## Index

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Blank Performance Appraisal format for Teaching Staff

THE OXIOARD DENTAL COLLEGE
$10^{\prime \prime \prime}$ MLIL STONE DOMMANAHALIL, HOSUR BOAD, HANGALORE
SELF-PLRFORMANCE APPRALSAL OF TEACHING STASF

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# CHILDREN'S EDUCATION SOCIETY (Regd.) 

THE OXFORD DENTAL COLLEGE
Recognized by the Govt. of Karnataka, Affiliated to Rajiv Gandhi University of Health Sciences,
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Bommanahalli, Hosur Road, Bangalore - 560068 .
Ph: 080-61754680 Fax:080-61754693E-mail:deandirectortodc@gmail.com Website: www.theoxford.edu


IX. Extestionwork/ covmunithernver


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Bommanahalli, Hosur Road, Bangalore - 560068.
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Blank Performance Appraisal format for Non-Teaching Staff

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Bommanahalli, Hosur Road, Bangalore - 560068.

## EXTENSION WORK/ COMMUMITY SERVICE

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1. Community work
2. Eerichment of the tampan iffefhestel/sportsfocitural activibesk
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4. Parikipation in carperate:
5. Co-curficular acthibes
6. Membarship in committees in the college:

Score 7 $\qquad$ joot of 5$]$

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This is to cerity that ail the details and information subminted is true and carrect to the best of my knowledse, I understand that I am liable for penalitation induing criminal action for providing werge/misguiding intormation as doemed fif by the University.

Filled Performance Appraisal format for Teaching Staff 2021-2022

II. ACADEMIC QUALIFICATIONS

III. TEACHING EXPERIENCE

| COURSES <br> (UG/PG) | NAME OF THE UNIVERSITY/COLLEGE <br> INSTITUTION | DURATION |
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## CHILDREN'S EDUCATION SOCIETY (Regd.)

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Ph: 080-61754680 Fax: 080-61754693E-mail:deandirectortodc@gmail.com
Website: www.theoxford.edu
VI. RESEARCH PROJECTS CARRIED OUT/ GUIDED

| TITLE OF THE PROJECT | NAME OF THE FUNDING <br> AGENCY | DURATION | REMARKS |
| :--- | :--- | :--- | :--- |
|  |  |  |  |

VII. CONFERENCE,WORKSHOPS,CDE,GUEST LECTURES, RESOURCE PERSON PAPER/POSTER PRESENTATIONS(TV/Radio Talks)

| SL NO | NAME | ATTENDED | CONDUCTED | DETAILS |
| :--- | :--- | :--- | :--- | :--- |
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VIII. TEACHER PROFILE AND QUALITY

1. Classes handled: UG:

PG:
2. Remedial classes/counseling classes taken:
3. Teaching methods:
4. Innovations in teaching:
5. Design of curriculum
6. Laboratory experiments
7. Evaluation Methods:
8. Preparation of resource material:

Including books, reading materials, Laboratory manuals etc
9. Mentoring activity:
10. Awards/ Achievements:
IX. EXTENSION WORK/ COMMUNITY SERVICE

Please give a short account of your contribution to:

1. Community work:
(Such as values of national Integration,
Secularism,democracy,socialism,humanism,peace,scientific temper,flood or drought relief,small family norms etc.)
2. National Literacy Mission
3. Positions held/ leadership role played in organizations linked with extension work or any other similar activity:
X. PARTICIPATION IN CORPORATE:

Please give a short account of your contribution to:

CHILDREN'S EDUCATION SOCIETY (Regd.)
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Website: www.theoxford.edu

1. College/ university/ institution
2. Co-curricular activities
3. Enrichment of the campus life(hostel/sports/cultural activities):
4. Students Welfare and discipline:
5. Membership/participation in bodies/committees on education and national development:
6. Professional organization of teachers:
7. Any other:
XII. MEMBERSHIPS OF PROFESSIONAL BODIES AND SOCIETIES
8. Membership in committees in the college/universities:
9. Membership in professional body/society/associations (participation in the organizing teams)
10. Editorial board/Reviewer:
11. Any other:

Score: $\qquad$ (out of 5)

## CHILDREN'S EDUCATION SOCIETY (Regd.)

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## CERTIFICATE

This is to certify that all the details and information submitted is true and correct to the best of my knowledge. I understand that I am liable for penalization including criminal action for providing wrong/misguiding information as deemed fit by the University.


## THE OXFORD DENTAL COLLEGE 10 ${ }^{\text {mi }}$ MILE STONE BOMMANAHALLI, HOSUR ROAD, BANGALORE SELF-PERFORMANCE APPRAISAL OF TEACHING STAFF

I. GENERAL INFORMATION

Name: ACe. Relvarati. S.B.
Address \#189, Jeevana. $35^{\text {th }}$ Main, $7^{\text {th }}$ Croo0. BTMNng Tage $^{\text {Man }}$
Phone number: Bangalore-68
Designation: 9886399310
Department: Oral medicine \& Radiology
Specialization:
Date of joining the institution: Tere 2006
Nature of employment: Permanent/ Temporary/ Deputation/ Part Time
Total years/ months of service in the institution: 16 years 10 months
Date of birth: $2 / 3 / 1977$
Emailid: bharatia patil@yahoo.com
II. ACADEMIC QUALIFICATIONS

III. TEACHING EXPERIENCE

| COURSES <br> (UG/PG) | NAME OF THE UNIVERSITY/COLLEGE <br> INSTITUTION | DURATION |
| :---: | :---: | :---: |
| $U G$ | The oxford dental | 16 yeass, 10 months |
| \& PG | College Beangalore |  |

IV. RESEARCH EXPERIENCE AND TRAINING

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peliapical pattrolagies and maxillary v. RESEARCH PUBLICATION,BOOKS AUTHORED AND MAGAZINES IN THE ACADEMIC YEAR. (Enclose Copy)

VI. RESEARCH PROJECTS CARRIED OUT/ GUIDED

| TITLE OF THE PROJECT | NAME OF THE FUNDING <br> AGENCY | DURATION | REMARKS |
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| Evaluation of Endo Perio |  |  |  |
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| Evaluation of apoaciation b/w |  |  |  |
| maxillayy pooluior teelh puigpical |  |  |  |
| paltrologkes and maxillary sinas nucooal |  |  |  |
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VII. CONFERENCE, WORKSHOPS, CDE GUEST LECTURES, RESOURCE PERSON PAPER/POSTER PRESENTATIONS(TV/Radio Talks)


1. Classes handled: UG:

PG:
2. Remedial classes/ counseling classes taken:

## CHILDREN'S EDUCATION SOCIETY (Regd.)

## THE OXFORD DENTAL COLLEGE

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3. Teaching methods:
4. Innovations in teaching
5. Design of curriculum
6. Laboratory experiments
7. Evaluation Methods:
8. Preparation of resource material:

Including books, reading materials, Laboratory manuals etc
9. Mentoring activity
10. Awards/ Achievements:
IX. EXTENSION WORK/ COMMUNITY SERVICE

Please give a short account of your contribution to:
D

1. Community work:
(Such as values of national Integration, Secularism, democracy, socialism, humanism,
peace, scientific temper, flood or drought relief, small family norms etc.)
2. National Literacy Mission
3. Positions held/ leadership role played in organizations linked with extension work or any other similar activity:
X. PARTICIPATION IN CORPORATE:

Please give a short account of your contribution to:

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College/ university/ institution

Co-curricular activities

Enrichment of the campus life(hostel/sports/cultural activities):

Students Welfare and discipline:
5. Membership/participation in bodies/committees on education and national development:
6. Professional organization of teachers:
7. Any other:
XII. MEMBERSHIPS OF PROFESSIONAL BODIES AND SOCIETIES

1. Membership in committees in the college/universities: Mentoku Nebracy
2. Membership in professional body/society/associations (participation in the organizing teams) I $A O M R$ KIAOMR

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3. Editorial board/ Reviewer: Editor. - KI AOMR Journal
Reviewer - IAOMR Journal.
4. Any other:

Score: $\qquad$ (out of 5)

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## CERTIFICATE

This is to certify that all the details and information submitted is true and correct to the best of my knowledge. I understand that I am liable for penalization including criminal action for providing wrong/misguiding information as deemed fit by the University.
(Signature of the Teacher)
PROFESSOR \& HEAD
Dept of Oral Medcine \&-Radroris!

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& \text { rhe Oxford Dental }
\end{aligned}
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Bangalore-68

## THE OXFORD DENTAL COLLEGE <br> 10T MILE STONE BOMMANAHALLI, HOSUR ROAD, BANGALORE

## SELF-PERFORMANCE APPRAISAL OF TEACHING STAFF

1. GENERAL INFORMATION

Name: Dr.HARISH KUMAR A
Address S/O CS Ayyappar Pillai, No 2, Harilakshmi Nilayam, Mahavaja Meadowy
Phone number: 9845665615 Kidichikkanahall;, Bangalore South, Kar nataka -
Designation: Professor And Head of The Department. -560076.
Departmenti. Head of the Department
specialization: And Maxillofacial Surgery
In Implantology, FICO)
Date of joining the institution: $23 / 11 / 2006$
Nature of employment: Permanent/ Temporary/ Deputation/ Part Time
Total years/ months of service in the institution: Sixteen Years.
Date of birth: $10 / 02 / 1978$
Emailid:havishsuraksha@gmail.com.

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Ph: 080-61754680 Fax: 080 - 61754693E-mail:deandirectortodc@gmail.com

III. TEACHING EXPERIENCE

| COURSES <br> (UG/PG) | NAME OF THE UNIVERSITY/COLLEGE <br> INSTITUTION | DURATION |
| :---: | :---: | :---: |
| UG. | The Oxford Dental College. | 2006 - 2022 (until Date). |
| PG. | The Oxford Dental College. | $2006-2022$ (until Date) |

CHILDREN'S EDUCATION SOCIETY (Regd.)
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IV. RESEARLHEXPLRIENCE AND IRAIN NG

| Research Stage | Title Of Work/Thesis | University Where The Work <br> Was Carried Out |
| :--- | :--- | :--- |
| M. Phil/ Equivalent |  |  |
| Ph.D |  |  |
| Post Doctoral |  |  |
|  |  |  |
| Research Guidance(give <br> names of students guided <br> successfully) |  |  |
| Training(please specify) |  |  |
|  |  |  |

v. RESEARCH PUBLICATION,BOOKS AUTHORED AND MAGAZINES IN THE ACADEMIC YEAR. (Enclose Copy) 2021-22.

| SL.NO | NAME OF THE PUBLICATION/ BOOKS <br> AUTHORED/MAGAZINES | CATEGORY | POINTS |
| :--- | :--- | :--- | :--- |
| 1.Evaluation of Correlation between <br> Vitamin D levels \& Implant Stability | I | 15 |  |
|  | in Indian population: Aprospectivestudy <br> in Bangalore . |  |  |
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VII. CONFERENCE, WORKSHOPS, CDE GUEST LECTURES, RESOURCE

PERSON PAPER/POSTER PRESENTATIONS(TV/Radio Talks)

| SL NO | NAME | ATTENDED | CONDUCTED | DETAILS |
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VIII. TEACHER PROFILE AND QUALITY

1. Classes handled: UG
2. Remedial classes/ counseling classes taken: Remechia) Classes and Special training for Slow learners taken
3. Teaching methods:
4. Innovations in teaching:


- Interaction methods in clenicals Practical teaching with patient

5. Design of curriculum
6. Paboratory Periodic
7. Evaluation Methods:
8. Preparation of resource material:

Including books, reading materials, Laboratory manuals etc
9. Mentoring activity:

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\begin{aligned}
& \text { 9. Mentoring activity: Maintaining records of mentee and conducting meetings. } \\
& \text { Mentoring postgraduate and undergraduate students in } \\
& \text { 10. Awards/ Achievements: their personal and skill development with dis cussions. }
\end{aligned}
$$

IX. EXTENSION WORK/ COMMUNTTY SERVICE

Please give a short account of your contribution to:

1. Community work:
(Such as values of national Integration, Secularism, democracy, socialism, humanism, peace, scientific temper, flood or drought relief, small family norms etc.)
2. National Literacy Mission
3. Positions held/ leadership role played in organizations linked with extension work or any other similar activity:
X. PARTICIPATION IN CORPORATE:

Please give a short account of your contribution to:

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1. College/ university/institution
2. Co-curricular activities $\left\{\begin{array}{c}\text { ncouraging shidens to parlicipate su } \\ \text { the } \\ \text { same }\end{array}\right.$
3. Enrichment of the campus life(hostel/sports/cultural activities):
4. Students Welfare and discipline:
5. Membership/participation in bodies/committees on education and national development:
 NAAC Comittee
6. Professional organization of teachers
7. Any other:
XII. MEMBERSHIPS OF PROFESSIONAL BODIES AND SOCIETIES

8. Membership in committees in the college/universities NAAC
9. Membership in professional body/society/associations (participation in the organizing teams)

10. Any other:

Score: $\qquad$ (out of 5)

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## CERTIFICATE

This is to certify that all the details and information submitted is true and correct to the best of my knowledge. I understand that I am liable for penalization including criminal action for providing wrong/misguiding information as deemed fit by the University

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## THE OXFORD DENTAL COLLEGE <br> 10 MIL MTONE BOMMANAHALLI, HOSUR ROAD, BANGALORE <br> SELF-PERFORMANCE APPRAISAL OF TEACHING STAFF

1. Generalinformation

Name: DR SUPRITA BHANDAGE
Address C-901 BREN EDGEWATERS APARTMENT, OWNERS COVRT
Phone number: LAYOUT, WEST, KNSAVANAHALLI, BENGALURU-56003S
Phone number: $\quad 916410319{ }^{\prime} 5$
Designation: READER
Department: ORAL \& MAXILLOFACIAL SURGERY
Specialization: MDS IN ORAL \& MAXILLOFACIAL SURGERY
Date of joining the institution: 2018 JANVARY 01
Nature of employment: Permanent/Temporary/Deputation/ Part Time
Total years/ months of service in the institution: FOUR YEARS
Date of birth: $\quad 29-07$ - 1984
Email id: Supriyagbll@gmarl.Com
II. ACADEMIC QUALIFICATIONS

| Exams passed | $\begin{aligned} & \text { University } \\ & \text { DMS } \\ & \text { NCERT } \end{aligned}$ | Subjects |  | Grade / Merit |
| :---: | :---: | :---: | :---: | :---: |
| HIGH SCHOOL |  |  | Year1997 |  |
|  |  |  |  |  |
| HIGHER <br> SECONDARY/PREDEGREE | DMS <br> NCERT a |  | 2001 |  |
| BACHELOR'S <br> DEGREE | RGUHS | $B D S$ | 2006 |  |
| MASTER'S DEGREE | $K L E$ <br> UNIUERSITY | $\begin{aligned} & \text { ORAL \& } \\ & \text { MAXILIOFALIA } \\ & \text { SURGERY } \end{aligned}$ | $2012$ |  |
| PHD | - |  |  |  |
| FELLOWSHIPS | $A Z \sin T$ <br> JAN BRUGES | CRANIO MAXILLOFAUIA SURGERY | 2018 |  |
| DIPLOMA / CERTIFICATION COURSES | ORIS ACADEMY HUBBALI | Implantolo -Gy | 2016 |  |

III. TEACHING EXPERIENCE

| COURSES <br> (UG/PG) | NAME OF THE UNIVERSITY/COLLEGE INSTITUTION | DURATION |
| :---: | :---: | :---: |
| UG | SRI HASANAMBA DENTAL COLLEGE - HASSAN | 2012-2016 |
| $P G$ | SRI HASANAMBA DENTAL COLLELE - MASSAN | 2012-2016 |
| UG | THE, OXFORD DENTAL COLECLE - BPNGALORE | 2018 - UNTIL DATE |
| PG | THE OXFORD DENTAL COLEGE - BANGALORE. | $2018 \text { - UNTL DATE }$ |
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Bommanahalli, Hosur Road, Bangalore - 560068 .
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IV. RESEARCH EXPERIENCE AND TRAINING

| Research Stage | Title Of Work/Thesis | University Where The Work <br> Was Carried Out |
| :--- | :--- | :--- |
| M.Phil/ Equivalent |  |  |
| Ph.D |  |  |

V. RESEARCH PUBLICATION,BOOKS AUTHORED AND MAGAZINES IN THE

ACADEMIC YEAR. (Enclose Copy) $2021-22$


CHILDREN'S EDUCATION SOCIETY (Regd.)
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VI. RESEARCH PROJECTS CARRIED OUT/ GUIDED

2021-22

VII. CONFERENCE, WORKSHOPS, CDE GUEST LECTURES, RESOURCE PERSON PAPER/POSTER PRESENTATIONS(TV/Radio Talks)

| CL NO | NAME | ATTENDED | CONDUCTED | DETAILS |
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VIII. TEACHER PROFILE AND QUALITY

1. Classes handled: UG:
yes

PG:
YES
2. Remedial classes/ counseling classes taken: for Slow learnerstahen
3. Teaching methods:

4. Innovations in teaching:
5. Design of curriculum

Periodic sentson of curricutoen
6. Laboratory experiments $\qquad$ Includrue
posting
$\ell$ Experimental actmitís molvira fixation porting sutuerg experamer
7. Evaluation Methods:
8. Preparation of resource material:

Including books, reading materials, Laboratory manuals etc
9. Mentoring activity:
10. Awards/ Achievements:

IX. EXTENSION WORK/COMMUNTTY SERVICE

1. Community work: Worked dur tor suer patrerls $\qquad$
with dena Please give a short account of your contribution to:
(Such as values of national Integration, Secularism, demorrily norms etc.) peace, scientific temper, flood or drought relief, small family norms etc.)

National Literacy Mission
3. Positions held/ leadership role played in organizations linked with extension work or any other similar activity:
X. PARTICIPATION IN CORPORATE:

Please give a short account of your contribution to:

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Karnataka \& Recognised by Dental Council of India, New Delhi)
1 College/ university/ institution

2 Co-curricular activities Qthanz d by choderes \& strift Lrhe Clhege fext, Culte
3. Enrichment of the campus life(hostel/sports/cultural activities)
4. Students Welfare and discipline
5. Membership/participation in bodies/committees on education and national development:
6. Professional organization of teachers:
-
Ho

7. Any other:
XII. MEMBERSHIPS OF PROFESSIONAL BODIES AND SOCIETIES

4. Any other:

Score: $\qquad$ (out of 5)

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## CERTIFICATE

This is to certify that all the details and information submitted is true and correct to the best of my knowledge. I understand that I am liable for penalization including criminal action for providing wrong/misguiding information as deemed fit by the University

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Website: www.theoxford.edu

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MILE STONE BOMMANAHALLI, HOSUR ROA OF TEACHING STAFF
SELF-PERFORMANCE APPRAISAL OF
THE OXFORD DENTAL COLLEGE

GENERAL INFORMATION
Name: Dr Pradeyp $~$ Pattor
Address $14^{2}, \mathrm{~g}^{\text {th }} \mathrm{main}$
0003806693
phonenumber Prdessor
Designation: Profeson 9 Andardolegs
Department: Qual \& maxillsfacial punguy
Specialization: Oral $\varphi$ maxillon $12 / 08|z o q|$
Date of joining the instit: Temporary/ Deputation/ Part Time
Nature of employment. Perm 1 months
Total years/months of service in
Total years ${ }^{\text {or }} / \mathrm{L}$ Lis7s
Date of birth:
Email id: drpatarpradeppegmail.con

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|  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| HIGHSCHOOL | University | Subjects |  |  |
|  | som |  | Year | Grade / Merit |
| HIGHER SECONDARY/PRE. DEGREE |  |  | 1394 |  |
|  | PU Bowl |  |  |  |
|  |  |  | 1396 |  |
| $\begin{aligned} & \text { BACHELOR'S } \\ & \text { DEGREE } \end{aligned}$ | Requts | BDS |  |  |
| MASTER'S DEGREE |  | BD | 2002 |  |
|  | Rguts | mos | 2007 |  |
| PHD |  |  |  |  |
| FELLOWSHIPS |  |  |  |  |
| DIPLOMA / CERTIFICATION |  |  |  |  |
|  |  |  |  |  |  |  |

III. TEACHING EXPERIENCE

| COURSES (ŪG/PG) | NAME OF THE UNIVERSITY/CƠLLEGE InSTITUTION | dURATION |
| :---: | :---: | :---: |
| - | A1. Badar botal callege | $3 . \mathrm{mats} 17$ d |
|  | HKE SNIDG Gubaye | 14 L 2 dap |
| - | KBH Dartal callege - Nushts | $4 y_{k} 6$ moaty |
| - | Vyas Dertal colleye Goohpur | lk |
|  | NIMs, Jaipur | 1 Y/ 13 day |
| - | Sharatathe Dotal callege, shonge- | $24 \mathrm{y} 9 \mathrm{~m}, 14 \mathrm{dog}$ |
| - | SB Patil Duntul collye, Bidar | $2 \mathrm{y} 3 \mathrm{3mary}$ 6dy |
|  | The Oxfond Dontal collye | 10.1 yaer 8 mulls |
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Ph: 080-61754680 Fax: 080 - 61754693E-mail:deandirectortodc@gmail.com
Website womest thenvford adi
IV. RESEARCH EXPERIENCE AND TRAINING

| Research Stage | Tite or training |  |
| :---: | :---: | :---: |
|  | Title Of Work/Thesis | University Where The Work |
| M.Phil/ Equivalent |  | Was Carried Out |
| Ph.D |  |  |
| Post Doctoral |  |  |
| Research Guidance |  |  |
| names of students guided successfully) | Rajuthe, Sonia, |  |
| Training(please specify) | दirja. Saumya | TODC, (REUH) |

v. RESEARCH PUBLICATION,BOOKS AUTHORED AND MAGAZINES IN THE ACADEMIC YEAR. (Enclose Copy)

| SL.NO | NAME OF THE PUBLICATION/ BOOKS <br> AUTHORED/MAGAZINES | CATEGORY | POINTS |
| :---: | :---: | :---: | :---: |
| 1 | Ameloblastic fibroodontrona |  |  |
|  | associated with calcifying | I | 10 |
|  | Odentogenic cyst |  |  |
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VI. RESEARCH PROJECTS CARRIED OUT/ GUIDED

| $\begin{array}{ll}\text { The Project } & \begin{array}{l}\text { Name of the funding } \\ \text { AGENCY }\end{array}\end{array}$ | duration | REMARKS |
| :---: | :---: | :---: |
| 1) A comporetive evaluater of surgical extraction of impacted rextibeter thied ontar certy 3 diftewt Plapos. <br> 2) Implest surviol rate by Dinect $v_{s}$ Indinest sonw alegrantation techrique. <br> 3) Arothetic efficery of $4 \%$ Acticaire VGs $2 \%$ Lidocosre <br> 4) In evaluation of tiscee hading in mundibutar thild ondar sokets |  | On gang reseanch pagects |

VII. CONFERENCE, WORKSHOPS, CDE, GUEST LECTURES, RESOURCE PERSON PAPER/POSTER PRESENTATIONS(TV/Radio Talks)

| SLNO | NAME | ATTENDED | CONDUCTED | DETAILS |
| :--- | :--- | :--- | :--- | :--- |
| 1 | Mancegenat f |  |  |  |
|  | medical emuzercie |  |  |  |
|  | Basic life suppat |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

VIII. TEACHER PROFILE AND QUALITY

1. Classes handled: UG: $\checkmark$

PG:
2. Remedial classes/counseling classes taken: Yes

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3. Teaching methods PPT, Vedic
4. Innovations in teaching: Live surgical
5. Design of curriculum
Strict catered, proser contend. care dizuson.
6. Laboratory experiments
7. Evaluation Methods:

demonstration, Ute of A.V
8. Preparation of resource material

Including books, reading materials, Laboratory manuals etc weals, lose reports
Backs, fownals
9. Mentoring activity: Assigiong clinical woks, Direct suparision
10. Awards/ Achievements.
IX. EXTENSION WORK/ COMMUNITY SERVICE

Please give a short account of your contribution to:

1. Community work: (Such as values of national flog or drought relief, small family norms etc.)
peace, scientific temper, flood or drought relief, small family norms etc.)
2. National Literacy Mission
3. Positions held/ leadership role played in or any other similar activity:
X. PARTICIPATION IN CORPORATE:

Please give a short account of your contribution to:

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1. College/ university/ institution TODE
2. Co-curricular activities spats, criset chess, Debate
3. Enrichment of the campus life(hostel/sports/cultural activities):
4. Students Welfare and discipline: Good notured emarenmel. phypical, orrothal $\phi$
social well beng of stardint
5. Membership/participation in bodies/committees on education and nationa
development: AomsI, IDA
6. Professional organization of teachers: AOMSI
7. Any other:
XII. MEMBERSHIPS OF PROFESSIONAL BODIES AND SOCIETIES
8. Membership in committees in the college/universities: Ansual celendar, Wemen Extersion of Institutional Social responsibilities, Annual erolowownerts
9. Membership in professional body/society/associations (participation in the
organizing teams) AOMBI
10. Editorial board/ Reviewer:
11. Any other:

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## CERTIFICATE

This is to certify that all the details and information submitted is true and correct to the best of my knowledge, I understand that I am liable for penalization including criminal action for providing wrong/misguiding information as deemed fit by the University.


Estd. 1974

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Estd. 1974

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5. Membership/paticipation in bodies/cummittees on elucation and national
development:
6. Professional organiation of teachers:
7. Any other:
XII. MEMBERSHIPS OF PROFESSIONAL BODIES AND SOCIEIIES.

1. Membership in committegs ip the college/Universities:

- NANL Committee member:

2. Membership in professional body/society//ssociations. (participation in the
organizing teams)
Wermber of AOMSI
3. Editorial board/ Reviewer:;
4. Any other:

Score: $\qquad$ lout of 5)

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II. ACADEMIC QUALIFICATIONS

| Exams passed | University | Subjects | Year | Grade/Merit |
| :---: | :---: | :---: | :---: | :---: |
| HIGHSCHOOL | SSLC |  | 1989 | 9 |
| HIGHER <br> SECONDARY/PRE- <br> DEGREE | PUC |  | 1991 | I |
| BACHELOR'S <br> DEGREE | BDS |  | 1996 | I |
| MASTER'S <br> DEGREE | MDS |  | 1999 | I |
| PHD |  |  |  |  |
| FELIOWSHIPS |  |  |  |  |
| DIPLOMA/ <br> CERTIFICATION <br> COURSES |  |  |  |  |

III. TEACHING EXPERIENCE

IV. RESEARCH EXPERIENCE AND TRAINING

| Research Stage | Title Of Work/Thesis | University Where The Work Was Carried Out |
| :---: | :---: | :---: |
| M.Phil/ Equivalent |  |  |
| Ph.D. |  |  |
| Post Doctoral |  |  |
| Research Guidance(give names of students guided successfully) | Mythic. Asuehi Afelay | RGUHS |
| Training(please specify) | , |  |

9
v. RESEARCH PUBLICATION,BOOKS AUTHORED AND MAGAZINES IN THE ACADEMIC YEAR. (Enclose Copy)

2

| SL.NO | NAME OF THE PUBLICATION/ BOOKS <br> AUTHORED/MAGAZINES | CATEGORY | POINTS |
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III. TEACHING EXPERIENCE

| COURSES <br> (UG/PG) | NAME OF THE UNIVERSITY/COLLEGE <br> INSTITUTION | DURATION |
| :---: | :---: | :---: |
| UG as BOS staff JSS Dental coflege | \& years |  |
| UG/PG | Balaji Dartal Coflege | 9 months |
| UG | KLE Dental Coflege | 4 months |
| UG/PG | The Oxford Dental coflege. |  |
|  |  |  |
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VII.

