



DAYANANDA SAGAR COLLEGE OF DENTAL SCIENCES

(Affiliated to Rajiv Gandhi University of Health Sciences, Karnataka)

(Recognised by Dental Council of India, New Delhi)



Number of grievances regarding university examinations

	I BDS	II BDS	III BDS	IV BDS	Postgraduate
2017	1	1	0	2	0
2018	10	1	4	2	1
2019	7	0	4	7	0
2020	4	2	2	0	0
2021	4	6	4	2	0
2022	0	0	0	4	0


PRINCIPAL
Dayananda Sagar College of Dental Sciences
Kumaraswamy Layout,
Bangalore - 560 078.



DAYANANDA SAGAR COLLEGE OF DENTAL SCIENCES

(Affiliated to Rajiv Gandhi University of Health Sciences, Karnataka)
(Recognised by Dental Council of India, New Delhi)



R-02

DSCDS/2022/

To:
The Registrar (E),
Rajiv Gandhi University of Health Sciences
4th 'T' Block, Jayanagar,
Bangalore - 560 041



July 04, 2022

Sir,

Sub: Issue of Duplicate Marks Card vide Reg. No. 16D1632.

With reference to the above, **Dr. MINU KUMARI** had lost her following marks card vide register No. 16D1632 while travelling. I have enclosed online payment transaction copy, affidavit and copy of Police acknowledgement for obtaining Duplicate Marks Card. The details are given below:

S.L No.	Description	Year of Passing	Reg.No.	Amt Paid	Ref.No.
01	I yr BDS	June 2017	16D1632	2000.00	WHMP1251335105
02	II yr BDS	July 2018	16D1632		
03	III yr BDS	June 2019	16D1632		
04	IV yr BDS	October 2020	16D1632		

I request you to kindly issue Duplicate Marks Card and oblige.

Thanking you

Yours faithfully

Prof. Dr. Hemanth M

M.D.S, Ph.D.

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Dayananda Sagar College of Dental Sciences
Kumaraswamy Layout,
Bangalore - 560 078.



DAYANANDA SAGAR COLLEGE OF DENTAL SCIENCES

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(Recognised by Dental Council of India, New Delhi)



o/c

DSCDS/2022/194



May 6, 2022

To:
The Registrar (E),
Rajiv Gandhi University of Health Sciences
4th 'T' Block, Jayanagar,
Bangalore - 560 041

Sir,

Sub: Submission of retotalling form for issue of Photo copy of answer scripts of BDS students March 2022 examination.

With reference to the above, I am herewith submitting application form for issuing of photo copy of the answer script of BDS student, March 2022 examination. The name, register number, subject and online payment transaction reference number for which retotalling sought is enclosed herewith.

Sl. No	Reg. No.	Name	Year	Subject	Amount	OnlineTransaction Ref. No.
1	11D1658	Shyamalima Das	IVBDS	Periodontology	250.00	WSM21113021953
2.	13D1642	Gebina Partin	IVBDS	Periodontology	250.00	WSM21113138558
3	17D1611	Ekta Singh	IVBDS	Orthodontics Periodontology Prosthodontics Conservative Dentistry Oral&MaxillofacialSurgery Public Health Dentistry	1500.00	WUR21112995038
4	17D1625	Likhitha N	IVBDS	Periodontology Public Health Dentistry	500.00	WHMP1113034433

Kindly acknowledge the receipt of the same.

Thanking you

Yours faithfully

Prof. Dr. Hemanth M

M.D.S, Ph.D

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PRINCIPAL

Dayananda Sagar College of Dental Sciences

Kumaraswamy Layout,

Bangalore - 560 078.

Shavige Malleshwara Hills, Kumaraswamy Layout, Bangalore - 560111.

Phone : +91 80 26663654, 26662226 Fax : 26660789 Mobile : 74836 93035

E-mail : principal@dscds.edu.in Website : www.dscds.edu.in

R-2

0/c



DAYANANDA SAGAR COLLEGE OF DENTAL SCIENCES

(Affiliated to Rajiv Gandhi University of Health Sciences, Karnataka, Bangalore)

(Recognised by Dental Council of India, New Delhi)

ISO 9001 : 2008 Certified Institution

Ref.No:DSCDS/2021/

December 31, 2021

To: The Registrar(Evaluation)
Rajiv Gandhi University of Health Sciences
4th 'T' Block, Jayanagar
Bangalore - 560 041.



