| 5 | Age / Date of Birth | 19/12/1992 - 24 YEARS |
| 6 | Nationality | INDIAN |
| 7 | Blood Group | O +ve |

Details of qualifying Examination Passed

| Examination | Name of Institution | Name of the University / Register no./ Passed date | | | | No. of Attempts |
|---------------|---|--|-------------|----------------|--------------|-----------------|
| | | | Max Marks | Marks Obtained | % | |
| B.D.S. | | | | | | |
| I B.D.S. | GOVT. DENTAL COLLEGE & HOSPITAL AHMEDABAD | GUJARAT UNIVERSITY JULY 2011 | 600 | 379 | 63.17 | 1 (FIRST) |
| II B.D.S. | " | GUJARAT UNIVERSITY JULY 2012 | 800 | 524 | 65.5 | 1 (FIRST) |
| III B.D.S. | " | GUJARAT UNIVERSITY JULY 2013 | 600 | 353 | 58.83 | 1 (FIRST) |
| IV B.D.S. | " | GUJARAT UNIVERSITY JUNE 2014 | 1600 | 1018 | 63.63 | 1 (FIRST) |
| Total | | | 3600 | 2274 | 63.16 | (FIRST) |

DISCIPLINE DECLARATION

I ..BHATT...RUCHITA..... Son/Daughter of ..KALPESH..BHATT.. hereby agree to conform to the rules and regulations of the College including those relating to the Hostel, if any, laid down or to be laid down hereafter by the Principal of the College or the Management for the due maintenance of discipline at the said college and I further agree to make good, when called upon to do so, and damages to furniture, apparatus or other articles which may be caused by carelessness, negligence or wantonness on my part.

Place: AHMEDABAD

Date: 8/6/2017

Principal

D.A.P.M.R.V. Dental College
J.P. Nagar I Phase,
Bangalore - 560 078.

SIGNATURE OF THE CANDIDATE

Not coming

4248/16-17
29.12.16

RASHTRIEYA SIKSHANA SAMITHI TRUST, JAYANAGAR, BANGALORE - 560 011

D.A.PANDU MEMORIAL

R.V.DENTAL COLLEGE & HOSPITAL

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E-mail : rvdc@vsnl.com website : www.rvdentalcollege.org

Estd : 1992



APPLICATION FOR CERTIFICATE COURSE - IMPLANT / AESTHETIC DENTISTRY- 2017

| | | |
|---|--|--|
| 1 | Name of the Applicant : (in Block Letters) | MINALI CHANDRAKER |
| 2 | Name of the Parent : (in Block Letters) | VINAY MOHAN CHANDRAKER |
| 3 | Permanent Address (in Block Letters) MOBILE No. & Tele. No. Email address | ARJUNDA DAIRY , SINDHI COLONY STATION ROAD (GURUDWARA ROAD DURG , CG 491001 07747838382 / 3839582206-07 chandrakar.minali10103@gmail.com |
| 4 | Sex | FEMALE |
| 5 | Age / Date of Birth | 27 01/03/1989 |
| 6 | Nationality | INDIAN |
| 7 | Blood Group | A + VE |

D. Prasad
Principal

D.A.P.M.R.V. Dental College
J.P. Nagar I Phase,
Bangalore - 560 078.

Details of qualifying Examination Passed

| Examination | Name of Institution | Name of the University / Register no./ Passed date | Marks | | | No. of Attempts |
|-------------|---|---|-------|----------------|--------|-----------------|
| | | | Max | Marks Obtained | % | |
| B.D.S. | RUNGTA COLLEGE OF DENTEL SCI & RESEARCH BHILAI C.G. | AYUSH AND HEALTH UNIVERSITY RAIPUR C.G./REG NO CGDC15/G/212 PASSED DATE DEC 2014 | | | | |
| I B.D.S. | RUNGTA COLLEGE OF DENTEL SCI & RESEARCH BHILAI C.G. | AYUSH AND HEALTH UNIVERSITY RAIPUR C.G./REG NO CGDC15/G/212 PASSED DATE DEC 2014 | 600 | 377 | 62.80% | FRIST |
| II B.D.S. | RUNGTA COLLEGE OF DENTEL SCI & RESEARCH BHILAI C.G. | AYUSH AND HEALTH UNIVERSITY RAIPUR C.G./REG NO CGDC15/G/212 PASSED DATE DEC 2014 | 800 | 519 | 64.80% | FRIST |



