



# SRI VENKATESWARA DENTAL COLLEGE & HOSPITAL



(A unit of VELS Group, Pallavaram)

Approved by Government of Tamilnadu (Lr. No. TN35013/MCA-2/2003; dt.7.9.2006) Approved by Dental Council of India, New Delhi  
Approved by Government of India Vide. F. No. V.12017/3/2003-DE, dt. 14.07.2007 & dt.08.11.2011. Ministry of Health & Family Welfare  
Affiliated to the Tamil Nadu Dr.MGR Medical University

**NAAC ACCREDITED**

Off OMR, Near Navalur, Thalambur, Chennai - 600 130

Phone.:7449000052 / 53 / 54 Fax : 044 -2743 5770 E-mail : info@svdentalcollege.com www.svdentalcollege.com

## LIST OF STUDENTS UNDERTAKING FIELD VISIT – 2021-2022

S.No.	Name of the Student	Roll No.
1	AARTHI A.S	541817501
2	ADHUNOORI RAVALI	541817502
3	AISHWARIYA.S	541817503
4	AISHWARYA.V	541817504
5	AKASH RAM.S	541817505
6	AKILANDESHWARI.S	541817507
7	AKSHAYA.M.C	541817508
8	ALTHOUETIQ HUSSAIN.A	541817509
9	AMBATI VEERA VENWATA UPENDRA REDDY	541817510
10	AMRITHA.M	541817511
11	ANILA SHAJAN	541817512
12	ARUN.S	541817514
13	AYSHA SHANEEMA	541817515
14	BALAVIGNESH.R	541817516
15	BELLAMKONDA SNEHA	541817517
16	CATHERIN ZIPPORAH.L	541817518
17	DEEPIKA.A	541817519
18	GANESHA MOORTHU.N	541817522
19	GAYATHRI.S	541817523
20	GIRIJESH.A.R	541817524
21	GNANA VISHAKAN.G	541817525
22	GORI SHANKARI.S	541817526
23	HARIPRIYA.S	541817527
24	HUMAYYAZULFA	541817528
25	JAWAHAR.M	541817529
26	JESSEVIN SHINE.C.P	541817530
27	JEYAVIDHYADHARANI.G	541817531
28	KAKUMANU AKANKSHA	541817532
29	KANCHI GAYATHRI	541817533
30	KANEINI SHREE.N	541817534
31	KAPA PARDHUSREE NADU	541817535
32	KARTHIK ROSAN.G	541817536

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S.No.	Name of the Student	Roll No.
33	MANO GAYTHRI.S	541817538
34	MONAPRIYA.R.M	541817540
35	MARIUM FOUZIA	541817541
36	MEGAVARSHINI	541817542
37	MYTHILI.G	541817543
38	NAVNEETH KRISHNAA.S	541817544
39	NINCITHA.A	541817546
40	PANJAGALA NANDINI	541817547
41	PAVITHRA.N	541817548
42	POLI SUSHMA	541817549
43	PRASHANTH.R	541817550
44	PRIYADHARSHINI.M	541817551
45	RAVINDRAN.P	541817552
46	REVATHI.B	541817553
47	SALMA AFRAAH.F	541817554
48	SANJAY PRAKASH.N	541817555
49	SARANYA.M	541817556
50	SASHANK.K	541817557
51	SEDHU BHARATH.S	541817558
52	SHIVA.S	541817559
53	SHIVA SHANKARI.D	541817560
54	SHRUTHI.V	541817561
55	SHRUTHY BHAGAVATHY.M	541817562
56	SHUBHAM GAVANE	541817563
57	SINDHU.V	541817564
58	SIVARANJANI.G.S	541817565
59	SOFIA FATHIMA.K	541817566
60	SRINIVASAN.S	541817568
61	SUNDAR.S	541817569
62	SWETHA.P	541817570
63	SYED AJIYAD SUFIYAN RAHMAN	541817571
64	THARUNAA.N.V	541817572
65	UMA MAHESWARI.S	541817573
66	UREGHAA.S	541817574
67	VAISHALI.J	541817575