PERSORENCE, WORKSHOPS, CDE, GUEST LECTUR


2. Remedial classes/ counseling classes taken: 4th BOS

CHILDREN'S EDUCATION SOCIETY (Regd.)
3. Teaching methods
4. Innovations in teaching:
5. Design of curriculum

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\begin{aligned}
& \text { Chalk ad Board, power point, Disenseton, } \\
& \text { Demons }
\end{aligned}
$$

Ustarg videos, giving pregats (charts and
6. Laboratory experiments
7. Evaluation Methods:
peviache tees/ viva.
8. Preparation of resource material:

Including books, reading materials, Laboratory manuals etc
9. Mentoring activity:
10. Awards/ Achievements:
IX. EXTENSION WORK/ COMMUNITY SERVICE

Please give a short account of your contribution to:

1. Community work:

(Such as values of national Integration, Secularism, democracy, socialism, humanism, peace, scientific temper, flood or drought relief, small family norms etc.)
2. National Literacy Mission
3. Positions held/ leadership role played in organizations linked with extension work or any other similar activity:

## X. PARTICIPATION IN CORPORATE:

Please give a short account of your contribution to:


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\begin{aligned}
& \text { Cerrificare } \\
& \text { This is to certify that all the details and information submitted is true and } \\
& \text { correct to the best of my knowledge. I understand that I am liable for } \\
& \text { penalization including criminal action for providing wrone/mistuiding } \\
& \text { information as deemed fit by the University. }
\end{aligned}
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(Signature of the Teacher)
0


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III. TEACHING EXP ERIENCE



0


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3. Teaching mothods: - Powerpeint pearerdioim

Clinical akeut sule dexumiona
4. Innovations in toaching -chan mde devtuervines - on patiear dencomeration
5. Design of curriculum
5. Laboratory experiments
7. Evaluation Methods: Feedbect
8. Preparation of resource material:

Including books, reading materials, Laboratory manuals etc
9. Mentoring activity: For UGs (Uadugerduate and postgeadude stadents)
10. Awards/ Achievements:
IX. EXTENSION WORK/ COMMUNITY SERVICE

Please give a short account of your contribution to:

1. Community work:
(Such as values of national Integration, Secularism, democracy, socialism, humanism, peace, scientific temper, flood or drought relief, small family norms etc.)
2. National Literacy Mission -
3. Positions held/ leadership role played in organizations linked with extension work or any other similar activity:

## X. PARTICIPATION IN CORPORATE:

Please give a short account of your contribution to:

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1 college/university/ institution
2. En-curricular activities
4. Students Welfare and discipline:
5. Membership/participation in bodies/committees on education and national
development:
6. Professional organization of teachers:
7. Any other:
XII. MEMBERSHIPS OF PROFESSIONAL BODIES AND SOCIETIE

1. Membership in committees in the colle
membership in committees in the college/universities:
2. Membership in professional body/society/associations
organizing teams) - Indein (participation in the
3. Editorialboard/Reviewer: \& indodoncticin of conservatine Oextisling
4. Any other

Score: $\quad 3.5$ (out of 5)

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| temmp preed | University | Subjects | Year | Grade / Merit |
| :---: | :---: | :---: | :---: | :---: |
| HGGH SCHOOL | State bond SSLC | 6 subieds | 1993 | first clas |
| $\begin{aligned} & \text { HIGREA } \\ & \text { SECONDART/PRE- } \\ & \text { DEGREE } \end{aligned}$ | slate bonel PUC | $P C M B$ |  | first clars |
| $\begin{aligned} & \text { BACHELOR'S } \\ & \text { DEGQEE } \end{aligned}$ <br> MASTER'S | lajur Ceriede.i nerivendy of 1 Heath scime | Dental subjects | $\begin{aligned} & 1996- \\ & 2001 \end{aligned}$ | firit class |
| DEGREE | Rair Cuncthi thicenily of heathe scicige | coluervalise Dentishy | $\begin{aligned} & 2005 \\ & 2008 \end{aligned}$ |  |
| FELLOWSHIPS |  |  |  |  |
| $\begin{aligned} & \text { DIPLOMA/ } \\ & \text { CERTIFICATION } \\ & \text { COURSES } \end{aligned}$ |  | - |  |  |



v. RESEARCH PUBLICATION,BOOKS AUTHORED AND MAGAZINES IN THE ACADEMIC YEAR. (Enclose Copy)

| SL.NO | NAME OF THE PUBLICATION/ BOOKS AUTHORED/MAGAZINES | CATEGORY | POINTS |
| :---: | :---: | :---: | :---: |
| 01. | Effect of dentin on the anti-mientiol efficacy d imienuts on C. albicans | I | 15 |
|  | $\text { JCD IsCp-oct } 2016 \text { /vol 19/ }$ issce 5, 455-460 |  |  |
| 82 | ICDRO 2010 | III | 7.5 |
| 03 | E-Jowrnal of dentishy 2011; 2(1)-36 | II | 7.5 |
| 04. | BUJOD May 2012 | I | 15 |
|  | Enclored other | publication |  |
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VIII. TEACHER PROFILE AND QUALITY

1. Classes handled: UG:

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\text { PG: } \quad U G \& P G
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2. Remedial classes/ counseling classes taken:
Yes


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10- MILE STONE BOMMANAHALLI, HOSUR ROAD, BANGALORE SELF-PERFORMANCE APPRAISAL OF TEACHING STAFF
I. GENERAL information

Name: Dr Askwija shetty
Address $\# 91,4^{\text {th }}$ main, $5^{\text {th }}$ cooss, 9 P. A lugar $4^{\text {th }}$ phase, Banglere - 78
Phone number: 9945175245
Designation: Reaclel
Department: Conservative clentistry $\varepsilon$, endoclontics Specialization: Conservative dentiriny \& Endoclontics
Date of joining the institution: $05 / 01 / 2015$
Nature of employment: Permanent/ Temporary/ Deputation/ Part Time
Total years/ months of service in the institution: 6yss 6 mon ths
Date of birth: $3 / 10 / 1979$
Emailid:dr.ashwija@gmail.com

# CHILDREN'S EDUCATION SOCIETY (Regd.) 

## THE OXFORD DENTAL COLLEGE

Recognized by the Govt. of Karnataka, Affiliated to Rajiv Gandhi University of Health Sciences,
Karnataka \& Recognised by Dental Council of India, New Delhi)
Bommanahalli, Hosur Road, Bangalore - 560068
Ph: 080-61754680 Fax:080-61754693E-mail:deandirectortodc@gmail.com Website: www.theoxford.edu

iII. TEACHING EXPERRENCE

| COURSES <br> (UG/PG) | NAME OF THE UNIVERSITY/COLLEGE <br> INSTITUTION | DURATION |
| :---: | :---: | :---: |
| UG\&PG | AELS MARUTI DENTAL COLLEGE Gyss 2 months |  |
| LG\&PG | THE OXFORD DENTAL coLLEGE | Gyss 6months |
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a. RESEARCH PROJECTS CARRIED OUT/GUIDED

VII. CONFERENCE, WORKSHOPS

2. Remedial classes/counseling classes taken: yes

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$\rightarrow$ Pewer point $\rightarrow$ Tabie top
4 Innovations in teaching: - - using vedies $\rightarrow$ giving

- y 7nosle top $\rightarrow$ giving projecte

5. Design of curriculum
6. Laboratory experiments
7. Evaluation Methods: -s pericalie teets, viva, flash catal
8. Preparation of resource material

Including books, reading materials, Laboratory manuals etc
9. Mentoring activity: $u$ student mentoring dove every year ( 4,6 student
10. Awards/ Achievements:
pen yeals

## IX. EXTENSION WORK/ COMMUNITY SERVICE

Please give a short account of your contribution to:

1. Community work:
(Such as values of national Integration, Secularism, democracy, socialism, humanism peace, scientific temper, flood or drought relief, smail family norms etc.)

National Literacy Mission
3. Positions held/ leadership role played in organizations linked with extension work or any other similar activity:
X. PARTICIPATION IN CORPORATE:

Please give a short account of your contribution to:

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1 college/ unluersity/ institution
2. Cocurricular artivities phetapatil' in k'best "frow wast". college competition
3. Errichment of the campus life(hostel/sports/cultural activities):
partiopated in theowbrete matcher
a Students Welfore and discipline:

5 Membership/participation in bodies/committees on education and national development:
6. Professional organization of teachers:
7. Any other:
XII.

MEMBERSHIPS OF PROFESSIONAL BODIES AND SOCIETIE

- 6 Intership in committees in the college/universities:

2. Membershinatessment committe

Membership in prof
organizing teams) IDA, KSDC, IACD (participation in the
3. Editorial board/Reviewer:
4. Any other:

Score: $\underbrace{3}$ (out of 5)

# CHILDREN'S EDUCATION SOCIETY (Regd.) 

## THE OXFORD DENTAL COLLEGE

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THE OXFORD DENTAL COLLEGE


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Website: www.theoxford.edu
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THE OXFORD DENTAL COLLEGE
10 MILE STONE BOMMANAHALLI, HOSUR ROAD, BANGALORE SELF-PERFORMANCE APPRAISAL OF TEACHING STAFF

1. GENERAL INFORMATION

Name: Dor . Arekama
Address 1035 , Prestige song of the south, ANshay a gar, Banglore -560068 Phone number: 7406311234 Designation: Reader
Desartment: Corseruative dentistly 4 endadontics
E. Specialization: conseurative dentisty $G$ endodortics Date of joining the institution: $2 \backslash 8) 12$
Nature of employment: Permanent/ Temporary/ Deputation/ Part Time
Total years/months of service in the institution: 10 yeers 1 Imonth
Date of birth: 231611984 ,
Emailid: archana. Srinirayain \& rediffmail. com

## THE OXFORD DENTAL COLLEGE

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VII. CONFERENCE, WORKSHOPS, CDE, GUEST LECTURES, RESOURCE


1. Classes handled: UG: II
2. Classes handled: UG: II BPS

PG: Seminan $G$ Remedial classes/counseling classes taken: $J C S$.
2TBDS, IV BDS

# CHILDREN'S EDUCATION SOCIETY (Regd.) 

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Ph: 080-61754680 Fax :080 - 61754693E-mail:deandirectortodc@gmail.com Website: www.theoxford.edu

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5 Design of currevilum
8. usternowvereemens Romorshati ins in puctinicals a clivicals for the UGs
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- Preparntion of resource material:

Including books, reading materials, Laboratory manuals etc
9. Mentoring activity:

Done for the UGs
10. Awards/Achievements:
IX. EXTENSION WORK/ COMMUNITY SERVICE

Please give a short account of your contribution to: Donation to somonthan a tuust, \#SR layout

1. Community work:
(Such as values of national Integration, Secularism, democracy, socialism, humanism, peace, scientific temper, flood or drought relief, smail family norms etc.)
2. National Literacy Mission
3. Positions held/ leadership role played in organizations linked with extension work or any other similar activity:
X. PARTICIPATION IN CORPORATE:

Please give a short account of your contribution to:

# CHILDREN'S EDUCATION SOCIETY (Regd.) 

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2 Co-curriculor activities

3 Enrichment of the campus life(hostel/sports/cultural activities):
4. Students Welfare and discipline:
5. Membership/participation in bodies/committees on education and national development:
6. Professional organization of teachers:
7. Any other:
XII. MEMBERSHIPS OF PROFESSIONAL BODIES AND SOCIETIES

1. Membership in committees in the college/universities:
2. Membership in professional body/society/associations (participation in the
organizing teams)
3. Editorial board/ Reviewer:
4. Any other:
score: 3

(out of 5)

# CHILDREN'S EDUCATION SOCIETY (Regd.) 

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THE OXFORD DENTAL COLLEGE
10 - MILE STONE BOMMANAHALLI, HOUR ROAD, BANGALORE SELF-PERFORMANCE APPRAISAL OF TEACHING STAFF

1. GENERAL INFORMATION

Name f - Nisan Shored
Address $t^{\text {th }}$ con, th main, Par buyout Mahadewapura , benplure Pine number: 8105076502 Designation: Reade Department:
Specialization:
Date of joining the institution: 25.11-2017
Nature of employment: Permanent/ Temporary/ Deputation/ Part Time
Total years/ months of service in the institution: fur 6 month.
Date of birth: $8.11 \cdot 1989$
Emailid: Nisan ofll@gmail.cm.

## THE OXFORD DENTAL COLLEGE

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## CERTIFICATE

This is to certify that all the details and information submitted is true and correct to the best of my knowledge. I understand that I am liable for penalization including criminal action for providing wrong/misguiding information as deemed fit by the University.



## THE OXFORD DENTAL COLLEGE

## 10- MILE STONE BOMMANAHALLI, HOSUR ROAD, BANGALORE

SELF-PERFORMANCE APPRAISAL OF TEACHING STAFF
I. GENERAL INFORMATION

Name: Dh. Jyothi $R$
Address $2234,23^{\text {rd }}$ Crs $\cdot K . R \cdot$ load, B.S.K.I stage , Brengalove -70
Phone number: 9880412849
Designation: Reader
Department: Conswative Dentisting of Sadodontios

Date of joining the institution: $07 / 12 / 1996$
Nature of employment: Permanent/Temporary/ Deputation/ Part Time 22 years
Total years/ months of service in the institution:
Date of birth: $25 / 09 / 1971$
Emailid: jyothirajiendra25@gmail.com

# CHILDREN'S EDUCATION SOCIETY (Regd.) 

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III. TEACHING EXPERIENCE

VI. RESEARCH PROJECTS CARRIED OUT/GUIDED

| TITLE OF THE PROIECT | NAME OF THE FUNDING <br> AGENCY | DURATION | REMARKS |
| :--- | :--- | :--- | :--- |
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VII. CONFERENCE, WORKSHOPS, CDE,GUEST LECTURES, RESOURCE PERSON PAPER/POSTER PRESENTATIONS(TV/Radio Talks)

| SL NO | NAME | ATTENDED | CONDUCTED | DETAILS |
| :--- | :--- | :--- | :--- | :--- |
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VIII. TEACHER PROFILE AND QUALITY




5. Dexign of curriculam

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6. Laboratory experiments

8. Preparation of resource material:

Including books, reading materials, Laboratory manuals etc
9. Mentoring activity:
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stindars
10. Awards/Achievements:
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tX. EXTENSION WORK/ COMMUNITY SERVICE
Please give a short account of your contribution to:

1. Communitywork: Aental Cimps.
(Such as values of national Integration, Secularism, democracy, socialism, humanism,
peace, scientific temper, flood or drought relief, small family norms etc.)
2. National Literacy Mission
3. Positions held/ leadership role played in organizations linked with extension work or any other similar activity:

## X. PARTICIPATION IN CORPORATE:

Please give a short account of your contribution to:

XII. MEMBERSHIPS OF PROFESSIONAL BODIES AND SOCIETIES

1. Membership in committees in the college/universities: Chair purson of cultheal committee, U.G. Couse cominittee, member in sp at 5 committee
2. Membership in professional body/society/associations (participation in the organizing teams) にSDC
3. Editorial board/ Reviewer:
4. Any other:

Score: $\qquad$ 3


## CHILDREN'S EDUCATION SOCIETY (Regd.)

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## CERTIFICATE

This is to certify that all the details and information
correct to the best of my knowledge I anmation submitted is true and penalization including criminal action for proved that I am liable for information as deemed fit by the University for providing wrong/misguiding


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THE OXFORD DENTAL COLLEGE
10\% MILE STONE BOMMANAHALLI, HOSUR ROAD, BANGALORE SELF-PERFORMANCE APPRAISAL OF TEACHING STAFE

1. GENERAL INFORMATION

Name Dr Stan
address $3 n^{2}$, Sulathe toputhenth, Luta cotrony load, Deyphox mone number 4003129566
Dewarion Simior Luture
Deparment Cuseatie Pentiot e Endodorts
Specrallation:
O.ste of poning the motitution 191.312 .022
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Tocal yeard/ montha of zervice in the imatituon:
Dure of burte 21111989
tmal de shakidwarmion@ craeil.on

CHILDREN'S EDUCATION SOCIETY (Regd.)

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iii. TEACHING EXPERIENCE


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Ph: 080-61754680 Fax :080-61754693E-mail:deandirectortodc@gmail.com Website: www.theoxford.edu
IV. RESEARCH EXPERIENCE AND TRAINING

| Research Stage | Title Of Work/Thesis | University Where The Work <br> Was Carried Out |
| :--- | :--- | :--- |
| M.Phil/ Equivalent |  |  |
| Ph.D |  |  |
| Post Doctoral |  |  |
|  |  |  |
| Research Guidance(give <br> names of students guided <br> success fully) |  |  |
| Training(please specify) |  |  |
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V. RESEARCH PUBLICATION,BOOKS AUTHORED AND MAGAZINES IN THE ACADEMIC YEAR. (Enclose Copy)

| SL.NO | NAME OF THE PUBLICATION/ BOOKS <br> AUTHORED/MAGAZINES | CATEGORY | POINTS |
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VII.

CONFERENC
PERSON PAPER/PORKSHOPS, CDE, GUEST LECTURES, RESOURCE


1. Classes handled: UG

PG;
2. Remedial classes/ counseling classes taken

CHILDREN'S EDUCATION SOCIETY (Regd.)

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3. Teaching methods:
4. Innovations in teaching:
5. Design of curriculum
6. Laboratory experiments
7. Evaluation Methods:
8. Preparation of resource material

Including books, reading materials, Laboratory manuals etc
9. Mentoring activity
10. Awards/Achievements:
IX. EXTENSION WORK/ COMMUNITY SERVICE

Please give a short account of your contribution to:

1. Community work:
(Such as values of national Integration, Secularism, democracy, socialism, humanism, peace, scientific temper, flood or drought relief, small family norms etc.)
2. National Literacy Mission
3. Positions held/ leadership role played in organizations linked with extension work or any other similar activity:
X. PARTICIPATION IN CORPORATE:

Please give a short account of your contribution to:

# CHILDREN'S EDUCATION SOCIETY (Regd.) 

1. College/ university/ institution
2. Co-curricular activities
3. Enrichment of the campus life(hostel/sports/cultural activities):
4. Students Welfare and discipline:
5. Membership/pational development:
6. Professional organization of teachers:
7. Any other:

## XII. MEMBERSHIPS OF PROFESSIONAL BODIES AND SOCIETIES

1. Membership in committees in the college/universities:
2. Membership in professional body/society/associations (participation in the organizing teams)
3. Editorial board/Reviewer:
4. Any other:

Score: $\qquad$ (out of 5)

## CERTIFICATE

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Dean and Director
The Oxford Dental College, Bommnarnain


# n-n1-2.2 <br> $2021-22$ 

## THE OXFORD DENTAL COLLEGE

10페 MILE STONE BOMMANAHALLI, HOSUR ROAD, BANGALORE SELF-PERFORIMIANCE APPRAISAL OF TEACHING STAFF

- GENERAL INFORMATION

Name:
Address


Phone number:
oppersits

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\end{aligned}
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Designation: Senior Cupule
( Department:
Specialization:
Date of joining the institution: $1 / 10 / 2020$
Nature of employment: Permanent/ Temporary/ Deputation/ Part Time
Total years/ months of service in the institution:



Date of birth: $\quad 30.05 \cdot 1990$
Email id: meghagupta 1990 (a) grail. com.

III. TEACHING EXPERIENCE

| COURSES (UG/PG) | NAME OF THE UNIVERSITY/COLLEGE <br> INSTITUTION | DURATION |
| :---: | :---: | :---: |
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IV. RESEARCH EXPERIENCE AND TRAINING

| Research Stage | Title Of Work/Thesis | University Where The Work <br> Was Carried Out |
| :--- | :--- | :--- |
| M Phil/ Equivalent |  |  |
| Ph D |  |  |
| Post Doctoral |  |  |
| Research Guidanceigive <br> names of students guided <br> successfully) |  |  |
| Training(please specify) |  |  |

V. RESEARCH PUBLICATION,BOOKS AUTHORED AND MAGAZINES IN THE
ACADEMIC YEAR. (Enclose COPY)

| SL.NO | NAME OF THE PUBLICATION/ BOOKS <br> AUTHORED/MAGAZINES | CATEGORY | POINTS |
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VII. CONFERENCE, WORKSHOPS, CDE ,GUEST LECTURES, RESOURCE PERSON PAPER/POSTER PRESENTATIONS(TV/Radio Talks)


| 1974 |
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# CHILDREN'S EDUCATION SOCIETY (Regd.) 

3. Teaching methods:
4. Innovations in teaching:
5. Design of curriculum
6. Laboratory experiments
7. Evaluation Methods:
8. Preparation of resource material:

Including books, reading materials, Laboratory manuals etc
9. Mentoring activity:
10. Awards/Achievements:
IX. EXTENSION WORK/COMMUNITY SERVICE

Please give a short account of your contribution to:

1. Community work:
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2. National Literacy Mission
3. Positions held/ leadership role played in organizations linked with extension work or any other similar activity:

## X. PARTICIPATION IN CORPORATE:

Please give a short account of your contribution to:

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College/ university/ institution

Co-curricular activities
Enrichment of the campus life(hostel/sports/cultural activities):
4. Students Welfare and discipline:
5. Membership/participation in bodies/committees on education and nationa development:
6. Professional organization of teachers:
7. Any other:
XII. MEMBERSHIPS OF PROFESSIONAL BODIES AND SOCIETIES

1. Membership in committees in the college/universities:

Membership in professional body/society/associations (participation in the organizing teams)
3. Editorial board/Reviewer:
4. Any other:
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## CERTIFICATE

The a 10 certily that all the details and information submitted is true and arect in the best of my knowledge. I understand that I am liable for penalitation including criminal action for providing wrong/misguiding information as deemed fit by the University

(Signature of the Teacher)

# CHILDREN S EDUCATION SOCIETY (Regd.) 

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2024-22.
$2021-22$

THE OXFORD DENTAL COLLEGE
10 MILE STONE BOMMANAHALLI, HOSUR ROAD, BANGALORE
SELF-PERFORMANCE APPRAISAL OF TEACHING STAFF

```
        GENERAL INFORMATION
Name: Dor. Ourat
Address 2al18, 2nd cron, 9 9
Phone number: }188954542
Designation: Sehior Gehuel
Department:Contuvative Dutishy a Eaduduar
Specialization:
Date of joining the institution: 19.03.2022
Nature of employment: Permanent/Temporary/Deputation/ Part Time
Total years/months of service in the institution
Date of birth: 30.8 . 1991
Emailid: tr puratulain06(a) amait.com
```

THE OXFORD DENTAL COLLEGE

iiI. TEACHING EXPERIENCE

| COURSES <br> (UG/PG) | NAME OF THE UNIVERSITY/COLLEGE <br> INSTITUTION | DURATION |
| :--- | :--- | :--- | :--- |
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IV. RESEARCH EXPERIENCE AND TRAINING

| Research Stage | Title Of Work/Thesis | University Where The Work <br> Was Carried Out |
| :--- | :--- | :--- |
| M.Phil/ Equivalent |  |  |
| Ph.D. |  |  |
| Post Doctoral |  |  |
|  |  |  |
| Research Guidance(give <br> names of students guided <br> successfully) |  |  |
| Training(please specify) |  |  |
|  |  |  |

V. RESEARCH PUBLICATION,BOOKS AUTHORED AND MAGAZINES IN THE ACADEMIC YEAR. (Enclose Copy)

| SL.NO | NAME OF THE PUBLICATION/ BOOKS <br> AUTHORED/MAGAZINES | CATEGORY | POINTS |
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## CHILDREN'S EDUCATION SOCIETY (Regd.)

## THE OXFORD DENTAL COLLEGE

Recognized by the Govt. of Karnataka, Affiliated to Rajiv Gandhi University of Health Sciences,
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Bommanahalli, Hosur Road, Bangalore - 560068.
Ph: 080-61754680 Fax : 080-61754693E-mail:deandirectortodc@gmail.com
11. RESEARCH PROJECTS CARRIED OUT/GUIDED

VII. CONFERENCE, WORKSHOPS, CDE,GUEST LECTURES, RESOURCE PERSON PAPER/POSTER PRESENTATIONS(TV/Radio Talks)

| SL NO | NAME | ATTENDED | CONDUCTED | DETAILS |
| :--- | :--- | :--- | :--- | :--- |
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VIII. TEACHER PROFILE AND QUality

1. Classes handled: UG:

PG:
2. Remedial classes/ counseling classes taken

# CHILDREN'S EDUCATION SOCIETY (Regd.) 

## THE OXFORD DENTAL COLLEGE

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Estd. 1974 Ph: 080-61754680 Fax : 080-61754693E-mail:deandirectortodc@gmail.com Website: www.theoxford.edu
3. Teaching methods:
4. Innovations in teaching:
5. Design of curriculum
6. Laboratory experiments
7. Evaluation Methods
8. Preparation of resource material

Including books, reading materials, Laboratory manuals etc
9. Mentoring activity:
10. Awards/Achievements:
IX. EXTENSION WORK/ COMMUNITY SERVICE

Please give a short account of your contribution to:

1. Community work:
(Such as values of national Integration, Secularism, democracy, socialism, humanism, peace, scientific temper, flood or drought relief, small family norms etc.)
2. National Literacy Mission
3. Positions held/ leadership role played in organizations linked with extension work or any other similar activity:
X. PARTICIPATION IN CORPORATE:

Please give a short account of your contribution to:

# CHILDREN'S EDUCATION SOCIETY (Regd.) 

## THE OXFORD DENTAL COLLEGE

(Recognized by the Govt. of Karnataka, Affiliated to Rajiv Gandhi University of Health Sciences, Karnataka \& Recognised by Dental Council of India, New Delhi)

Bommanahalli, Hosur Road, Bangalore - 560068

1. College/ university/ institution
2. Co-curricular activities
3. Enrichment of the campus life(hostel/sports/cultural activities):
4. Students Welfare and discipline:
5. Membership/participation in bodies/committees on education and national
development:
6. Professional organization of teachers:
7. Any other:
XII. MEMBERSHIPS OF PROFESSIONAL BODIES AND SOCIETIES
8. Membership in committees in the college/universities:
9. Membership in professional body/society/associations (participation in the organizing teams)
10. Editorial board/ Reviewer:
11. Any other:

Score $\qquad$ (out of 5)

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## CERTIFICATE

This is to certify that all the details and information submitted is true and correct to the best of my knowledge. I understand that I am liable for penalization including criminal action for providing wrong/misguiding information as deemed fit by the University.


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THE OXFORD DENTAL COLLEGE
$10^{\text {T }}$ MILE STONE BOMMANAHALLI, HOSUR ROAD, BANGALORE
SELF-PERFORMANCE APPRAISAL OF TEACHING STAFF
I. GENERAL INFORMATION

Name: Dr - So hram
Address 18, $3^{\text {rd }}$ main, vinaupale waypu, Benyelore Phone number: 7353810130
Designation: Semiar Lehture
Department: Cousuvadive Denk's $y$ E Endodondr
Specialization:
Date of joining the institution: 111012010
Nature of employment: Permanent/ Temporary/ Deputation/ Part Time
Total years/ months of service in the institution: lur smonth
Date of birth: 24$) 12(1993$
Email id: Sohran93@ quanil. com

III. TEACHING EXPERIENCE

| COURSES <br> (UG/PG) | NAME OF THE UNIVERSITY/COLLEGE <br> INSTITUTION | DURATION |
| :--- | :---: | :---: |
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IV. RESEARCH EXPERIENCE AND TRAINING

| Research Stage | Title Of Work/Thesis | University Where The Work <br> Was Carried Out |
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| Ph.D |  |  |
| Post Doctoral |  |  |
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| Research Guidance(give <br> names of students guided <br> successfully) |  |  |
| Training(please specify) |  |  |

RESEARCH PUBLICATION,BOOKS AUTHORED AND MAGAZINES IN THE
ACADEMIC YEAR. (Enclose COPY)

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| TITLE OF THE PROJECT | NAME OF THE FUNDING <br> AGENCY | DURATION | REMARKS |
| :--- | :--- | :--- | :--- |
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VIII. TEACHER PROFILE AND QUALITY

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PG:
2. Remedial classes/ counseling classes taken:

# CHILDREN'S EDUCATION SOCIETY (Regd.) 

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3. Teaching methods:
4. Innovations in teaching:
5. Design of curriculum
6. Laboratory experiments
7. Evaluation Methods:
8. Preparation of resource material:

Including books, reading materials, Laboratory manuals etc
9. Mentoring activity:
10. Awards/Achievements:
IX. EXTENSION WORK/ COMMUNITY SERVICE

Please give a short account of your contribution to:

1. Community work:
(Such as values of national Integration, Secularism, democracy, socialism, humanism, peace, scientific temper, flood or drought relief, small family norms etc.)
2. National Literacy Mission
3. Positions held/ leadership role played in organizations linked with extension work or any other similar activity:

## X. PARTICIPATION IN CORPORATE

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2. Co-curricular activities
3. Enrichment of the campus life(hostel/sports/cultural activities):
4. Students Welfare and discipline:
5. Membership/participation in bodies/committees on education and national development:
6. Professional organization of teachers:
7. Any other:
XII. MEMBERSHIPS OF PROFESSIONAL BODIES AND SOCIETIES
8. Membership in committees in the college/universities:
9. Membership in professional body/society/associations (participation in the organizing teams)
10. Editorial board/Reviewer:
11. Any other:

Score: $\qquad$ (out of 5)

This is to certify that all the details and information submitted is true and correct to the best of my knowledge. I understand penalization including criminal action for provide that I am liable for information as deemed fit by the University.

