

PERFORMA - A
FACULTY / DOCTOR'S INFORMATION

(To be Submitted in clear and Legible Computer form only)

1. Name of the Faculty / Doctor (in capital letters) : DR PURUSHOTTAM LAL KHEMKA
2. Designation : **ASSISSTENT PROFESSOR**
3. Department : **DENTAL**
4. Institution : **Nalanda Medical College & Hospital Patna.**
5. Educational Qualification : **BDS , (PAT), M.B.S.S.O(UK) MICOI (USA) FELLOW WHO(UK)**
6. Medical Council Registration : **135A , 22/03/1975 BIHAR STATE DENTAL COUNCIL**
(UG & PG : Number, Year & Registration Council)
7. Date of Joining in this institution : **22/09/1975**
8. Whether UG or PG Teacher : **UG TECHEAR**
9. Teaching Experience : **41 YEARS 2 MONTH**
10. Number of Promotion's & Post's to which Promoted till date : **2**
11. Trainings undergone : **TUTOR,ASSISTANT PROFESSOR**

❖ **SELF DECLARATION BY THE FACULTY / DOCTOR :**

All the informations / entries as furnished above (under the points 1 to 11) by me are **CORRECT** and **TRUE** in totality and that, I do take full responsibility for the same that it would be obligatiory on my part to produce the pertinent supporting paper / documents in **ORIGINAL** , as and required or asked for.

Purushottam Lal Khemka

SIGNATURE OF THE FACULTY / DOCTOR / OFFICER

NAME : PURUSHOTTAM LAL KHEMKA

(IN FULL)

Date: 01/12/2016

Place: NMC & H, Patna

COUNTERSIGN OF THE HOD WITH STAMP

DR NAME : DR. PURUSHOTTAM LAL KHEMKA

(IN FULL)

Date : 01/12/2016

Place: NMC & H, Patna

DR. P. KHEMKA
BDS (PAT) MRSH (London)
Fellow (FRCR) England
MICOI (Imp'antology) USA
HOD, Dental Surgery NMCH, PATNA

PERFORMA -A
FACULTY/ DOCTORS INFORMATION
(To be submitted in clear and legible computer printed form)

1. Name of the Faculty/Doctor (in Capital letters): DR. MUKESH KUMAR
2. Designation: SENIOR RESIDENT
3. Department: DENTAL
4. Institution: Nalanda Medical College & Hospital, Patna
5. Educational Qualification: B.D.S. M.D.S.
6. Medical Council Registration: 5273-A, 16.09.2014, Bihar state dental council
(U.G. & P.G.: Number, Year and Registration Council)
7. Date of joining in this institution: 08.09.2015
8. Whether U.G. or P.G. Teacher:
9. Teaching experience: 3 years 1 month
10. No. of promotion/s:
&
Post to which promoted:
11. Training Undergone:

❖ SELF DECLARATION BY THE FACULTY/DOCTOR:

All the information/entries furnished above (under point 1 to 11) by me are CORRECT and TRUE in totality and that, I do take full responsibility for the same that it would be obligatory on my part to produce the pertinent papers and documents in ORIGINAL as and when required or asked for.

Mukesh

SIGNATURE OF THE FACULTY/DOCTOR/OFFICER

NAME: DR. MUKESH

DATE: 2.12.16

PLACE: NMC&H, PATNA

P. L. Khemka

COUNTER SIGNATURE OF THE HOD WITH STAMP

NAME: DR P L KHEMKA

DATE: 2.12.16

PLACE: NMC&H, PATNA

BDS (PA) (MSc) (London)
(Dentistry) England
FRCR (UK)
MICD (Dentistry) USA
HOD, Dental Surgery NMC&H, PATNA

PERFORMA -A

Doctor's Information

1. Name of the Doctor : DR. PRIYANKA
2. Designation : SENIOR RESIDENT
3. Department : DENTAL
4. Institution : NALANDA MEDICAL COLLEGE & HOSPITAL, Patna
5. Educational Qualification : B.D.S., M.D.S.
6. Medical Council Registration :

Number- 3332/A

Year- 03/01/2011

Registration Council- BIHAR STATE DENTAL COUNCIL

7. Date Of Joining In This Institution : 06/09/2015
8. Whether UG or PG teacher : N/A
9. Teaching experience : 9 months
10. Number of Promotion/s : N/A
11. Trainings undergone : N/A

***SELF DECLARATION BY THE FACULTY/DOCTOR :**

All The informations /entries As furnished above (under The points 1 to 11) by me are CORRECT and TRUE in totality and that, I do Take Full responsibility for The Same That It would be obligatory On my part to produce The pertinent papers/ documents in ORIGINAL, As and When required or asked for.