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1434/17-18

23.6



APPLICATION FOR CERTIFICATE COURSE - IMPLANT / AESTHETIC DENTISTRY- 20....

| | | |
|---|--|--|
| 1 | Name of the Applicant : (in Block Letters) | KARUNA CHAUDHARY |
| 2 | Name of the Parent : (in Block Letters) | V. K. CHAUDHARY |
| 3 | Permanent Address (in Block Letters) MOBILE No. & Tele. No. Email address | B- 38, KANTA KHATURIA COLONY, BIKANER. (RAJ.) 8824207166 Karuna1791@gmail.com |
| 4 | Sex | Female |
| 5 | Age / Date of Birth | 23 / 17 / 08 / 1991 |
| 6 | Nationality | INDIAN |
| 7 | Blood Group | O+ |

Details of qualifying Examination Passed

| Examination | Name of Institution | Name of the University / Register no. / Passed date | | | | No. of Attempts |
|-------------|-----------------------------------|---|-----------|----------------|-----|-----------------|
| | | | Max Marks | Marks Obtained | % | |
| B.D.S. | Bhender dental college, Soliganga | Rajasthan Univ of Health Science | | | 57% | 1 |
| I B.D.S. | " | do | 600 | 345 | 57% | 1 |
| II B.D.S. | " | do | 600 | 396 | 66% | 2 |
| III B.D.S. | " | do | 600 | 405 | 67% | 1 |
| IV B.D.S. | " | do | 1600 | 972 | 62% | 1 |
| | | | 3400 | 2118 | | |

I, Karuna Chaudhary Son/Daughter of V.K. Chaudhary hereby agree to conform to the rules and regulations of the College including those relating to the Hostel, if any, laid down or to be laid down hereafter by the Principal of the College or the Management for the due maintenance of discipline at the said college and I further agree to make good, when called upon to do so, and damages to furniture, apparatus or other articles which may be caused by carelessness, negligence or wantonness on my part.

Place: Bangalore
Date: 23/6/2014

Principal
D.A.P.M.R.V. Dental College
J.P. Nagar I Phase,
Bangalore - 560 078.

4/18/2017

Gmail - IMP :: Need information for certificate course



218/17-18
19/4/17

M.R Dinesh <principalrvdc@gmail.com>

IMP :: Need information for certificate course

1 message

Anirudha Yadav <anirudha.ya@gmail.com>
To: principalrvdc@gmail.com
Cc: SWATI YADAV <swatiyadav0208@gmail.com>



Mon, Apr 17, 2017 at 5:59 PM

To reply
Anirudha

Hello Sir/Madam,

This is Anirudha from Delhi writing this mail on behalf of my sister, Swati.

She has done BDS and want to do **certificate course in Aesthetic Dentistry.**

I have downloaded the form from college website. Please suggest for further. Because this is NOT clear on website.

Do I need to fill and send to college address with all documents OR something else?

Sir, If any of your executive can call me to guide on 9985585471. It will help me lot.

Thanks in advance,
Anirudha

Principal
D.A.F.M.R.V. Dental College
J.P. Nagar I Phase,
Bangalore - 560 078.



Estd : 1992

RASHTREEYA SIKSHANA SAMITHI TRUST, JAYANAGAR, BANGALORE - 560 011

D.A.PANDU MEMORIAL

R.V.DENTAL COLLEGE & HOSPITAL

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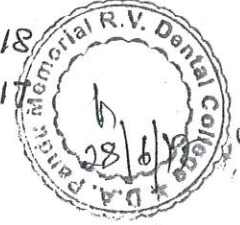
No. CA 37, 24th Main, 1st Phase, J.P. Nagar, Bangalore - 560078

Phone : +91 (08) 26547053 / 22445754. Fax : + 91 (08) 26658411

E-mail : rvdc@vsnl.com website : www.rvdentalcollege.org

1484/17-18

28.6.17



APPLICATION FOR CERTIFICATE COURSE - IMPLANT / AESTHETIC DENTISTRY- 20...