(Signature of the Teacher)

## THE OXFORD DENTAL COLLEGE

10ㄲT․ MILE STONE BOMMANAHALLI, HOSUR ROAD, BANGALORE SELF-PERFORMANCE APPRAISAL OF TEACHING STAFF

```
    I. GENERAL INFORMATION
Nam&.Nighat. Na. thursaini
Address A5-065, DLF westend thughts,tbshaynagar, Reym P-6P
Phone number: }974002405
Designation: Semior lecture
Department: Conservabive Dentisty a Endodarir
Specialization:
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Date of joining the institution: \(1 / 10 / 2020\)
Nature of employment: Permanent/Temporary/Deputation/ Part Time Total years/months of service in the institution: lyr \& math. Date of birth: \(q\). \(0 q \cdot 1981\)
Email id: nish.huss@gna'l.com.
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Ph: 080-61754680 Fax : 080-61754693E-mail:deandirectortodc@gmail.com Website: www.theoxford.edu

| QUALIFICATIONS |  |  |  | Grade / Merit |
| :---: | :---: | :---: | :---: | :---: |
|  |  |  | Year |  |
| II. ACADEM | University | Subjects |  |  |
| Exams passed |  |  |  |  |
| HIGH SCHOOL |  |  |  |  |
| $\qquad$ SECONDARY/PRE DEGREE | Rhutys |  | 2006 |  |
| BACHELOR'S DEGREE |  |  |  |  |
| MASTER'S degree | RGuHS |  | $200^{\circ}$ |  |
| PHD |  |  |  |  |
| FELLOWSHIPS |  |  |  |  |
| DIPLOMA / CERTIFICATION COURSES |  |  |  |  |

iiI. TEACHING EXPERIENCE


## IV. RESEARCH EXPERIENCE AND TRAINING

| Research Stage | Title Of Work/Thesis | University Where The Work <br> Was Carried Out |
| :--- | :--- | :--- |
| M.Phil/ Equivalent |  |  |
| Ph.D. |  |  |
| Post Doctoral |  |  |
|  |  |  |
| Research Guidance(give <br> names of students guided <br> successfully) |  |  |
| Training(please specify) |  |  |
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## V. RESEARCH PUBLICATION,BOOKS AUTHORED AND MAGAZINES IN THE ACADEMIC YEAR. (Enclose Copy)

| SL.NO | NAME OF THE PUBLICATION/ BOOKS <br> AUTHORED/MAGAZINES | CATEGORY | POINTS |
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Ph: 080-61754680 Fax : 080-61754693E-mail:deandirectortodc@gmail.com Website: www.theoxford.edu

VII. CONFERENCE, WORKSHOPS, CDE, GUEST LECTURES, RESOURCE


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```
3. Teaching methods:
4. Innovations in teaching:
5. Design of curriculum
6. Laboratory experiments
7. Evaluation Methods
8. Preparation of resource material:
Including books, reading materials, Laboratory manuals etc
9. Mentoring activity
10. Awards/Achievements
```

IX. EXTENSION WORK/ COMMUNITY SERVICE

Please give a short account of your contribution to:

1. Community work:
(Such as values of national Integration, Secularism, democracy, socialism, humanism, peace, scientific temper, flood or drought relief, small family norms etc.)
2. National Literacy Mission
3. Positions held/ leadership role played in organizations linked with extension work or any other similar activity:
X. PARTICIPATION IN CORPORATE:

Please give a short account of your contribution to:

# CHILDREN'S EDUCATION SOCIETY (Regd.) 

1. 


2. Co-curricular activities

Enrichment of the campus life(hostel/sports/cultural activities)
4. Students Welfare and discipline:

Membership/participation in bodies/committees on education and national development:
Professional organization of teachers:
7. Any other:
XII. MEMBERSHIPS OF PROFESSIONAL BODIES AND SOCIETIES

1. Membership in committees in the college/universities:
2. Membership in professional body/society/associations (participation in the
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3. Editorial board/Reviewer:
4. Any other:
$\qquad$ (out of 5)

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## CERTIFICATE

This is to certify that all the details and information submitted is true and crrect to the best of my knowledge, I understand that I am liable for penalization including criminal action for providing wrong/misguiding information as deemed fit by the University.


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## THE OXFORD DENTAL COLLEGE

$10^{\text {TH }}$ MILE STONE BOMMANAHALLI, HOSUR ROAD, BANGALORE

## SELF-PERFORMANCE APPRAISAL OF TEACHING STAFF

1. GENERAL INFORMATION

Name: $\quad D V \angle A \times M I \angle A N T H . S M$
158, 12 「choss 20 MAIN JT NASAR II PHAJE
Address BANSAl. Ne 78
Phone number: $f 91984409303$ 5
Designation: Pre \& HEAN A DENTO FACIAC ORTHPEDLCS
OROHEODONtI
Specialization: ORTHO PONTICS
Date of joining the institution: $3 / 2 / 2020$
Nature of employment: Permanent/ Temporary/ Deputation/ Part Time
Total years/months of service in the institution: 34283 months
Date of birth: $8 / 2 / 1972$
Emailid: laxmikanthsm2e Gnoui. com

CHILDREN'S EDUCATION SOCIETY (Regd.)
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II. ACADEMIC QUALIFICATIONS

III. TEACHING EXPERIENCE AN>


CHILDREN'S EDUCATION SOCIETY (Regd.)
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| Post Doctoral |  |  |
|  |  |  |
| Research Guidance(give <br> names of students guided <br> successfully) |  |  |
| Training(please specify) |  |  |
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V. RESEARCH PUBLICATION,BOOKS AUTHORED AND MAGAZINES IN THE
ACADEMIC YEAR. (Enclose Copy)

| SL.NO | NAME OF THE PUBLICATION/ BOOKS AUTHORED/MAGAZINES | CATEGORY | POINTS |
| :---: | :---: | :---: | :---: |
| (1) | Axtiticial Intelligence and 8D Painting technalagy in corthadenlics: future and scope | I | 15 points |
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| (3) | The effects of Pre-procedival Mouth rinses on SBS of arthedentic Bracket: an in-vitro Comporative study | 3 | 15 point |
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RESEARCH PROJECTS CARRIED OUT/ GUIDED

| VI. RESEARCH PROJECTS CARRIED OUT/ |
| :--- |
| TITLE OF THE PROJECT NAME OF THE FUNDING <br> AGENCY DURATION REMARKs <br>     |

VII. CONFERENCE, WORKSHOPS, ODE GUEST LECTURES, RESOURCE PERSON PAPER/POSTER PRESENTATIONS(TV/Radio Talks)


1. Classes handled: UG

PG:
2. Remedial classes/ counseling classes taken

3. Teaching methods: lectures, Demontrution, Diswsion
4. Innovations in teaching: $A-V$ - ards
5. Design of curriculum Ace. to RGurts Sylldods.
6. Laboratory experiments
7. Evaluation Methods: Viva-VGa, Nuck exeams, ly books, I checkitind Eveluction shect.
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1. College/ university/ institution
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6. Professional organization of teachers:
7. Any other:

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1. Membership in committees in the college/universities:

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2. Membership in professional body/society/associations (participation in the organizing teams) IUSCIrniAn Crt bo hic. Sucah IrA (INRIAN DENTM As
3. Editorial board/ Reviewer: CLAp Socer.q.
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(Signature of the Teacher)

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Ph：080－61754680 Fax ：080－61754693E－mail：deandirectortodc＠gmail．com Website：www．theoxford．edu

## CEILDREW8 EDUCATION BOCIETY（Regd．

 administrative Offlce301h Main，181 Phase，J．P．Nagar，Bengaiuru－ 56007 － （f．080－265595：22，61754510；501； 502 Fax：080－2654 865
THE OXFORD DENTAL COLLEGE Aceredited with＇$N$＇grade by MAAC

Ref．No：$T O D C / 005 / 2022-23$

Dr．Mahamad Irfanulla Khan A N
Reader
Department of Orthodontios and Dentofacial Orthopaedics
The Oxford Dental College
Bommanahalli，Hosur Road
Bangalore－ 560068

Sir，
Sub：Promotion to Professor
＊＊フッ＊ー＊

This is to inform you that you have heen promoted as Professor in the
Department of Oritodunties ard Dentufacial O－thopacdics with immediate effect

CHILDREN'S EDUCATION SOCIETY (Regd.)
THE OXFORD DENTAL COLLEGE
(Recognized by the Govt. of Karnataka, Affiliated to Rajiv Gandhi University of Health Sciences, Karnataka \& Recognised by Dental Council of India, New Delhi

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## THE OXFORD DENTAL COLLEGE

## $10^{\text {TH }}$ MILE STONE BOMMANAHALLI, HOSUR ROAD, BANGALORE

## SELF-PERFORMANCE APPRAISAL OF TEACHING STAFF

## I. GENERAL INFORMATION

Name: DR. RAGHUNANDAN.C

## Address

Phone number:
Designation: PROFESSOR
Department: ORTHODOWTICS
Specialization
Date of joining the institution: $04 / 02 / 2004$
Nature of employment: Permanent/ Temporary/ Deputation/ Part Time
Total years/months of service in the institution: 19 Years 2 Month s
Date of birth: $18 / 01 / 1972$
Emailid: drraghucuid bahoo cm

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Bommanahalli, Hosur Road, Bangalore - 560068.
Ph: 080-61754680 Fax: 080-61754693E-mail:deandirectortodc@gmail.com Website: www.theoxford.edu
II. ACADEMIC QUALIFICATIONS

| Exams passed | University | Subjects | Year | Grade / Merit |
| :---: | :---: | :---: | :---: | :---: |
| HIGH SCHOOL | New Horizons highsclool |  |  | $\operatorname{Pas}$ (I) |
| HIGHER <br> SECONDARY/PREDEGREE | st.josephs pu coluge |  |  | $\operatorname{Pan}(1)$ |
| $\begin{aligned} & \text { BACHELOR'S } \\ & \text { DEGREE } \end{aligned}$ | $\begin{aligned} & \text { V.s. Dembl } \\ & \text { Crlege } \end{aligned}$ |  |  | $\operatorname{Pan}(1)$ |
| MASTER'S DEGREE | coluge of detal scinces Davengere |  |  | $\operatorname{Pan}(1)$ |
| - PHD |  |  |  | . |
| FELLOWSHIPS |  |  |  |  |
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III. TEACHING EXPERIENCE

| COURSES (UG/PG) | NAME OF THE UNIVERSITY/COLLEGE institution | DURATION |
| :---: | :---: | :---: |
| UGE PG | RGUHS/ine ox ford denles | 19 Years-2 nionūn |
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IV. RESEARCH EXPERIENCE AND TRAINING

| Research Stage | Title Of Work/Thesis | University Where The Work <br> Was Carried Out |
| :--- | :--- | :--- |
| M.Phil/ Equivalent |  |  |
| Ph.D |  |  |
| Post Doctoral |  |  |
|  |  |  |
| Research Guidance(give <br> names of students guided <br> successfully) |  |  |
| Training(please specify) |  |  |
|  |  |  |

v. RESEARCH PUBLICATION,BOOKS AUTHORED AND MAGAZINES IN THE

| SL.NO | NAME OF THE PUBLICATION/ BOOKS AUTHORED/MAGAZINES | CATEGORY | POINTS |
| :---: | :---: | :---: | :---: |
| 1) | Prevalence \& Black Xiangles in post arthadontic Adult patiento A Retruspective Stadely. | $I$ | 15 point |
| 2) | The effects of pre-procedural Mouth rimses on shear Bend strenth | T | is points |
|  | of axthedentic Bracketo - an in vitro |  |  |
|  | comparative study. |  | . |
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Ph: 080-61754680 Fax : 080-61754693E-mail:deandirectortodc@gmail.com Website: www.theoxford.edu

| TITLE OF THE PROJECT | NAME OF THE FUNDING AGENCY | DURATION | REMARKS |
| :---: | :---: | :---: | :---: |
| (1) Comporision and Evaluation of Cadre of resistance and centre of rotution of mexiley Contrel Incisol and Camine with difterant lend of baw loss- A FAM Btudy. | AGENCY | 18 manths | Completed |
| (a) Comparision and Evalution of cente of reristance and contre 8 rotation frendibu 4 . Cental Incisot a canime cisth diferent lacil banalossAFAM study. | - | 18 matho | In progrex |
| (3) Effect of ERi y Ag lasa, con lasa and dandblasting in secudtion o corami. | - | 18 manths | Completed |
| bracketo iAn INTVIrO Comparative study. |  |  |  |

VII. CONFERENCE, WORKSHOPS, CDE GUEST LECTURES, RESOURCE PERSON PAPER/POSTER PRESENTATIONS(TV/Radio Talks)

| SL NO | NAME | ATTENDED | CONDUCTED | DETAILS |
| :---: | :---: | :---: | :---: | :---: |
| 1 | Clivical phoromaph |  | L |  |
| 2 | $G$ Gestle daver |  | - | orthosceferja |
| 3 | $\begin{aligned} & 56 \text { It I ol } \\ & \text { pone } \end{aligned}$ | $レ$ | $\checkmark$ | charjersion |
| 4. | Maote class on Absuout |  |  |  |
|  | Ancherage Syytams | $\checkmark$ |  | KLE Tnotidute dental sciencos |

VIII. TEACHER PROFILE AND QUALITY

1. Classes handled: UG: YES

$$
\text { PG: } y \in S
$$

2. Remedial classes/ counseling classes taken:

## CHILDREN'S EDUCATION SOCIETY (Regd.)

3. Teaching methods:
4. Innovations in teaching:
5. Design of curriculum: RGUHS Cuviculum
6. Laboratory experiments
7. Evaluation Methods:
8. Preparation of resource material:

Including books, reading materials, Laboratory manuals etc
9. Mentoring activity:
10. Awards/ Achievements:
IX. EXTENSION WORK/ COMMUNITY SERVICE

Please give a short account of your contribution to:

1. Community work:
(Such as values of national Integration, Secularism, democracy, socialism, humanism, peace, scientific temper, flood or drought relief, small family norms etc.)
2. National Literacy Mission
3. Positions held/ leadership role played in organizations linked with extension work or any other similar activity:
I aA C Corrichnalion tertue oxbod delér College
X. PARTICIPATION IN CORPORATE:

Please give a short account of your contribution to:

## CHILDREN'S EDUCATION SOCIETY (Regd.)

1. College/ university/ institution

IQAc, UGA PG, Examiver.
2. Co-curricular activities
3. Enrichment of the campus life(hostel/sports/cultural activities):
sports Commillue
4. Students Welfare and discipline:

Part of mentor /martie
5. Membership/participation in bodies/committees on education and national development:
6. Professional organization of teachers:
7. Any other:
XII. MEMBERSHIPS OF PROFESSIONAL BODIES AND SOCIETIES

1. Membership in committees in the college/universities:
2. Membership in professional body/society/associations (participation in the organizing teams) Indian oriludatic Socielè
Blime EC memker of the Ios
3. Editorial board/ Reviewer:
4. Any other:

Score: $\qquad$ (out of 5)

CHILDREN'S EDUCATION SOCIETY (Read.)
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## CERTIFICATE

This is to certify that all the details and information submitted is true and correct to the best of my knowledge. I understand that I am liable for penalization including criminal action for providing wrong/misguiding information as deemed fit by the University.

(Signature of the Teacher)

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## $10^{\text {TH }}$ MILE STONE BOMMANAHALLI, HOSUR ROAD, BANGALORE

SELF-PERFORMANCE APPRAISAL OF TEACHING STAFF
I. GENERAL INFORMATION

Name: DR. MAHAMAD IRFANULLA KHAN A N
Address Dept of orthodonties,
Phone number: 8147170414
Designation: PROFESSOR
Department: Dept of orthodontizs
Specialization: ORTHODONTZCS
Date of joining the institution: $16 / 12 / 20 / 3$
Nature of employment: Permanent/ Temporary/ Deputation/ Part Time
Total years/ months of service in the institution: 9year 6 montts
Date of birth: 21) $=11977$
Email id:drirfankhanmds@gmail.com

## CHILDREN'S EDUCATION SOCIETY (Regd.)

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II. ACADEMIC QUALIFICATIONS

| Exams passed | University | Subjects | Year | Grade / Merit |
| :---: | :---: | :---: | :---: | :---: |
| HIGH SCHOOL | SSLC Board karnataka | $\begin{aligned} & \text { subjects } \\ & \text { Kaynoda. } \\ & \text { Eockif, Malks } \end{aligned}$ soisuce | 1994 | $1{ }^{\text {st }}$ class |
| HIGHER SECONDARY/PREDEGREE | PUBoard Karnataka |  | 1996 | $f^{\text {st }}$ class |
| $\begin{aligned} & \text { BACHELOR'S } \\ & \text { DEGREE } \end{aligned}$ | $\begin{aligned} & \text { BDS } \\ & \text { RGUHS } \end{aligned}$ |  | 2002 | $1^{\text {st }}$ clase |
| MASTER'S DEGREE | MDS Rgults | ORTHODONTICS | 2008 | $1^{\text {st }}$ clars |
| PHD | $\begin{aligned} & \text { pursuing } \\ & \text { RGU HHS, } \\ & \text { Karnataka } \end{aligned}$ | ORTHODONTICS | 2017 | - |
| FELLOWSHIPS |  |  |  |  |
| DIPLOMA/ CERTIFICATION COURSES |  |  |  |  |

## III. TEACHING EXPERIENCE

| COURSES <br> (UG/PG) | NAME OF THE UNIVERSITY/COLLEGE INSTITUTION | DURATION |
| :---: | :---: | :---: |
| semior Leeherer | CKS Teja college dentel sciencot Tirupati, Andita pradesh | 4 years |
| Reader | CKS fieja college on Dentel sciened. Tirupah, Andhrod pradesh | 1 year 5 montss |
| Readr | The offord dental callige, $B$ andalere | $9 \text { yeas } 3 \text { monlts }$ |
| propessor | The offord Dental colloge, Ban jalore | prowerely |
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IV. RESEARCH EXPERIENCE AND TRAINING

| Research Stage | Title Of Work/Thesis | University Where The Work <br> Was Carried Out |
| :--- | :--- | :--- |
| M.Phil/Equivalent | Role qfgenchs incleff lip | RGUHS, Karnataka |
| Ph.D |  |  |
| Post Doctoral |  |  |
|  |  |  |
| Research Guidance(give <br> names of students guided <br> successfully) |  |  |
| Training(please specify) |  |  |
|  |  |  |

v. RESEARCH PUBLICATION,BOOKS AUTHORED AND MAGAZINES IN THE ACADEMIC YEAR. (Enclose Copy)

| SL.NO | NAME OF THE PUBLICATION/ BOOKS AUTHORED/MAGAZINES | CATEGORY | POINTS |
| :---: | :---: | :---: | :---: |
| 1 | The effeets of pre porecedur a moult wit on shear bond strigths of orltodelthe | $1^{\text {st }}$ | 15 |
|  | brackets An invitro comparative Sthey |  |  |
| 2 | Role of PAX 7 rs $766325 \& r S 4920520$ polymmplutes in tho etriology of Nm -spudr | $\text { ue } 7^{\text {st }}$ | 15 |
|  | deff lip apolase: Aganote sthedy |  |  |
| 3 | Artipial intelligence \& 3D printing in ortodentres - Future \& Scope | $2^{\text {st }}$ | . 15 |
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VI. RESEARCH PROJECTS CARRIED OUT/ GUIDED

| TITLE OF THE PROJECT | NAME OF THE FUNDING AGENCY | DURATION | REMARKS |
| :---: | :---: | :---: | :---: |
| $i$, ocece of bental Anomalier in orltodah patiats. | $-N O-$ | 1 year | completed |
| in Angler clacr iI malo celusion-A gectic Stiol | - No- | $\begin{aligned} & \text { Going projole } \\ & 2 y c a r s \end{aligned}$ | in propsen |

VII. CONFERENCE, WORKSHOPS, CDE, GUEST LECTURES, RESOURCE PERSON PAPER/POSTER PRESENTATIONS(TV/Radio Talks)

| SL NO | NAME | ATTENDED | CONDUCTED | DETAILS |
| :---: | :--- | :---: | :---: | :---: |
| 1 | IOs conference-2022 | Altended | - | - |
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VIII. TEACHER PROFILE AND QUALITY

1. Classes handled: UG: yes

PG: yes
2. Remedial classes/ counseling classes taken:

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3. Teaching methods:
4. Innovations in teaching:
5. Design of curriculum
6. Laboratory experiments
7. Evaluation Methods: Member of Tutsnol Scienthic comuttee for $1 / 2$ evaluation of MDS deserpition topies
8. Preparation of resource material:

Including books, reading materials, Laboratory manuals etc
9. Mentoring activity:
10. Awards/ Achievements:

## IX. EXTENSION WORK/ COMMUNITY SERVICE

Please give a short account of your contribution to:

1. Community work:
(Such as values of national Integration, Secularism, democracy, socialism, humanism, peace, scientific temper, flood or drought relief, small family norms etc.)
2. National Literacy Mission
3. Positions held/ leadership role played in organizations linked with extension work or any other similar activity: Extonsion achrity Member
X. PARTICIPATION IN CORPORATE:

Please give a short account of your contribution to:

## CHILDREN'S EDUCATION SOCIETY (Regd.)

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1. College/ university/ institution
2. Co-curricular activities
3. Enrichment of the campus life(hostel/sports/cultural activities):
4. Students Welfare and discipline: Extension activifies
5. Membership/participation in bodies/committees on education and nationa development:
6. Professional organization of teachers:
7. Any other:
XII. MEMBERSHIPS OF PROFESSIONAL BODIES AND SOCIETIES
8. Membership in committees in the college/universities:
9. Membership in professional body/society/associations (participation in the organizing teams) Life Member of Indian orthodontc Socehy
10. Editorial board/ Reviewer:
11. Any other:

Score: $\qquad$ (out of 5)

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Website: www.theoxford.edu

## CERTIFICATE

This is to certify that all the details and information submitted is true and correct to the best of my knowledge. I understand that I am liable for penalization including criminal action for providing wrong/misguiding information as deemed fit by the University.

(Signature of the Teacher)

## THE OXFORD DENTAL COLLEGE

## $10^{\text {TH }}$ MILE STONE BOMMANAHALLI, HOSUR ROAD, BANGALORE SELF-PERFORMANCE APPRAISAL OF TEACHING STAFF

I. GENERAL INFORMATION

Name: DR.KHADEER RIMAZ
Address NO, 50, 9th Main Maluti Layout BTM ${ }^{k+t}$ Stage Phone number: $\quad 9900098251$

Designation: Reader
Department: Oathodortics \& Dentofacial oethopaedics
Specialization: MD,
Date of joining the institution: $01 / 07 \mid 2016$
Nature of employment: Permanent/ Temporary/ Deputation/ Part Time
Total years/months of service in the institution: 7 ソ $4>$
Date of birth: $\quad 18 / 07 \mid 1973$
Email id: DRKHADEERRIYAZ © GMAIL.com ( 1 )

## CHILDREN'S EDUCATION SOCIETY (Regd.)

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II. ACADEMIC QUALIFICATIONS

| Exams passed | University | Subjects | Year | Grade/Merit |
| :---: | :---: | :---: | :---: | :---: |
| HIGH SCHOOL |  |  |  |  |
| HIGHER <br> SECONDARY/PRE- <br> DEGREE |  | 1996 | FIRST CLAS, |  |

III. TEACHING EXPERIENCE

| COURSES <br> (UG/PG) | NAME OF THE UNIVERSITY/COLLEGE <br> INSTITUTION | DURATION |
| :---: | :---: | :---: |
| UG | THE OXFORD DENTAL COLLEGE | 4YG) |
| PG. | THE ORFORS DENTAL COLLEGE | BY/). |
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VII. CONFERENCE, WORKSHOPS, CDE ,GUEST LECTURES, RESOURCE PERSON PAPER/POSTER PRESENTATIONS(TV/Radio Talks)

| SL NO | NAME | ATTENDED | CONDUCTED | DETAILS |
| :---: | :---: | :---: | :---: | :---: |
| 1. | 5, $5^{\text {Th }}$ IOL AMRISTAR | $\checkmark$ |  | JudGe ond POSTER, EVALUATIG |
| 2. | ORTHO SYNRRGY | $\checkmark$ |  | 2021 |
| 3. | CDE on implarls | $\checkmark$ |  | 10 th Aug 2021 |
| 4. | 25 th los PCa margulor | $\sim$ |  | APLi 2022 chair person |
| 6. | Sthe IOC PVNE | $\sim$ |  | 16 th sep 22 |
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VIII. TEACHER PROFILE AND QUALITY

1. Classes handled: UG:

PG: $\quad\}$ BOT+1
2. Remedial classes/ counseling classes taken: YES,

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IV. RESEARCH EXPERIENCE AND TRAINING

| Research Stage | Title Of Work/Thesis | University Where The Work <br> Was Carried Out |
| :--- | :---: | :---: |
| M.Phil/ Equivalent |  |  |
| Ph.D | OTM. | PURSUING, , PROGRESS. |
| Post Doctoral |  |  |
|  |  |  |
| Research Guidance(give <br> names of students guided <br> successfully) | - |  |
| Training(please specify) |  |  |
|  |  |  |

V. RESEARCH PUBLICATION,BOOKS AUTHORED AND MAGAZINES IN THE

| SL.NO | NAME OF THE PUBLICATION/ BOOKS AUTHORED/MAGAZINES | CATEGORY | POINTS |
| :---: | :---: | :---: | :---: |
| 1. | The ifect of phe-plocedural mouth deinses on sheale ford pitump \# oethodontic brackets: an in UPtro | I | 15 |
| 2. | Comparitive evaluation of Por telear Hempotthodontic beaketa lin two. | ue I | 15. |
|  | vitco study |  |  |
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IX. EXTENSION WORK/ COMMUNITY SERVICE

Please give a short account of your contribution to:

1. Community work:
(Such as values of national Integration, Secularism, democracy, socialism, humanism, peace, scientific temper, flood or drought relief, small family norms etc.)
2. National Literacy Mission - NIL-
3. Positions held/ leadership role played in organizations linked with extension work or any other similar activity: NAAC critelias Inchaeg, RGuHs Digetal Elaluation.

## X. PARTICIPATION IN CORPORATE:

Please give a short account of your contribution to:

1. College/ university/ institution

UG KXAMINER.
2. Co-curricular activities
3. Enrichment of the campus life(hostel/sports/cultural activities):

SPORTS COAMITEE
4. Students Welfare and discipline:
5. Membership/participation in bodies/committees on education and national development:

Gribeunter G Rehmean cell) Grievence.
6. Professional organization of teachers:
7. Any other:
XII. MEMBERSHIPS OF PROFESSIONAL BODIES AND SOCIETIES

1. Membership in committees in the college/universities:
2. Membership in professional body/society/associations (participation in the organizing teams) Indian Dental Ausociation.

Indian othodortic society
Kalnatako state Dental Council.
3. Editorial board/ Reviewer:

- NIL -

4. Any other:

- Any

Score: $\qquad$ (out of 5)

## CHILDREN'S EDUCATION SOCIETY (Regd.)

THE OXFORD DENTAL COLLEGE
(Recognized by the Govt. of Karnataka, Affiliated to Rajiv Gandhi University of Health Sciences, Karnataka \& Recognised by Dental Council of India, New Delhi)

Bommanahalli, Hosur Road, Bangalore - 560068
Ph: 080-61754680 Fax : 080-61754693E-mail:deandirectortodc@gmail.com Website: www.theoxford.edu

## CERTIFICATE

This is to certify that all the details and information submitted is true and correct to the best of my knowledge. I understand that I am liable for penalization including criminal action for providing wrong/misguiding information as deemed fit by the University.