Sir,

Sub: Submission of retotalling form for issue of Photocopy of answer scripts of BDS students November 2021 examination.

With reference to the above, I am herewith submitting application form for issuing of Photo copy of the answer script of BDS student, November 2021 examination. The name, register number, subject and online payment transaction reference number for which retotalling sought is enclosed herewith.

Sl. No	Reg. No.	Student name	Year	Subject	Amount	Online Transaction Ref.No.
1	20D0921	Pradeep P Rathod	I BDS	Gen. Anatomy	250.00	WHMP0554661661
				Physiology	250.00	WHMP0554661661
				Biochemistry	250.00	WHMP0559560383
2	19D0103	Swaroop Kumar M.S	II BDS	Pharmacology	250.00	WUR20583418952
3	19D0063	Aminul Hassan Laskar	II BDS	Pharmacology	250.00	WUR20583432176
4	19D0094	Sahana A.V.	II BDS	Dental Material	250.00	WHMP0559535025
5	16D1630	Mangam Albert Noel Samson	III BDS	Gen. Medicine	250.00	WUR20575533769
				Oral Pathology	250.00	WHMP0575533200
6	18D0079	C. Sarada Sanjana	III BDS	Oral Pathology	250.00	WHMP0556021496
7	14D1617	Chandana Kalita	IV BDS	Orthodontics	250.00	WHMP0554378618
				Conservative	250.00	
				Public Health	250.00	
8	17D1641	Vishal	IV BDS	Orthodontics	250.00	WHMP0581042187

Kindly accept and acknowledge the receipt of the same and oblige.

Thanking you,

For, Yours faithfully
[Signature]
PRINCIPAL 31/12/21
PRINCIPAL

Dayananda Sagar College of Dental Sciences

4th 'T' Block, Jayanagar, Bangalore - 560041

Shavige Malleshwara Hills, Kumaraswamy Layout, Bangalore - 560 078.

Phone : +91 80 26663654 / 26913718 / 26661104, Fax : 080-26663654

Website : www.dayanandasagar.edu



DAYANANDA SAGAR COLLEGE OF DENTAL SCIENCES

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January 8, 2021

DSCDS/2020-21/

To:
The Registrar (E),
Rajiv Gandhi University of Health Sciences
4th 'T' Block, Jayanagar,
Bangalore - 560 041



Sir,

Sub: Submission of retotalling form for issue of Photo copy of answer scripts of BDS students NOV 2020 examination.

With reference to the above, I am herewith submitting application form for issuing of photo copy of the answer script of BDS student, November 2020 examination. The name, register number, subject and online payment transaction reference number for which retotalling sought is enclosed herewith.

Sl. No	Reg. No.	Name	Year	Subject	Amount	OnlineTransaction Ref. No.
1	17D1606	Bharatha N	II BDS	Pharmacology Dental Materials	500.00	VUR29624917052

Thanking you,

Yours Sincerely,

PRINCIPAL

DAYANANDA SAGAR COLLEGE OF DENTAL SCIENCES

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December 31, 2020

02/1/2021

DSCDS/2020/325

To:
The Registrar (E),
Rajiv Gandhi University of Health Sciences
4th 'T' Block, Jayanagar,
Bangalore - 560 041



Sir,

Sub: Submission of retotalling form for issue of Photo copy of answer scripts of BDS students NOV 2020 examination.

With reference to the above, I am herewith submitting application form for issuing of photo copy of the answer script of BDS student, November 2020 examination. The name, register number, subject and online payment transaction reference number for which retotalling sought is enclosed herewith.

