**MAEER PUNE’s**

**MIDSR DENTAL COLLEGE & HOSPITAL**

****

Vishwanathpuram, Ambajogai Road, Latur – 413 512

**CLINICAL RECORD BOOK DEPARTRMENT OF CONSERVATIVE & ENDODONTICS**

**CERTIFICATE**

*This is to certify that Miss/Mr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*has satisfactorily carried out the practical work as prescribed by the Maharashtra University of Health Sciences, Nashik for Examination, for the subject of Conservative Dentistry & Endodontics*

STAFF -IN- CHARGE PROFESSOR & HEAD OF

THE DEPARTMENT

DATE DATE

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| **Sr. No.** | **Experiment** | **Page** | **Date of Experiment** | **Date of Submission** | **Remarks** |
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**Record of Internal Assessment Examinations**

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|  | **Experiment** | **Page** | **Date of Experiment** | **Date of Submission** | **Remarks** |
| **1st Internal** |  |  |  |  |  |
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| **Preliminary Examination** |  |  |  |  |  |

**Total**

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| **Sr.** | **Date** | **Reg.No.** | **Name of the Patient** | **Reg. No.** | **Work Done** | | | **Staff Sign.** |
| **Cavity Prep.** | **Base** | **Restoration** |
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