## THE OXFORD DENTAL COLLEGE

$10^{\text {TH }}$ MILE STONE BOMMANAHALLI, HOSUR ROAD, BANGALORE

## SELF-PERFORMANCE APPRAISAL OF TEACHING STAFF

I. GENERAL INFORMATION

Name: Ashita Talwear
Address Flat no E-702, Smondo 3, Neotown Road, Electrome City
Phone number: $9739443300 \quad$ Phase 1, Blore-560100
Designation: Reader
Department: Orthodoutics.
Specialization: MDS
Date of joining the institution: $4 / 2 / 2019$
Nature of employment: Permanent/ Temporary/ Deputation/ Part Time
Total years/months of service in the institution: 4 ys
Date of birth: $11 / 5 / 1989$
Emailid: ashiat2097@qmail.com

## CHILDREN'S EDUCATION SOCIETY (Regd.)

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Ph: 080-61754680 Fax : 080-61754693E-mail:deandirectortodc@gmail.com Website: www.theoxford.edu
II. ACADEMIC QUALIFICATIONS

| Exams passed | University | Subjects | Year | Grade / Merit |
| :---: | :---: | :---: | :---: | :---: |
| HIGHSCHOOL | ICSE | $10^{\text {th }}$ | 2004 |  |
| HIGHER <br> SECONDARY/PRE- <br> DEGREE | ANDHRA <br> STA-1E <br> BOARD | $12^{\text {th }}$ | 2006 |  |
| BACHELOR'S <br> DEGREE | RGUHS | BDS | 2011 |  |
| MASTER'S <br> DEGREE | RGUHS | M1DS | 2015 |  |
| PHD |  |  |  |  |
| FELLOWSHIPS |  |  |  |  |
| DIPLOMA/ <br> CERTIFICATION <br> COURSES |  |  |  |  |

III. TEACHING EXPERIENCE

| COURSES <br> (UG/PG) | NAME OF THE UNIVERSITY/COLLEGE <br> INSTITUTION | DURATION |
| :--- | :--- | :--- |
|  | RGUHSTHE OXFORD DENTAL <br> COLLEGE, BAMG,ALOKE | 4 yeaw. |
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Ph: 080-61754680 Fax : 080-61754693E-mail:deandirectortodc@gmail.com Website: www.theoxford.edu
iv. RESEARCH EXPERIENCE AND TRAINING

| Research Stage | Title Of Work/Thesis | University Where The Work <br> Was Carried Out |
| :--- | :--- | :--- |
| M.Phil/ Equivalent |  |  |
| Ph.D |  |  |
| Post Doctoral |  |  |
|  |  |  |
| Research Guidance(give <br> names of students guided <br> successfully) |  |  |
| Training(please specify) |  |  |
|  |  |  |

v. RESEARCH PUBLICATION,BOOKS AUTHORED AND MAGAZINES IN THE ACADEMIC YEAR. (Enclose Copy)

| SL.NO | NAME OF THE PUBLICATION/ BOOKS <br> AUTHORED/MAGAZINES | CATEGORY | POINTS |
| :---: | :--- | :--- | :--- |
| 1) | Prevalence of Black Triangles | - | - |
|  | in post Orthodontic Adult patient- |  |  |
|  | A Rekospective study, |  |  |
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vi. RESEARCH PROJECTS CARRIED OUT/ GUIDED

| VI. RESEARCH |  |  |  |
| :--- | :--- | :--- | :--- |
| TITLE OF THE PROJECT NAME OF THE FUNDING <br> AGENCY DURATION <br>    <br>    <br>    |  |  |  |


| 7. Ios online Teachers Raining program | $1-2^{\text {nd }}$ June 2022 | ISS Dental Gllege |
| :--- | :--- | :--- | :--- |
| 8. Nitty gritty f Functional Jaw athopediy | $24^{\text {Th }}$ Feb 2022 | Vied. |

VII. CONFERENCE, WORKSHOPS, ODE , GUEST LECTURES, RESOURCE PERSON PAPER/POSTER PRESENTATIONS(TV/Radio Talks)


G. Digital technology in athadates end Dec 2022
M.S. Ramaich dental Coles
VIII. TEACHER PROFILE AND QUALITY

1. Classes handled: UG:

PG:
2. Remedial classes/ counseling classes taken:

## CHILDREN'S EDUCATION SOCIETY (Regd.)

3. Teaching methods: Student centric me thode
4. Innovations in teaching
5. Design of curriculum RauHs
6. Laboratory experiments
7. Evaluation Methods:
8. Preparation of resource material:

Including books, reading materials, Laboratory manuals etc
9. Mentoring activity:
10. Awards/ Achievements:
IX. EXTENSION WORK/ COMMUNITY SERVICE

Please give a short account of your contribution to:

1. Community work:
(Such as values of national Integration, Secularism, democracy, socialism, humanism, peace, scientific temper, flood or drought relief, small family norms etc.)
2. National Literacy Mission
3. Positions held/ leadership role played in organizations linked with extension work or any other similar activity:
X. PARTICIPATION IN CORPORATE:

Please give a short account of your contribution to

## CHILDREN'S EDUCATION SOCIETY (Regd.)

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Website: www.theoxford.edu

1. College/ university/institution part of Evaminotion commitie, research comitee (NAAC)
2. Co-curricular activities

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\begin{aligned}
& \text { orfamsation commite for Teacher training prof } \\
& \text { Apr } 2023 \text {. }
\end{aligned}
$$

3. Enrichment of the campus life(hostel/sports/cultural activities):
4. Students Welfare and discipline:
5. Membership/participation in bodies/committees on education and national development:
6. Professional organization of teachers:
7. Any other:
XII. MEMBERSHIPS OF PROFESSIONAL BODIES AND SOCIETIES
8. Membership in committees in the college/universities:
9. Membership in professional body/society/associations (participation in the organizing teams)
10. Editorial board/ Reviewer:
11. Any other:

Score: $\qquad$ (out of 5)

## CHILDREN'S EDUCATION SOCIETY (Regd.)

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## CERTIFICATE

This is to certify that all the details and information submitted is true and correct to the best of my knowledge. I understand that I am liable for penalization including criminal action for providing wrong/misguiding information as deemed fit by the University.

(Signature of the Teacher)

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## THE OXFORD DENTAL COLLEGE

$10^{\text {TH }}$ MILE STONE BOMMANAHALLI, HOSUR ROAD, BANGALORE
SELF-PERFORMANCE APPRAISAL OF TEACHING STAFF
I. GENERAL INFORMATION

Name: Dr mathurampoyikayil Anju Varughese
Address OOG, VV Grand Regency, $5^{74}$ cross AbBaiah reddy LyT KAGGADASPURA, BANGALORE 560093
Phone number: 8792804130
Designation: SEmIOR LECTURER
Department: ORTHODONTICS
Specialization: MDS ORTHODONTICS
Date of joining the institution: 27-1-2020
Nature of employment: Permanent/ Temporary/ Deputation/ Part Time
Total years/ months of service in the institution: 2 years 5 months
Date of birth: $1-4-1983$
Emailid: m-anju 83 y yahoo.com.

## CHILDREN'S EDUCATION SOCIETY (Regd.)

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II. ACADEMIC QUALIFICATIONS

| Exams passed | University | Subjects | Year | Grade / Merit |
| :---: | :---: | :---: | :---: | :---: |
| HIGH SCHOOL | ${ }^{\sim}$ CBSE |  | 1998 | Ist Class |
| HIGHER SECONDARY/PREDEGREE | CBSE |  | 2000 | $I^{s t}$ class |
| Bachelor's DEGREE | RGUHS | DGNTAL subjects | 2004 | $I^{s}$ class |
| MASTER'S degree | RGUHS | MDS ORTHODONTK | 2014 | $3^{\text {st }}$ CLass |
| PHD |  |  |  |  |
| FELLOWSHIPS |  |  |  |  |
| DIPLOMA/ CERTIFICATION COURSES |  |  |  |  |

III. TEACHING EXPERIENCE

| COURSES <br> (UG/PG) | NAME OF THE UNIVERSITY/COLLEGE <br> INSTITUTION | DURATION |
| :--- | :---: | :---: |
| UG | THE QXFORD DENTAL COLLEGE | 2 yeans 5monms. |
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IV. RESEARCH EXPERIENCE AND TRAINING

| Research Stage | Title Of Work/Thesis | University Where The Work <br> Was Carried Out |
| :--- | :--- | :--- |
| M.Phil/ Equivalent |  |  |
| Ph.D |  |  |
| Post Doctoral |  |  |
|  |  |  |
| Research Guidance(give <br> names of students guided <br> successfully) |  |  |
| Training(please specify) |  |  |
|  |  |  |

v. RESEARCH PUBLICATION,BOOKS AUTHORED AND MAGAZINES IN THE ACADEMIC YEAR. (Enclose Copy)

| SL.NO | NAME OF THE PUBLICATION/ BOOKS <br> AUTHORED/MAGAZINES | CATEGORY | POINTS |
| :--- | :--- | :--- | :--- |
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Ph: 080-61754680 Fax : 080-61754693E-mail:deandirectortodc@gmail.com Website: www.theoxford.edu
VI. RESEARCH PROJECTS CARRIED OUT/ GUIDED

| TITLE OF THE PROJECT | NAME OF THE FUNDING <br> AGENCY | DURATION | REMARKS |
| :--- | :--- | :--- | :--- |
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VII. CONFERENCE, WORKSHOPS, CDE GUEST LECTURES, RESOURCE PERSON PAPER/POSTER PRESENTATIONS(TV/Radio Talks)

VIII. TEACHER PROFILE AND QUALITY

1. Classes handled: UG: $\qquad$
PG:
2. Remedial classes/ counseling classes taken: yes

CHILDREN'S EDUCATION SOCIETY (Regd.)
THE OXFORD DENTAL COLLEGE
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Ph: 080-61754680 Fax : 080-61754693E-mail:deandirectortodc@gmail.com Website: www.theoxford.edu
3. Teaching methods: PPE, lectures, Group discussions.
4. Innovations in teaching:
5. Design of curriculum
6. Laboratory experiments
7. Evaluation Methods:
8. Preparation of resource material:

Including books, reading materials, Laboratory manuals etc
9. Mentoring activity:
10. Awards/ Achievements:
IX. EXTENSION WORK/ COMMUNITY SERVICE

Please give a short account of your contribution to:

1. Community work:
(Such as values of national Integration, Secularism, democracy, socialism, humanism, peace, scientific temper, flood or drought relief, small family norms etc.)
2. National Literacy Mission
3. Positions held/ leadership role played in organizations linked with extension work or any other similar activity:

## X. PARTICIPATION IN CORPORATE:

Please give a short account of your contribution to:

CHILDREN'S EDUCATION SOCIETY (Regd.)
THE OXFORD DENTAL COLLEGE
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1. College/ university/ institution
2. Co-curricular activities
3. Enrichment of the campus life(hostel/sports/cultural activities):
4. Students Welfare and discipline:
5. Membership/participation in bodies/committees on education and national development:
6. Professional organization of teachers:
7. Any other:

## XII. MEMBERSHIPS OF PROFESSIONAL BODIES AND SOCIETIES

1. Membership in committees in the college/universities:
2. Membership in professional body/society/associations (participation in the organizing teams)
3. Editorial board/ Reviewer:
4. Any other:

Score: $\qquad$ (out of 5)

## CHILDREN'S EDUCATION SOCIETY (Regd.)

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Website: www.theoxford.edu

## THE OXFORD DENTAL COLLEGE

## $10^{\text {TH }}$ MILE STONE BOMMANAHALLI, HOSUR ROAD, BANGALORE SELF-PERFORMANCE APPRAISAL OF TEACHING STAFF

I. GENERAL INFORMATION

Name: Sameena Begum. M
Address No:-11, $3^{+2}$ MAIN, $20^{\text {h CROSS, LAKKASANDRA, BANGALORE-5600 } 30 .}$
Phone number: 9343090112
Designation: READER
Department: ORTHODONTICS \& DENTOFACIAL ORTHOPEDICS
Specialization: MDS
Date of joining the institution: $17^{\text {* }}$ AVGUST. 2011.
Nature of employment: Permanent/ Temporary/ Deputation/ Part Time
Total years/ months of service in the institution:
Date of birth: 09-03-1977
Emailid:drsameena@gmail.com

## CHILDREN'S EDUCATION SOCIETY (Regd.)

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Ph: 080-61754680 Fax : 080-61754693E-mail:deandirectortodc@gmail.com Website: www.theoxford.edu
II. ACADEMIC QUALIFICATIONS

|  |  | Subjects | Year | Grade / Merit |
| :---: | :---: | :---: | :---: | :---: |
| Exams passed HIGH SCHOOL | University INDIAN CERTIFICATE OF SECONDARY EDUCATION. |  | 1993 | FIRST CLASS |
| HIGHER SECONDARY/PREDEGREE | DEPT. of pre-university education. | ENGLISH, KANN PHYSICS, CHEMIS mATMEMATICS Blocogy | DA 1996 | PASS. |
| BACHELOR'S DEGREE | B.D.S RAJIV GANDHI ONIVERSITY OF | as SDS TRDS <br> TirsDs <br> DCDS $\frac{p}{p} \pi$ | OCTO BER $2001$ | PASS. |
| MASTER'S DEGREE | RAJir Gand ${ }^{\text {Hi }}$ UNIVERSITY Of HEALTH SCIENCE | ORTHODONTIC | $\begin{aligned} & \text { MAY } \\ & 2010 \end{aligned}$ | PASS |
| PHD | - |  |  |  |
| FELLOWSHIPS | - |  |  |  |
| DIPLOMA / CERTIFICATION COURSES | - |  |  |  |

III. TEACHING EXPERIENCE

| COURSES <br> (UG/PG) | NAME OF THE UNIVERSITY/COLLEGE <br> INSTITUTION | DURATION |
| :--- | :---: | :---: |
| URI |  |  |

## CHILDREN'S EDUCATION SOCIETY (Regd.)

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IV. RESEARCH EXPERIENCE AND TRAINING


| SL.NO | NAME OF THE PUBLICATION/ BOOKS AUTHORED/MAGAZINES | CATEGORY | POINTS |
| :---: | :---: | :---: | :---: |
| 1. | THE EFPECTS OF REE-PROCEDURAL OF ORTHODONTIC SRACKETS: AN INVITROSTUD | $I$ | 15 |
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VI. RESEARCH PROJECTS CARRIED OUT/ GUIDED

VII. CONFERENCE, WORKSHOPS, CDE, GUEST LECTURES, RESOURCE PERSON PAPER/POSTER PRESENTATIONS(TV/Radio Talks)

| SL NO | NAME | ATTENDED | CONDUCTED | DETAILS |
| :---: | :---: | :---: | :---: | :---: |
| 1. | 55 IOC AMATSAR | $\checkmark$ |  | PAPER PRESNTAT |
| 2 | ORTHO SYNERGY SYMPOSIUM | $\checkmark$ |  | 2021 |
| 3 | CDE ON IMPLANTS | $\checkmark$ |  | $10^{n} \mathrm{AUG}$ |
| 4 | $25^{\text {t }}$ PUS PG CONUEND | $\checkmark$ |  | JUDGE, <br> - April 20 a |
| 5. | $\begin{aligned} & \text { KTANGALDEE I POC, PUNE } \end{aligned}$ | $\checkmark$ |  | $16^{\text {n }}$ SEP, 2022 |
|  |  |  |  |  |

VIII. TEACHER PROFILE AND QUALITY

1. Classes handled: UG: IIIBDS, IVBDS (REGULAR $+O D D$ )

PG: MDS.
2. Remedial classes/ counseling classes taken: YES

CHILDREN'S EDUCATION SOCIETY (Regd.)
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Ph: 080-61754680 Fax : 080-61754693E-mail:deandirectortodc@gmail.com Website: www.theoxford.edu
3. Teaching methods:

BLACK BOARD TEEAChing, POWER-POINT PrESENTATION REMEDIAL CLASSES, TEXT BOOK READING, LECTURES,' DISCUSSIONS, DEMONSTRATIUN, POSTER, TABLLE CALEÁAER,
4. Innovations in teaching: MCQ's, $A \cup D 10-V I S V A L A!D S$,

TABLE CALENDERS.
5. Design of curriculum

UGCURRICULUM $\}$ RGUMS SYLABUS
PG CURRICULUM
6. Laboratory experiments BASIC WIRE BENDING,

$$
\begin{aligned}
& \text { BASIC WIRE } \\
& \text { CEPHALOMETRIC TRACINGS, }
\end{aligned}
$$

TUPHODONTS
7. Evaluation Methods: INTERNAL ASSESSMENT $(I, \pi+$ III).
viva vote
CLHNICACLY, THEORDTICACLY.
8. Preparation of resource material:

Including books, reading materials, Laboratory manuals etc
9. Mentoring activity: UNDERGRADUATE STUDENTS (III + IV BDS STUDENTS)
10. Awards/Achievements: (1) PRESENTAD PAPER AT AMRITSOR $55^{\circ}$ IOC.
(2) JUDGE FOR $25^{\text {n }}$ IUS $P G$ CONVENTION, MANGALORE
IX. EXTENSION WORK/ COMMUNITY SERVICE

Please give a short account of your contribution to:

1. Community work:
(Such as values of national Integration, Secularism, democracy, socialism, humanism, peace, scientific temper, flood or drought relief, small family norms etc.)
2. National Literacy Mission
3. Positions held/ leadership role played in organizations linked with extension work or any other similar activity:

> RGUMS DIGITAL EUALUATION,
> NAAC CRITERIA- 2 QUESTION.

## X. PARTICIPATION IN CORPORATE:

Please give a short account of your contribution to:

1. College/ university/ institution UG-INTERNAL EXAMINER EXTERNAL EXAMINER PG-GUIDE
2. Co-curricular activities
3. Enrichment of the campus life(hostel/sports/cultural activities):
4. Students Welfare and discipline:

MENTOANG of UG STUDENTS,
5. Membership/participation in bodies/committees on education and national development:
6. Professional organization of teachers:
7. Any other:
XII. MEMBERSHIPS OF PROFESSIONAL BODIES AND SOCIETIES

1. Membership in committees in the college/universities:
2. Membership in professional body/society/associations (participation in the KSDC
organizing teams) IOS

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\text { AAO } \\
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\end{array}\right\} 2016 \text {-TILLDATE. }
$$

3. Editorial board/ Reviewer:
4. Any other:

Score: $\qquad$ (out of 5)

## CHILDREN'S EDUCATION SOCIETY (Regd.)

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Ph: 080-61754680 Fax : 080-61754693E-mail:deandirectortodc@gmail.com

## Website: www.theoxford.edu

## CERTIFICATE

This is to certify that all the details and information submitted is true and correct to the best of my knowledge. I understand that I am liable for penalization including criminal action for providing wrong/misguiding information as deemed fit by the University.

(Signature of the Teacher)

## CHILDREN'S EDUCATION SOCIETY (Regd.)

THE OXFORD DENTAL COLLEGE
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Website: www.theoxford.edu

CHILDREN'S EDUCATION SOCIETY (Regd.)
THE OXFORD DENTAL COLLEGE

## THE OXFORD DENTAL COLLEGE

10프 MILE STONE BOMMANAHALLI, HOSUR ROAD, BANGALORE
SELF-PERFORMANCE APPRAISAL OF TEACHING STAFF

## 4. GENERAL INFORMATION

Name: DR. MAkAT+1I DAYALAN.
Address No. 21, kerevally, $3^{\text {rd }}$ main
Phone number: 984427565 ?
Designation: Profusor and Head.
Department: Prosthodontics.
specialization: pros thodonfies.
Date of joining the institution: 23.01 .2008 .
Nature of employment: Permanent/Temporary/ Deputation/ Part Time
Total years/ months of service in the institution: 16 years.
Date of birth: 01.10.1965
emailid: $d r$-mals@yahoo.com.

## CHILDREN'S EDUCATION SOCIETY (Regd.)

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Ph: 080-61754680 Fax : 080-61754693E-mail:deandirectortodc@gmail.com Website: www.theoxford.edu
II. ACADEMIC QUALIFICATIONS

| EXams passed | University | Subjects | Year | Grade/Merit |
| :---: | :---: | :---: | :---: | :---: |
| HIGH SCHOOL | SSLC |  | 1981 |  |
| HIGHER <br> SECONDARY/PRE- <br> DEGREE | PUL |  | 1983 |  |
| BACHELORS <br> DEGREE | EDS |  | 1984 |  |
| MASTERS <br> DEGREE | MOS |  | 1990 |  |
| PHD |  |  |  |  |
| FELLOWSHIPS |  |  |  |  |
| DIPLOMA/ <br> CERTHFTEATION <br> COURSES |  |  |  |  |

III. TEACHING EXPERIENCE

| COURSES <br> (UG/PG) | NAME OF THE UNIVERSITY/COLLEGE <br> INSTITUTION | DURATION |
| :--- | :---: | :---: |
| OG/PG | KLE Dental college | 10 Yeas |
| UG/PG | oxford dental college | 16 Yeas |
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Ph: 080-61754680 Fax : 080-61754693E-mail:deandirectortodc@gmail.com Website: www.theoxford.edu

## IV. RESEARCH EXPERIENCE AND TRAINING

| Research Stage | Title Of Work/Thesis | University Where The Work <br> Was Carried Out |
| :--- | :--- | :--- |
| M.Phil/ Equivalent |  |  |
| Ph.D |  |  |
| Post Doctoral |  |  |
|  |  |  |
| Research Guidance(give <br> names of students guided <br> successfully) |  |  |
| Training(please specify) |  |  |
|  |  |  |

V. RESEARCH PUBLICATION,BOOKS AUTHORED AND MAGAZINES IN THE ACADEMIC YEAR. (Enclose Copy)


## CHILDREN'S EDUCATION SOCIETY (Regd.)

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Bommanahalli, Hosur Road, Bangalore - 560068
Ph: 080-61754680 Fax : 080-61754693E-mail:deandirectortodc@gmail.com Website: www.theoxford.edu
VI. RESEARCH PROJECTS CARRIED OUT/GUIDED

| TITLE OF THE PROJECT | NAME OF THE FUNDING <br> AGENCY | DURATION | REMARKS |
| :--- | :--- | :--- | :--- |
|  |  |  |  |
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VII. CONFERENCE, WORKSHOPS, CDE, GUEST LECTURES, RESOURCE PERSON PAPER/POSTER PRESENTATIONS(TV/Radio Talks)

| SL NO | NAME | ATTENDED | CONDUCTED | DETAILS |
| :--- | :--- | :--- | :--- | :--- |
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## VIII. TEACHER PROFILE AND QUALITY

1. Classes handled: UG:

[^0]
## CHILDREN'S EDUCATION SOCIETY (Regd.)

THE OXFORD DENTAL COLLEGE
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Karnataka \& Recognised by Dental Council of India, New Delhi)
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Ph: 080-61754680 Fax : 080-61754693E-mail:deandirectortodc@gmail.com Website: www.theoxford.edu
3. Teaching methods: PPT, Chalk and bulk, quart bowed.
4. Innovations in teaching:
5. Design of curriculum
6. Laboratory experiments - conducted.
7. Evaluation Methods:
8. Preparation of resource material: Ifbray Including books, reading materials, Laboratory manuals etc
9. Mentoring activity: Mentor Mentee
10. Awards/ Achievements:
IX. EXTENSION WORK/ COMMUNITY SERVICE

Please give a short account of your contribution to:

1. Community work:
(Such as values of national integration, Secularism, democracy, socialism, humanism. peace, scientific temper, flood or drought relief, small family norms etc.)
2. National Literacy Mission
3. Positions held/ leadership role played in organizations linked with extension work or any other similar activity:
X. PARTICIPATION HM CORPORATE:

Please give a short account of your contribution to:

## CHILDREN'S EDUCATION SOCIETY (Regd.)

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## CERTIFICATE

This is to certify that all the details and information submitted is true and correct to the best of my knowledge. I understand that 1 am liable for penalization including criminal action for providing wrong/misguiding information as deemed fit by the University.

The Oxford Dental College, Bommnahain

## CHILDREN'S EDUCATION SOCIETY (Regd.)

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## THE OXFORD DENTAL COLLEGE

$10^{\text {TH }}$ MILE STONE BOMMANAHALLI, HOSUR ROAD, BANGALORE
SELF-PERFORMANCE APPRAISAL OF TEACHING STAFF

1. GENERAL INFORMATION

Name: $D R$. RAVI KUMAR. N.
 Phone number: 9845808366 balore - $86^{\prime}$.
Designation: Professes
Department: Prosthodontics
Specialization: MDS Prosthodonties
Date of joining the institution: $6 / 3 / 2019$
Nature of employment: Permanent/ Temporary/ Deputation/ Part Time
Total years/ months of service in the institution: 3years
Date of birth: $\because 16 / 06 / 73$
Email id:drravi-ku@yahoo.com

## CHILDREN'S EDUCATION SOCIETY (Regd.)

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|  |  | QUALIFICATIONS |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | Exams passed | University | Subjects | Year | Grade / Merit |
|  | HIGH SCHOOL | Biddhartha | 6 | 1986 | $1^{\text {st }}$ class |
|  | HIGHER SECONDARY/PREDEGREE | $D R M$ |  | 1988 | 1st class |
|  | BACHELOR'S DEGREE | Bapuji | BDS | 1998 | 2 nd Class |
|  | MASTER'S DEGREE | BIDS | MDS | 2003 | 2 ndclass |
|  | PHD |  |  | $\left.y^{T}+7-72\right)$ |  |
|  | FELLOWSHIPS |  |  |  |  |
|  | DIPLOMA / CERTIFICATION COURSES |  | c. |  | 0 |

iII. TEACHING EXPERIENCE

| COURSES <br> (UG/PG) | NAME OF THE UNIVERSITY/COLLEGE INSTITUTION | DURATION |
| :---: | :---: | :---: |
| BDS, MDS | Sri Siddartha deutal eollage | 12 years |
| $B D S, M D S$ | Okford deutal Collagp | $3 \text { years }$ |
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IV. RESEARCH EXPERIENCE AND TRAINING

| Research Stage | Title Of Wark/Thesis | University Where The Work <br> Was Carried Out |
| :--- | :---: | :--- |
| M.Phil/Equivalent |  |  |
| Ph.D |  | RGHU S |
| Post Doctoral |  | RGHUS. |
| Research Guidance(give <br> names of students guided <br> successfully) | Than regarding <br> Occlusion |  |

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\begin{aligned}
& \text { RESEARCH PUBLICATION,BOOKS AUTHORED AND MAGAZINES IN THE } \\
& \text { ACADEMIC YEAR. (Enclose COPY) }
\end{aligned}
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## CHILDREN'S EDUCATION SOCIETY (Regd.)

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Ph: 080-61754680 Fax : 080-61754693E-mail:deandirectortodc@gmail.com Website: www.theoxford.edu
vi. RESEARCH PROJECTS CARRIED OUT/GUIDED

VII. CONFERENCE, WORKSHOPS, CDE, GUEST LECTURES, RESOURCE PERSON PAPER/POSTER PRESENTATIONS(TV/Radio Talks)

| SLNO | NAME | ATTENDED | CONDUCTED | DETAILS |
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VIII. TEACHER PROFILE AND QUALITY

1. Classes handled: UG

PG:
2. Remedial classes/ counseling classes taken: PPT, Smact board

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Ph: 080-61754680 Fax : 080-61754693E-mail:deandirectortodc@gmail.com Website: www.theoxford.edu
3. Teaching methods:
4. Innovations in teaching: MCQ
5. Design of curriculum
6. Laboratory experiments
7. Evaluation Methods:
8. Preparation of resource material:

Including books, reading materials, Laboratory manuals etc
9. Mentoring activity: 20
10. Awards/Achievements:
IX. EXTENSION WORK/ COMMUNITY SERVICE

Please give a short account of your contribution to:

1. Community work:
(Such as values of national Integration, Secularism, democracy, socialism, humanism, peace, scientific temper, flood or drought relief, small family norms etc.)
2. Nạtional Literacy Mission
3. Positions held/ leadership role played in organizations linked with extension work or any other similar activity:

## PARTICIPATION IN CORPORATE:

Please give a short account of your contribution to:

## CHILDREN'S EDUCATION SOCIETY (Regd.)

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## CERTIFICATE

This is to certify that all the details and information submitted is true and correct to the best of my knowledge. I understand that I am liable for penalization including criminal action for providing wrong/misguiding information as deemed fit by the University.

(Signature of the Teacher)

4


PROF \& H.O.D.
DEPT. OF PROSTHODONTICS MC NJORD DENIM COLEGE Mic IVORDMENTML MANGALORE -

| Dean and Director |
| :--- |
| The Oxford Dental College. Bommana | Hosur Road Bengaluru

## CHILDREN'S EDUCATION SOCIETY (Regd.)

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2021-22.

