JMF's Annasaheb Chudaman Patil Memorial Dental College

Mentor Mentee Program

Parent Teacher Meet

DR

Name of Mentor: Dr. Sudha Patil.

Name of Student: Rajul Vinod Jain.

BDS Year: IV BDS. Regular/Odd: Regular

Parent/Guardian Name: Vinod Jain.

Phone No.: 9850827659

Student Performance:

Internal Assessment 1st/2nd/final

S. No.	Subject	Attendance		Marks		Remarks
		Th	Pr	Th	Pr	
1	Public Health Dentistry	75	90	45	60	
2	Oral & Maxillofacial Surgery.	88	98	38	58	
3	Periodontics.	90	95	40	64	
4	Conservative Dentistry.	80	75	42	62	
5	Pedodontics.	77	95	48	59	
6	Orthodontics.	78	80	39	61	
7	Prosthodontics	88	90	41	48	
8	Oral Medicine & Radiology.	87	94	40	52	

Signature
(Mentor)

Declaration

I Mr./Ms. Vinod Jain have been informed about the progress of my ward and I have been notified all the outcomes for nonperforming upto the credential remarks of university criteria to appear in examination.

Signature
(Parent)

Date:

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JMF's Annasaheb Chudaman Patil Memorial Dental College

Mentor Mentee Program

Parent Teacher Meet

Name of Mentor: Dr. Sudha Patil

Name of Student: Purva Gajanan Jadhao

BDS Year: Final year Regular/Odd: Odd

Parent/Guardian Name: Gajanan Sukhdev Jadhao

Phone No.: 9623666974.

Student Performance:

Internal Assessment 1st/2nd/final

S. No.	Subject	Attendance		Marks		Remarks
		Th	Pr	Th	Pr	
1	Oral Medicine & Radiology	76%	88%	24	31	
2	Prosthodontics	85%	80%	32	32	
3	Periodontics	83.33%	91.2%	31	42	
4	Oral Maxillofacial Surgery	80%	85%	45	30	
5	Pedodontics	82%	80%	44	35	
6	Conservative & Endodontics	88%	93.5%	34	42	
7	Public Health Dentistry	83%	80%	44	32	
8	Orthodontics	75%	80%	21	34	

Signature
(Mentor)

Declaration

I Mr./~~Mrs.~~ Gajanan S. Jadhao have been informed about the progress of my ward and I have been notified all the outcomes for nonperforming upto the credential remarks of university criteria to appear in examination.

Jadhao
Signature
(Parent)

Date: 18/10/22

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JMF's Annasaheb Chadaman Patil Memorial Dental College

Mentor Mentee Program

Parent Teacher Meet

Name of Mentor: Dr. Sudha Patil

Name of Student: Purva Gajanan Jadhao

BDS Year: ~~Intern~~ Final year Regular/Odd: Odd

Parent/Guardian Name: Gajanan Sukhdeo Jadhao

Phone No.: 9623666974

Student Performance:

Internal Assessment 1st/2nd/final

S. No.	Subject	Attendance		Marks		Remarks
		Th	Pr	Th	Pr	
1	Oral Medicine & Radiology	76%	88%	32	30	
2	Prosthodontic	85%	80%	42	34	
3	Periodontic	83.33%	91.2%	22	44	
4	Oral Maxillofacial Surgery	80%	85%	37	36	
5	Pedodontic	82%	80%	33	42	
6	Conservative & Endodontic	88%	93.5%	39	45	
7	Public Health Dentistry	83%	80%	33	34	
8	Orthodontic	75%	80%	24	31	

Signature
(Mentor)

Declaration

I Mr./~~Mrs.~~ Gajanan S Jadhao have been informed about the progress of my ward and I have been notified all the outcomes for nonperforming upto the credential remarks of university criteria to appear in examination.

