

# PATNA DENTAL COLLEGE & HOSPITAL,

पटना दन्त महाविद्यालय एवं अस्पताल

बॉकीपुर, पटना-04

Tele-Fax No-0612-2677775

(स्वास्थ्य विभाग, बिहार सरकार)

Website-www.patnadentalcollege.in

## PERFORMA FOR NO DUE CERTIFICATE FOR INTERNS

Name of Intern :- .....

Period Spent :- From..... to.....

Sl No	Department	Period of Duty	Signature of Staff	Signature of H.O.D / officer I/c
1.	O.M.R			
2.	Oral & Maxillofacial Surgery			
3.	(a) Prosthodontics Clinic (b) Prosthodontics Lab			
4.	Periodontics			
5.	Community Dentistry			
6.	Conservative Dentistry			
7.	Pedodontics			
8.	Oral Pathology & Microbiology			
9.	Orthodontics			
10.	Phantom Head Lab/ Pre Operative Technique Room			
11.	Library			
12.	Girl's Hostel (only for girls)			

Signature of Intern

Date :-

# PATNA DENTAL COLLEGE &

# HOSPITAL

ASHOK RAJPATH, BANKIPUR

PATNA-800 004

2 no.

1. Oral medicine

2. Oral & Maxillofacial surgery

3. Prosthodontics

4. Periodontics

5. Conservative Dentistry

6. Pedodontics

7. Oral Pathology & Microbiology

## REPORTS OF CLINICS

## ATTENDED BY INTERN

8. Orthodontics

9. Elective

Two months

Fifteen days

Name of the candidate i.....

9. COMMUNITY DENTISTRY

( Total period : two months )

Period from ..... to .....

Clinic Attended :

Absent :

Work :

Remarks :

Sign. of Head of the Unit

10. ELECTIVE (.....)

( Total Period : Fifteen days )

Period from ..... to .....

Clinic attended :

Absent :

Work :

Remarks :

Sign. of Head of the Unit

**CONTENTS**

S. no.	Clinic	Period
1.	Oral medicine & Radiology	One month
2.	Oral & Maxillofacial Surgery	Two month
3.	Prosthodontics	One and a half month
4.	Periodontics	One month
5.	Conservative Dentistry	One month
6.	Pedodontics	One month
7.	Oral Pathology & Microbiology	Fifteen days
8.	Orthodontics	One month
9.	Community Dentistry	Two months
10.	Elective	Fifteen days

**9. COMMUNITY DENTISTRY**

( Total period : Two months )

Period from .....to.....

Clinic Attended :

Absent : ...

Work : ...

Remarks : ...

*Sign. of Head of the Unit*

**10. ELECTIVE (.....)**

( Total Period : Fifteen days )

Period from .....to.....

Clinic attended :

Absent : ...

Work : ...

Remarks : ...

*Sign. of Head of the Unit*

3. PROSTHODONTICS

( Total Period : One and a half month )

Period from ..... to .....

Clinic attended : ...

Absent : ...

Work : ...

Remarks : ...

Sign. of Head of the Unit

4. PERIODONTICS

( Total Period : One month )

Period from ..... to .....

Clinic attended : ...

Absent : ...

Work : ...

Remarks : ...

Sign. of Head of the Unit

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5. CONSERVATIVE DENTISTRY

( Total period : One and a half month )

Period from ..... to .....

Clinic Attended : ...

Absent : ...

Work : ...

Remarks : ...

Sign. of Head of the Unit

6. PEDODONTICS

( Total Period : One month )

Period from ..... to .....

Clinic attended : ...

Absent : ...

Work : ...

Remarks : ...

Sign. of Head of the Unit

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**7. ORAL PATHOLOGY & MICROBIOLOGY**

( Total Period : Fifteen days )

Period from ..... to .....

Clinic attended : ...  
Absent : ...  
Work : ...  
Remarks : ...

Sign. of Head of the Unit

**8. ORTHODONTICS**

( Total Period : One month )

Period from ..... to .....

Clinic attended : ...  
Absent : ...  
Work : ...  
Remarks : ...

Sign. of Head of the Unit

**1. ORAL MEDICINE & RADIOLOGY**

( Total period : One month )

Period from ..... to .....

Clinic Attended : ...  
Absent : ...  
Work : ...  
Remarks : ...

Sign. of Head of the Unit

**2. ORAL & MAXILLOFACIAL SURGERY**

( Total Period : Two months )

Period from ..... to .....

Clinic attended : ...  
Absent : ...  
Work : ...  
Remarks : ...

Sign. of Head of the Unit