## THE OXFORD DENTAL COLLEGE

$10^{\text {TH }}$ MILESTONE BOMMANAHALLI, HOSUR ROAD, BANGALORE

SELF-PERFORMANCE APPRAISAL OF TEACHING STAFF
I. GENERAL INFORMATION


## CHILDREN'S EDUCATION SOCIETY (Regd.)

THE OXFORD DENTAL COLLEGE
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Ph: 080-61754680 Fax : 080-61754693E-mail:deandirectortodc@gmail.com Website: www.theoxford.edu

V. RESEARCH PROJECT CARRIED OUT /GUIDED:

| TITLE OF THE | NAME OF THE | DURATION | REMARKS |
| :--- | :--- | :--- | :--- |
| PROJECT | FUNDING AGENCY |  |  |
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Estd. 1974

## CHILDREN'S EDUCATION SOCIETY (Regd.)

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VII. CONFERENCE, WORKSHOPS, CDE, GUEST LECTURES, RESOURCE PERSON

PAPER/POSTER PRESENTATION(TV/RADIO TALKS)

| SL. NO. | NAME | ATTENDED | CONDUCTED | DETAILS |
| :--- | :--- | :--- | :--- | :--- |
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VIII. TEACHER PROFILE AND QUALITY

1. CLASSES HANDLED : UG:

PG :
2. REMEDIAL CLASSES/ COUNSELLING CLASSES TAKEN
3. TEACHING METHODS:
4. INNOVATION IN TEACHING
5. DESIGN OF CURRICULUM :
6. LABORATORY EXPERIMENTS
7. EVALUATION METHODS:
8. PREPARATION OF RESOURCE MATERIAL

INCLUDING BOOKS, READING MATERIALS, LABORATORY MANUALS ETC.
9. MENTORING ACTIVITY
10. AWARDS / ACHIEVEMENTS

## CHILDREN'S EDUCATION SOCIETY (Regd.)

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Ph: 080-61754680 Fax : 080-61754693E-mail:deandirectortodc@gmail.com
Website: www.theoxford.edu

Please give a short account of your contribution to

1. COMMUNTIY WORK:
such as values of national integration, secularism, democracy, socialism, humanism, peace,
scientific temper, flood or drought relief, small family norms etc.
2. NATIONAL LITERACY MISSION

ITIONS HELD / LEADERSHIP ROLE PLAYED IN ORGANIZATIONS LINKED WITH EXTENSION WORK OR ANY OTHER SIMILAR ACTIVITY :

## X. PARTICIPATION IN CORPORATE:

PLEASE GIVE A SHORT ACCOUNT OF YOUR CONTRIBUTION TO

1. COLLEGE/UNIVERSITY/INSTITUTION
2. CO-CURRICUAR ACTIVITIES
3. ENRICHMENT OF THE CAMPUS LIFE(HOSTEL/SPORTS/CULTURAL ACTIVITIES)
4. STUDENTS WELFARE IN DISCIPLINE:
5. MEMBERSHIP/PARTICIPATION IN BODIES/ COMMITTEES ON EDUCATION AND NATIONAL DEVELOPMENT :
6. PROFFESIONAL ORGANIZATION OF TEACHERS
7. ANY OTHERS:

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Website: www.theoxford.edu
XII. MEMBERSHIPS OF PROFFESIONAL BODIES AND SOCIETIES

1. MEMBERSHIP IN COMMITEES IN COLLEGE/UNIVERSITIES:
2. MEMBERSHIP IN PROFFESIONAL BODY/ SOCIETY/ ASSOCIATIONS (PARTICIPATION IN THE ORGANIZINGTEAMS) INDIAN PROSTHODONTIC SOCIETY - INDIaN Prosthodontic sollety bingalore sen ancil member

3 TIMES, EXECUTNE CUNGITIN - IDA LFE ME MBER - I NDIAN DENTAL ASSO UATION-IDA UFE PROSTHODONTIC
"TMD FECTION" SOUETY. (JIPS)
4. ANY OTHER :

SCORE: $\qquad$ (out of 5)

## CERTIFICATE

THIS IS TO CLARIFY THAT ALL THE DETAILS AND INFORMATION SUBMITTED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT I AM LIABLE FOR THE PENALIZATION INCLUDING CRIMINAL ACTION FOR PROVIDING WRONG / MISGUIDING INFORNMATION AS DEEMED FIT BY THE UNIVERSITY


JEPT. OF PROSTHODONTICE

CHILDREN'S EDUCATION SOCIETY (Regd.)
THE OXFORD DENTAL COLLEGE

THE OXFORD DENTAL COLLEGE
10 MILE STONE BOMMANAHALLI, HOSUR ROAD, BANGALORE
SELF-PERFORMANCE APPRAISAL OF TEACHING STAFF
I. GENERAL INFORMATION

Name: DQ. SHEETAL. B
Address \# 200, JP Nague, $3^{\text {rd }}$ cross, Bangalore.
Phone number: 9632079897 .
Designation: Reader
Department: Procthodunfics
specialization: prosthodontics.
Date of joining the institution:

$$
5 \cdot 06 \cdot 2016
$$

Nature of employment: Permanent/Temporary/ Deputation/ Part Time
Total years/ months of service in the institution: 5 years.
Date of birth: 2-07-1989.
Email id: sheetalsaklecha56@gmail.com.

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(Recognized by the Govt. of Karnataka, Affiliated to Rajiv Gandhi University of Health Sciences, Karnataka \& Recognised by Dental Council of India, New Delhi) Bommanahalli, Hosur Road, Bangalore - 560068.
$\mathrm{Ph}: 080-61754680$ Fax : 080-61754693E-mail:deandirectortodc@gmail.com Website: www.theoxford.edu
II. ACADEMIC QUALIFICATIONS
II. ACADEMIC QUALIFICATIONS

| Exams passed | University | Subjects | Year | Grade/ Merit |
| :---: | :---: | :---: | :---: | :---: |
| HIGH SCHOOL | SSLC |  | 2005 |  |
| HIGHER <br> SECONDARY/PRE- <br> DEGREE | PVC |  | 2007 |  |
| BACHELORS <br> DEGREE | GDS | QquHS | 2007 |  |
| MASTERS <br> DEGREE | MOS | RGOHS | 2012. |  |
| PHD |  |  |  |  |
| FELLOWSHIPS |  |  |  |  |
| DIPLOMA <br> CERTHPTCATION <br> COURSES |  |  |  |  |

III. TEACHING EXPERIENCE

| COURSES <br> (UG/PG) | NAME OF THE UNIVERSITY/COLLEGE <br> INSTITUTION | DURATION |
| :---: | :---: | :---: |
| OG/PG. | \&DM Pend al college | 5 Years |
| UG/PG | oxford Mental |  |
| college | 5 Years |  |
|  |  |  |
|  |  |  |

## CHILDREN'S EDUCATION SOCIETY (Regd.)

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IV. RESEARCH EXPERIENCE AND TRAINING

| Research Stage | Title Of Work/Thesis | University Where The Work <br> Was Carried Out |
| :--- | :--- | :--- |
| M.Phil/ Equivalent |  |  |
| Ph.D |  |  |
| Post Doctoral |  |  |
|  |  |  |
| Research Guidance(give <br> names of students guided <br> successfully) . |  |  |
| Training(please specify) |  |  |

v. RESEARCH PUBLICATION,BOOKS AUTHORED AND MAGAZINES IN THE ACADEMIC YEAR. (Enclose Copy)


## CHILDREN'S EDUCATION SOCIETY (Regd.)

THE OXFORD DENTAL COLLEGE
(Recognized by the Govt. of Karnataka, Affiliated to Rajiv Gandhi University of Health Sciences, Karnataka \& Recognised by Dental Council of India, New Delhi)

Bommanahalli, Hosur Road, Bangalore - 560068
Ph: 080-61754680 Fax : 080-61754693E-mail:deandirectortodc@gmail.com Website: www.theoxford.edu
VI. RESEARCH PROJECTS CARRIED OUT/GUIDED

| TITLE OF THE PROJECT | NAME OF THE FUNDING <br> AGENCY | DURATION | REMARKS |
| :--- | :--- | :--- | :--- |
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VII. CONFERENCE, WORKSHOPS, CDE,GUEST LECTURES, RESOURCE PERSON PAPER/POSTER PRESENTATIONS(TV/Radio Talks)

| SL NO | NAME | ATTENDED | CONDUCTED | DETAILS |
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VIII. TEACHER PROFILE AND QUALITY

1. Classes handled: UG:

PG:
2. Remedial classes/ counseling classes taken:

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Ph: 080-61754680 Fax : 080-61754693E-mail:deandirectortodc@gmail.com Website: www.theoxford.edu
3. Teaching methods:
4. Innovations in teaching:
5. Design of curriculum
6. Laboratory experiments
7. Evaluation Methods:
8. Preparation of resource material:

Including books, reading materials, Laboratory manuals etc
9. Mentoring activity:
10. Awards/Achievements
IX. EXTENSION WORK/ COMMUNITY SERVICE

Please give a short account of your contribution to:

1. Community work: (Such as values of national Integration, Secularism, democracy, socialism, humanism, peace, scientific temper, flood or drought relief, small family norms etc.)
2. National Literacy Mission
3. Positions held/ leadership role played in organizations linked with extension work or any other similar activity:

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1. College/ university/ institution
2. Co-curricular activities
3. Enrichment of the campus life(hostel/sports/cultural activities):
4. Students Welfare and discipline:
5. Membership/participation in bodies/committees on education and national development:
6. Professional organization of teachers:
7. Any other:
XII. MEMBERSHIPS OF PROFESSIONAL BODIES AND SOCIETIES
8. Membership in committees in the college/universities:
9. Membership in professional body/society/associations (participation in the organizing teams)
10. Editorial board/Reviewer:
11. Any other:

Score: $\qquad$ (out of 5)

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- VFORO DENTAL COLLEGE i. WMMANAHACLI, BANGALORE


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## THE OXFORD DENTAL COLLEGE

 10 MILE STONE BOMMANAHALLI, HOSUR ROAD, BANGALORESELF-PERFORMANCE APPRAISAL OF TEACHING STAFF


Estd. 1974

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II. ACADEMIC QUALIFICATIONS

| Exams passed | University | Subjects | Year | Grade / Merit |
| :---: | :---: | :---: | :---: | :---: |
| HIGH SCHOOL | SSLL |  |  | $A+$ |
| HIGHER SECONDARY/PREDEGREE | PUC |  |  | $A H$ |
| BACHELOR'S DEGREE | BDS |  |  | $A$ |
| MASTER'S DEGREE | MDS |  | $5+$ | $A$ |
| PHD |  |  |  |  |
| FELLOWSHIPS |  | - |  |  |
| DIPLOMA / CERTIFICATION COURSES |  | $\%$ |  |  |

ili. TEACHING EXPERIENCE

| COURSES <br> (UG/PG) | NAME OF THE UNIVERSITY/COLLEGE |  |
| :---: | :---: | :---: | :---: |
| UG,PG | OnSTITUTION | DURATION |
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Website: www.theoxford.edu
3. Teaching methods: PPT, Smart Beard.
4. Innovations in teaching:
5. Design of curriculum
6. Laboratory experiments
7. Evaluation Methods:
8. Preparation of resource material:

Including books, reading materials, Laboratory manuals etc
9. Mentoring activity:
10. Awards/Achievements:
IX. EXTENSION WORK/ COMMUNITY SERVICE

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x. PARTICIPATION IN CORPORATE:

Please give a short account of your contribution to:


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1. College/ university/ institution
2. Co-curricular activities
3. Enrichment of the campus life(hostel/sports/cultural activities):
4. Students Welfare and discipline:
5. Membership/participation in bodies/committees on education and national development:
6. Professional organization of teachers:
7. Any other:
XII. $\because$ MEMBERSHIPS OF PROFESSIONAL BODIES AND SOCIETIES
8. Membership in committees in the college/universities:
9. Membership in professional body/society/associations (participation in the organizing teams)
10. Editorial board/Reviewer:
11. Any other:
score: 4 (out of 5 )

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(1) $r$

Dean and Director The Oxford Dental College. Bommnaha Hosur.Road Bengaluru

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Ph: 080-61754680 Fax : 080-61754693E-mail:deandirectortodc@gmail.com Website: www.theoxford.edu
3. Teaching methods: Block hound foweypas -t

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4. Innovations in teaching:
5. Design of curriculum Biannually.
6. Laboratory experiments
yes
7. Evaluation Methods: grader ii araubu , Viva lands -
8. Preparation of resource material:

Including books, reading materials, Laboratory manuals etc
9. Mentoring activity:
10. Awards/ Achievements:
IX. EXTENSION WORK/ COMMUNITY SERVICE

Please give a short account of your contribution to:

1. Community work:
(Such as values of national Integration, Secularism, democracy, soçialism, humanism. peace, scientific temper, flood or drought relief, small family norms etc.)
2. National Literacy Mission
3. Positions held/ leadership role played in organizations linked with extension work of any other similar activity:
4. HatCICIPATLON IN CORBOHATL

Please give at short account of your contribution to l

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```
    1. College/ university/ institution
    2. Co-curricular activities
    3. Enrichment of the campus life(hostel/sports/cultural activities):
    4. Students Welfare and discipline:
    5. Membership/participation in bodies/committees on education and national
        development:
    6. Professional organization of teachers:
    7. Any other:
    XII. MEMBERSHIPS OF PROFESSIONAL BODIES AND SOCIETIES
        1. Membership in committees in the college/universities:
        2. Membership in professional body/society/associations (participation in the
        organizing teams)
        3. Editorial board/ Reviewer:
        4. Any other:
Score:
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## 10프․ MILE STONE BOMMANAHALLI, HOSUR ROAD, BANGALORE

SELF-PERFORMANCE APPRAISAL OF TEACHING STAFF

```
Name: DR. SYED JAVAD SALEEM
Address }165/\textrm{J}\mp@subsup{8}{}{\mathrm{ th cross Lodichikkanahallimain road,}
Phone number: bilekahall, Beng-76
9886535622
Designation:
Department:
specialization: Prosthodont.Cs
Date of joining the institution: 12-9-20
Nature of employment: Permanent/Temporary/Deputation/Part Time
Total years/months of service in the institution:
Date of birth: }\quad3/3/8
Emailid: javadBaleem90@jmail.com
```


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11. ACADEMIC QUALIFICATIONS

| Exams passed | University |  | Subjects | Year |
| :---: | :---: | :---: | :---: | :---: |
| HIGH SCHOOL | Karnatala <br> state board | 6 | 1999 | I |
| HIGHER <br> SECONDARY/PRE- <br> DEGREE | Pre-univenlly | PCMB | 2002 | I |
| BACHELOR'S <br> DEGREE | RGUHS | DENTAL | 2003 | I |
| MASTER'S <br> DEGREE | RGUHS | Prosthedon/s | 201 K | I |
| PHD |  |  |  |  |
| FELLOWSHIPS |  |  |  |  |
| DIPLOMA/ <br> CERTIFICATION <br> COURSES |  |  |  |  |

III. TEACHING EXPERIENCE

| COURSES <br> (UG/PG) | NAME OF THE UNIVERSITY/COLLEGE <br> INSTITUTION | DURATION |
| :---: | :---: | :---: |
| PG | RGUHS /SGRD | 2014/Aug to dol8 AYy |
| RG | RGUHS / TODC | 12 sep Till Dale. |
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3. Teaching methods: Ulinical Inon Clincue
4. Innovations in teaching: Research
5. Design of curriculum
6. Laboratory experiments
7. Evaluation Methods: Exams
8. Preparation of resource material:

Including books, reading materials, Laboratory manuals etc
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10. Awards/ Achievements:
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IV. RESEARCH EXPERIENCE AND TRAINING

| Research Stage | Title Of Work/Thesis | University Where The Work <br> Was Carried Out |
| :--- | :---: | :---: |
| M.Phil/ Equivalent | - | - |
| Ph.D | - | - |
| Post Doctoral | - | - |
|  |  |  |
| Research Guidance(give <br> names of students guided <br> successfully) |  |  |
| Training(please specify) |  |  |

V. RESEARCH PUBLICATION,BOOKS AUTHORED AND MAGAZINES IN THE

| SL.NO | NAME OF THE PUBLICATION/ BOOKS <br> AUTHORED/MAGAZINES | CATEGORY | POINTS |
| :--- | :--- | :--- | :--- |
| 1. |  |  |  |
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3. Teaching methods: Power point presentation, chair side
divical deseumion, table side dercurron
4. Innovations in teaching:
live demonstratim, viedo demo
5. Design of curriculum

## Yes

6. Laboratory experiments Demo for manipulation of
imprision matevials \& yyprum products
7. Evaluation Methods:
8. Preparation of resource material:

Including books, reading materials, Laboratory manuals etc
9. Mentoring activity: 2
10. Awards/Achievements:
IX. EXTENSION WORK/ COMMUNITY SERVICE

Please give a short account of your contribution to:

1. Community work: Attended deutire camps in rural (Such as values of national integration, Secularism, democracy, socialism, humanism, peace, scien floed or drought relief, small family norms etc.)
2. National Literacy Mission
3. Positions held/ leadership role played in organizations linked with extension work or any other similar activity:
X. PARTICIPATION IN CORPORATE:

Please give a short account of your contribution to:

CHILDREN'S EDUCATION SOCIETY (Regd.)
THE OXFORD DENTAL COLLEGE
(Recognized by the Govt. of Karnataka, Affiliated to Rajiv Gandhi University of Health Sciences, Karnataka \& Recognised by Dental Council of India, New Delhi)

Bommanahalli, Hosur Road, Bangalore - 560068.
Ph: 080-61754680 Fax : 080-61754693E-mail:deandirectortodc@gmail.com Website: www.theoxford.edu

1. College/ university/ institution
2. Co-curricular activities
3. Enrichment of the campus life(hostel/sports/cultural activities):
4. Students Welfare and discipline:
5. Membership/participation in bodies/committees on education and national development:
6. Professional organization of teachers:
7. Any other:

- 

XII. MEMBERSHIPS OF PROFESSIONAL BODIES AND SOCIETIES

1. Membership in committees in the college/universities:
2. Membership in professional body/society/associations (participation in the organizing teams)
3. Editorial board/Reviewer:
4. Any other:

Score: $\qquad$ (out of 5)

CHILDREN'S EDUCATION SOCIETY (Regd.)

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## CERTIFICATE

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THE OXFORD DENTAL COLLEGE

## THE OXFORD DENTAL COLLEGE

## 10 ${ }^{-14}$ MILE STONE BOMMANAHALLI, HOSUR ROAD, BANGALORE

## SELF-PERFORMANCE APPRAISAL OF TEACHING STAFF

## 1. GENERAL INFORMATION

Name: DR. Batu Rajendra prasad
Address \# Shathi Apartment, 560027 .
phone number: 91342567
Designation: Prosthodontics., Rrogesos.
Department: Prestliodoutics
Specialization: MDS Prorthodentis
Date of joining the institution: $6 / 10 / 18$
Nature of employment: Permanent/ Temporary/ Deputation/ Part Time
Total years/ months of service in the institution:
6 years
Date of birth: $7 / 12 / 74$
Emailid: Bakababu@gmail.com.

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Ph: 080-61754680 Fax : 080-61754693E-mail:deandirectortodc@gmail.com Website: www.theoxford.edu
II. ACADEMIC QUALIFICATIONS

iII. TEACHING EXPERIENCE

| COURSES <br> (UG/PG) | NAME OF THE UNIVERSITY/COLLEGE <br> INSTITUTION | DURATION |
| :---: | :---: | :---: |
| UC. | BIDS | syears |
| Uq,PG | VS dental collage | chears |
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Estd. 1974

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Ph: 080-61754680 Fax : 080-61754693E-mail:deandirectortodc@gmail.com Website: www.theoxford.edu
VI. RESEARCH PROJECTS CARRIED OUT/ GUIDED

VII. CONFERENCE, WORKSHOPS, CDE, GUEST LECTURES, RESOURCE PERSON PAPER/POSTER PRESENTATIONS(TV/Radio Talks)

| SL NO | NAME | ATTENDED | CONDUCTED | DETAILS |
| :--- | :--- | :--- | :--- | :--- |
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vill. TEACHER PROFREE AND QUALITY

1. Classes handled: UG:

PG:
2. Remedial classes/ counseling classes taken

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Ph: 080-61754680 Fax : 080-61754693E-mail:deandirectortodc@gmail.com Website: www.theoxford.edu
3. Teaching methods: PPY, Proit Board,
4. Innovations in teaching:
5. Design of curriculum
6. Laboratory experiments
7. Evaluation Methods:
8. Preparation of resource material:

Including books, reading materials, Laboratory manuals etc
9. Mentoring activity:
10. Awards/Achievements:
IX. EXTENSION WORK/ COMMUNITY SERVICE

Please give a short account of your contribution to:

1. Community work:

- Such as values of national Integration, Secularism, democracy, socialism, humanism peace, scientific temper, flood or drought relief, small family norms etc.)

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4. Students Welfare and discipline:
5. Membership/participation in bodies/committees on education and national development:
6. Professional organization of teachers:
7. Any other:
XII. MEMBERSHIPS OF PROFESSIONAL BODIES AND SOCIETIES
8. Membership in committees in the college/universities:
9. Membership in professional body/society/associations (participation in the organizing teams)
10. Editorial board/Reviewer:
11. Any other:

Score: $\qquad$

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## THE OXFORD DENTAL COLLEGE

## 10 ${ }^{\text {Th }}$ MILE STONE BOMMANAHALLI, HOSUR ROAD, BANGALORE

SELF-PERFORMANCE APPRAISAL OF TEACHING STAFF
I. GENERAL INFORMATION

Name: DR. NEERAJA B. Address \# $581,5:$ SHIVA Phone number: Raj gi hagar gt Block. Phone number: 9008601606
Designation: Senior lcetirles
Department: Prosthodontics
specialization: Proc thodionfiu.
Date of joining the institution: 11.03 .2020
Nature of employment: Permanent/ Temporary/ Deputation/ Part Time
Total years/ months of service in the institution: 3 Ycau
Date of birth: 22.08 .1988
Email id: neeraja22888@gmail.com

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II. ACADEMIC QUALIFICATIONS

III. TEACHING EXPERIENCE

| COURSES <br> (UG/PG) | NAME OF THE UNIVERSITY/COLLEGE <br> INSTITUTION | DURATION |
| :---: | :---: | :---: |
| O4/PQ. | Chance Dental college <br> The oxford Spend <br> college | Q Leal dale |

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3. Teaching methods: PPT, hale \& Talk, Smart board
4. Innovations in teaching: Apemonefeation.
5. Design of curriculum
6. Laboratory experiments Experiments conducted.
7. Evaluation methods: Examination (theory is frack B © $)$
8. Preparation of resource material: literary Including books, reading materials, Laboratory manuals etc
9. Mentoring activity: mentor mestee.
10. Awards/ Achievements:
IX. EXTENSION WORK/'COMMUNITY SERVICE

Please give a short account of your contribution to:

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1. College/ university/ institution
2. Co-curricular activities
3. Enrichment of the campus life(hostel/sports/cultural activities):
4. Students Welfare and discipline:
5. Membership/participation in bodies/committees on education and national development:
6. Professional organization of teachers?
7. Any other:
XII. MEMBERSHIPS OF PROFESSIONAL BODIES AND SOCIETIES
8. Membership in committees in the college/universities:

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K S D C
$$

2. Membership in professional body/society/associations (participation in the organizing teams)

Ips
3. Editorial board/Reviewer:
4. Any other:

Score: $\qquad$ (out of 5)

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## CERTIFICATE

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(Signature of the Teacher)

On
Dean and Director The Oxford Dental College, Bommnahai Hosur Road Bengaluru - 560068


PROF\& H.O.D. DEPT. OFPROSTHOOU THC "FORD DENTAL COLLEGE

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## THE OXFORD DENTAL COLLEGE

10 MILE STONE BOMMANAHALLI, HOSUR ROAD, BANGALORE

## SELF-PERFORMANCE APPRAISAL OF TEACHING STAFF

1. GENERAL INFORMATION

Name: NIVEDAN K.S
Address 4S/1, Shree lingha Nilaya, Mayapanahalh
Phone number: 923145678
Designation: Seulor Lecturer
Department: Prosthofoutiu.
Specialization: MDS, Prosthodantics.
Date of joining the institution: $5 / 2 / 19$
Nature of employment: Permanent/ Temporary/ Deputation/ Part Time
Total years/ months of service in the institution: 4 years.
Date of birth:
Emailid:Nivedanks@gmail.com.

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3. Enrichment of the campus life(hostel/sports/cultural activities):
4. Students Welfare and discipline:
5. Membership/participation in bodies/committees on education and national development:
6. Professional organization of teachers:
7. Any other:

- 

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Ph: 080-61754680 Fax : 080-61754693E-mail:deandirectortodc@gmail.com Website: www.theoxford.edu
11. ACADEMIC QUALIFICATIONS

| Exams passed | University | Subjects | Year | Grade / Meri |
| :---: | :---: | :---: | :---: | :---: |
| HIGH SCHOOL | CBSE | ENG, HINDI, maths, sCr | 2005 | 85\% |
| SECONDARY/PRE- DEGREE DEGREE | CBSE | $\begin{aligned} & \text { CHE BIO } \\ & \text { MATHS, PHYE } \end{aligned}$ |  |  |
| BACHELOR'S | AYUSHE HEALTH SCIT UNIOI CG |  | 2014 | 70.7\% |
| MASTER'S |  |  | 2018 | $78 \cdot 8$ |
| degree | RGUHS |  |  |  |
| PHD |  |  |  |  |
| FELLOWSHIPS |  |  |  |  |
| DIPLOMA/ |  |  |  |  |
| CERTIFICATION |  |  |  |  |

iII. TEACHING EXPERIENCE

| COURSES <br> (UG/PG) | NAME OF THE UNIVERSITY/COLLEGE <br> INSTITUTION | DURATION |
| :--- | :--- | :--- |
| UGIPG | The oxfordDental | 4 years II monty |
|  | college, RGUHS |  |
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VII. CONFERENCE, WORKSHOPS, CDE,GUEST LECTURES, RESOURCE PERSON PAPER/POSTER PRESENTATIONS(TV/Radio Talks)

| SL NO | NAME | ATTENDED | CONDUCTED | DETAILS |
| :--- | :--- | :--- | :--- | :--- |
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VII. TEACHER PROFILE AND QUALITY

1. Classes handied UG: $C$

PG: $\qquad$
2. Remedial classes/ counseling classes taken: conducted.