| | | |
|---|--|--|
| 1 | Name of the Applicant : (in Block Letters) | DEEPIKA PRAKASH. |
| 2 | Name of the Parent : (in Block Letters) | RAKESH KUMAR SINHA. |
| 3 | Permanent Address (in Block Letters) MOBILE No. & Tele. No. Email address | 120/A, PRAKASH BHAWAN ANANDPURI WEST BORING CANAL ROAD. PATNA. BIHAR. 7676140553 Deepika the best @ gmail - com. |
| 4 | Sex | FEMALE |
| 5 | Age / Date of Birth | 24: 06/09/1993 |
| 6 | Nationality | INDIAN |
| 7 | Blood Group | o ⁺ ve. |

Details of qualifying Examination Passed

| Examination | Name of Institution | Name of the University / Register no. / Passed date | | | | No. of Attempts |
|--------------|-------------------------------|---|-----------|----------------|------|-----------------|
| | | | Max Marks | Marks Obtained | % | |
| B.D.S. | RAJARAJES WARI DENTAL COLLEGE | RGUHS | | | | |
| I B.D.S. | | 10DS021 | | | | |
| | | | 600 | 399 | 66.7 | 2 |
| II B.D.S. | | | 800 | 573 | 71.6 | 1 |
| III B.D.S. | | | 600 | 400 | 66.7 | 1 |
| IV B.D.S. | | | 1600 | 1045 | 65.3 | 1 |
| Total | | | 3600 | 2417 | 67.1 | |

DISCIPLINE DECLARATION

I Deepika the best Son/Daughter of Rakesh Kumar Sinha hereby agree to conform to the rules and regulations of the College including those relating to the Hostel, if any, laid down or to be laid down hereafter by the Principal of the College or the Management for the due maintenance of discipline at the said college and I further agree to make good, when called upon to do so, and damages to furniture, apparatus or other articles which may be caused by carelessness, negligence or wantonness on my part.

Place: Bangalore

Date: 28/6/17

D. Pandu
Principal
D.A.P.M.R.V. Dental College
J.P. Nagar I Phase,
Bangalore - 560 078.

Deepika
SIGNATURE OF THE CANDIDATE

June 2016 ✓

7/12/15

3403/15-16
7/12/15



RASHTREEYA SIKSHANA SAMITHI TRUST, JAYANAGAR, BANGALORE - 560 011

D.A.PANDU MEMORIAL

R.V.DENTAL COLLEGE & HOSPITAL

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E-mail : rvdc@vsnl.com website : www.rvdentalcollege.org

Estd : 1992

APPLICATION FOR CERTIFICATE COURSE - IMPLANT / AESTHETIC DENTISTRY- 20.16

| | | |
|---|---|---|
| 1 | Name of the Applicant : (in Block Letters) | K. SAROJINI |
| 2 | Name of the Parent : (in Block Letters) | M. KUMARESAN |
| 3 | Permanent Address (in Block Letters) | 18/137, KAMMALAR STREET, PALACODE, DHARMAPURI DISTRICT, TAMIL NADU - 636808 |
| | MOBILE No. & Tele. No. | 9894853573 , 9840698268 |
| | Email address | SarojiniKumaresan@gmail.com |
| 4 | Sex | FEMALE |
| 5 | Age / Date of Birth | / 02-01-1987 |
| 6 | Nationality | INDIAN |
| 7 | Blood Group | D ⁺ ve |

Details of qualifying Examination Passed

| Examination | Name of Institution | Name of the University / Register no. / Passed date | | | | No. of Attempts |
|--------------|----------------------|--|-----------------|----------------|-------------|-----------------|
| | | | Max Marks | Marks Obtained | % | |
| B.D.S. | RAJAS DENTAL COLLEGE | THE TAMILNADU Dr.M.G.R Medical university, Chennai AUG-2005 | | | | |
| IB.D.S. | " | " | 600 | 372 | 62 | 2 |
| II B.D.S. | " | AUG - 2006 | 800 | 495 | 61 | 1 |
| III B.D.S. | " | AUG - 2007 | 800 | 514 | 64 | 1 |
| IV B.D.S. | " | AUG - 2008 | 1400 | 856 | 61 | 1 |
| Total | | | 54042254 | 3600 | 2237 | 62 |

DISCIPLINE DECLARATION

I K.S.SAROJINI Son/Daughter of M.KUMARESAN hereby agree to conform to the rules and regulations of the College including those relating to the Hostel, if any, laid down or to be laid down hereafter by the Principal of the College or the Management for the due maintenance of discipline at the said college and I further agree to make good, when called upon to do so, and damages to furniture, apparatus or other articles which may be caused by carelessness, negligence or wantonness on my part.