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S.No.	Name of the Student	Roll No.
68	VAISHNAVI.P	541817576
69	VASUNTHRA DEVI.R	541817577
70	YARATAPALLI SEERSHIA REDDY	541817578
71	YUGASH.P	541817579
72	AMZAD IBRAHIM	541717507
73	RAMESH.B	541717560
74	AKSHAYA.R	541717504
75	DIVYAKALA.P	541717521
76	DEEPIKA M	541817519
77	MANOJ KUMAR E	541817539

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# PRIMARY HEALTH CENTRE MEDAVAKKAM

## FIELD VISIT REPORT: 2021-2022



We department of PHD SVDCH regularly organised field visit programs as part of our curriculum. Every year final year students during academic year are taken to the PHC Medavakkam Chennai.

After an introduction with B.M.O students are taken to various department in PHC 'S CAMP such as General OP , Dental OP , Siddha OP, Physiotherapy, Opthal OP,NCD ,Food safety and management .

Staffing pattern in each department , rules and responsibilities of each person various further activities of PHC was explained to them in detail.

It will be an insight to them during their internship community posting at the PHC

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Old Mahabalipuram Road, Thalambur, Chennai - 600130

## Department of Public Health Dentistry FIELD VISIT COMPLETION CERTIFICATE

Registration No. ....541817572.....

This is to certify that

.....T.HARUNAA N.V.....

has completed the **FIELD VISIT** at

.....UPGRADED PRIMARY HEALTH CENTRE, MEDAVAKKAM.....

During the academic year.....2021-2022.....

Signature of the  
Staff in-charge

உதவி மருத்துவ அலுவலர்  
பி.டி.சி. ஆரம்ப சுகாதார நிலையம்  
மேடவாக்கம், சென்னை - 600100

Signature of the  
Head of the Department

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Old Mahabalipuram Road, Thalambur, Chennai - 600130

## Department of Public Health Dentistry FIELD VISIT COMPLETION CERTIFICATE

Registration No. ....541817567.....

This is to certify that

.....SOWMYA.B.....

has completed the **FIELD VISIT** at

.....UPGRADED PRIMARY HEALTH CENTRE, MEDAVAKKAM.....

During the academic year....2021-2022.....

Signature of the  
Staff in-charge

உதவி மருத்துவ அலுவலர்  
அரசு ஆரம்ப சுகாதார நிலையம்  
மேடவாக்கம், சென்னை - 600 130

Signature of the  
Head of the Department

**PRINCIPAL**

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## Department of Public Health Dentistry FIELD VISIT COMPLETION CERTIFICATE

Registration No. ....541817564.....

This is to certify that

.....SINDHU.V.....

has completed the **FIELD VISIT** at

.....UPGRADED PRIMARY HEALTH CENTRE, MEDAKKAM

During the academic year.....2021-2022.....

Signature of the  
Staff in-charge

உதவி மருத்துவ அலுவலர்  
அரசு உதர்ப் புகள்தர குகையம்  
மேடவாக்கம், சென்னை - 600 130

Signature of the  
Head of the Department

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## **Department of Public Health Dentistry FIELD VISIT COMPLETION CERTIFICATE**

Registration No. ....541817552.....

This is to certify that

.....RAVINDRAN P.....

has completed the **FIELD VISIT** at

.....UPGRADED.....PRIMARY.....HEALTH CENTRE MEDAVAKKAM

During the academic year.....2021-2022.....

Signature of the  
Staff in-charge

உதவி மருத்துவ அலுவலர்  
அரசு ஆரம்ப சுகாதார தலைமை  
மேடவாக்கம், சென்னை - 600 130

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Head of the Department

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## **Department of Public Health Dentistry FIELD VISIT COMPLETION CERTIFICATE**

Registration No. ....541817552.....