Sl. No	Reg. No.	Name	Year	Subject	Amount	Online Transaction Ref. No.
1	14D1632	Pinki Das	III BDS	General Surgery Oral Pathology	500.00	VHMP9604831104
2	16D1649	Shubhangi Prakash Gupta	III BDS	General Medicine General Surgery Oral Pathology	250.00 500.00	VHMP9604800317 VHMP9604861796
3	18D0074	Aishwarya B Girepnor	II BDS	Pharmacology	250.00	VHMP9603060650
4	18D0112	Vinutha JV	II BDS	Pharmacology Dental Materials	500.00	VSM29602056446
5	19D0065	Annapoorna	I BDS	Physiology Biochemistry Dental Anatomy	750.00	VUR29601913505
6	19D0092	Raghashree S	I BDS	Human Anatomy Physiology Biochemistry	750.00	VUR29601856523
7	19D0093	Ranjitha N	I BDS	Physiology Biochemistry Dental Anatomy	750.00	VSM29601864108

Kindly acknowledge the receipt of the same.

Thanking you

Yours faithfully

PRINCIPAL
Prof. Dr. Hemant M.
Dayananda Sagar College of Dental Sciences
Kumaraswamy Layout,
Bangalore

PRINCIPAL

Bangalore Malleshwara Hills, Kumaraswamy Layout, Bangalore - 560 078.

Phone : +91 80 26663654 / 26913718 / 26661104, Fax : 080-26663654

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DSCDS/ Photocopy/Dec-2019/

To:

The Registrar (Evaluation)
Rajiv Gandhi University of Health Sciences
4th 'T' Block, Jayanagar

Bangalore 41.

Sir,

**Sub: Submission of application for Photo copy of answer script of
I year B.D.S. student December 2019 examination.**

With reference to the above, I am herewith submitting three application form for issuing of photo copy of the answer script of I year B.D.S. student, December 2019 examination. The name, register number, subject and online payment transaction reference number for which photo copy of answer script sought is enclosed herewith.

Sl. No.	Name of the student	Register no.	Year	Subject	Amount	Online Transaction ref number
1.	SUDHIKSHA SHARMA	18D0108	I	Physiology Biochemistry	250.00 250.00	RUR28491482951 RUR28494908690
				Total	500.00	

Kindly accept and acknowledge the receipt of the same and oblige.

Thanking you,

Yours faithfully,

PRINCIPAL

Encl: application forms (1)

PRINCIPAL

Dayananda Sagar College of Dental Sciences
Kumaraswamy Layout,
Bangalore - 560 078.



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SCDS/2018-19/

To:
The Registrar (E),
Rajiv Gandhi University of Health Sciences
4th 'T' Block, Jayanagar,
Bangalore - 560 041

February 5, 2019

R.G.U.H.S.
INWARD/DISPATCH
21 FEB 2019

No.
Signature.....

Sir,

Sub: Issue of II Year BDS Marks card vide Reg. No. 13D1646

With reference to the above, I wish to bring to your kind notice that, we have not received the marks card of the following student who has appeared for II BDS examination held in December 2015.

Details of the student is as follows:

Sl. No	Student Name	Reg. No.	Course	Year of Passing
1.	Anjali Raviraj Ballal	13D1646	II BDS	December - 2015

I am also herewith forwarding the representation letter of student with internet printout of pass marks sheet for your perusal.

Kindly do the needful at the earliest and oblige.

Thanking you

Yours sincerely


Prof. Dr. Hemanth M

M.D.S, Ph.D

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4th 'T' Block, Jayanagar,

Bangalore - 560 041

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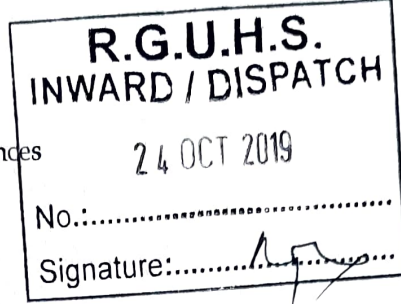
DSCDS/ Photocopy/July-2019/

Date: 23.10.2019

To:

The Registrar (Evaluation)
Rajiv Gandhi University of Health Sciences
4th 'T' Block, Jayanagar

Bangalore 41.



Sir,

Sub: Submission of application for Photo copy of answer script of
III year B.D.S. students June 2019 examination.