(Signature)

Place: BANGALORE

Date: 02-11-2015

Principal
D.A.P.M.R.V. Dental College
J.P. Nagar I Phase,
Bangalore - 560 078.

(Signature)

SIGNATURE OF THE CANDIDATE

Address : DOO2, GK Jewel City Apartment
Rasappa Anna Agrahara main Road
Kudlu Village, Bangalore - 68



Spoken to Representative
and conveyed the message

3496/15.16
15/12/15

RASHTREEYA SIKSHANA SAMITHI TRUST, JAYANAGAR, BANGALORE - 560 011

D.A.PANDU MEMORIAL

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E-mail : rvdc@vsnl.com website : www.rvdentalcollege.org



Estd : 1992

APPLICATION FOR CERTIFICATE COURSE - IMPLANT / AESTHETIC DENTISTRY- 20....

| | | |
|---|---|---|
| 1 | Name of the Applicant : (in Block Letters) | K. SHIVA LAXMI |
| 2 | Name of the Parent : (in Block Letters) | AMAR PANJIAR |
| 3 | Permanent Address (in Block Letters) | SWARAJ PATH, TILAK NAGAR P.O LOHIA NAGAR KANIKARBAGH, PATNA (BIHAR) 800020 |
| | MOBILE No. & Tele. No. | 9960731406, 8002173575 |
| | Email address | Shiva.laxmi30@gmail.com |
| 4 | Sex | Female |
| 5 | Age / Date of Birth | 25/02/1991 |
| 6 | Nationality | Indian |
| 7 | Blood Group | A+ |

Details of qualifying Examination Passed

| Examination | Name of Institution | Name of the University / Register no./ Passed date | | | | No. of Attempts |
|--------------|------------------------------------|--|-------------|----------------|--------------|-----------------|
| | | | Max Marks | Marks Obtained | % | |
| B.D.S. | Bhagati Vidya Peeth Dental College | Bhagati Vidya Peeth Deemed University | | | | |
| I B.D.S. | " | " | 600 | 374 | 62.33 | 1 |
| II B.D.S. | " | " | 800 | 537 | 67.13 | 1 |
| III B.D.S. | " | " | 600 | 352 | 58.67 | 1 |
| IV B.D.S. | " | " | 1600 | 957 | 59.81 | 1 |
| Total | | | 3600 | 2220 | 61.66 | |

DISCIPLINE DECLARATION

I, K. Shiva Laxmi..... Son/Daughter of Amar Panjiar... hereby agree to conform to the rules and regulations of the College including those relating to the Hostel, if any, laid down or to be laid down hereafter by the Principal of the College or the Management for the due maintenance of discipline at the said college and I further agree to make good, when called upon to do so, and damages to furniture, apparatus or other articles which may be caused by carelessness, negligence or wantonness on my part.

Place: Bangalore

Date: 2/12/2015

(Signature)

Principal
D.A.P.M.R.V. Dental College
J.P. Nagar I Phase,
Bangalore - 560 078.

K. Shiva Laxmi
SIGNATURE OF THE CANDIDATE



not responded.

RASHTREEYA SIKSHANA SAMITHI TRUST, JAYANAGAR, BANGALORE - 560 011

D.A.PANDU MEMORIAL

R.V.DENTAL COLLEGE & HOSPITAL

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E-mail : rvdc@vsnl.com website : www.rvdentalcollege.org

3497/1536
15/12/15



Estd : 1992

APPLICATION FOR CERTIFICATE COURSE - IMPLANT / AESTHETIC DENTISTRY- 20....

| | | |
|---|---|-----------------------------------|
| 1 | Name of the Applicant : (in Block Letters) | Mrs. VINSHU BAHL |
| 2 | Name of the Parent : (in Block Letters) | Mr. VINOD BAHL. |
| 3 | Permanent Address (in Block Letters) | C-44 Anand vihar, Delhi - 110092. |
| | MOBILE No. & Tele. No. | 9910687008 |
| | Email address | dr.vinshu@gmail.com. |
| 4 | Sex | F |
| 5 | Age / Date of Birth | 27 / 20-2-1988 |
| 6 | Nationality | INDIAN |
| 7 | Blood Group | B-ve. |

