

8.1.9. Average percentage of first year students, provided with prophylactic immunization against communicable diseases like Hepatitis-B during their clinical work in the last five years



PRIYADARSHINI
DENTAL COLLEGE AND HOSPITAL

(Approved by Dental Council of India, New Delhi & Affiliated to The Tamilnadu Dr. M.G.R Medical University, Chennai - 32.)

List of the students 2022 -23

S.no.	Student Name	Gender	Enrollment Number
1.	ABINAYA M	FEMALE	14967
2.	ABRAR BANU K	FEMALE	15087
3.	AGALYA M	FEMALE	14670
4.	AKSHAYA C	FEMALE	15333
5.	AKSHAYA P	FEMALE	14897
6.	ANUVARSHINI S K	FEMALE	15296
7.	ARAVINDHAN A	MALE	15171
8.	ARUL PRIYANKA M V	FEMALE	14966
9.	ARUNTHATHI R	FEMALE	15308
10.	ASMITHA T	FEMALE	15062
11.	ASVITHA K	FEMALE	14996
12.	AVANTHIKA SREE K	FEMALE	15276
13.	BALAYOGI M	MALE	15110
14.	BERFY R	FEMALE	14911
15.	BHARATH S	MALE	15126
16.	BLESSY R	FEMALE	14601
17.	DEVI M	FEMALE	15029
18.	DHANA LAKSHMI K	FEMALE	15336

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Tel: 044-2765 0160 / 16 Mobile: 98417 35858. PDCH.IN

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19.	DHANUSHA S	FEMALE	15277
20.	DHARANI S	FEMALE	15323
21.	DHATCHAYANI S	FEMALE	15181
22.	ELAKKIYA S	FEMALE	15103
23.	GATLIN PRARTHANA G K	FEMALE	14630
24.	GIRISH KUMAAR PANDI	MALE	15366
25.	GOPIKA N	FEMALE	15024
26.	HARINI S	FEMALE	15081
27.	HEAVAN MERLIN S	FEMALE	14620
28.	ILAKKIYA M	FEMALE	15153
29.	JAISHIYA DEVI M	FEMALE	15166
30.	JEEVA M	MALE	15298
31.	KAMALESH N	MALE	15213
32.	KARUNIYA V	FEMALE	14895
33.	KAVIYA A	MALE	15173
34.	KEERTHANA V	FEMALE	15367
35.	KIRTHIKA J	FEMALE	15380
36.	KRITHIKHA B	FEMALE	14981
37.	MADHUBALA V	FEMALE	15187
38.	MADHUMITHA M	FEMALE	15195
39.	MAHALAKSHMI M	FEMALE	15046
40.	MAHESHWARI D	FEMALE	15342

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41.	MAHIBA SHERAN D B	FEMALE	15089
42.	MEENACHY ARPUTHARAJ	FEMALE	15010
43.	MEENAMBIKAI S	FEMALE	14970
44.	MEGHNA BOTHRA	FEMALE	15386
45.	MOHAMMED ZAIDH R Y	MALE	14609
46.	MONISHA L	FEMALE	14896
47.	MUHIL N	MALE	15073
48.	PADMAVATHI R	FEMALE	15136
49.	PRAVEIN P	MALE	15389
50.	PREETHI P	FEMALE	15353
51.	PRIYA R	FEMALE	15185
52.	PRIYADHARASHINI J	FEMALE	15133
53.	PRIYADHARSHINI S A	FEMALE	15371
54.	RITHIKA LAKSHMI R	FEMALE	15334
55.	SAKTHI ISWARYA M	FEMALE	15189
56.	SAKTHI P	FEMALE	14886
57.	SANGUNATHAN K	MALE	15201
58.	SANJANAA N	FEMALE	15233
59.	SETHIKA S	FEMALE	15340
60.	SHARAN S	MALE	15338
61.	SHARUN KUMAR A	MALE	14976
62.	SHOBIKKA A	FEMALE	15013

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63.	SIRISHA H	FEMALE	15370
64.	SNEKHA RANI L	FEMALE	15275
65.	SOWMIYA E	FEMALE	15035
66.	SRIMATHI E	FEMALE	15402
67.	SWATHY P	FEMALE	15140
68.	TAMIZHSELVI K	FEMALE	15265
69.	THAMIZHARASI A M	FEMALE	15292
70.	THANSURYA T	MALE	14960
71.	VARSHA S	FEMALE	15101
72.	VENGATESAN S A	MALE	15285
73.	VIVETHA K	FEMALE	15178
74.	YASMIN MARIA A	FEMALE	15033
75.	YESUMANI S	FEMALE	15280

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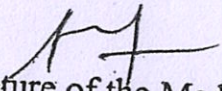
Tel: 044-2765 0160 / 16 Mobile: 98417 35858. PDCH.IN

**MEDICAL CERTIFICATE FOR ADMINISTRATION OF
HEPATITIS-B VACCINATION**

1. Name of the Candidate: ELAKKIYA - S.
2. Father's Name: N. SELVAKUMAR
3. Sex: FEMALE
4. Age: 17-
5. Identification marks:
6. Dose I : 04/11/22 ✓
Dose II : 4.12.22
Dose III : 21.06.23

Elakkiya.S

Signature of the Applicant

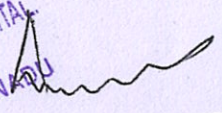

Signature of the Medical Officer.