Jadhao
Signature
(Parent)

Date: 18/10/22

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JMF's Annasaheb Chudaman Patil Memorial Dental College

Mentor Mentee Program

Parent Teacher Meet

Name of Mentor: Dr. Sudha Patil

Name of Student: Purva Gajanan Jadhao

BDS Year: Final year Regular/Odd: Odd

Parent/Guardian Name: Gajanan Sukhdev Jadhao

Phone No.: 9623666974

Student Performance:

Internal Assessment 1st/2nd/final ✓

S. No.	Subject	Attendance		Marks		Remarks
		Th	Pr	Th	Pr	
1	Oral Medicine & Radiology	76%	88%	56	61	
2	Prosthodontic	85%	80%	45	42	
3	Periodontic	83.33%	91.2%	42	47	
4	Oral Maxillofacial Surgery	86%	85%	21	43	
5	Pedodontic	82%	80%	27	47	
6	Conservative & Endodontic	88%	93.5%	40	55	
7	Public Health Dentistry	83%	80%	26	40	
8	Orthodontic	75%	80%	35	42	

Signature
(Mentor)

Declaration

I Mr./~~Mrs.~~ Gajanan S. Jadhao have been informed about the progress of my ward and I have been notified all the outcomes for nonperforming upto the credential remarks of university criteria to appear in examination.

Jadhao
Signature
(Parent)

Date: 18/10/22

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JMF's Annasaheb Chudaman Patil Memorial Dental College

Mentor Mentee Program

Parent Teacher Meet

Name of Mentor: Dr. Sudha Patil

Name of Student: Pratik Dnyaneshwar Bagal.

BDS Year: Intern Regular/Odd: Odd

Parent/Guardian Name: Dnyaneshwar Bagal

Phone No.: 9284408787

Student Performance:

Internal Assessment 1st/2nd/final ✓

S. No.	Subject	Attendance		Marks		Remarks
		Th	Pr	Th	Pr	
1	Public health dentistry	75	82	35	40	
2	Periodontic	78	88	42	40	
3	Orthodontic	75	80	45	44	
4	Oral medicine & Radio.	75	80	43	40	
5	~~Cons~~ Oral Maxillofacial Surg	80	85	40	43	
6	Cons. & Endo	80	90	45	40	
7	Prosthodontics	75	80	42	41	
8	~~Pedodontic~~ Pedodontics.	75	82	39	40	

Signature
(Mentor)

Declaration

I Mr./Ms. Dnyaneshwar Bagal have been informed about the progress of my ward and I have been notified all the outcomes for nonperforming upto the credential remarks of university criteria to appear in examination.

Signature
(Parent)

Date:

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IInd Internee

JMF's Annasaheb Chudaman Patil Memorial Dental College

Mentor Mentee Program

Parent Teacher Meet

Name of Mentor: Dr. sudha Patil.

Name of Student: Patil Dnyaneshwar Bagal.

BDS Year: Intern Regular/Odd: odd

Parent/Guardian Name: Dnyaneshwar Bagal

Phone No.: 9284408787

Student Performance:

Internal Assessment 1st/2nd/final

S. No.	Subject	Attendance		Marks		Remarks
		Th	Pr	Th	Pr	
1	Public health dentistry	75	82	34	40	
2	Periodontics	78	83	40	44	
3	Orthodontics	75	80	43	45	
4	Oral medicines & Radio-	75	80	39	46	
5	oral Maxillofacial Surgery	80	85	44	45	
6	Cons. & Endo	80	90	40	40	
7	Prosthodontics	75	80	42	41	
8	Pedodontics.	75	82	45	40	

Signature
(Mentor)

Declaration

I Mr./Ms. Dnyaneshwar Bagal have been informed about the progress of my ward and I have been notified all the outcomes for nonperforming upto the credential remarks of university criteria to appear in examination.

Signature
(Parent)

Date:

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JMF's Annasaheb Chudaman Patil Memorial Dental College

Mentor Mentee Program

Parent Teacher Meet

Name of Mentor: Dr. Sudha Patil

Name of Student: Chetan Kishor Patil

BDS Year: Intern Regular/Odd: Regular

Parent/Guardian Name: Kishor Babulal Patil

Phone No.: 9370188635

Student Performance:

Internal Assessment 1st/2nd/final

S. No.	Subject	Attendance		Marks		Remarks
		Th	Pr	Th	Pr	
1	Oral Medicine & Radiology	75	85	39	56	
2	Oral & Maxillofacial Surgery	95	87	32	34	
3	Periodontics	80	100	46	56	
4	Conservative & Endodontics	83	90	40	47	
5	Pedodontics	80	84	48	55	
6	Orthodontics	80	90	40	47	
7	Prosthodontics	95	97	39	42	
8	Public Health Dentistry	86	90	43	40	

Signature
(Mentor)

Declaration

I Mr./Mrs. Kishor B. Patil have been informed about the progress of my ward and I have been notified all the outcomes for nonperforming upto the credential remarks of university criteria to appear in examination.

Signature
(Parent)

Date:

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