With reference to the above, I am herewith submitting three application forms for issuing of photo copy of the answer script of III year B.D.S. students, June 2019 examination. The name, register number, subject and online payment transaction reference number for which photo copy of answer script sought is enclosed herewith.

Sl. No.	Name of the student	Register no.	Year	Subject	Amount	Online Transaction ref number
1.	Akshay Choubey	16D1604	III	Gen. Medicine Oral Pathology & Microbiology	250.00 250.00	RUR28108580888 RUR28108580888
2	Anandi Ganguli	16D1608	III	Gen. Medicine Oral Pathology & Microbiology	250.00 250.00	RUR28108559824 RUR28108559824
3.	Meelu Babu	16D1631	III	Gen. Medicine Gen. Surgery Oral Pathology & Microbiology	250.00 250.00 250.00	RHMP8126565846 RHMP8126565846 RHMP8126565846
4.	Poukhuan Panmei	16D1642	III	Gen. Medicine Oral Pathology & Microbiology	250.00 250.00	RUR28118392691 RUR28118392691
				Total	2250.00	

Kindly accept and acknowledge the receipt of the same and oblige.

Thanking you,

Yours faithfully,

PRINCIPAL

Dayananda Sagar College of Dental Sciences

Kumaraswamy Layout,

Bangalore - 560 078.

Encl: application forms (4)

Shavige Malleshwara Hills, Kumaraswamy Layout, Bangalore - 560 078.

Phone : +91 80 26663654 / 26913718 / 26661104, Fax : 080-26663654

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ISO 9001 : 2008 Certified Institution

No: DSCDS/Re-total/2019-20/

October 4, 2019

To:

The Registrar(Evaluation)
Rajiv Gandhi University of Health Sciences
4th 'T' Block, Jayanagara,
Bangalore – 560 041.

Sir,

R.G.U.H.S.
INWARD / DISPATCH

09 OCT 2019

No.:

Signature:.....

Sub: Application for issuing Answer Script Photo Copy of First year BDS
June/July 2019 Examinations.

With reference to the above, I am herewith forwarding the issuing Answer Script (Photo Copy) of Application forms along with Online transaction copy towards the fee issuing Answer Script (Photo Copy) of First year BDS students June/July 2019 examination. The Name , Register Number, Subject and online payment transaction reference number for which photo copy of answer script sought is enclosed herewith.

Sl. No.	Name of the student	Register No.	Year	Subject	Amount	Online Transaction Number
1	Madhumitha .S'	18D0088	1BDS	Physiology Dental Anatomy Biochemistry	250.00 250.00 250.00	RHMP8044433264 RHMP8044144622 RHMP8052686941
2	Warkad Aishwarya Ashok Rao	18D0095	1BDS	Anatomy	250.00	RHMP8044452898
3	Partha Jyoti Das	15D1602	1BDS	Biochemistry	250.00	RHMP8044492379

Kindly accept and acknowledge the receipt of same and oblige.

Thanking you

Yours faithfully,


PRINCIPAL
PRINCIPAL

Dayananda Sagar College of Dental Sciences,
Kumaraswamy Layout,
Bangalore - 560 078.

Enc:

Re-Totalling forms(4) along with
Online transaction copy

Shavige Malleshwara Hills, Kumaraswamy Layout, Bangalore - 560 078.

Phone : +91 80 26663654 / 26913718 / 26661104, Fax : 080-26663654

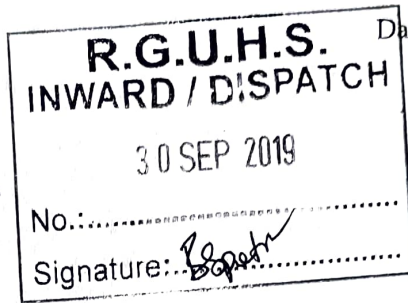
Website : www.dayanandasagar.edu



DAYANANDA SAGAR COLLEGE OF DENTAL SCIENCES

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ISO 9001 : 2008 Certified Institution

SCDS/ Photocopy/July-2019/



Date: 30.09.2019

To:

The Registrar (Evaluation)
Rajiv Gandhi University of Health Sciences
4th 'T' Block, Jayanagar
Bangalore 41.