Details of qualifying Examination Passed

| Examination | Name of Institution | Name of the University / Register no. / Passed date | | | | No. of Attempts |
|-------------|--|---|-----------|----------------|-------|-----------------|
| | | | Max Marks | Marks Obtained | % | |
| B.D.S. | SHREE BANKEY BIHARI DENTAL COLLEGE AND RESEARCH CENTRE | CH. CHARAN SINGH UNIVERSITY. | | | | |
| I B.D.S. | do | do | 600 | 413 | 68.83 | SINGLE |
| II B.D.S. | do | do | 600 | 410 | 68.33 | SINGLE |
| III B.D.S. | do | do | 800 | 495 | 61.87 | SINGLE |
| IV B.D.S. | do | do | 1400 | 845 | 60.35 | SINGLE |
| Total | | | 3400 | 2163 | 63.61 | |

DISCIPLINE DECLARATION

IVINSHU.....BAHL..... Son/Daughter ofVINOD.....BAHL..... hereby agree to conform to the rules and regulations of the College including those relating to the Hostel, if any, laid down or to be laid down hereafter by the Principal of the College or the Management for the due maintenance of discipline at the said college and I further agree to make good, when called upon to do so, and damages to furniture, apparatus or other articles which may be caused by carelessness, negligence or wantonness on my part.

Place: NEW DELHI

Date: 11-12-2015

(Signature)

Principal
D.A.PANDU Memorial
J.P. Nagar 1 Phase,
Bangalore - 560 078.

(Signature)

SIGNATURE OF THE CANDIDATE



SEEYA SIKSHANA SAMITHI TRUST, JAYANAGAR, BANGALORE – 560 011

D.A.PANDU MEMORIAL

R.V.DENTAL COLLEGE & HOSPITAL

Recognised by Dental Council of India, Affiliated to RGUHS, Karnataka)

No. CA 37, 24th Main, 1st Phase, J.P. Nagar, Bangalore – 560078

Phone : +91 (08) 26547053 / 22445754. Fax : + 91 (08) 26658411

E-mail : rvdc@vsnl.com website : www.rvdentalcollege.org

Estd : 1992

APPLICATION FOR CERTIFICATE COURSE - IMPLANT / AESTHETIC DENTISTRY-

20....

| | | |
|---|---|---|
| 1 | Name of the Applicant : (in Block Letters) | Dr .VINANTHI P.V |
| 2 | Name of the Parent : (in Block Letters) | VINAY KUMAR P.R. |
| 3 | Permanent Address (in Block Letters) | SEEGEHALLI ESTATE KENJIGE POST MUDIGERE TALUK CHIKMAGALUR-577132 9008160531/ 08263-220396 |
| | MOBILE No. & Tele. No. | |
| | Email address | Vinan_005@yahoo.co.in |
| 4 | Sex | FEMALE |
| 5 | Age / Date of Birth | 23yrs 28/01/1992 |
| 6 | Nationality | INDIAN |
| 7 | Blood Group | O+ve |

Principals
Principal
D.A.P.M.R.V. Dental College
J.P. Nagar I Phase,
Bangalore - 560 078.

Details of qualifying Examination Passed

| Examination | Name of Institution | Name of the University / Register no./ Passed date | | | | No. of Attempts |
|---------------|--|--|-----------|----------------|-------|-----------------|
| | | | Max Marks | Marks Obtained | % | |
| B.D.S. | | | | | | |
| I B.D.S. | A.B SHETTY MEMORIAL INSTITUTE OF DENTAL SCIENCES | NITTE UNIVERSITY NU10DL098 JULY-2011 | 600 | 435 | 72.5 | 1 |
| II B.D.S. | A.B SHETTY MEMORIAL INSTITUTE OF DENTAL SCIENCES | NITTE UNIVERSITY NU10DL098 JUNE-2012 | 800 | 574 | 71.75 | 1 |
| III B.D.S. | A.B SHETTY MEMORIAL INSTITUTE OF DENTAL SCIENCES | NITTE UNIVERSITY NU10DL098 JUNE-2013 | 600 | 400 | 66.6 | 1 |
| IV B.D.S. | A.B SHETTY MEMORIAL INSTITUTE OF DENTAL SCIENCES | NITTE UNIVERSITY NU10DL098 PART 1- DECEMBER-2013 | 800 | 570 | 71.25 | 1 |
| | | PART 2- JULY-2014 | 800 | 540 | 67.5 | 1 |
| Total | | | 3600 | 2519 | 70 | 1 |



