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PRECLINICAL EXERCISES

ONLY PREPARATION ON MOLARS:

| SR. NO | TOOTH | MO/DO/MOD | GRADE | SIGN |
|--------|-------|-----------|-------|------|
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FULL CROWN PREPARATION ON PERMOLARS & MOLARS:

| SR. NO | TOOTH PREPARATION | WAX PATTERN | PROCESSING | CEMENTATION | SIGN |
|--------|----------------------|----------------|------------|-------------|------|
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EXERCISE 4 :

WAX PATTERN:

| SR. NO | TOOTH | GRADE | SIGN |
|--------|-------|-------|------|
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CASTING:

| SR. NO | TOOTH | GRADE | SIGN |
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EXERCISE 5:

PIN RETAINED AMALGAM RESTORATION ON MOLAR TEETH

| SR. NO | TOOTH NO. | CAVITY PREPARATION | PIN-HOLE PREPARATION | PIN PLACEMENT | MATRIX | RESTORATION |
|--------|-----------|--------------------|----------------------|---------------|--------|-------------|
| | | | | | | |
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EXERCISE 6:

POST & CORE BUID UP

A. ANTERIOR TEETH

| SR. NO | TOOTH NO. | POST SPACE PREPARATION | TOOTH PREPARATION | WAX PATTERN | CASTING | CEMENTATION |
|--------|-----------|------------------------|-------------------|-------------|---------|-------------|
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B. POSTERIOR TEETH

| SR. NO | TOOTH NO. | POST SPACE PREPARATION | TOOTH PREPARATION | WAX PATTERN | CASTING | CEMENTATION |
|-------------------|----------------------|-----------------------------------|------------------------------|------------------------|----------------|--------------------|
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CONSERVATIVE DENTISTRY

OPERATIVE PROCEDURES PERFORMED

AMALGAM RESTORATIONS

| SR. NO | DATE | OPD NO. | NAME OF PATIENT | PROCEDURE PERFORMED | SIGN |
|-----------|------|---------|-----------------|---------------------|------|
| | | | | | |

SIGN OF GUIDE

SIGN OF HOD

OPERATIVE PROCEDURES PERFORMED

COMPOSITE RESIN RESTORATIONS

| SR. NO | DATE | OPD NO. | NAME OF PATIENT | PROCEDURE PERFORMED | SIGN |
|-----------|------|---------|-----------------|---------------------|------|
| | | | | | |

SIGN OF GUIDE

SIGN OF HOD

OPERATIVE PROCEDURES PERFORMED

GIC RESTORATIONS

| SR. NO | DATE | OPD NO. | NAME OF PATIENT | PROCEDURE PERFORMED | SIGN |
|-----------|------|---------|-----------------|---------------------|------|
| | | | | | |

SIGN OF GUIDE

SIGN OF HOD

OPERATIVE PROCEDURES PERFORMED

CAST RESTORATIONS

| SR. NO | DATE | OPD NO. | NAME OF PATIENT | PROCEDURE PERFORMED | SIGN |
|-----------|------|---------|-----------------|---------------------|------|
| | | | | | |

SIGN OF GUIDE

SIGN OF HOD

OPERATIVE PROCEDURES PERFORMED

VITAL PULP THERAPY

| SR. NO | DATE | OPD NO. | NAME OF PATIENT | PROCEDURE PERFORMED | SIGN |
|-----------|------|---------|-----------------|---------------------|------|
| | | | | | |

SIGN OF GUIDE

SIGN OF HOD

ENDODONTICS

OPERATIVE PROCEDURES PERFORMED

ROOT CANAL TREATMENTS

| SR. NO | DATE | OPD NO. | NAME OF PATIENT | PROCEDURE PERFORMED | SIGN |
|-----------|------|---------|-----------------|---------------------|------|
| | | | | | |

SIGN OF GUIDE

SIGN OF HOD

OPERATIVE PROCEDURES PERFORMED

CAST RESTORATION

| SR. NO | DATE | OPD NO. | NAME OF PATIENT | PROCEDURE PERFORMED | SIGN |
|-----------|------|---------|-----------------|---------------------|------|
| | | | | | |

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OPERATIVE PROCEDURES PERFORMED

POST ENDODONTIC RESTORATIONS

| SR. NO | DATE | OPD NO. | NAME OF PATIENT | PROCEDURE PERFORMED | SIGN |
|-----------|------|---------|-----------------|---------------------|------|
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SIGN OF GUIDE

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OPERATIVE PROCEDURES PERFORMED

BLEACHING PROCEDURES

| SR. NO | DATE | OPD NO. | NAME OF PATIENT | PROCEDURE PERFORMED | SIGN |
|-----------|------|---------|-----------------|---------------------|------|
| | | | | | |

SIGN OF GUIDE

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OPERATIVE PROCEDURES PERFORMED