Priyanka

SIGNATURE OF THE DOCTOR

NAME : DR. PRIYANKA

DATE : 02/12/2016

PLACE : NMC & H, PATNA

P.L. KHEMKA

COUNTER SIGNATURE OF HOD WITH STAMP

NAME : DR. P.L. KHEMKA

DATE : 02/12/2016

PLACE : NMC & H, PATNA

BDS (Paediatric Dentistry) (London)
FDS (Paediatric Dentistry) (London)
FDS (Paediatric Dentistry) (UK)
FDS (Paediatric Dentistry) (USA)
FDS (Paediatric Dentistry) (MCH, PATNA)

PERFORMA - A
FACULTY/ DOCTORS INFORMATION
(To be submitted in clear and legible computer printed form)

1. Name of the Faculty/Doctor (in Capital letters): DR. NIDHI
2. Designation: SENIOR RESIDENT
3. Department: DENTAL
4. Institution: Nalanda Medical College & Hospital, Patna
5. Educational Qualification: B.D.S. M.D.S.
6. Medical Council Registration: 19,408-A dated 15.12.2006 in Karnataka state dental council
(U.G. & P.G.: Number, Year and Registration Council) and 4064/A Dated 29.1.2013 In Bihar state Dental Council
7. Date of joining in this institution: 4.09.2015
8. Whether U.G. or P.G. Teacher:
9. Teaching experience: 3 years 2 months & 12 days
10. No. of promotion/s:
&
Post to which promoted:
11. Training Undergone:

❖ SELF DECLARATION BY THE FACULTY/DOCTOR:

All the information/entries furnished above (under point 1 to 11) by me are CORRECT and TRUE in totality and that, I do take full responsibility for the same that it would be obligatory on my part to produce the pertinent papers and documents in ORIGINAL as and when required or asked for.

Nidhi

SIGNATURE OF THE FACULTY/DOCTOR/OFFICER

NAME: DR. NIDHI

DATE: 2.12.16

PLACE: NMC&H, PATNA

DR. P. L. KHEMKA
BDS (PA) (London)
MB530

COUNTER SIGNATURE OF THE HOD WITH STAMP

NAME: DR. P. L. KHEMKA

DATE: 2.12.16

PLACE: NMC&H, PATNA

PROFORMA-A

Faculty/ Doctor's information

(To be Submitted in clear and legible computer printed form only)

1. Name of Faculty/Doctor(in capital letters): **DR. HARSH KUMAR**
2. Designation: Senior Resident
3. Department: Dental
4. Educational Qualification B.D.S, M.D.S (Maxillofacial Surgery)
5. Institution Nalanda Medical College Hospital ,Patna
6. Medical Council Registration (UG & PG: Number, Year & Registration Council) :
Number : 4576/A
Year : 2013
Registration council: Bihar State Dental Council
7. Date of joining in this Institution 08-09-16
8. Whether UG or PG Teacher NA
9. Teaching Experience
(Years & completed Months) NA
10. Number of promotion/s NA
&
Post/s to which Promoted Till date
11. Trainings undergone NA

SELF DECLARATION BY FACULTY/DOCTORS

- ❖ All the informations/entries as furnished above (under the points 1to 11) by me are Correct and TRUE in totality and that, I do take full responsibility for the same that it would be obligatory on my part to produce the pertinent supporting papers/documents in ORIGINAL as and when required or asked

Harsh Kumar
SINGNATURE OF THE FACULTY/DOCTORS/OFFICER

NAME(in full)
Date
Place-NMCH, Patna

Harsh Kumar
COUNTER SINGNATURE OF THE HOD WITH STAMP

DR. L. KHEMKA
NAME(in full)
Date
Place-NMCH, Patna

PERFORMA -A

Doctor's Information

1. Name of the Doctor : DR. MANOJ KUMAR THAKUR
2. Designation : SENIOR RESIDENT
3. Department : DENTAL
4. Institution : NALANDA MEDICAL COLLEGE & HOSPITAL, Patna
5. Educational Qualification : B.D.S., M.D.S.
6. Medical Council Registration :
Number- 5676/A
Year- 16/04/2015
Registration Council- BIHAR STATE DENTAL COUNCIL
7. Date Of Joining In This Institution : 08/09/2015
8. Whether UG or PG teacher : N/A
9. Teaching experience : N/A
10. Number of Promotion/s : N/A
11. Trainings undergone : N/A

❖SELF DECLARATION BY THE FACULTY/DOCTOR :

All The informations /entries As furnished above (under The points 1 to 11) by me are CORRECT and TRUE in totality and that, I do Take Full responsibility for The Same That It would be obligatory On my part to produce The pertinent papers/ documents in ORIGINAL, As and When required or asked for.