M.R Dinesh <principalrvdc@gmail.com>

Certificate Course Interview date

M.R Dinesh <principalrvdc@gmail.com>
To: sarojnikumaresan@gmail.com

Thu, Dec 17, 2015 at 3:20 PM

Dear Students,

The Interview for selection of candidates for Certificate Course – Implant Dentistry and Aesthetic Dentistry for the Academic Year 2016 January Batch is scheduled on Monday the 28th December 2015 at 10.00 a.m. in the Principal's chamber of the College. You are advised to bring all the original marks cards.

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With regards,

Principal
DAPM R. V.Dental College
CA-37, 24th Main, J P Nagar 1st Phase, Bangalore - 560 078
Ph: 080 22 44 57 54


Principal
D.A.P.M.R.V. Dental College
J.P. Nagar 1 Phase,
Bangalore - 560 078.



RASHTREEYA SIKSHANA SAMITHI TRUST, JAYANAGAR, BANGALORE - 560 011

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Estd : 1992



670/15-16
22/5/13

APPLICATION FOR CERTIFICATE COURSE - IMPLANT / AESTHETIC DENTISTRY- 20..1.5

| | | |
|---|---|--|
| 1 | Name of the Applicant : (in Block Letters) | KHUSHBOO AGARWAL |
| 2 | Name of the Parent : (in Block Letters) | ASHOK AGARWAL |
| 3 | Permanent Address (in Block Letters) | JOY APARTMENT 4 TH FLOOR 72 PANCHANAN TALA ROAD HOWRAH 711101 |
| | MOBILE No. & Tele. No. | 07044247939 ,03326379996 |
| | Email address | agarwalkhushboo03@gmail.com |
| 4 | Sex | FEMALE |
| 5 | Age / Date of Birth | 25 YEARS /03/05/1990 |
| 6 | Nationality | INDIAN |
| 7 | Blood Group | O+ve |

Principa
Principal

D.A.P.M.R.V. Dental College
J.P. Nagar I Phase
Bangalore - 560 078.

Details of qualifying Examination Passed

| Examination | Name of Institution | Name of the University / Register no./ Passed date | | | | No. of Attempts |
|--------------|--|--|-----------|----------------|---------------------------|-----------------|
| | | | Max Marks | Marks Obtained | % | |
| B.D.S. | Manipal college of dental sciences mangalore | Manipal university/ 090401261/ July 2013 | | | | |
| I B.D.S. | | | 600 | 461 | 76.83 | 1 |
| II B.D.S. | | | 800 | 618 | 77.25 | 1 |
| III B.D.S. | | | 600 | 432 | 72 | 1 |
| IV B.D.S. | | | 1600 | 1165 | 72.81 | 1 |
| Total | | | 3600 | 2676 | 76.05 74.33 | |

DISCIPLINE DECLARATION

I ...Khushboo Agarwal..... Son/Daughter ofAshok agarwal..... hereby agree to conform to the rules and regulations of the College including those relating to the Hostel, if any, laid down or to be laid down hereafter by the Principal of the College or the Management for the due maintenance of discipline at the said college and I further agree to make good, when called upon to do so, and damages to furniture, apparatus or other articles which may be caused by carelessness, negligence or wantonness on my part.