Sir,

Sub: **Submission of application for Photo copy of answer script of IV year B.D.S. students June 2019 examination.**

With reference to the above, I am herewith submitting three application forms for issuing of photo copy of the answer script of 4th year B.D.S. students, June 2019 examination. The name, register number, subject and online payment transaction reference number for which photo copy of answer script sought is enclosed herewith.

Sl. No.	Name of the student	Register no.	Year	Subject	Amount	Online Transaction ref number
1.	Abhijeet Das	13D1644	IV	Conservative Dentistry	250.00	QHMP8010525815
2.	Sarsti Suman Borah	13D1650	IV	Prosthodontics	250.00	RSBI8021208319
2.	Zain Mehkri	14D1659	IV	Conservative Dentistry	250.00	QHMP8010576816
				Prosthodontics	250.00	QHMP8010535466
3.	Akshata Ohm	15D1602	IV	Orthodontics	250.00	QHMP801036582
				Conservative Dentistry	250.00	
4.	Nairuthya K P	15D1625	IV	Periodontics	250.00	QUBI8018126864
5.	Tenzin Younten	15D1660	IV	Conservative Dentistry	250.00	QSBI8018273913
				Periodontics	250.00	
				Total	2250.00	

Kindly accept and acknowledge the receipt of the same and oblige.

Thanking you,

Yours faithfully,

PRINCIPAL

Encl: application forms (5)

Dayananda Sagar College of Dental Sciences
Kumaraswamy Layout,
Bangalore - 560 078

Shavige Malleshwara Hills, Kumaraswamy Layout, Bangalore - 560 078.

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Website : www.dayanandasagar.edu



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DSCDS/ Photocopy/July-2019/

Date: 01.10.2019

To:

The Registrar (Evaluation)
Rajiv Gandhi University of Health Sciences
4th 'T' Block, Jayanagar

Bangalore 41.

Sir,

**Sub: Submission of application for Photo copy of answer script of
IV year B.D.S. student June 2019 examination.**

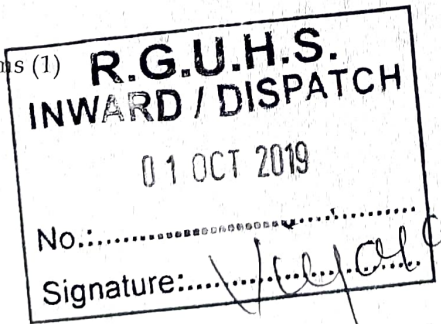
With reference to the above, I am herewith submitting three application form for issuing of photo copy of the answer script of 4th year B.D.S. student, June 2019 examination. The name, register number, subject and online payment transaction reference number for which photo copy of answer script sought is enclosed herewith.

Sl. No.	Name of the student	Register no.	Year	Subject	Amount	Online Transaction ref number
1.	Negin Shamsi Jokandan	09D1632	IV	Public Health Dentistry	250.00	RHMP8041571849
				Total	250.00	

Kindly accept and acknowledge the receipt of the same and oblige.

Thanking you,

Encl: application forms (1)



Yours faithfully,

PRINCIPAL

PRINCIPAL

Dayananda Sagar College of Dental Sciences
4th 'T' Block, Jayanagar
Bangalore 41



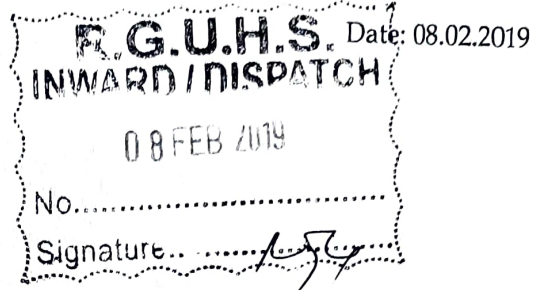
DAYANANDA SAGAR COLLEGE OF DENTAL SCIENCES

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(Recognised by Dental Council of India, New Delhi)

ISO 9001 : 2008 Certified Institution

DCCDS/ Photocopy/2019/ 142



To:

The Registrar (Evaluation)
Rajiv Gandhi University of Health Sciences
4th 'T' Block, Jayanagar
Bangalore 41.