## CHILDREN'S EDUCATION SOCIETY (Regd.)

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3. Teaching methods:

Powerpoint presentation, chalk \& Talk, smartboand, model presentation.
4. Innovations in teaching: Demonstration
5. Design of curriculum
6. Laboratory experiments performed
7. Evaluation Methods: IA Examination Theory \& prachicals.
8. Preparation of resource material: Libiany Refrences. Including books, reading materials, Laboratory manuals etc
9. Mentoring activity: Mentor-mentee activily 10. Awards/Achievements: -
IX. EXTENSION WORK/ COMIMUNITY SERVICE

Please give a short account of your contribution to:

Community work
俍
2. National Literacy Mission
3. Positions held/ leadership role played in organizations linked with extension work or any other similar activity:

- x. PARTICIPATION IN CORPORATE

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[^1]Score: $\quad$ (out of 5)

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Dean and Director The Oxford Dental College, 80.068 Hosur Road Bengaluru

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## THE OXFORD DENTAL COLLEGE

$10^{\text {TH }}$ MILE STONE BOMMANAHALLI, HOSUR ROAD, BANGALORE
SELF-PERFORMANCE APPRAISAL OF TEACHING STAFF
I. GENERAL INFORMATION

Name: Dr Bharath Vardhona:
Address \# 137 KHB COLONY KURAMANEgACA B'LAZE
Phone number: 9886586595
Designation: Reador
Department: Dedodontic)
Specialization: MDS - Pedodontics
Date of joining the institution: O1.07.2020
Nature of employment: Permanent/ Temporary/ Deputation/ Part Time
Total years/months of service in the institution: $2 y s 1$ months
Date of birth: 06.03 .88
Emailid: fharath.dentist@guail.com

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Website: www.theoxford.edu
3. Teaching methods: Seminars, theory clars, Debeite, Jamal dub
4. Innovations in teaching: $\rightarrow$ Detater, Quin,
5. Design of curriculum $\qquad$
6. Laboratory experiments
7. Evaluation Methods
8. Preparation of resource material:

Including books, reading materials, Laboratory manuals etc
9. Mentoring activity:
10. Awards/ Achievements:

## IX. EXTENSION WORK/ COMMUNITY SERVICE

Please give a short account of your contribution to:

1. Community work: Conducted School Coups
(Such as values of national Integration, Secularism, democracy, socialism, humanism, peace, scientific temper, flood or drought relief, small family norms etc.)
2. National Literacy Mission
3. Positions held/ leadership role played in organizations linked with extension work or any other similar activity:

## CHILDREN'S EDUCATION SOCIETY (Regd.)

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Ph: 080-61754680 Fax: 080-61754693E-mail:deandirectortodc@gmail.com
Website: www.theoxford.edu
II. ACADEMIC QUALIFICATIONS

| Exams passed | University | Subjects | Year | Grade/Merit |
| :---: | :---: | :---: | :---: | :---: |
| HIGH SCHOOL |  |  |  |  |
| HIGHER <br> SECONDARY/PRE- <br> DEGREE |  | SDS | 2arr | Sound Clas |
| BACHELOR'S <br> DEGREE | MDS | 2012 | Socond Clur |  |
| MASTER'S <br> DEGREE |  |  |  |  |
| PHD |  |  |  |  |
| FELLOWSHIPS |  |  |  |  |
| DIPLOMA <br> CERTIFICATION <br> COURSES |  |  |  |  |

III. TEACHING EXPERIENCE

| counses (UG/PG) | NAME OF THE UNIVERSITY/COLLEGE INSTITUTION | duration |
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|  | Syanala Reddy Dental | lys smonthy |
|  | colloge, B'lure |  |
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|  | Sultiak Dental Collge | 4yrs imanlu |
|  | Osford Dental College | 2ym comontes |

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Website: www.theoxford.edu
IV. RESEARCH EXPERIENCE AND TRAINING

| Research Stage | Title Of Work/Thesis | University Where The Work <br> Was Carried Out |
| :--- | :--- | :--- |
| M.Phil/ Equivalent |  |  |
| Ph.D |  |  |
| Post Doctoral |  |  |
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| Research Guidance(give <br> names of students guided <br> successfully) |  |  |
| Training(please specify) |  |  |
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V. RESEARCH PUBLICATION,BOOKS AUTHORED AND MAGAZINES IN THE
ACADEMIC YEAR. (Enclose Copy)

| s..no | NAME OF THE PUBLICATION/ BOOKS AUTHORED/MAGAZINES | Category | Polint |
| :---: | :---: | :---: | :---: |
| (1) | Fnt Jol Applied Dontal saences | III | 5 |
| (2) | उव) Adr Medical En Dental Sciencus Paseech | III | 2. |
| (3) | Int I\& Appked Dented Sciens | TI) | 5 |
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x. PARTICIPATION IN CORPORATE:

Please give a short account of your contribution to

1. College/ university/ institution teaching, ovpseery dincal int
2. Co-curricular activities
3. Enrichment of the campus life(hostel/sports/cultural activities)
4. Students Welfare and discipline:
5. Membership/participation in bodies/committees on education and nationa development:
6. Professional organization of teachers:
7. Any other:
XII. MEMBERSHIPS OF PROFESSIONAL BODIES AND SOCIETIES
8. Membership in committees in the college/universities: Yes

Membership in professional body/society/associations (participation in the organizing teams) Yes
3. Editorial board/Reviewer
4. Any other

Score: $\qquad$ (out of 5)

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VI. RESEARCH PROJECTS CARRIED OUT/ GUIDED

|  | TITLE OF THE PROJECT | NAME OF THE FUNDING AGENCY | duration | REmarks |
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VII. CONFERENCE, WORKSHOPS, CDE, GUEST LECTURES, RESOURCE PERSON PAPER/POSTER PRESENTATIONS(TV/Radio Talks)

| SL NO | NAME | ATTENDED | CONDUCTED | DETAILS |
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VIII. TEACHER PROFILE AND QUALITY

1. Classes handled: UG: Evoy Zue, Thu

PG: Iveryplov
2. Remedial classes/ counseling classes taken:

## CHILDREN'S EDUCATION SOCIETY (Regd.)

## CERTIFICATE

This is to certify that all the details and information submitted is true and correct to the best of my knowledge. I understand that I am liable for penalization including criminal action for providing wrong/misguiding information as deemed fit by the University.


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## THE OXFORD DENTAL COLLEGE

$10^{\text {TH }}$ MILE STONE BOMMANAHALLI, HOSUR ROAD, BANGALORE
SELF-PERFORMANCE APPRAISAL OF TEACHING STAFF
I. GENERAL INFORMATION

Name: DR, KIRAN.K
Address \#481, $12^{\text {Th }}$ CROSS, $8^{\text {TH }}$ MAIN, $3^{\text {R9 }}$ BLOCK, NARYM NA NARAR DKS, Bangalum
Phone number: 9731196369
Designation: Professor
Department: Pedintric And Preventive Dentistry
Specialization: PEDIATRIC AnD PREVENTIVE DENTLTRY
Date of joining the institution: $12-06-2020$
Nature of employment: Permanent/Temporary/ Deputation/ Part Time
Total years/months of service in the institution: 62 years
Date of birth: 08-04-1976
Emailid: drkkiran@gmart.com

## CHILDREN'S EDUCATION SOCIETY (Regd.)

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| Exams passed | University | Subjects | Year | Grade / Merit |
| :---: | :---: | :---: | :---: | :---: |
| HIGH SCHOOL | Padun hike Serear, riwe. | Enhuce Kneme Mates \& 5 togeo ciend | $1993$ | I ceay |
| HIGHER SECONDARY/PREDEGREE |  | PCHB | 1995 | I cerser |
| BACHELOR'S DEGREE | BDS | Deritnl Surjeers | 20\% | Pest |
| MASTER'S DEGREE | MDS | Pediatric \& Reventive Dentistey | 2002 | Pass |
| PHD |  |  |  |  |
| FELIOWSHIPS |  |  |  |  |
| DIPLOMA/ CERTIFICATION COURSES |  |  |  |  |

iII. TEACHING EXPERIENCE

| COURSES <br> (UG/PG) | NAME OF THE UNIVERSITY/COLLEGE institution | dURATION |
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| OG | SDM COLEGE OF DENAR Scyentea krachithe | Total |
| PG | $A B$ stexity remanis wante of Dempe Scienta. | $17 \text { YEARI }$ |
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IV. RESEARCH EXPERIENCE AND TRAINING

| Research Stage | Titie of Work/Thesis | University Where The Work Was Carried Out |
| :---: | :---: | :---: |
| M.Phil/Equivalent |  |  |
| Ph.D |  |  |
| Post Doctoral |  |  |
| Research Guidance (give names of students guided successfully) | Du. Breadgani/sof | Rcites. |
| Training(please specify) | De Doph, R. Sadya, D. Dhanir | Rques Rquies |

v. RESEARCH PUBLICATION,BOOKS AUTHORED AND MAGAZINES IN THE ACADEMIC YEAR. (Enclose Copy)

| SL.NO | NAME OF THE PUBLICATION/ BOOKS <br> AUTHORED/MAGAZINES | CATEGORY | POINTS |
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| SL NO | NAME | ATTENDED | CONDUCTED | DETAILS |
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VIII. TEACHER PROFILE AND QUALITY

1. Classes handled: UG: $\cup$

PG:
2. Remedial classes/ counseling classes taken: fo $\cup 4_{s} \mid P G$

## CHILDREN'S EDUCATION SOCIETY (Regd.)

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Ph: 080-61754680 Fax : 080-61754693E-mail:deandirectortodc@gmail.com Website: www.theoxford.edu
3. Teachingmethods: Comuentiond m.thass bobs. Clalle and

Bbek Board, LCD trajator Domasteater Proteo boted leaving niodel
4. Innovations in teaching: Live tropers A. $U$ presbions
5. Design of curriculum Yos (as per Rqutes/Oğulabus)
6. Laboratory experiments ON SIMULATED MODER
7. Evaluation Methods: Aesersments, feedmes form
8. Preparation of resource material:

Including books, reading materials, Laboratory manuals etc allas Havuds Books, Jownat, e-Soureer of haniy, Colreut alas Hannab
9. Mentoring activity: $U G_{s}$ and $P Q$
10. Awards/ Achievements:

## IX. EXTENSION WORK/ COMMUNITY SERVICE

Please give a short account of your contribution to:

1. community work: Scherel Drac Healte Programmers, Camps, Dral (Such as values of national Integration, Secularism, democracy, socialism, humanism, health peace, scientific temper, flood or drought relief, small family norms etc.) progiomene
2. National Literacy Mission
3. Positions held/ leadership role played in organizations linked with extension work or any other similar activity: CDE $\qquad$ hectwem Talk

## CERTIFICATE

This is to certify that all the details and information submitted is true and correct to the best of my knowledge. I understand that I am liable for penalization including criminal action for providing wrong/misguiding information as deemed fit by the University.


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## THE OXFORD DENTAL COLLEGE

$10^{\text {TH }}$ MILE STONE BOMMANAHALLI, HOSUR ROAD, BANGALORE

## SELF-PERFORMANCE APPRAISAL OF TEACHING STAFF

## I. GENERAL INFORMATION

Name: Dr. Srehares. ~
Address ff sol, $19^{t h}$ crove, $2^{\text {d }}$ block uishupperega lagout, begrer
Phone number: 7259784347
Designation: Reader
Department: Pediatric o perew ereree dedistry
Specialization: Pedodertint ( $\mathrm{MD} D$ )
Date of joining the institution: 2111112017
Nature of employment: Permanent/Temporary/Deputation/Part Time Perranent
Total years/ months of service in the institution: 5 yeases 5 manty
Date of birth:
Email id: dr.sneharaji@gmail.cam

## CHILDREN'S EDUCATION SOCIETY (Regd.)

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II. ACADEMIC QUALIFICATIONS

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| :---: | :---: | :---: | :---: | :---: |
| Exams passed | University | Subjects | Year | Grade / Merit |
| HIGH SCHOOL | $\begin{aligned} & \text { CLienledr } \\ & \text { Hir scled } \end{aligned}$ |  | 1992. 200 | , $^{2}$ cos? |
| HIGHER <br> SECONDARY/PREDEGREE | Gout suive colvere | PCMB | $2000-2002$ | $1^{+}$chass |
| BACHELOR'S DEGREE | Racelts. | $B D S$ | 2002-2007 | $1^{\text {st }}$ (am) |
| MASTER'S DEGREE | fauits |  | 2014-2017 | $2^{\text {at }} \text { chas }$ |
| PHD |  |  |  |  |
| FELLOWSHIPS |  |  |  |  |
| DIPLOMA / CERTIFICATION COURSES |  |  |  |  |

III. TEACHING EXPERIENCE

| COURSES <br> (UG/PG) | NAME OF THE UNIVERSITY/COLLEGE INSTITUTION | DURATION |
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| Research Stage | Title Of Work/Thesis | University Where The Work Was Carried Out |
| :---: | :---: | :---: |
| M.Phil/ Equivalent |  |  |
| Ph.D |  |  |
| Post Doctoral |  |  |
| Research Guidance(give names of students guided successfuly) |  |  |
| Training(please specify) | Teachers Training | $\text { PGuts } / T O D C$ |

V. RESEARCH PUBLICATION,BOOKS AUTHORED AND MAGAZINES IN THE ACADEMIC YEAR. (Enclose Copy)


## CHILDREN'S EDUCATION SOCIETY (Regd.)

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VI.

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| SL NO | NAME | ATTENDED | CONDUCTED | DETAILS |
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VIII. TEACHER PROFILE AND QUALITY

1. Classes handled: UG:

PG:
2. Remedial classes/ counseling classes taken:

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3. Teaching methods: PPI, chalk and talk
4. Innovations in teaching: videos,
5. Design of curriculum
6. Laboratory experiments
7. Evaluation Methods:
8. Preparation of resource material:

Including books, reading materials, Laboratory manuals etc
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10. Awards/ Achievements:
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. Co-curricular activities
2. Enrichment of the campus life(hostel/sports/cultural activities)
3. Students Welfare and discipline:
4. Membership/participation in bodies/committees on education and nationa development:
5. Professional organization of teachers:
6. Any other:
XII. MEMBERSHIPS OF PROFESSIONAL BODIES AND SOCIETIES
7. Membership in committees in the college/universities:

Membership in professional body/society/associations (participation in the organizing teams)
3. Editorial board/ Reviewer:
4. Any other

Score: 4.5 (out of 5)

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## CERTIFICATE

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RENE EDUCATION SOCIETY
Administrative Office: :
Ad ur - 560078 .
30 M Main, 153 Phase, J.P. Nagar, $1754510 / 501$ / 502 Fax: $080-26548658$
$0: 080-2669332$

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Karnatuan anal, Hosur Road. Bengaluru - 560 06
Bommanahe

| Ph : 08061754680 Fax: $080-61754693$ |
| :---: | P-mail: oxforddentalalive in / deandirectortododagmail.co

Ref No: TOOC $100412022-23$
Dr. Sneharaj N
Senior Lecturer
Department of Pedodontics \& Preventive Dentistry
The Oxford Dental College
Bommanahalli, Hosur
Bangalore - 560068 .
Madam,
Sub: Promotion to Reader.
*******
This is to inform you that you have been promoted as Reader in the
Department of Pedodontics \&\& Preventive Dentistry with immediate effect

Thanking you

> President
> Children's Education Society (8)
> ${ }^{\text {lt }}$ Phase J.P. Nagar

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CHILDREN'S EDUCATION SOCIETY (Regd.)
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## IHE OXFORD DENTAL COLLEGE <br> $10^{\text {TH }}$ MILE STONE BOMMANAHALLI, HOSUR ROAD, BANGALORE <br> SELF-PERFORMANCE APPRAISAL OF TEACHING STAFF

i. GENERAL information

Name: Dr. K.S. MADHUSUDHAN.
Address $\# 123,1^{\text {st }}$ FLOOR, $4^{\text {th }}$ CRESS, $3^{\text {3d }}$ MAIN, M.R. I LAYOUT, BANGALORE-560073
Phone number: 9886035137.
Designation: READER
Department: PEDIATRIC Ee PREVENTIVE DENTISTRY
Specialization: PEDIATRIC DENTISTRY
Date of joining the institution: $30 / 09 \mid 2020$
Nature of employment: Permanent/Temporary/Deputation/ Part Time
Total years/months of service in the institution: $2 y \in A R S, 6$ MONTHS
Date of birth: 03/10/1983
Email id: sudhannks@gmail.com

## CHILDREN'S EDUCATION SOCIETY (Regd.)

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II. ACADEMIC QUALIFICATIONS

| Exams passed | University | Subjects <br> Fient, $\mathrm{NH}_{4} \mathrm{C}^{\text {red }}$ Manuage. | Year | Grade / Merit |
| :---: | :---: | :---: | :---: | :---: |
| HIGH SCHOOL | State Boord |  | 1999 | 个 |
| HIGHER SECONDARY/PREDEGREE | PUC Board. | PCMB | 1972001 | $1$ |
| BACHELOR'S DEGREE | BDS <br> RGVHS | BOS | 2001-2006 | $I$ |
| MASTER'S DEGREE | $\begin{aligned} & \text { RGVHS } \\ & \$ A D S \end{aligned}$ | MDS Pedodontres | 2012-2015 | $I$ |
| PHD |  |  |  |  |
| FELLOWSHIPS |  |  |  |  |
| DIPLOMA / CERTIFICATION COURSES |  |  |  |  |

III. TEACHING EXPERIENCE

| COURSES <br> (UG/PG) | NAME OF THE UNIVERSITV/COLLEGE INSTITUTION | duration |
| :---: | :---: | :---: |
| $V G / P G$ | RGUHS - Kaishna devaraye | 4 yearer -6 monthe $177 / 15 / 2006$ |
| VG/PG | RGuts, The Oxford Dental colleal | 30/09/20re to fill date. |
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## CHILDREN'S EDUCATION SOCIETY (Regd.)

## THE OXFORD DENTAL COLLEGE

(Recognized by the Govt. of Karnataka, Affiliated to Rajiv Gandhi University of Health Sciences, Karnataka \& Recognised by Dental Council of India, New Delhi

Bommanahalli, Hosur Road, Bangalore - 560068
Ph: 080-61754680 Fax :080-61754693E-mail:deandirectortodc@gmail.com Website: www.theoxford.edu

## IV. RESEARCH EXPERIENCE AND TRAINING

| Research Stage | Title Of Work/Thesis | University Where The Work Was Carried Out |
| :---: | :---: | :---: |
| M. Phil/ Equivalent |  |  |
| Ph. D |  |  |
| Post Doctoral |  |  |
| Research Guidance(give names of students guided successfully) | Dr. lich Lakhotia Gender detymination of on unakution oit om by b, PCR Advance Molecular Biology techrious-ICMR | RGUHS. Kauhnadevarage collige of pentol sceerce |
| Training(please specify) |  | Sri Rama chandra tretitute |
|  |  | of Highur Edveation ER Reva |

V. RESEARCH PUBLICATION,BOOKS AUTHORED AND MAGAZINES IN THE ACADEMIC YEAR. (Enclose Copy)

| SL.NO | NAME OF THE PUBLICATION/ BOOKS AUTHORED/MAGAZINES | CATEGORY | POINTS |
| :---: | :---: | :---: | :---: |
| 1. | Determination of Carsu Ruk by Yau bingorips, A rouhle application | II | 10 |
| $\alpha$ | 2022:14(1) <br> Comparatine evaluation of two |  |  |
|  | Pediatrie rotary tile syitante in Primalytuth: A Sconnej ellection miciover shdi contomp pediator. | $\pi$ | 10 |
| 3 | $2022 ; 3(1): 8-14$. <br> Full Mouth Rehabiletation in a Rave |  |  |
|  | Caue of situr interme- A cau seport EAS I dont Usal Med. 4(2):60-63 | In | 5 |
| 4. | Dental Braces as IMF in Pediatire Population oi in chiddren. Enviro | III | 5 |
| 5. | Dentl Jownal 2022; 4(1) <br> Management of Mucom. Extravantom |  |  |
|  | Cypt: A Report of Two carre. I Osal Haith Comm Bent $2022 ; 16(2): 113-117$ | III | 5 |
| $\sigma_{1}$ | Exrect of Ma nuettrition on Pediafore Csal beaim: A Revien [ | III | 5 |
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## CHILDREN'S EDUCATION SOCIETY (Regd.)

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Bommanahalli, Hosur Road, Bangalore - 560068
Ph: 080-61754680 Fax:080-61754693E-mail:deandirectortodc@gmail.com Website: www.theoxford.edu
VI. RESEARCH PROJECTS CARRIED OUT/GUIDED

| TITLE OF THE PROJECT | NAME OF THE FUNDING AGENCY | DURATION | REMARKS |
| :---: | :---: | :---: | :---: |
| Esfat of flavoured fucide avolnull he on sruface mia harduen \& Auoride fon Aebarantim vifro shedy <br> To access the lenel of KAP of teacher in sual \& woben kelwo $h$ of Bong alove regardy ensegling manarint of astacial mplerder |  |  | Guidel on qoing <br> Guided. angoing. |

VII. CONFERENCE, WORKSHOPS, CDE,GUEST LECTURES, RESOURCE PERSON PAPER/POSTER PRESENTATIONS(TV/Radio Talks)

| SL NO | NAME | ATTENDED | CONDUCTED | DETAILS |
| :---: | :---: | :---: | :---: | :---: |
| 1. | Pedodusha-21 | Paper Pruentation |  | $42^{n d}$ Nation |
| 2. | Conscion Sedation |  |  | Workih |
| 3 | Moleularbulugy | Wortche |  | DHR, ICM |
| 4. | BLS Trainykection | wrikiry? |  | $5 / 1 / 23$. |
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VIII. TEACHER PROFILE AND QUALITY

1. Classes handled: UG:

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Ph: 080-61754680 Fax : 080-61754693E-mail:deandirectortodc@gmail.com Website: www.theoxford.edu
3. Teaching methods: PPT, Vheo demanchation.
4. Innovations in teaching: Bhind Epottre, Guz, puyzles.
5. Design of curriculum
6. Laboratory experiments
7. Evaluation Methods:
8. Preparation of resource material:

Including books, reading materials, Laboratory manuals etc
9. Mentoring activity: Menfor for $V_{G}$ studerh.
10. Awards/ Achievements:
IX. EXTENSION WORK/ COMMUNITY SERVICE

Please give a short account of your contribution to

1. Community work
(Such as values of national Integration, Secularism, democracy, socialism, humanism, peace, scientific temper, flood or drought relief, small family norms etc.)
2. National Literacy Mission
3. Positions held/ leadership role played in organizations linked with extension work or any other similar activity

## CHILDREN'S EDUCATION SOCIETY (Regd.)

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## x. PARTICIPATION IN CORPORATE:

Please give a short account of your contribution to
College/university/institution. As a blecumer Sqund membou ind
. At a Exheral Examener for other
Co-curricular activities
inetitre fion
3. Enrichment of the campus life(hostel/sports/cultural activities)
4. Students Welfare and discipline:
5. Membership/participation in
development: IDA - chickabullapua
6. Professional organization of teachers
7. Any other: "Green E-Champion" by Ninietry of Electranices ce information Techindogy. Government of India.
XII. MEMBERSHIPS OF PROFESSIONAL BODIES AND SOCIETIE

1. Membership in committees in the college/universities:

- Student Ee Stalf wel Dare conmbite managenet commitue.
- infectiornd contril eq Bor medrealions (participatiorf in the
organizing teams) - Life member in ISPPD
- LIfc member in IDA

Editorial board/Reviewer: International Iouenal of Ife salence es
Phouma, International Jound of Phoinale blo sedencer,
phouma, International Jound of Noina. Dent sciencer.
international Jowind Qol Denkig Louend of stedent Revarch
4. Anyother:
$\qquad$ (out of 5)

## CERTIFICATE

This is to certify that all the details and information submitted is true and correct to the best of my knowledge. I understand that I am liable for penalization including criminal action for providing wrong/misguiding information as deemed fit by the University.

(Signature of the Teacher)


## THE OXFORD DENTAL COLLEGE

## $10^{\text {TH }}$ MILE STONE BOMMANAHALLI, HOSUR ROAD, BANGALORE

## SELF-PERFORMANCE APPRAISAL OF TEACHING STAFF

## I. GENERAL INFORMATION

Name: dr. Shout i
Address No. 1567 , Nisanga layout, Bannennghatfa, B-83
Phone number: 9900096081
Designation: Reader
Department: Oral Pathology
Specialization: MDS
Date of joining the institution: $19 / 12 / 20^{\circ 16}$
Nature of employment: Permanent/ Temporary/ Deputation/ Raft Time
Total years/ months of service in the institution: byes 6 mont the.
Date of birth: $22 / 04 / 81$
Email id: Strutiananthe Qgmail.Com.

## CHILDREN'S EDUCATION SOCIETY (Regd.)

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Ph: 080-61754680 Fax : 080-61754693E-mail:deandirectortodc@gmail.com Website: www.theoxford.edu
II. ACADEMIC QUALIFICATIONS

| Exams passed | University | Subjects | Year | Grade / Merit |
| :---: | :---: | :---: | :---: | :---: |
| HIGH SCHOOL |  |  |  |  |
| HIGHER <br> SECONDARY/PRE- <br> DEGREE | Karnalaka <br> State Board | PCMB |  |  |
| BACHELOR'S <br> DEGREE | RGUHS | BDS | 2002 | Ist class |
| MASTER'S <br> DEGREE | RGUHS | MOS <br> Oral Patholagy | 2015 | I class |
| PHD |  |  |  |  |
| FELLOWSHIPS |  |  |  |  |
| DIPLOMA/ <br> CERTIFICATION <br> COURSES |  |  |  |  |

## III. TEACHING EXPERIENCE

| COURSES <br> $(U G / P G)$ | NAME OF THE UNIVERSITY/COLLEGE <br> INSTITUTION | DURATION |
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| $P G$ | The Oreford dental collegt sys + 6 months |  |
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Ph: 080-61754680 Fax : 080-61754693E-mail:deandirectortodc@gmail.com Website: www.theoxford.ed
IV. RESEARCH EXPERIENCE AND TRAINING NIL

| Research Stage | Title Of Work/Thesis | University Where The Work <br> Was Carried Out |
| :--- | :--- | :--- |
| M.Phil/ Equivalent |  |  |
| Ph.D |  |  |
| Post Doctoral |  |  |
|  |  |  |
| Research Guidance(give <br> names of students guided <br> successfully) |  |  |
| Training(please specify) |  |  |
|  |  |  |

V. RESEARCH PUBLICATION,BOOKS AUTHORED AND MAGAZINES IN THE ACADEMIC YEAR.(Enclose Copy)

| SL.NO | NAME OF THE PUBLICATION/ BOOKS <br> AUTHORED/MAGAZINES | CATEGORY | POINTS |
| :---: | :---: | :---: | :---: |
| 1. | Dermoid Cyst; Int. J of dental | I | 15 |
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## CHILDREN'S EDUCATION SOCIETY (Read.)

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VI. RESEARCH PROJECTS CARRIED OUT/ GUIDED

| TITLE OF THE PROJECT | NAME OF THE FUNDING <br> AGENCY | DURATION | REMARKS |
| :--- | :--- | :--- | :--- |
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VII. CONFERENCE,WORKSHOPS,CDE,GUEST LECTURES, RESOURCE PERSON PAPER/POSTER PRESENTATIONS(TV/Radio Talks)

VIII. TEACHER PROFILE AND QUALITY

1. Classes handled: UG: 3 theong/weell

PG: 备practicals/wocle
2. Remedial classes/ counseling classes taken: 3
3. Teaching methods: Power point presentations, Black bound table discussions. Practical demonstrations.
4. Innovations in teaching:
Using teaching videos.
5. Design of curriculum
Acrorching to RGUHS
6. Laboratory experiments
7. Evaluation Methods:

8. Preparation of resource material:

Including books, reading materials, Laboratory manuals etc
9. Mentoring activity:

$$
\text { Ylentoming II BDS ; } 3 \text { students/yr. }
$$

10. Awards/ Achievements:
 an online portal.

## IX. EXTENSION WORK/ COMMUNITY SERVICE

Please give a short account of your contribution to:

1. Community work:
(Such as values of national Integration,
Secularism, democracy,socialism,humanism,peace,scientific temper, flood or drought relief,small family norms etc.) Worked in College Kiosk Center.
2. National Literacy Mission
3. Positions held/ leadership role played in organizations linked with extension work or any other similar activity:

## X. PARTICIPATION IN CORPORATE:

Please give a short account of your contribution to:

## CHILDREN'S EDUCATION SOCIETY (Read.)

1. College/ university/ institution Conducted Addon/IDM/VaGne added conses for
2. Co-curricular activities
Participated in Cntursal activities done micollege
3. Enrichment of the campus life(hostel/sports/cultural activities):
Tobacco day Celebration dane from dept.
4. Students Welfare and discipline:
5. Membership/participation in bodies/committees on education and national development:
6. Professional organization of teachers:
7. Any other:

## XII. MEMBERSHIPS OF PROFESSIONAL BODIES AND SOCIETIES

1. Membership in committees in the college/universities

Infection Control \& BMW committee, IEC committee
2. Membership in professional body/society/associations (participation in the organizing teams)
3. Editorial board/ Reviewer:
4. Any other:

Score: $\qquad$ (out of 5)

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CERTIFICATE

This is to certify that all the details and information submitted is true and correct to the best of my knowledge. I understand that I am liable for penalization including criminal action for providing wrong/misguiding information as deemed fit by the University.


## CHILDREN'S EDUCATION SOCIETY (Regd.)

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Ph: 080-61754680 Fax : 080-61754693E-mail:deandirectortodc@gmail.com Website: www.theoxford.edu


## CFIIDPENA EDUCATIOW EOCLSTT Regd.

Adminletrative Onlee :
Maminiakratver. Aengalura - 560078


## THE OXFORD DENTAL COLLEGE

Aceredited with ' $A$ ' grade by NAMC
tyy the Oovt of Karmatakn, Amiliated to Rajiv Oandi Un Karnataka A Recognised by Dental Council of India, New Delhi) Iommanahalli, Hosur Road, Bengaluru - 560068 Ph: O80 61754680 Fax: 080-61754693 E-mail: oxforddental@live in / deandirectortodo@gmail.com Web: www.theoxford.edu

Ref. No: TODC/002/2021-22
Date: 210212022

Dr. Shruti Srinivasan
No. 1567, $16^{\text {th }}$ Main, $8^{\text {th }}$ Cross,
Library Road, Nisarga Layoút,
Bannerughatta Post,
Bangalore - 560083.

## Madam,

Sub: Promotion to Reader.

This is to inform you that you have been promoted as Reader in the Department of Oral \& Maxillofacial Pathology \& Microbiology with immediate effect.

## Thanking you,



## THE OXFORD DENTAL COLLEGE

## $10^{\text {TH }}$ MILE STONE BOMMANAHALLI, HOSUR ROAD, BANGALORE SELF-PERFORMANCE APPRAISAL OF TEACHING STAFF

## I. GENERAL INFORMATION

Name: DR. SALEHA JAMADAR
Address. C.O5; VISION NEST APARTMENT, KASAVANAHALLI.
Phone number: 9886732458 BANGALORE
Designation: READER .
Department: ORAL PATHOLOGY AND MICROBIDLORY
Specialization: ORAL PATHOLOGY.
Date of joining the institution: $18 / 6 / 2007$
Nature of employment: Permanent/ Temporary/Deputation/ Part Time - PERMANENT.
Total years/months of service in the institution: - 14 yss
Date of birth: - 31-01-1978.
Email id: - saleha.jamadar (D) rediffmail cam.