R.V. Dental College & Hospital
D.A. Pandu Memorial
Bangalore

Estd : 1992

RASHTREEYA SIKSHANA SAMITHI TRUST, JAYANAGAR, BANGALORE - 560 011

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APPLICATION FOR CERTIFICATE COURSE - IMPLANT / AESTHETIC DENTISTRY- 20....

| | | |
|---|--|--|
| 1 | Name of the Applicant : (in Block Letters) | PALLAWI RAI |
| 2 | Name of the Parent : (in Block Letters) | BIRENDRA RAI |
| 3 | Permanent Address (in Block Letters) MOBILE No. & Tele. No. Email address | E-25, MAG APARTMENTS, PARYAVARAN COMPLEX, FLAT-5, FLOOR - 3 RD , NEW DELHI-110030. 9880719403 pallawi - rbs@yahoo.co.in |
| 4 | Sex | Female |
| 5 | Age / Date of Birth | 08 - 08 - 1986 |
| 6 | Nationality | INDIAN |
| 7 | Blood Group | B +ve |

Details of qualifying Examination Passed

| Examination | Name of Institution | Name of the University / Register no. / Passed date | | | | No. of Attempts |
|-------------|---------------------|---|-----------|----------------|-----|-----------------|
| | | | Max Marks | Marks Obtained | % | |
| B.D.S. | SDM, DHARWAR | RGUHS | | | | |
| I B.D.S. | | 09D3255 | 600 | 381 | 64% | 1 st |
| II B.D.S. | | 31.3.2015 | 800 | 580 | 64% | 2 nd |
| III B.D.S. | | | 600 | 391 | 65% | 1 st |
| IV B.D.S. | | | 1600 | 990 | 62% | 1 st |
| Total | | | 3600 | 2272 | 63% | |

DISCIPLINE DECLARATION

I PALLAWI RAI Son/Daughter of BIRENDRA RAI hereby agree to conform to the rules and regulations of the College including those relating to the Hostel, if any, laid down or to be laid down hereafter by the Principal of the College or the Management for the due maintenance of discipline at the said college and I further agree to make good, when called upon to do so, and damages to furniture, apparatus or other articles which may be caused by carelessness, negligence or wantonness on my part.

Place: DELHI

Date:

Pallawi Rai
SIGNATURE OF THE CANDIDATE

Certificate Course
Aesthetic/Implant



RASHTRIEYA SIKSHANA SAMITHI TRUST, JAYANAGAR, BANGALORE - 560 011
D.A.PANDU MEMORIAL

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Estd : 1992

APPLICATION FOR CERTIFICATE COURSE - IMPLANT / AESTHETIC DENTISTRY- 20....

| 1 | Name of the Applicant : (in Block Letters) | VIBHUTI UPADHYAY | | | |
|---|---|--|-----------------|-------------------|--------|
| 2 | Name of the Parent : (in Block Letters) | HEMANT UPADHYAY | | | |
| 3 | Permanent Address (in Block Letters) | #S-3 503 ; SILVERWOOD REGENCY ; KASAVANA HALLI SARJAPUR ROAD; BANGALORE-35 | | | |
| | MOBILE No. & Tele. No. | 8147047770 ; 080-42129059 | | | |
| | Email address | vibhuti28@gmail.com vibhutiupa@yahoo.com | | | |
| 4 | Sex | female | | | |
| 5 | Age / Date of Birth | 35 yrs ; 28/01/80 | | | |
| 6 | Nationality | INDIAN | | | |
| 7 | Blood Group | A+ | | | |
| Details of qualifying Examination Passed | | | | | |
| Examination | Name of Institution | Name of the University / Register no./ Passed date | No. of Attempts | | |
| | | | Max Marks | Marks Obtained | % |
| B.D.S. | | | | | |
| I B.D.S. | MDRC | Devi Ahilya | 600 | 402 | 1 |
| II B.D.S. | MDRC | " | 600 | 419 | 1 |
| III B.D.S. | MDRC | " | 800 | 490 | 1 |
| IV B.D.S. | MDRC | " | 1400 | 835 | 1 |
| Total | | | 3400 | 2146 | 63.11% |

D. Praveen
Principal
D.A.P.M.R.V. Dental College
J.P. Nagar I Phase,
Bangalore - 560 078.

DISCIPLINE DECLARATION

I VIBHUTI UPADHYAY ✓ Son/Daughter of HEMANT UPADHYAY hereby agree to conform to the rules and regulations of the College including those relating to the Hostel, if any, laid down or to be laid down hereafter by the Principal of the College or the Management for the due maintenance of discipline at the said college and I further agree to make good, when called upon to do so, and damages to furniture, apparatus or other articles which may be caused by carelessness, negligence or wantonness on my part.

Place: BANGALORE -

Date: 24/4/15

Vibhuti
SIGNATURE OF THE CANDIDATE