Manoj Kumar Thakur
SIGNATURE OF THE DOCTOR

NAME : DR.MANOR KUMAR THAKUR

DATE : 01/12/2016

PLACE : NMC & H, PATNA

N. K. Hemka
COUNTER SIGNATURE OF HOD WITH STAMP

NAME : DR. P.L. KHEMKA

DATE : 01/12/2016

PLACE : NMC & H, PATNA

PROFORMA - B2
(TEACHING SCHEDULE)
(UNDER GRADUATE)

(To be submitted in clear and legible Computer printed form only)

DEPARTMENT / DISCIPLINE : DENTAL
INSTITUTION : Nalanda Medical College & Hospital, Patna
MONTH & YEAR : NOVEMBER 2016

Date	Class / Teaching Manouver / Teaching Intervention (Lecture Class / Tutorial Class / Remedial Class / Demonstration / Practicals / Teaching in Wards & Clinical Setups / Field Training & Teaching / Community Teaching & Training / Others	Topic Subject	Time (From..... To.....)	Name & Designation of the Faculty / Doctor / Officer
	(Lecture Class / Tutorial Class / Remedial Class / Demonstration / Practicals / Teaching in Wards & Clinical Setups / Field Training & Teaching / Community Teaching & Training / Others			
	(Lecture Class / Tutorial Class / Remedial Class / Demonstration / Practicals / Teaching in Wards & Clinical Setups / Field Training & Teaching / Community Teaching & Training / Others / were not scheduled in the month of November 2016			Dr. P. L. Khemka Assistant Professor.

Total hours of the Classes / teaching manouvers / teaching interventions / skill development interventions put together
in the aforesaid month of year In digits In words.....

Total number of the classes / teaching manouvers / teaching interventions / skill development interventions put together
the aforesaid month of year In digits In words.....

Signature of the HOD 
Name in Full: DR. PURUSHOTTAM LAL KHEMKA
Date : 01/12/2016
Place : NMC & H, Patna.
100 Dental Surgery, NMCH, Patna

PROFORMA - C2

Teaching Schedule Actualization Report

Under Graduate

[To be submitted in clear and legible Computer print only]

Department / Discipline: DENTAL

Institution : Nalanda Medical College & Hospital , Patna

Month (with the year) for which the report is being sent : NOVEMBER 2016

❖ REPORT PROPER :

Important Note : The term 'Class , as and where used hereunder , implies Classes , Teaching Manoeuvres, Teaching Interventions put together.

1. Total number of the Classes , that was scheduled to be actualized in the aforesaid month of NOVEMBER (name of the month with year) : In digits: 0
In words: NIL
2. Total hours of the Classes * that were to be actualized in the aforesaid month of.....NOVEMBER (name of the month with year) : In digits: 0
In words: NIL
3. Total number of the Classes* that were actualized in the aforesaid month ofNOVEMBER (name of the month with year) : In digits: 0
In words: NIL
4. Total hours of the Classes* that were actualized in the aforesaid month ofNOVEMBER (name of the month with year) : In digits: 0
In words: NIL
5. Percentage of the Classes* actualized with respect to the schedule in the aforesaid month of NOVEMBER (name of the month with year) : In digits: 0
In words: NIL
6. The deficit in percentage of the Classes* with respect to the schedule in the aforesaid month of..... (name of the month with year) : In digits: 0
In words: NIL
7. Reason/s for the aforesaid deficit : NA
(Mention clearly and unambiguously. Please do not skip or leave this column vacant /unfilled, if applicable. Unclear/ ambiguous statement or vacant / unfilled column would imply that the deficit remains unexplained)

DR. P. L. KHEMKA
BOS (PAT) NMC & H, Patna
Signature of the HOD WITH STAMP

Name in full : DR. PURUSHOTTAM LAL KHEMKA

Date : 01/12/2016

Place : NMC & H, Patna

PERFORMA - D

Census of clinical material

(To be submitted in clear and legible computer print only)

Department/discipline: DENTAL

Institution: Nalanda Medical College & Hospital, Patna

Month (with the year) for which the census is being sent : November 2016-12-01

#CENSUS PROPER:

1. Number of patients admitted : NA
2. Number of discharges : NA
3. Number of LAMA (Left against medical advice) : NA
4. Number of deaths : 0
5. Number of surgeries/operations : Major- 41; Minor- 58
6. Names and number of procedures :
Major ones - 41
 Impaction -34
 Cyst/granuloma-3
 Bony spicules-2
 Frenectomies-2
Minor ones - 58
 Dental extractions-52
 Incision and drainage-6
7. Name and number of investigations carried out in the department:
(BT/CT, RBS, HIV, HBsAg, HCV) - 65
IOPA X-ray - 78
OPG - 10
8. Number of OPD patients: 622
9. Others (if any): NA



Signature of HOD with STAMP
Name in full: DR PURUSHOTTAM LAL KHEMKA
Place : NMC & H, Patna
Date : 01/12/2016