Sir,

Sub: **Submission of application for Photo copy of answer script of 1st & IV year B.D.S. students December 2018 examination.**

With reference to the above, I am herewith submitting three application forms for issuing of photo copy of the answer script of 1st & 4th year B.D.S. students, December 2018 examination. The name, register number, subject and online payment transaction reference number for which photo copy of answer script sought is enclosed herewith.

Sl. No.	Name of the student	Register no.	Year	Subject	Amount	Online Transaction ref number
1.	Leila Gharavi	06D0416	I	Human Anatomy Dental Materials	250.00 250.00	PHMP7187240285
2.	Anush Kumar S A	15D1605	I	Anatomy Physiology & Biochemistry	250.00 500.00	PHMP7173666463
3.	Neha Kattimani	17D1630	I	Anatomy Dental Anatomy	250.00 250.00	PUR27176285404
4.	Punja Samika Shankara	17D1634	I	Anatomy Physiology & biochemistry	250.00 500.00	PUR27182476823
5.	Abhijeet Das	13D1644	IV	Conservative Dentistry Oral & Maxil. Surgery	250.00 250.00	PHMP7179866080
				Total	3,000.00	

Kindly accept and acknowledge the receipt of the same and oblige.

Thanking you,

Yours faithfully,
Dr. Hemanth M.
Dr. Hemanth M,
M.D.S., Ph.D

PRINCIPAL

Dayananda Sagar College of Dental Sciences

Encl: application forms (5)

Kumaraswamy Layout,
Shavige Malleshwara Hills, Kumaraswamy Layout, Bangalore - 560 078.
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Website : www.dayanandasagar.edu

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DAYANANDA SAGAR COLLEGE OF DENTAL SCIENCES

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(Recognised by Dental Council of India, New Delhi)

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CDS/ Photocopy/2018/

To:
The Registrar (Evaluation)
Rajiv Gandhi University of Health Sciences
4th 'T' Block, Jayanagar
Bangalore 41.

Date: 01.09.2018
R.G.U.H.S.
INWARD / DISPATCH
03 SEP 2018
No.....
Signature.....
olc

Sir,
Sub: **Submission of application for Photo copy of answer script of 3rd year B.D.S. students July 2018 examination.**

With reference to the above, I am herewith submitting three application forms for issuing of photo copy of the answer script of 3rd year B.D.S. students, July 2018 examination. The name, register number, subject and online payment transaction reference number for which photo copy of answer script sought is enclosed herewith.

Sl. No.	Name of the student	Register no.	Year	Subject	Amount	Online Transaction ref number
1.	Arjuna Adithya	10D1606	III	General Medicine	250.00	NHDF6611808107
2.	Manish Kumar	10D1621	III	General Surgery	250.00	NCTR6612568703
3.	Adarsh Digge	14D1602	III	General Medicine General Surgery	500.00	NUR26611723146
				Total	1000.00	

Kindly accept and acknowledge the receipt of the same and oblige.

Thanking you,

Yours faithfully,

Hc
Dr. Hemanth M,
M.D.S., Ph.D
3/9/18

PRINCIPAL

Dayananda Sagar College of Dental Sciences
Kumaraswamy Layout,
Bangalore - 560 079

Encl: Application forms (03)

Shavige Malleshwara Hills, Kumaraswamy Layout, Bangalore - 560 078.
Phone : +91 80 26663654 / 26913718 / 26661104, Fax : 080-26663654
Website : www.dayanandasagar.edu



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DSCDS/ Photocopy/2018/060

To:

The Registrar (Evaluation)
Rajiv Gandhi University of Health Sciences
4th 'T' Block, Jayanagar
Bangalore 41.