SURGICAL ENDODONTICS

| SR. NO | DATE | OPD NO. | NAME OF PATIENT | PROCEDURE PERFORMED | SIGN |
|-----------|------|---------|-----------------|---------------------|------|
| | | | | | |

SIGN OF GUIDE

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OPERATIVE PROCEDURES PERFORMED

FULL MOUTH REHABILITATIONS

| SR. NO | DATE | OPD NO. | NAME OF PATIENT | PROCEDURE PERFORMED | SIGN |
|-----------|------|---------|-----------------|---------------------|------|
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SIGN OF GUIDE

SIGN OF HOD

SEMINARS

SEMINARS

| SR. NO | DATE | SEMINARS PRESENTED(P)/ SEMINARS ATTENDED (A) | P/A | SIGN |
|-----------|------|---|-----|------|
| | | | | |

SIGN OF GUIDE

SIGN OF HOD

JOURNAL CLUB

JOURNAL CLUB

| SR. NO | DATE | NAME OF JOURNAL ARTICLE/PUBLICATION DETAIL | (PRESENTED(P)/ ATTENDED A) | SIGN |
|-----------|------|---|-------------------------------|------|
| | | | | |

SIGN OF GUIDE

SIGN OF HOD

**CLINICAL CASE
PRESENTATIONS**

CLINICAL CASE PRESENTATION

| SR. NO | DATE | TOPIC | PRESENTED(P)/ ATTENDED (A) | SIGN |
|-----------|------|-------|-------------------------------|------|
| | | | | |

SIGN OF GUIDE

SIGN OF HOD

**U.G. TEACHING
PROGRAMME**

U.G. TEACHING PROGRAMME

| SR. NO | DATE | TOPIC | THEORY/PRACTICAL/ CLINIC/ DEMOS | NAME OF FACULTY | SIGN |
|-----------|------|-------|------------------------------------|--------------------|------|
| | | | | | |

SIGN OF GUIDE

SIGN OF HOD

WORKSHOPS/CDE PROGRAMMES

WORKSHOPS/ CDE PROGRAMMES ATTENDED

| SR. NO | DATE | WORKSHOPS/CDE PROGRAMMES ATTENDED | SIGN |
|-------------------|-------------|--|-------------|
| | | | |

SIGN OF GUIDE

SIGN OF HOD

CONFERENCES

CONFERENCES

| SR. NO | DATE | CONFERENCE ATTENDED (A)/ PRESENTATIONS MADE IN CONFERENCES(P) | A/P | SIGN |
|-----------|------|--|-----|------|
| | | | | |

SIGN OF GUIDE

SIGN OF HOD

**CAMPS/ FIELD VISITS/
SURVEYS/COMMUNITY SERVICE**

CAMPS/FIELD VISITS/SURVEYS/COMMUNITY SERVICE

| SR. NO | DATE | CAMPS/FIELD VISITS/SURVEYS/COMMUNITY SERVICE | SIGN |
|-------------------|-------------|---|-------------|
| | | | |

SIGN OF GUIDE

SIGN OF HOD

OPERATIVE PROCEDURES PERFORMED

SPECIAL CASE REPORTS

| SR. NO | DATE | OPD NO. | NAME OF PATIENT | PROCEDURE PERFORMED | SIGNED |
|-----------|------|---------|-----------------|---------------------|--------|
| | | | | | |

SIGN OF GUIDE

SIGN OF HOD

LEAVE PARTICULARS

LEAVE PARTICULARS

| DATE OF APPLICATION | FROM--TO | NO. OF DAYS | REMARKS | SIGN OF HOD |
|---------------------|----------|-------------|---------|-------------|
| | | | | |

SIGN OF GUIDE

SIGN OF HOD

SUMMARY OF LOG BOOK

NAME OF STUDENT:

REGD. NO.:

NAME OF THE COURSE:

FROM:

TO:

NAME OF THE COLLEGE:

- | | | |
|---|-----------|----------|
| 1) NO. OF JOURNAL REVIEW PRESENTATIONS: | PRESENTED | ATTENDED |
| 2) NO. OF SEMINARS PRESENTATIONS: | PRESENTED | ATTENDED |
| 3) NO. OF CLINICAL CASE PRESENTATIONS: | PRESENTED | ATTENDED |
| 4) NO. OF U.G. TEACING PROGRAMMES: | PRESENTED | ATTENDED |
| 5) NO. OF P.G. TEACHING PROGRAMMES: | | ATTENDED |
| 6) NO. OF CONFERENCES: | | ATTENDED |

SYMPOSIA ATTENDED:

WORKSHOPS ATTENDED:

CDE ATTENDED:

ANY OTHER ACTIVITIES:

SIGN OF CANDIDATE

SIGN OF HOD

SIGN OF PRINCIPAL