Name and Designation:

PLACE: Thiruvallur

DATE: 4/11/22

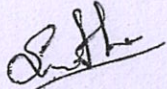
Officer Seal:


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PRINADARSHINI DENTAL COLLEGE & HOSPITAL
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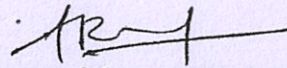
4/11/22
MEDICAL SUPERINTENDENT
INDIRA MEDICAL COLLEGE AND HOSPITALS
VGR GARDENS, VGR NAGAR,
PANDUR, THIRUVALLUR - 631 203

**MEDICAL CERTIFICATE FOR ADMINISTRATION OF
HEPATITIS-B VACCINATION**

1. Name of the Candidate: SNEKHA RANI. L
2. Father's Name: LESSLIE GNANA DASS
3. Sex: Female
4. Age: 17
5. Identification marks:
6. Dose I : 30/11/22
Dose II : 03/01/23
Dose III : 21/07/23



Signature of the Applicant



Signature of the Medical Officer.

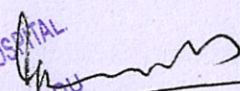

PR. KRISHNA MURTHY. AR
Name and Designation:

RESIDENT

PLACE: Thiruvallur

DATE: 30/11/22

Officer Seal:



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THIRUVALLUR TK & DIST. TAMIL NADU

MEDICAL SUPERINTENDENT
VGR MEDICAL COLLEGE AND HOSPITALS
VGR GARDENS, VGR NAGAR,
PANDUR, THIRUVALLUR - 631 203

**MEDICAL CERTIFICATE FOR ADMINISTRATION OF
HEPATITIS-B VACCINATION**

1. Name of the Candidate: *Sowmiya. E*
2. Father's Name: *Elumalai. G.*
3. Sex: *Female*
4. Age: *19.*
5. Identification marks:
6. Dose I : *2/11/22*
Dose II : *5/12/22*
Dose III : *7/6/23*

Sowmiya. E.
Signature of the Applicant

[Signature]
Signature of the Medical Officer.

Name and Designation: *Junior
Resident.*

PLACE: *Thiruvallur.*

Officer Seal:

DATE: *2/11/2022.*

[Signature]
2/11/22

MEDICAL SUPERINTENDENT
INDIRA MEDICAL COLLEGE AND HOSPITALS
VGR GARDENS, VGR NAGAR,
PANNIR, THIRUVALLUR - 631 203.

[Signature]
PRINCIPAL
PRIYADARSHINI DENTAL COLLEGE & HOSPITAL,
PANDUR - 631 203.
THIRUVALLUR TK & DIST. TAMIL NADU

**MEDICAL CERTIFICATE FOR ADMINISTRATION OF
HEPATITIS-B VACCINATION**

1. Name of the Candidate: *S. Sethika*
2. Father's Name: *S. Selvam*
3. Sex: *female*
4. Age: *18*
5. Identification marks:
6. Dose I : *17/12/22*
- Dose II : *23/01/23*
- Dose III : *29/07/23*

S. Sethika
Signature of the Applicant

[Signature]
Signature of the Medical Officer.

Name and Designation:

PLACE: *Thiruvallur.*

DATE: *19.12.22*

Officer Seal: **MEDICAL SUPERINTENDENT
INDIRA MEDICAL COLLEGE AND HOSPITALS
VGR GARDENS, VGR NAGAR,
PANDUR, THIRUVALLUR - 631 203.**

[Signature]
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PANDUR - 631 203.
THIRUVALLUR TK & DIST. TAMIL NADU**

**MEDICAL CERTIFICATE FOR ADMINISTRATION OF
HEPATITIS-B VACCINATION**

1. Name of the Candidate: *Kaithikha. B*
2. Father's Name: *Bhavanidharan. B*
3. Sex: *Female*
4. Age: *18*
5. Identification marks: *A mole on the (L) side face*
6. Dose I : *30/11/22 ✓*
- Dose II : *09/01/23*
- Dose III : *27/07/23*

Kaithikha. B
Signature of the Applicant

Dr. Saravanan
Signature of the Medical Officer.

Name and Designation:
(DR. SARAVANAN)

PLACE: *Pandur*

Officer Seal:

DATE: *30/11/22*

[Signature]
MEDICAL SUPERINTENDENT
PANDUR MEDICAL COLLEGE AND HOSPITALS
AGRAVADENS, VGR NAGAR,
PANDUR, THIRUVALLUR - 631 203
PRINCIPAL
PRIYADARSHINI DENTAL COLLEGE
PANDUR - 631 203
THIRUVALLUR TK & DIST. MEENADU