Sir,

**Sub: Submission of application for Photo copy of answer script of
1st, & 2nd year B.D.S. students July 2018 examination.**

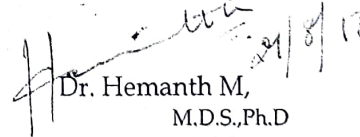
With reference to the above, I am herewith submitting application forms for issuing of photo copy of the answer script of 1st & 2nd year B.D.S. students, July 2018 examination. The name, register number, subject and online payment transaction reference number for which photo copy of answer script sought is enclosed herewith.

SL. No.	Year	Total no. of students	Amount
1	I BDS	09	5,500.00
2	II BDS	01	250.00
		Total	5,750.00

Kindly accept and acknowledge the receipt of the same and oblige.

Thanking you,


Yours faithfully,


Dr. Hemanth M,
M.D.S., Ph.D
PRINCIPAL
PRINCIPAL
Dayananda Sagar College of Dental Sciences
Kumaraswamy Layout,
Bangalore

Encl:

Application forms (10)

Sl. No.	Name of the student	Register no.	Year	Subject	Amount	Online Transaction ref number
1.	Arpitha Murali	17D1603	I	Anatomy Physiology & biochemistry	250.00 500.00	NUTI6578585122
2.	Bharatha N	17D1606	I	Physiology & biochemistry	500.00	NHMP6584344112
3.	Dhrisyya S	17D1610	I	Physiology & biochemistry	500.00	NSBI6586670193
4.	Karthika Bijumohan	17D1621	I	Physiology & biochemistry	500.00	NHMP6590630029
5	Likhitha N	17D1625	I	Anatomy Physiology & biochemistry	250.00 500.00	NHMP6583579400
6	Punja Samika Shankara	17D1634	I	Anatomy Physiology & biochemistry	250.00 500.00	NUR26590285596
7	Samarth P	17D1636	I	Physiology & biochemistry	500.00	NHMP658460047
8	Veluri Jahnavi	17D1642	I	Physiology & biochemistry	500.00	NHMP6579916797 NHMP6584622384
9	Neha Katttimani	17D1630	I	Dental Anatomy Physiology & Biochemistry	250.00 500.00	NUR26599251829
9	Arshiya Kauser A	16D1615	II	Pharmacology	250.00	NHMP6584634549
Total					5750.00	


PRINCIPAL
 Dayaragha Sagar College of Dental Sciences
 21/08/18



DAYANANDA SAGAR COLLEGE OF DENTAL SCIENCES

(Affiliated to Rajiv Gandhi University of Health Sciences, Karnataka, Bangalore)

(Recognised by Dental Council of India, New Delhi)

ISO 9001 : 2008 Certified Institution

July 16, 2018

DSCDS/2018-19/

To:

The Registrar (E),
Rajiv Gandhi University of Health Sciences
4th 'T' Block, Jayanagar,
Bangalore - 560 041

Sir,

Sub: Submission of retotalling form issue of Photo copy of answer scripts of MDS student June 2018 examination.

With reference to the above, I am herewith submitting application form for issuing of photo copy of the answer script of MDS student, June 2018 examination.

Details as follows:

S N	Reg. No.	Name	Subject	QP Code	Amount in Rs.	Transaction Ref. No. / Date
1	15EX477	Dr. Ksh Sabani Chanu	Oral Maxillofacial Surgery	9711 9712 9713 9714	1,000.00	NHMP6480759577 Dt: 13/07/2018

Kindly acknowledge the receipt of the same.

Thanking you

Yours faithfully,

Prof. Dr. Hemanth.M

M.D.S, Ph.D

PRINCIPAL

PRINCIPAL
Dayananda Sagar College of Dental Sciences
Kumaraswamy Layout,
Bangalore - 560 078



0/6

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DAYANANDA SAGAR COLLEGE OF DENTAL SCIENCES

(Affiliated to Rajiv Gandhi University of Health Sciences, Karnataka, Bangalore)

(Recognised by Dental Council of India, New Delhi)

ISO 9001 : 2008 Certified Institution

DSCDS/ Photocopy/2018/

To:

The Registrar (Evaluation)
Rajiv Gandhi University of Health Sciences
4th 'T' Block, Jayanagar
Bangalore 41.