This is to certify that

.....RAVINDRAN P.....

has completed the **FIELD VISIT** at

.....UPGRADED.....PRIMARY.....HEALTH CENTRE MEDAVAKKAM

During the academic year.....2021-2022.....

Signature of the  
Staff in-charge

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அரசு ஆரம்ப சுகாதார துறையம்  
மேடவாக்கம், சென்னை - 600 130

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Head of the Department

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## Department of Public Health Dentistry FIELD VISIT COMPLETION CERTIFICATE

Registration No. ....541817545.....

This is to certify that

.....NIKESH R.....

has completed the **FIELD VISIT** at

.....UPGRADED.....PRIMARY.....HEALTH.....CENTRE.....MEDAVAKKAM.....

During the academic year.....2021-2022.....

Signature of the  
Staff in charge

அரசு ஆரம்ப சுகாதார நிலையம்  
மேடவாக்கம், சென்னை - 600 130

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## Department of Public Health Dentistry FIELD VISIT COMPLETION CERTIFICATE

Registration No. ....541817540.....

This is to certify that

.....MANOPRIYA R.M.....

has completed the **FIELD VISIT** at

.....UPGRADED PRIMARY HEALTH CENTRE MEDAVAKKAM.....

During the academic year.....2021-2022.....

Signature of the  
Staff in-charge

உதவி மருத்துவ அலுவலர்  
புதுசு ஆரம்ப சுகாதார நிலையம்  
மேடவாக்கம், சென்னை - 600130

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Head of the Department

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## Department of Public Health Dentistry FIELD VISIT COMPLETION CERTIFICATE

Registration No. ....541817529.....

This is to certify that

.....JAWAHAR M.....

has completed the **FIELD VISIT** at

.....UPGRADED PRIMARY HEALTH CENTRE, MEDAVAKKAM.....

During the academic year....2021-2022.....

Signature of the  
Staff in-charge

உதவி மருத்துவ அலுவலர்  
அரசு ஆரம்ப சுகாதார நிலையம்  
மேடவாக்கம், சென்னை - 600 130

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Head of the Department

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## Department of Public Health Dentistry FIELD VISIT COMPLETION CERTIFICATE

Registration No. ....541817522.....

This is to certify that

.....GANESHA MOORTHY N.....

has completed the **FIELD VISIT** at

.....UPGRADED PRIMARY HEALTH CENTRE, MEDAVAKKAM.....

During the academic year.....2021-2022.....

Signature of the  
Staff in-charge

உதவி மருத்துவ அலுவலர்  
அரசு ஆரம்ப சுகாதார மருமகன்  
மேடவாக்கம், சென்னை - 600130

Signature of the  
Head of the Department

PRINCIPAL

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## **Department of Public Health Dentistry FIELD VISIT COMPLETION CERTIFICATE**

Registration No. ....541817520.....

This is to certify that

.....DEERIKKA M.....

has completed the **FIELD VISIT** at

.....UPGRADED PRIMARY HEALTH CENTRE MEDAVAKKAM.....

During the academic year.....2021-2022.....

Signature of the  
Staff in-charge

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## **Department of Public Health Dentistry FIELD VISIT COMPLETION CERTIFICATE**

Registration No. ....541817503.....

This is to certify that

.....ASHWARYA S.....

has completed the **FIELD VISIT** at

.....UPGRADED PRIMARY HEALTH CENTRE MEDAVAKKAM.....

During the academic year.....2021-2022.....

Signature of the  
Staff in-charge

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பொது ஆரம்ப சுகாதார நிலையம்  
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Registration No. ....541817501.....

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.....AARTHI A S.....

has completed the **FIELD VISIT** at

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During the academic year.....2021-2022.....

Signature of the  
Staff in-charge

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புதுச்சேரி ஆரம்ப சுகாதார நிலையம்  
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