CHILDREN'S EDUCATION SOCIETY (Regd.)
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II. ACADEMIC QUALIFICATIONS

| Exams passed | University | Subjects | Year | Grade / Merit |
| :---: | :---: | :---: | :---: | :---: |
| HIGH SCHOOL | Karnataka state Board |  | 1994 | $86-1$ |
| HIGHER SECONDARY/PREDEGREE | Kamataka. state Board |  | 1996 | FIRST CLASS. $-75 \%$ |
| BACHELOR'S DEGREE | RGUHS. |  | 2000 |  |
| MASTER'S DEGREE | Reuhs. | . | 2007 | $69.6 \cdot \%$ |
| PHD |  |  |  |  |
| FELLOWSHIPS |  |  |  |  |
| $\qquad$ |  |  |  |  |

III. TEACHING EXPERIENCE

| COURSES (UG/PG) | NAME OF THE UNIVERSITY/COLLEGE INSTITUTION | DURATION |
| :---: | :---: | :---: |
| $\cup ¢$ | KLE' INSTITUTE | $10 \mathrm{mONm}+\mathrm{s}$. |
|  | OF DENTAL SCIENCES. |  |
|  | BEL GAUM. | , |
| Ue, PG | THE OXFORID | 14 YRS |
|  | DENTAL COLLEGE. |  |
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## CHILDREN'S EDUCATION SOCIETY (Regd.)

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## IV. RESEARCH EXPERIENCE AND TRAINING

| Research Stage | Title Of Work/Thesis | University Where The Work <br> Was Carried Out |
| :--- | :--- | :--- |
| M.Phil/ Equivalent |  |  |
| Ph.D |  |  |
| Post Doctoral |  |  |
|  |  |  |
| Research Guidance(give <br> names of students guided <br> successfully) |  |  |
| Training(please specify) |  |  |
|  |  |  |

v. RESEARCH PUBLICATION,BOOKS AUTHORED AND MAGAZINES IN THE ACADEMIC YEAR. (Enclose Copy)

| SL.NO | NAME OF THE PUBLICATION/ BOOKS <br> AUTHORED/MAGAZINES | CATEGORY | POINTS |
| :--- | :--- | :--- | :--- |
| 1. Intermational Jouenal | 1. | $7.5^{-}$ |  |
|  | Of Dental Science and |  |  |
|  | Innorative Resecarch. |  |  |
|  | $2022,5(1): 126-130$. |  |  |
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VI. RESEARCH PROJECTS CARRIED OUT/ GUIDED

| TITLE OF THE PROJECT | NAME OF THE FUNDING <br> AGENCY | DURATION | REMARKS |
| :--- | :--- | :--- | :--- |
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|  |  |  |  |
|  |  |  |  |

VII. CONFERENCE,WORKSHOPS,CDE,GUEST LECTURES, RESOURCE PERSON PAPER/POSTER PRESENTATIONS(TV/Radio Talks)

| SL NO | NAME | ATTENDED | CONDUCTED | DETAILS |
| :---: | :---: | :---: | :---: | :---: |
| 1 | VAC on Machini |  | - | $3^{\text {AN }}$ BDS \& Inter- |
|  | learning on Pathology |  |  |  |
| 2 | Inc on scope of |  | $\checkmark$ | Inters - |
|  | Onal Pathalagy in |  |  |  |
| 3. | Add on on |  |  |  |
|  | Clinical mictoliclogy |  | $\checkmark$ | Phis |

VIII. TEACHER PROFILE AND QUALITY

1. Classes handled: UG: $\mathcal{\sim} E$

PG:
2. Remedial classes/ counseling classes taken: $4 \in S$
3. Teaching methods: Lecture , pits, Quiz, Practical demansteraions, group. discussion, open-booktest,,

innovations in teaching: online seminars

5. Design of curriculum Charts for students, Article.

- At dent level discussion in th
vars
Crossing, Arsine processing, decalcification

7. Evaluation Methods:

8. Preparation of resource material:

Including books, reading materials, Laboratory manuals etc
9. Mentoring activity: - $3^{\text {ad }}$ yr students
10. Awards/ Achievements:
IX. EXTENSION WORK/ COMMUNITY SERVICE

Please give a short account of your contribution to:

1. Community work:
(Such as values of national Integration,
Secularism,democracy,socialism,humanism,peace,scientific temper,flood or drought relief,small family norms etc.)
2. National Literacy Mission
3. Positions held/ leadership role played in organizations linked with extension work or any other similar activity:

## X. PARTICIPATION IN CORPORATE:

Please give a short account of your contribution to:

1. College/ university/ institution - The Oxford Dental College/

ReUHS, Internal practical examiner for veis',
2. - Mentorricularactivitles USs

3. Enrichment of the campus life(kostel/sports/cultural activities): suyende Pooja.
4. Students Welfare and discipline: - staff incharge for $3^{\text {rd }}$ ye. BDS. Orientation programme for $2^{\text {st }}$ BDS, mentor for vel,
5. Membership/participation in bodies/committees on education and national students.
development:
-
6. Professional organization of teachers:
7. Any other:
XII. MEMBERSHIPS OF PROFESSIONAL BODIES AND SOCIETIES

1. Membership in committees in the college/universities: - Internal assessment committee areal calendar of events, Women
2. Membership in professional body/society/associations (participation in the organizing teams) IAOMP
3. Editorial board/ Reviewer:
4. Any other:

Score: $\qquad$ (out of 5)

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Website: www.theoxford.edu

CERTIFICATE
This is to certify that all the details and information submitted is true and correct to the best of my knowledge. I understand that I am liable for penalization including criminal action for providing wrong/misguiding information as deemed fit by the University.

Giomidas.

(Signature of the Teacher)


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> Secma.
> $2021-22$

## THE OXFORD DENTAL COLLEGE

$10^{\text {TH }}$ MILE STONE BOMMANAHALLI, HOSUR ROAD, BANGALORE SELF-PERFORMANCE APPRAISAL OF TEACHING STAFF
I. GENERAL INFORMATION

Name: Dr SEEMA.M
Address NO 189, IOA CROSS, IPNAGAR IPHASL: BANGALORC-78
Phone number: 9739529836
Designation: SENIOR LECTURER
Department: ORAL PATHOLOGY
Specialization: MDS in oral pathology
Date of joining the institution: $12 / 12 / 18$
Nature of employment: Permanent/ Temporary/ Deputation/ Part Time
Total years/months of service in the institution: 4 yeare 1 mon th
Date of birth: $27 / 3188$
Email id: Seemarradbhavie gmail. Com

## CHILDREN'S EDUCATION SOCIETY (Regd.)

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Bommanahalli, Hosur Road, Bangalore - 560068
Ph: 080-61754680 Fax : 080-61754693E-mail:deandirectortodc@gmail.com Website: www.theoxford.edu
II. ACADEMIC QUALIFICATIONS

| Exams passed | University | Subjects | Year | Grade/Merit |
| :---: | :---: | :---: | :---: | :---: |
| HIGH SCHOOL | Karnataha <br> Stale Boond |  | 2004 |  |
| HIGHER <br> SECONDARY/PRE- <br> DEGREE | -1 ' |  | 2006 |  |
| BACHELOR'S <br> DEGREE | RquHS |  | 2011 |  |
| MASTER'S <br> DEGREE | KLE <br> Univessily |  | 2016 |  |
| PHD |  | 2022 |  |  |
| FELLOWSHIPS | Forcnsic <br> Odonrology |  |  |  |
| DIPLOMA/ <br> CERTIFICATION <br> COURSES |  |  |  |  |

III. TEACHING EXPERIENCE

| COURSES <br> (UG/PG) | NAME OF THE UNIVERSITY/COLLEGE <br> INSTITUTION | DURATION |
| :--- | :--- | :--- |
|  | TODC | 44 re Imonth |
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## IV. RESEARCH EXPERIENCE AND TRAINING

| Research Stage | Title Of Work/Thesis | University Where The Work <br> Was Carried Out |
| :--- | :--- | :--- |
| M.Phil/ Equivalent |  |  |
| Ph.D |  |  |
| Post Doctoral |  |  |
|  |  |  |
| Research Guidance(give <br> names of students guided <br> successfully) |  |  |
| Training(please specify) |  |  |
|  |  |  |

v. RESEARCH PUBLICATION,BOOKS AUTHORED AND MAGAZINES IN THE ACADEMIC YEAR.(Enclose Copy)

| SL.NO | NAME OF THE PUBLICATION/ BOOKS <br> AUTHORED/MAGAZINES | CATEGORY | POINTS |
| :---: | :--- | :--- | :--- |
| 1. | Internationd Journo of <br> Medical Science. | I | 15 |
| 2. | P-18SN:2279-0861, IOS | I | 15 |
| 3. | Internationd Sound o <br> Dental Science -2022, fi):126 | I | 7.5 |
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VI. RESEARCH PROJECTS CARRIED OUT/ GUIDED

| TITLE OF THE PROJECT | NAME OF THE FUNDING <br> AGENCY | DURATION | REMARKS |
| :--- | :--- | :--- | :--- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

VII. CONFERENCE,WORKSHOPS,CDE,GUEST LECTURES, RESOURCE PERSON PAPER/POSTER PRESENTATIONS(TV/Radio Talks)

| SL NO | NAME | ATTENDED | CONDUCTED | DETAILS |
| :---: | :--- | :---: | :---: | :---: |
| 1. | InM |  |  | 8 |
| 2. | Addon |  |  | 811 Manch. |
|  |  |  |  | $13 / 9 / 21$ |
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VIII. TEACHER PROFILE AND QUALITY

1. Classes handled: UG:

PG:
2. Remedial classes/ counseling classes taken:
3. Teaching methods: PDT, PDF, Blach Buard
4. Innovations in teaching:
Tlop chorle
5. Design of curriculum
6. Laboratory experiments
7. Evaluation Methods: Orline and Masual; vivavoee.
8. Preparation of resource material:

Including books, reading materials, Laboratory manuals etc
9. Mentoring activity:
10. Awards/ Achievements:

## IX. EXTENSION WORK/ COMMUNITY SERVICE

Please give a short account of your contribution to:

1. Community work: World Cancur Day $4 / 2122$ (Such as values of national integration, Secularism,democracy,socialism,humanism,peace,scientific temper,flood or drought relief,small family norms etc.)
2. National Literacy Mission
3. Positions held/ leadership role played in organizations linked with extension work or any other similar activity:

## X. PARTICIPATION IN CORPORATE:

Please give a short account of your contribution to:

1. College/ university/ institution
2. Co-curricular activities
3. Enrichment of the campus life(hostel/sports/cultural activities):
4. Students Welfare and discipline:
5. Membership/participation in bodies/committees on education and national development:
6. Professional organization of teachers:
7. Any other:

## XII. MEMBERSHIPS OF PROFESSIONAL BODIES AND SOCIETIES

1. Membership in committees in the college/universities:
2. Membership in professional body/society/associations (participation in the organizing teams)
3. Editorial board/Reviewer:
4. Any other:

Score: $\qquad$ (out of 5)

## CHILDREN'S EDUCATION SOCIETY (Regd.)

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Ph: 080-61754680 Fax : 080-61754693E-mail:deandirectortodc@gmail.com
Website: www.theoxford.edu

## CERTIFICATE

This is to certify that all the details and information submitted is true and correct to the best of my knowledge. I understand that I am liable for penalization including criminal action for providing wrong/misguiding information as deemed fit by the University.


(Signature of the Teacher)

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Filled Performance Appraisal format for non- Teaching Staff 2021-22

> THE OXFORD DENTAL COLLEGE
> 10- MILE STONE BOMMANAHALI, HOSUR ROAD, BANGALORE
> SELL-PERFORMANCE APPRAISAL FOR NON-TEACHING STAFF

```
general information
```

Name: Harish. S.
Address $\#^{9} 99^{\text {th }}$ cross Jonnmagan $4^{\text {th }}$ Block. B wore
Phone number: 9060 ul2ulua.
Designation: Ceramist Technicion
Department: coms \& Endo
Specialization:
Date of joining the institution: $16 / 05 / 2011$
Nature of employment: Permanent/ Temporary/ Deputation/ Part Time
Total years/ months of service in the institution: 11 years. 8 month
Date of birth: $\quad 2 \backslash 121.984$
Email id: Harish,s.e 84@ gmail.com

# CHILDREN'S EDUCATION SOCIETY (Regd.) 

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WORKING EXPERIENCE

| COURSES | NAME OF THE UNIVERSITY/COLLEGE <br> INSTITUTION | DURATION |
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& \text { EXTENSION WORK/ COMMUNITY SERVICE } \\
& \text { Please give a short account of your contribution to: } \\
& \text { 1. Cormmunity work: } \\
& \text { 2. Enrichment of the campus life(hostel/sports/cultural activities): } \\
& \text { 3. Membership in committees } \\
& \text { 4. Participation in corporate: } \\
& \text { 5. Co-curricular activities: } \\
& \text { 6. Membership in committees in the college: } \\
& \text { Score = }
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\begin{aligned}
& \text { my knowledge. I understand that I am liable for penalization including } \\
& \text { providing wrong/misguiding information as deemed fit by the University. }
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## CHILDREN'S EDUCATION SOCIETY (Regd.)

# $2021-22$ <br> THE OXFORD DENTAL COLLEGE $10^{\text {ni }}$ MILE STONE BOMMANAHALLI, HOSUR ROAD, BANGALORE 

SELF-PERFORMIANCE APPRAISAL FOR NON-TEACHING STAFF

GENERAL INFORMATION
Name: Dakshoyani. Bandepalya, Bangalore South. Bommanahatle
Bangatore, karnataka. 560068
Ber: 7760534415
Designation: Sweeper eonservodive $\xi$ Endodorileces
Department: Departmunt
Specialization:
Date of joining the institution:
Nature of employment: Permanent/ Temporary/ Deputation/ Part Time
Total years/ months of service in the institution:
Date of birth: - 01106/1987
Email id:

# CHILDREN'S EDUCATION SOCIETY (Regd.) 

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WORKING EXPERIENCE

| COURSES | NAME OF THE UNIVERSITY/COLLEGE <br> INSTITUTION | DURATION |
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EXTENSION WORK/ COMMUNITY SERVICE

Please give a short account of your contribution to:

1. Community work
2. Enrichment of the campus life(hostel/sports/cultural activities):

3 Membership in committees
4. Participation in corporate
5. Co-curricular activities:
6. Membership in committees in the college

Score $=$ $\qquad$ (out of 5)

This is to certify that all the details and information submitted is true and correct to the best of my knowledge. I understand that I am liable for penalization including criminal action for providing wrong/misguiding information as deemed fit by the University.
(Signature)


## THE OXFORD DENTAL COLLEGE

$10^{\text {T }}$ MILE STONE BOMMANAHALLI, HOSUR ROAD, BANGALORE

## SELF-PERFORMANCE APPRAISAL FOR NON-TEACHING STAFF

## GENERAL INFORMATION

```
Name: Latshm
Address 130 momanhalli, virent \(N\) agar. \(13 a n g a l o n c-68\).
```

Phone number: 9071829880
Designation: Staff Nurge
Department: Deptartment of consvervative \& Endodontist
Specialization:
Date of joining the institution:
Nature of employment: Permanent/ Temporary/ Deputation/ Part Time
Total years/ months of service in the institution: 4
Date of birth: $23 / 07 / 1989$
Email id: Lakshrmi ramachandra29@g mail.com

ACADEMIC QUALIFICATIONS

|  | University | Subjects | Year | Grade / Merit |
| :---: | :---: | :---: | :---: | :---: |
| Exams passed HIGH SCHOOL | Karnataka Board. | Maths, scienle soreal sludes Engliwh. Hind kannada | $2006$ | B |
| HIGHER SECONDARY |  |  |  |  |
| BACHELOR'S DEGREE |  |  |  |  |
| MASTER'S DEGREE |  |  |  |  |
| DIPLOMA / CERTIFICATION COURSES | Nimalayan Universily | operalion Theatie. Technology | 2016. | 346 |

WORKING EXPERIENCE

| COURSES | NAME OF THE UNIVERSITY/COLLEGE <br> INSTITUTION | DURATION |
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|  | The oxford Dental college. | 5 ylars |
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Website: www.theoxford.edu

## EXTENSION WORK/ COMMUNITY SERVICE

Please give a short account of your contribution to:

1. Community work: $\operatorname{dental}$ camp.
2. Enrichment of the campus life(hostel/sports/cultural activities): hos tel stuff.
3. Membership in committees
4. Participation in corporate:
5. Co-curricular activities:
6. Membership in committees in the college: -

Score $=$ $\qquad$ (out of 5)

## CERTIFICATE

This is to certify that all the details and information submitted is true and correct to the best of my knowledge. I understand that I am liable for penalization including criminal action for providing wrong/misguiding information as deemed fit by the University.


## CHILDREN'S EDUCATION SOCIETY (Regd.)

THE OXFORD DENTAL COLLEGE
(Recognized by the Govt. of Karnataka, Affiliated to Rajiv Gandhi University of Health Sciences,

## 2021-22

## THE OXFORD DENTAL COLLEGE

10"M MILE STONE BOMMANAHALLI, HOUR ROAD, BANGALORE

## SELF-PERFORMANCE APPRAISAL FOR NONTEACHING STAFF

## GENERAL INFORMATION

Name: BM. AMRUTHESHA

Address \# $113,4^{3}$ CROSS. RV $\angle A y O u t$
Phone number: BSK II stage. Padmanablorvage. Bangalore-56007o 7899496369
Designation: $\angle A B-T E C H N I C A N$
Department: ORAL -PATHOLOGY P MRCRORTOLOGY
Specialization: HISTO PATHOLOGY
Date of joining the institution: $05-12-2002$
Nature of employment: Permanent/ Temporary/ Deputation/ Part Time
Total years/ months of service in the institution: - 21 Bears
Date of birth: $03-01-1969$
Email id: amrutheshbm@Gmail.com. $^{m}$ Gmol.col

## CHILDREN'S EDUCATION SOCIETY (Regd.)

THE OXFORD DENTAL COLLEGE
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ACADEMIC QUALIFICATIONS

| Exams passed | University | Subjects | Year | Grade / Merit |
| :---: | :---: | :---: | :---: | :---: |
| $\begin{aligned} & \mathrm{HIGH} \text { SCHOOL } \\ & 10 \mathrm{~m} \text { Sfeindar } \\ & \text { S. She } \end{aligned}$ | Karanlarca secondy Eduten Boand. |  | 1985 | pass |
| HIGHER SECONDARY P. o.e <br> (PeMb) | Kamontolice P. U. Boond |  | 1988 | poss |
| BACHELOR'S degree |  | , |  |  |
| MASTER'S DEGREE |  |  |  |  |
| $\qquad$ | $\begin{aligned} & D \cdot M \cdot L T \\ & J \cdot M \cdot \angle T \end{aligned}$ |  | $\begin{aligned} & 1996 \\ & 1997 \end{aligned}$ | Fiasi class Fust Class |

WORKING EXPERIENCE

| COURSES | NAME OF THE UNIVERSITY/COLLEGE <br> INSTITUTION | DURATION |
| :--- | :---: | :---: |
|  | Oxprd dental collse | 21 year, |
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## EXTENSION WORK/ COMMUNITY SERVICE

Please give a short account of your contribution to:

1. Community work: Anogya mends Nedecald Damp Proupated
\& conducted Hautolegreal Srreshg-ton
2. Enrichment of the campus life(hostel/sports/cultural activities): at may. $14 . \alpha / 5^{\text {th }} 2022$

> Volunteer at Science ucla. - Mooduliclire
4. Participation in corporate:
5. Co-curricular activities:
6. Membership in committees in the college:

Score $=$ $\qquad$ (out of 5)

## CERTIFICATE

This is to certify that all the details and information submitted is true and correct to the best of my knowledge. I understand that I am liable for penalization including criminal action for providing wrong/misguiding information as deemed fit by the University.


B-M. Amratheshe
(Signature)

## CHILDREN'S EDUCATION SOCIETY (Regd.)

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## THE OXFORD DENTAL COUEGE

10" MILE STONE BOMMANAHALLI, HOSUR ROAD, BANGALORE

SELF-PERFORMANCE APPRAISAL FOR NON-TEACHING STAFF

GENERAL INFORMATION
Name: ViswantBaroni B
Address \# 593 "BACANIVAS, MARIHOHALLI, MUNEKOLALA
9480427316
Designation: RADIOGRAPHER
Department: ORAL MEDICINE \& RADIOLOGY
Specialization:
Date of joining the institution: $\quad 30|8| 1995$
Nature of employment: Permanent/Temporary/ Deputation/ Part Time
Total years/months of service in the institution: 27. Y EARS
Date of birth: 05|06|1971
Email id: anJalıanısindu@gmail.com

## CHILDREN'S EDUCATION SOCIETY (Regd.)

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WORKING EXPERIENCE

| COURSES | NAME OF THE UNIVERSITY/COLLEGE <br> INSTITUTION | DURATION |
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## $10{ }^{\text {h }}$ MILE STONE BOMMANAHALLI, HOSUR ROAD, BANGALORE

SELF-PERFORMANCE APPRAISAL FOR NON-TEACHING STAFF

## GENERAL INFORMATION

Name: M.S. RAMYA
Address \# 277 , united Enginlering workes $1^{\text {st }}$ main $6^{\text {th }}$ (ross
Phone number: 295 Hongasanotra Bangalore -560068
Recapation
Designation: Recapation list
Department: Dental Recepalion
Specialization
Date of joining the institution: 0110712017
Nature of employment: Permanent/ Temporary/ Deputation/ Part Time
Total years/months of service in the institution:
Date of birth: 06(02)1991
Email id: Ramya.ms. bng agonail.com

## CHILDREN'S EDUCATION SOCIETY (Regd.)

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## ACADEMIC QUALIFICATIONS

| Exams passed | University | Subjects | Year | Grade/Merit |
| :---: | :---: | :---: | :---: | :---: |
| HIGH SCHOOL |  |  |  |  |
| HIGHER <br> SECONDARY |  |  |  |  |
| BACHELOR'S <br> DEGREE |  |  |  |  |
| MASTER'S <br> DEGREE |  |  |  |  |
| DIPLOMA/ <br> CERTIFICATION <br> COURSES |  |  |  |  |

WORKING EXPERIENCE

| COURSES | NAME OF THE UNIVERSITY/COLLEGE <br> INSTITUTION | DURATION |
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## XTENSION WORK/ COMMUNITY SERVICE

Please give a short account of your contribution to:

1. Community work
2. Enrichment of the campus life(hostel/sports/cultural activities)
3. Membership in committees
4. Participation in corporate
5. Co-curricular activities
6. Membership in committees in the college

Score $=$ $\qquad$ (out of 5)

CERTIFICATE
the details and information submitted is true and correct to the best of my knowledge. I understand that I am liable for penalization including criminal action for providing wrong/misguiding information as deemed fit by the University.


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$10^{\text {TH }}$ MILE STONE BOMMANAHALLI, HOUR ROAD, BANGALORE

## SELF-PERFORMANCE APPRAISAL FOR NON-TEACHING STAFF

## GENERAL INFORMATION

Name: S. DUSHPALATHA
Address \#10(11, list cross, Manjunathnagar, Near
Theotare, Bangalore- 560023
Phone number: prasanna theutare. Banzai
Designation: Office Staff
Department: Dental office
Specialization: B. com.
Date of joining the institution: 26.12 .2016

Nature of employment: Permanent/Temporary/Deputation/ Part Time
Total years/ months of service in the institution: 6 years 4puonth
Date of birth:
Email id:

$$
\begin{aligned}
& 01107(1969 \text { (Asper SSLC Markescard) } \\
& \text { purtpalatha. Kishan@gmail.com } \\
& \text { mob: } 9632315762
\end{aligned}
$$

CHILDREN'S EDUCATION SOCIETY (Regd.)
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ACADEMIC QUALIFICATIONS


WORKING EXPERIENCE


## CHILDREN'S EDUCATION SOCIETY (Regd.)

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Ph: 080-61754680 Fax : 080-61754693E-mail:deandirectortodc@gmail.com
Website: www.theoxford.edu

## EXTENSION WORK/ COMMUNITY SERVICE <br> Please give a short account of your contribution to

1. Community work:
2. Enrichment of the campus life(hostel/sports/cultural activities): Valilsall, calm
3. Membership in committees
4. Participation in corporate:
5. Co-curricular activities:
6. Membership in committees in the college:

Score $=$ $\qquad$ (out of 5)

## CERTIFICATE

This is to certify that all the details and information submitted is true and correct to the best of my knowledge. I understand that I am liable for penalization including criminal action for providing wrong/misguiding information as deemed fit by the University.



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Website: www.theoxford.edu

## THE OXFORD DENTAL COLLEGE <br> $10^{\text {TH }}$ MILE STONE BOMMANAHALLI, HOSUR ROAD, BANGALORE

SELF-PERFORMANCE APPRAISAL FOR NON-TEACHING STAFF

## GENERAL INFORMATION

Name:

## :SHEKHAR

Name
No. 05 CARMEL JYOTHI PCHOOL ROAD. CHUNCHAGHATH
Address

- Bangaloke

Phone number:
: 9538501223
Designation:
: STORE MANAGER

Department:
: central store

Specialization:
Date of joining the institution:

$$
\therefore 11 / 06 / 2013
$$

Nature of employment: Permanent/ Temporary/ Deputation/ Part Time
Total years/ months of service in the institution: :9 years 11 months
Date of birth: $\quad: 10 / 02 / 1978$
Email id:

CHILDREN'S EDUCATION SOCIETY (Regd.)

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| EMIC QUALIFIC | tions |  | Year | Grade / Merit |
| :---: | :---: | :---: | :---: | :---: |
| Exams passed | University | Subjects |  |  |
| HIGH SCHOOL | KSEEB |  | 1996 |  |
| HIGHER SECONDARY | PuC | HEPS | 1999 |  |
| BACHELOR'S DEGREE |  | $B A$ |  |  |
| MASTER'S DEGREE |  |  |  |  |
| DIPLOMA / CERTIFICATION |  |  |  |  |

WORKING EXPERIENCE

| COURSES | NAME OF THE UNIVERSITY/COLLEGE <br> INSTITUTION | DURATION |
| :--- | :--- | :--- |
|  | Bangalone Tn'́titute of <br> Dental Eciener | 2002 to 2013 |
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## CHILDREN'S EDUCATION SOCIETY (Regd.)

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## EXTENSION WORK/ COMMUNITY SERVICE

Please give a short account of your contribution to

1. Community work:
2. Enrichment of the campus life(hostel/sports/cultural activities):

Membership in committees
4. Participation in corporate:
5. Co-curricular activities
6. Membership in committees in the college

Score $=$ $\qquad$ (out of 5)

## CERTIFICATE

This is to certify that all the details and information submitted is true and correct to the best of my knowledge. I understand that I am liable for penalization including criminal action for providing wrong/misguiding information as deemed fit by the University.


## CHILDREN'S EDUCATION SOCIETY (Regd.)

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## ThE OXFORD DENTAL COLLEGE

$10^{\text {TH }}$ MILE STONE BOMMANAHALLI, HOSUR ROAD, bANGALORE

## SELF-PERFORMANCE APPRAISAL FOR NON-TEACHING STAFF

## GENERAL INFORMATION

Name: ANIL KU MARG a
Address No. Sto, $41^{\text {T }}$ CRonn, $8^{\text {th }}$ blocl, tayanagr, Bangalox-5600 82
Phone number: 7022893548
Designation: Store keeper
Department: Central stores
Specialization:
Date of joining the institution: $25101 / 2020$
Nature of employment: Permanent/ Temporary/ Deputation/ Part Time
Total years/ months of service in the institution: Byears.
Date of birth: $31-1-1982$
Email id: anii bo Kumar too g mall -com

## CHILDREN'S EDUCATION SOCIETY (Regd.)

## THE OXFORD DENTAL COLLEGE

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ACADEMIC QUALIFICATIONS

| Exams passed | University | Subjects | Year | Grade / Merit |
| :---: | :---: | :---: | :---: | :---: |
| HIGH SCHOOL |  |  |  |  |
| HIGHER <br> SECONDARY |  |  |  |  |
| BACHELOR'S <br> DEGREE | Dargabs <br> Un'sef |  |  |  |
| MASTER'S <br> DEGREE | Crvespondgpe. |  |  |  |
| DIPLOMA / <br> CERTIFICATION <br> COURSES |  |  |  |  |


| WORKING EXPERIENCE |  |  |
| :---: | :---: | :---: |
| COURSES | NAME OF THE UNIVERSITY/COLLEGE <br> INSTITUTION | DURATION |
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## CHILDREN'S EDUCATION SOCIETY (Regd.)