Date: 05.03.2018

Sir,

**Sub: Submission of application for Photo copy of answer script of
1st, 3rd & final year B.D.S. students December 2017 examination.**

With reference to the above, I am herewith submitting application forms for issuing of photo copy of the answer script of 1st, 3rd and final year B.D.S. students, December 2017 examination. The name, register number, subject and online payment transaction reference number for which photo copy of answer script sought is enclosed herewith.

SL. No.	Year	Total no. of students	Amount
1	I BDS	01	250.00
2	III BDS	01	250.00
3	IV BDS	02	1,750.00
		Total	2,250.00

Kindly accept and acknowledge the receipt of the same and oblige.

Thanking you,

Yours faithfully,

Hemanth M. 3/3/18
Dr. Hemanth M, M.D.S., Ph.D

PRINCIPAL
PRINCIPAL

Dayananda Sagar College of Dental Sciences
Bangalore - 560 078

Encl:

Application forms (4)

Sl. No.	Name of the student	Register no.	Year	Subject	Amount	Online Transaction ref number
1.	LEILA GHARAVI	06D0416	I	Human Anatomy	250.00	LUR26088386958
2.	MINHAZUL HOQUE CHOUDHURY	12D1653	III	Gen. Medicine	250.00	LHMP6107063041
3.	ADITYA KIRAN	13D1601	IV	Oral Medicine & Radiology Prosthodontics Public Health Dentistry	750.00	LSBI6097349529
4.	SHREEKUMAR DESAI	13D1631	IV	Periodontics Prosthodontics Conservative Dentistry Public Health Dentistry	1000.00	LHMP6102272491
Total					2250.00	

Handwritten signature
8/3/18

PRINCIPAL

Dayananda Sagar College of Dental Sciences
~~2018~~ Kirtikruppa Layout,
 Bangalore - 560 076



DAYANANDA SAGAR COLLEGE OF DENTAL SCIENCES

(Affiliated to Rajiv Gandhi University of Health Sciences, Karnataka, Bangalore)

(Recognised by Dental Council of India, New Delhi)

ISO 9001 : 2008 Certified Institution

BCCDS/Re-total/2016/

Date: 24.03.2017

To:

The Registrar (Evaluation)
Rajiv Gandhi University of Health Sciences
4th T'Block, Jayanagar
Bangalore 41.

Sir,

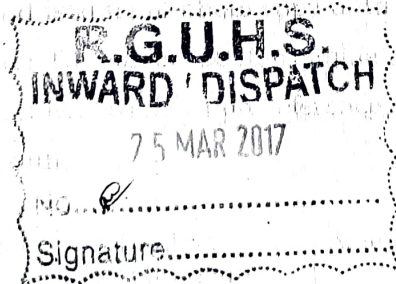
Sub: Submission of Retotalling forms issue of photo copy of answer script of 1st, 2nd & final year B.D.S. students Dec 2016 examination.

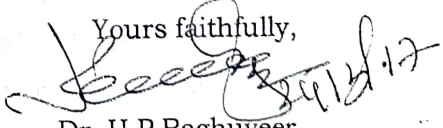
With reference to the above, I am herewith submitting application forms for Retotalling and issuing of photo copy of the answer script of 1st, 2nd and final year B.D.S. students, December 2016 examination. The name, register number, subject and online payment transaction reference number for which retotalling sought is enclosed herewith.

SL. No.	Year	Total no. of students	Amount
1	I BDS	01	500.00
2	II BDS	01	250.00
3	IV BDS	02	500.00
		Total	1,250.00

Kindly accept and acknowledge the receipt of the same and oblige.

Thanking you,



Yours faithfully,

Dr. H P Raghuveer
PRINCIPAL
PRINCIPAL
Dayananda Sagar College of Dental Sciences
Kumaraswamy Layout,
Bangalore - 560 078

Encl:
Retotalling form (4)

Shavige Malleshwara Hills, Kumaraswamy Layout, Bangalore - 560 078.
Phone : +91 80 26663654 / 26913718 / 26661104, Fax : 080-26663654
Website : www.dayanandasagar.edu