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5. Co-curricular activities:
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## THE OXFORD DENTAL COLLEGE

## $10^{\text {TH }}$ MILE STONE BOMMANAhallu, hosUR ROAD, bANGALORE

## SELF-PERFORMANCE APPRAISAL FOR NON-TEACHING STAFF

## GENERAL INFORMATION

Name: (7. Koural yo
Address No. 23 Fih chas Ventasueara temple rood
Phone number: 9739073742
Designation: AHreuder
Department: Dept. of Pododounics
Specialization:
Date of joining the institution: $20|01| 21$
Nature of employment: Permanent/Temporary/ Deputation/ Part Time
Total years/ months of service in the institution: 2 yns 5 monbe,
Date of birth: 2110111981
Email id:

CHILDREN'S EDUCATION SOCIETY (Regd.)

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## ACADEMIC QUALIFICATIONS

| Exams passed | University | Subjects | Year | Grade / Merit |
| :---: | :---: | :---: | :---: | :---: |
| HIGH SCHOOL |  |  |  |  |
| HIGHER <br> SECONDARY |  |  |  |  |
| BACHELOR'S <br> DEGREE |  |  |  |  |
| MASTER'S |  |  |  |  |
| DEGREE |  |  |  |  |
| DIPLOMA / |  |  |  |  |

WORKING EXPERIENCE

| COURSES | NAME OF THE UNIVERSITY/COLLEGE <br> INSTITUTION | DURATION |
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Website: www.theoxford.edu

## EXTENSION WORK/ COMMUNITY SERVICE

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4. Participation in corporate:
5. Co-curricular activities:
6. Membership in committees in the college:

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## THE OXFORD DENTAL COLLEGE

## $10^{\text {TH }}$ MILE STONE BOMMANAHALLI, HOSUR ROAD, BANGALORE

SELF-PERFORMANCE APPRAISAL FOR NONTEACHING STAFF

GENERAL INFORMATION
Name: Prema
Address EF Gakapalyer
Phone number: 8123125010
Designation: Afteuder
Department: Pediatric Deufispry
Specialization:
Date of joining the institution: May 4 th 2022
Nature of employment: Permanent/ Temporary/ Deputation/ Part Time
Total years/ months of service in the institution: 1 year

Date of birth: $15 / 0111992$
Email id:

CHILDREN'S EDUCATION SOCIETY (Regd.)

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## ACADEMIC QUALIFICATIONS

| Exams passed | University | Subjects | Year | Grade / Merit |
| :---: | :---: | :---: | :---: | :---: |
| HIGH SCHOOL | Gout. Hiqu Schoor Ho Qur | Teloge |  |  |
| HIGHER SECONDARY |  |  |  |  |
| BACHELOR'S DEGREE |  |  |  |  |
| MASTER'S DEGREE |  |  |  |  |
| DIPLOMA / CERTIFICATION COURSES |  |  |  |  |

WORKING EXPERIENCE
$\left.\begin{array}{|l|l|l|l|}\hline \text { COURSES } & \text { NAME OF THE UNIVERSITY/COLLEGE } \\ \text { INSTITUTION }\end{array}\right)$ DURATION

## CHILDREN'S EDUCATION SOCIETY (Regd.)

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## EXTENSION WORK/ COMMUNITY SERVICE

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4. Participation in corporate:
5. Co-curricular activities:
6. Membership in committees in the college:

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## CERTIFICATE

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## THE OXFORD DENTAL COLLEGE

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## SELF-PERFORMANCE APPRAISAL FOR NON-TEACHING STAFF

general information
Name: JAGAMANA,
Address I St main Road, 6 th Chisel, Hongasandra. Blwe-68
Phone number: 99036386300
Designation: Attender

Department
Dental office

Specialization: $10^{\text {th }}$
Date of joining the institution: $01-04-2019$
Nature of employment: Permanent/ Temporary/ Deputation/ Part Time
Total years/ months of service in the institution: Leyeals
Date of birth:

$$
0410411984 .
$$

Email id: $\qquad$

CHILDREN'S EDUCATION SOCIETY (Regd.)
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ACADEMIC QUALIFICATIONS


| COURSES | NAME OF THE UNIVERSITY/COLLEGE <br> INSTITUTION | DURATION |
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WGRKING EXPERIENCE

## CHILDREN'S EDUCATION SOCIETY (Regd.)

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## EXTENSION WORK/ COMMUNITY SERVICE

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4. Participation in corporate:
5. Co-curricular activities:
6. Membership in committees in the college:

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## SELF-PERFORMANCE APPRAISAL FOR NON-TEACHING STAFF

## GENERAL INFORMATION

Name: Koushik. $R$
Address $7^{\text {th }}$ main, Hosapalya. Bangalore- 68
Phone number: 9008672433
Designation: Altendar
Department: office
Specialization: -
Date of joining the institution: $12101 / 2015$
Nature of employment: Permanent/ Temporary/ Deputation/ Part Time
Total years/ months of service in the institution: 7 Years 3 months
Date of birth: $25 / 0311994$
Emailid: Koushikshinde 38@gmail.com

CHILDREN'S EDUCATION SOCIETY (Reg.)
THE OXFORD DENTAL COLLEGE
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ACADEMIC QUALIFICATIONS

| EXams passed | University | Subjects | Year | Grade / Merit |
| :---: | :---: | :---: | :---: | :---: |
| HIGH SCHOOL | S.S.L.C |  | 2010 |  |
| HIGHER <br> SECONDARY |  |  |  |  |
| BACHELORS <br> DEGREE |  |  |  |  |
| MASTERS <br> DEGREE |  |  |  |  |
| DIPLOMA/ <br> CERTIFICATION <br> COURSES |  |  |  |  |

WORKING EXPERIENCE


CHILDREN'S EDUCATION SOCIETY (Read.)
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## P

## EXTENSION WORK/ COMMUNITY SERVICE

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## A



(Signature)

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## SELF-PERFORMAANCE APPRAISAL FOR NON-TEACHING STAFF

## GENERAL INFORMATION

Name: G.Dakshayani
Address. 222 5th ISt main, Domlur La Yout, B ios. 71
Phone number: 9513283260
Designation: Office staft
Department: Dental office
Specialization: B.A
Date of joining the institution: $05 / 07 / 2021$
Nature of employment: Permangnt/ Temporary/ Deputation/ Part Time
Totai years/months of service in the institution: 1Year, 9 m ths
Date of birth: $19 / 11 / 1975$
Email id: dakblefori4s@gmeil.lom

CHILDREN'S EDUCATION SOCIETY (Regd.)
THE OXFORD DENTAL COLLEGE
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ACADEMIC QUALIFICATIONS


WORKING EXPERIENCE


## CHILDREN'S EDUCATION SOCIETY (Regd.)

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## THE OXFORD DENTAL COLLEGE

$10^{\text {THM }}$ MILE STONE BOMMANAHALLI, HOSUR ROAD, BANGALORE

## SELF-PERFORMANCE APPRAISAL FOR NON-TEACtiING STAFF

## GENERAL INFORMATION

Name: N. Pramecla
Address Hongasandra, Bommana halli, Banyalore - 68
Phone number: 9502591756
Designation: office Adsistant
Department: office
Specialization:
Date of joining the institution: $21 / 08 / 2019$
Nature of employment: Permanent/Temporary/ Deputation/ Part Time
Total years/months of service in the institution: 3 years 8 mon ths
Date of birth: $12 / 05 / 1995$
Email id: Parinulartras5 $\mathrm{gmail}_{\text {mail.com }}$

CHILDREN'S EDUCATION SOCIETY (Regd.)
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| ACADEMIC QUALIFICATIONS |  |  | $\begin{aligned} & \text { Year } \\ & 2010 \end{aligned}$ | Grade / Merit |
| :---: | :---: | :---: | :---: | :---: |
|  | University | Subjects |  | A |
| HIGH SCHOOL | University |  |  |  |
|  | S.S.L.C |  |  |  |
|  | 2.P.G.H |  |  | $I^{\text {st }}$ class |
| HIGHER SECONDARY | Sri vivekabould |  | 2012 |  |
|  | Tr. college |  | 2015 | If class |
| BACHELOR'S DEGREE | SKu uty |  |  |  |
| deGree | JNTUA uty. |  |  |  |
| DIPLOMA / CERTIFICATION |  | - |  | - |
|  | - |  |  |  |

WORKING EXPERIENCE

| COURSES | NAME OF THE UNIVERSITY/COLLEGE <br> INSTITUTION | DURATION |
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| college \& Hospital. |  |  |$\quad$| 3 |
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EXTENSION WORK/ COMMUNITY SERVICE
Please give a short account of your contribution to:

1. Community work:
2. Enrichment of the campus life(hostel/sports/cultural activities):
Oriz compititton, playing shatit, singing,
3. Membership in committees
4. Participation in corporate

Participation of Prosthahan in $2 k 17$, in Anantapur.
5. Co-curricular activities:
6. Membership in committees in the college:

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(Signature)

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## THE OXFORD DENTAL COLLEGE

$10^{\text {TH }}$ MILE STONE BOMMANAHALLI, HOSUR ROAD, BANGALORE

## SELF-PERFORMANCE APPRAISAL FOR NON-TEACHING STAFF

## GENERAL INFORMATION

Name: RASHMLS
Address
NO. $5736^{\text {th }}$. PHASE $16^{\text {th }}$ CROSS

Phone number: 8197678974
Designation: OFFICE STAFF
Department: DENTAL OFFICE
Specialization:
Date of joining the institution: $19 / 05 / 2011$
Nature of employment: Permanent/ Temporary/ Deputation/ Part Time
Total years/ months of service in the institution:
Date of birth: $27106 / 1987$
Email id: poojthatanisha@gmail.com

## CHILDREN'S EDUCATION SOCIETY (Regd.)

THE OXFORD DENTAL COLLEGE
(Recognized by the Govt. of Karnataka, Affiliated to Rajiv Gandhi University of Health Sciences,
Karnataka \& Recognised by Dental Council of India, New Delhi)
Bommanahalli, Hosur Road, Bangalore - 560068
Ph: 080-61754680 Fax : 080-61754693E-mail:deandirectortodc@gmail.com
Website: www.theoxford.edu

## ACADEMIC QUALIFICATIONS

| Exams passed | University | Subjects | Year | Grade / Merit |
| :---: | :---: | :---: | :---: | :---: |
| HIGH SCHOOL | KARNATAKA <br> BOARD |  | 2002 |  |
| HIGHER <br> SECONDARY | KARNAIAKA <br> BOARD |  | 2008 |  |
| BACHELOR'S <br> DEGREE | BANGALORE <br> UNIVERSITY | 2010 |  |  |
| MASTER'S <br> DEGREE | BANGALORE <br> UNIVERSITY |  |  |  |
| DIPLOMA / <br> CERTIFICATION <br> COURSES |  |  |  |  |

WORKING EXPERIENCE

| COURSES | NAME OF THE UNIVERSITY/COLLEGE <br> INSTITUTION | DURATION |
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CHILDREN'S EDUCATION SOCIETY (Regd.)
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Ph: 080-61754680 Fax : 080-61754693E-mail:deandirectortodc@gmail.com
Website: www.theoxford.ed

## EXTENSION WORK/ COMMUNITY SERVICE

Please give a short account of your contribution to:

1. Community work:
2. Enrichment of the campus life(hostel/sports/cultural activities):
3. Membership in committees
4. Participation in corporate:
5. Co-curricular activities:
6. Membership in committees in the college:

Score $=$ $\qquad$ (out of 5)

This is to certify that all the details and information submitted is true and correct to the best of my knowledge. I understand that I am liable for penalization including criminal action for providing wrong/misguiding information as deemed fit by the University.


Rashmi $s$.
(Signature)

## CHILDREN'S EDUCATION SOCIETY (Regd.)

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Website: www.theoxford.edu

THE OXFORD DENTAL COLLEGE
$10^{\text {Th }}$ MILE STONE BOMMANAHALII, HOUR ROAD, BANGALORE

## SELF-PERFORMANCE APPRAISAL FOR NONTEACHING STAFF

## GENERAL INFORMATION

Name: $2 A N H A S$ NAM I $B$
adders HOS RURL BOMNUSDRL
Phone number: 9902866373
Designation: LIFT OPERATOR MENTANANCL
Department:
Specialization:
Date of joining the institution:
$07 / 0312014$
Nature of employment: Permanent/ Temporary/ Deputation/ Part Time Total years/ months of service in the institution: q year
Date of birth: $1 / 8 / 1983$
Email id:

## CHILDREN'S EDUCATION SOCIETY (Regd.)

## THE OXFORD DENTAL COLLEGE

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## ACADEMIC QUALIFICATIONS

| Exams passed | University | Subjects | Year | Grade / Merit |
| :---: | :---: | :---: | :---: | :---: |
| HIGH SCHOOL |  |  |  |  |
| HIGHER <br> SECONDARY |  |  |  |  |
| BACHELOR'S <br> DEGREE |  |  |  |  |
| MASTER'S <br> DEGREE |  |  |  |  |
| DIPLOMA / <br> CERTIFICATION <br> COURSES |  |  |  |  |

WORKING EXPERIENCE

| COURSES | NAME OF THE UNIVERSITY/COLLEGE <br> INSTITUTION | DURATION |
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## CHILDREN'S EDUCATION SOCIETY (Regd.)

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4. Participation in corporate:
5. Co-curricular activities:
6. Membership in committees in the college:

Score $=$ $\qquad$ (out of 5)

## CERTIFICATE

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RPAMASLAMYE
(Signature)

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## THE OXFORD DENTAL COLLEGE <br> $10^{\text {TH }}$ MILE STONE BOMMANAHALLI, HOSUR ROAD, BANGALORE

ANCE APPRAISAL FOR NON-TEACHING STAFF

Name: V.GOVINDASAMÍ SANThi NAGAR, BOMm A NAHAl(1.
address hongasadara, SAMM
Phone number: 9688862660
Designation: AHender
Department: $P E D O$
Specialization:
Date of joining the institution
Nature of employment: Permanent/ Temporary/ Deputation/ Part Time
Total years/ months of service in the institution:
1 yeur
Date of birth: $12.03-1975$
Email id:

CHILDREN'S EDUCATION SOCIETY (Regd.)
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ACADEMIC QUALIFICATIONS


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6. Niembership in committees in the college

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$10^{\text {TH }}$ MILE STONE BOMMANAHALLI, HOUR ROAD, BANGALORE

## SELF-PERFORMANCE APPRAISAL FOR NONTEACHING STAFF

## general information

Name: Raieshwari is
Address - Bommanahall; begur road, Bangalore- 560068
Phone number: 9739235900
Designation: office Staff
Department: Office
Specialization:
Date of joining the institution: $01-06-2017$
Nature of employment: Permanent/ Temporary/ Deputation/ Part Time
Total years/ months of service in the institution: 05 years 11 Months
Date of birth: $07 / 05 / 1982$
Email id: rent. rajelshuari @grail. Com

## CHILDREN'S EDUCATION SOCIETY (Regd.)

## THE OXFORD DENTAL COLLEGE

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5. Co-curricular activities:
6. Membership in committees in the college:

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10 m MILE STONE BOMMANAHALII, HOSUR ROAD, BANGALORE

SELF.PERFORMANCE APPRAISAI FOR NON-TEAZHING STAFF

```
GENERAL INFORMATION
Name: S. LATHA
Address \#314/3 AYISHA MASJID ROAD. NEAR OM SHAKTHI TEMPLE
Phone number: MANGAMMAPALYA, BANGALORE-560068
Phone number: 9945288309,7406021752
Designation: ATTENDER
Department: ORAL AND MAXILLDFACIAL SURGERY
Specialization: ATTENDER
Date of joining the institution: \(03 / 02 / 2020\)
Nature of employment: Permanent/ Temporary/ Deputation/ Part Time
Total years/months of service in the institution: 3 years, 2 Mowrt
Date of birth: 0310511982
Email id:
```


## CHILDREN'S EDUCATION SOCIETY (Regd.)

THE OXFORD DENTAL COLLEGE
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Website: www.theoxford.edu

ACADEMIC QUALIFICATIONS

| Exams passed | University | Subjects | Year | Grade / Merit |
| :---: | :---: | :---: | :---: | :---: |
| HIGH SCHOOL |  |  |  |  |
| HIGHER <br> SECONDARY | - | - |  |  |
| BACHELOR'S <br> DEGREE | - | - | - |  |
| MASTER'S <br> DEGREE | - | - | - | - |
| DIPLOMA / <br> CERTIFICATION <br> COURSES | - | - | - |  |

WORKING EXPERIENCE

| COURSES | NAME OF THE UNIVERSITY/COLLEGE <br> INSTITUTION | DURATION |
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| Tailor. | I.TELH. FACTORY | 13 YEARS |
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## CHILDREN'S EDUCATION SOCIETY (Regd.)

## THE OXFORD DENTAL COLLEGE

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Ph: 080-61754680 Fax : 080-61754693E-mail:deandirectortodc@gmail.com Website: www.theoxford.edu

EXTENSION WORK/COMMUNITY SERVICE

Please give a short account of your contribution to

1. Community work:

Enrichment of the campus life(hostel/sports/cultural activities):
3. Membership in committees
4. Participation in corporate:
5. Co-curricular activities:
. Membership in committees in the college: -
core $=$ $\qquad$ out of 5)

## CERTIFICATE

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## CHILDREN'S EDUCATION SOCIETY (Red.)

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Bommanahalli, Hosur Road, Bangalore - 560068
Ph: 080-61754680 Fax : 080-61754693E-mail:deandirectortodc@gmail.com Website: www.theoxford.edu

## THE OXFORD DENTAL COLLEGE

## 10™ MILE STONE BOMMANAHALLI, HOSUR ROAD, BANGALORE

## SELF-PERFORMANCE APPRAISAL FOR NONTEACHING STAFF

## GENERAL INFORMATION

Name: Mrs K.D. Yamuna.
Address \# 603 , Chandra rivas It Main $2^{\text {nd }}$ cross Hongasandra
Phone number: Bengalura 560068
St $9731942298,8792531789$.
Designation
Department:



Specialization
General
Date of joining the institution:
121012018
Nature of employment: Permanent/ Temporary/ Deputation/ Part Time
Total years/ months of service in the institution: 5 gris 3 avowths
Date of birth: 23 los 1977
Date of birth: 23 los 1977
Email id: yamuna Sathish 4@.gmail.com


## CHILDREN'S EDUCATION SOCIETY (Regd.)

THE OXFORD DENTAL COLLEGE
(Recognized by the Govt. of Karnataka, Affiliated to Rajiv Gandhi University of Health Sciences, Karnataka \& Recognised by Dental Council of India, New Delhi

Bommanahalil, Hosur Road, Bangalore - 560068
ACADEMIC QUALIFICATIONS Grade/ Mert


| WORKING EXPERIENCE |  | duration |
| :---: | :---: | :---: |
|  | NAME OF THE UNIVERSITY/COLLEGE |  |
| COURSES |  | $\therefore \text { Gis } 1998 \cdot 2000$ |
| GNM |  | Lur's 2000-2004 |
|  | Bahuesar Nursing home Hunsur mysore | Myr's duch |
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## CHILDREN'S EDUCATION SOCIETY (Regd.)

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## 1

EXTENSION WORK/ COMMUNITY SERVICE

Please give a short account of your contribution to

1. Community work: Free redical camp, vaccination duety
2. Enrichment of the campus life(hostel/sports/cultural activities):
3. Membership in committees
4. Participation in corporate:
5. Co-curricular activities:
6. Membership in committees in the college:

Score $=$ $\qquad$ (out of 5)

## CERTIFICATE

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(Signature)

CHILDREN'S EDUCATION SOCIETY (Regd.)
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## The oxford dental college

$10^{\text {m }}$ MILE STONE BOMMANAHALLI, HOSUR ROAD, BANGALORE

SELF-PERFORMANCE APPRAISAL FOR NON-TEACHING STAFF

GENERAL INFORMATION
Name: KRISHNA MURTHY.M.
Address $16 / 4$ ITI LAYOUT, YALLUKUNTE, MANGAMMAPALYA. BOMMANAHALLI
Phone number: 9945637934
Designation: ATTENDER
Department: ORAL AND MAXILLOFACIAL SURGERY
Specialization: ATTENDER
Date of joining the institution: $11 / 06 / 2002$
Nature of employment: Permanent/ Temporary/ Deputation/ Part Time
Total years/ months of service in the institution: 21 Y EARS
Date of birth: $07 / 06 / 1972$
Emailid: Km4098918@ gmail.com

CHILDREN'S EDUCATION SOCIETY (Regd.)
THE OXFORD DENTAL COLLEGE
(Recognized by the Govt. of Karnataka, Affiliated to Rajiv Gandhi University of Health Sciences, Karnataka \& Recognised by Dental Council of India, New Delhi)

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## ACADEMIC QUALIFICATIONS

| Exams passed | University | Subjects | Year | Grade / Merit |
| :---: | :---: | :---: | :---: | :---: |
| HIGH SCHOOL | SANJAY GANDHI UNIVERSITY | KANNADA ENGLSSH HINDI SCIENCE SOLIAL SCIENC MATHEMATLC | 1998 | PASS |
| HIGHER SECONDARY | - | - | - | - |
| BACHELOR'S DEGREE | - | - | - | - |
| MASTER'S DEGREE | - | - | - | - |
| DIPLOMA / CERTIFICATION COURSES | - | - | - | - |

WORKING EXPERIENCE

| COURSES | NAME OF THE UNIVERSITY/COLLEGE <br> INSTITUTION | DURATION |
| :---: | :---: | :---: |
| PACKAGER | BHARATHI INTERNATIONAL | 2 y YARS. |
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## CHILDREN'S EDUCATION SOCIETY (Red.)

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Ph: 080-61754680 Fax : 080-61754693E-mail:deandirectortodc@gmail.com

EXTENSION WORK/ COMMUNITY SERVICE

Please give a short account of your contribution to:

1. Community work: IN JAYADEVA WORKED AS ATTENDER FOR 2 DAYS.
2. Enrichment of the campus life(hostel/sports/cultural activities):

PARTICIPATED IN LRICKET (2010) AS FIELDER.
3. Membership in committees -
4. Participation in corporate: -
5. co-curricular activities: KARICIPATEA IN ADA ANTYAKSHARI FOR ABOOT 2 Y EARS
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Score $=$ $\qquad$ (out of 5)
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## CERTIFICATE

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THE OXFORD DENTAL COLLEGE
$10{ }^{\text {TH }}$ MILE STONE BOMMANAHALLI, HOUR ROAD, BANGALORE

SELF-PERFORMANCE APPRAISAL FOR NONTEACHING STAFF

GENERAL INFORMATION
Name: - Malletha U
Adders:- Dear io $332^{\text {nd }}$ renin $2^{\text {and }}$ calf

Designation: :- Recptionilt
Department: - Reception
Specialization: -
Date of joining the institution: $1-11-1994$
Nature of employment: Permanent/ Temporary/ Deputation/ Part Time
Total years/ months of service in the institution: 28 years.
Date of birth: 1 - $6-1968$
Email id: Malleshu 321 (anil. Com.

## CHILDREN'S EDUCATION SOCIETY (Regd.)

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| HIGHER <br> SECONDARY |  |  |  |  |
| BACHELOR'S <br> DEGREE |  |  |  |  |
| MASTER'S <br> DEGREE |  |  |  |  |
| DIPLOMA / <br> CERTIFICATION <br> COURSES |  |  |  |  |

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(signature)

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## SELF-PERFORMANCE APPRAISAL FOR NON-TEACHING STAFF

GENERAL INFORMATION
Name: Gowtham.S - 604302
Address ClO! Shekar, NO 22 A Colony Street kutter fatth villupuram Tamilvadu phone number: 917483852883
Designation: Attendarce
Department: OFFICE
Specialization:
Date of joining the institution: $25 \mid 11 / 2021$
Nature of employment: Petmanent/Temporary/Deputation/ Part Time permanent
Total years/ months of service in the institution:
Date of birth: $17 / 06 \mid 1994$
Email id: Is 2389261@gmail.com

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ACADEMIC QUALIFICATIONS

| Exams passed | University | Subjects | Year | Grade / Merit |
| :---: | :--- | :--- | :--- | :--- |
| HIGH SCHOOL |  |  |  |  |
| HIGHER <br> SECONDARY |  |  |  |  |
| BACHELOR'S <br> DEGREE |  |  |  |  |
| MASTER'S <br> DEGREE |  |  |  |  |
| DIPLOMA/ <br> CERTIFICATION <br> COURSES |  |  |  |  |

WORKING EXPERIENCE

| COURSES | NAME OF THE UNIVERSITY/COLLEGE <br> INSTITUTION | DURATION |
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EXTENSION WORK/ COMMUNITY SERVICE
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2. Enrichment of the campus life(hostel/sports/cultural activities)
3. Membership in committees
4. Participation in corporate:
5. Co-curricular activities
6. Membership in committees in the college:

Score $=$ $\qquad$ (out of 5)

## CERTIFICATE

This is to certify that all the details and information submitted is true and correct to the best of my knowledge. I understand that I am liable for penalization including criminal action for providing wrong/misguiding information as deemed fit by the University.


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## THE OXFORD DENTAL COLLEGE

$10^{\text {Th }}$ MILE STONE BOMMANAHALLI, HOSUR ROAD, BANGALORE

## SELF-PERFORMANCE APPRAISAL FOR NON-TEACHING STAFF

## GENERAL INFORMATION

Name: Sarvotham.C.S
Address: Anekal, Bangolore
Phone number: 9844726839
Designation: Att ender
Department: Oortho
Specialization: -
Date of joining the institution: $10-11-2004$
Nature of employment: Permanent/ Temporary/ Deputation/ Part Time
Total years/ months of service in the institution: 19
Date of birth: $02 / 02 / 1976$
Emailid: Rarulonya90@gmail.com

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| :---: | :---: | :---: | :---: | :---: |
| HIGH SCHOOL <br> S.S.L.C | Bangalore |  |  |  |
| HIGHER <br> SECONDARY |  |  |  |  |
| BACHELOR'S <br> DEGREE |  |  |  |  |
| MASTER'S <br> DEGREE |  |  |  |  |
| DIPLOMA / <br> CERTIFICATION <br> COURSES |  |  |  |  |

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| COURSES | NAME OF THE UNIVERSITY/COLLEGE <br> INSTITUTION | DURATION |
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## SELF-PERFORMANCE APPRAISAL FOR NON-TEACHING STAFF

## GENERAL INFORMATION

Name: LAKSHMINARASAMMA
Address $t \neq 105^{\text {th }}$ main, Neor lenkataramona Terpele, flingasondra
Phone number: 8197656119
Designation: HUSE $\angle E G P E R$
Department
Specialization:
Date of joining the institution: 2015
Nature of employment: Permanent/ Temporary/ Deputation/ Part Time
Total years/ months of service in the institution: 9
Date of birth: 01/01/1983
Email id:

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| MASTER'S <br> DEGREE |  |  |  |  |
| DIPLOMA / <br> CERTIFICATION <br> COURSES |  |  |  |  |

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## WORKING EXPERIENCE

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5. Co-curricular activities:
6. Membership in committees in the college:

Score $=$ $\qquad$ (out of 5)

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(Signature)
Signature of the HDD

## CERTIFICATE

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## SELF-PERFORMANCE APPRAISAL FOR NON-TEACHING STAFF

GENERAL INFORMATION
Name: Viswantbaronl B
Address \# 593 "BACANIVOS, MARTHOHALLI, MUNEKOLALA
Bhone number: BHUVONESHWORI LOyON, BONYOLORE-560037
Designation: RADIOROPHER
Department: ORALMEDICINE \& RADIOLOGY
Specialization:
Date of joining the institution: $\quad 30 \mid 8 / 1995$
Nature of employment: Permanent/Temporary/ Deputation/ Part Time
Total years/months of service in the institution: 27. Y AARS
Date of birth: $05|06| 1971$
Email id: anJalıansindregmail.com

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[^0]:    2. Remedial classes/counseling classes taken:
[^1]:    XII. MEMBERSHIPS OF PROFESSIONAL BODIES AND SOCIETIES

    1. Membership in committees in the college/universities:
    2. Membership in professional body/society/associations (participation in the organizing teams)
    3. Editorial board/Reviewer
    4. Any other:
