

2016

S.No	Name of student   staff	Year (Ug   Pg   Antenn)	1 <sup>st</sup> Dose	2 <sup>nd</sup> Dose	3 <sup>rd</sup> Dose	Booster Dose
1	Abdul Shakkeeb Fahad	Ug - 1 <sup>st</sup> year	✓	✓	✓	
2	Afroz Talikoti	Ug - 1 <sup>st</sup> year	✓	✓	✓	
3	Ainun Saba	Ug - 1 <sup>st</sup> year	✓	✓	✓	
4	Aishwathya Angappa	Ug - 1 <sup>st</sup> year	✓	✓	✓	
5	Ambika K	Ug - 1 <sup>st</sup> year	✓	✓	✓	
6	Ananta Basumina	Ug - 1 <sup>st</sup> year	✓	✓	✓	
7	Anand	Ug - 1 <sup>st</sup> year	✓	✓	✓	
8	Anvari Farheen Abdul shahid	Ug - 1 <sup>st</sup> year	✓	✓	✓	
9	Arpita	Ug - 1 <sup>st</sup> year	✓	✓	✓	
10	Arka Srana	Ug - 1 <sup>st</sup> year	✓	✓	✓	
11	Arshna Anjuman	Ug - 1 <sup>st</sup> year	✓	✓	✓	
12	Azra Jabin	Ug - 1 <sup>st</sup> year	✓	✓	✓	
13	Deepa C	Ug - 1 <sup>st</sup> year	✓	✓	✓	
14	Faiza Naveen Siddiqui	Ug - 1 <sup>st</sup> year	✓	✓	✓	
15	Hiba	Ug - 1 <sup>st</sup> year	✓	✓	✓	
16	Hiba Nusrath	Ug - 1 <sup>st</sup> year	✓	✓	✓	
17	Jaya Sudha B	Ug - 1 <sup>st</sup> year	✓	✓	✓	
18	John	Ug - 1 <sup>st</sup> year	✓	✓	✓	
19	Mahmud Dushmukh	Ug - 1 <sup>st</sup> year	✓	✓	✓	
20	Mary Jeya R	Ug - 1 <sup>st</sup> year	✓	✓	✓	
21	HD. Sahail	Ug - 1 <sup>st</sup> year	✓	✓	✓	
22	Mohammed Akbar Arshad	Ug - 1 <sup>st</sup> year	✓	✓	✓	
23	Mohammed Shamsheer	Ug - 1 <sup>st</sup> year	✓	✓	✓	
24	Mohd. Ashfaq ali	Ug - 1 <sup>st</sup> year	✓	✓	✓	
25	Mohd. Asim ali	Ug - 1 <sup>st</sup> year	✓	✓	✓	
26	Mahela Naag	Ug - 1 <sup>st</sup> year	✓	✓	✓	
27	Nazia Batool	Ug - 1 <sup>st</sup> year	✓	✓	✓	
28	Nishat Aliya	Ug - 1 <sup>st</sup> year	✓	✓	✓	
29	P. Sumreen	Ug - 1 <sup>st</sup> year	✓	✓	✓	
30	Pattan Heena Khan	Ug - 1 <sup>st</sup> year	✓	✓	✓	
31	Ridhika V Mark	Ug - 1 <sup>st</sup> year	✓	✓	✓	
32	Rukshar	Ug - 1 <sup>st</sup> year	✓	✓	✓	
33	Ravija Bilal	Ug - 1 <sup>st</sup> year	✓	✓	✓	
34	Rubannam	Ug - 1 <sup>st</sup> year	✓	✓	✓	

10/11/2016

9/12/2016

9/01/2017





72	R. Karmala Bai	Pg - 1 <sup>st</sup> Year
73	Pravara Swaji	Pg - 1 <sup>st</sup> Year
74	Pooja	Pg - 1 <sup>st</sup> Year
75	Tanaji K. T	Pg - 1 <sup>st</sup> Year
76	Syed Mubinnudin Qudus	Pg - 1 <sup>st</sup> Year
77	Mohammad Mubashiruddin	Pg - 1 <sup>st</sup> Year
78	Mohammad Nabeel Kalburgi	Pg - 1 <sup>st</sup> Year

I	10/11/2016	9/12/2016	9/1/2017	Boatman
✓	✓	✓	✓	✓
✓	✓	✓	✓	✓
✓	✓	✓	✓	✓
✓	✓	✓	✓	✓
✓	✓	✓	✓	✓
✓	✓	✓	✓	✓
✓	✓	✓	✓	✓



2017

Sl. No	Name of student   Staff	Year (U <sub>1</sub>   P <sub>1</sub>   S <sub>1</sub>   S <sub>2</sub>   S <sub>3</sub> )	1 <sup>st</sup> Dose	2 <sup>nd</sup> Dose	3 <sup>rd</sup> Dose	Booster Dose
1	Banwira	U <sub>1</sub> -1 <sup>st</sup> year	✓	✓	✓	
2	Sanaat Johan Mohammed Saifan Mulla	U <sub>1</sub> -1 <sup>st</sup> year	✓	✓	✓	
3	Bahara Bandeenavag	U <sub>1</sub> -1 <sup>st</sup> year	✓	✓	✓	
4	Adilija Naag	U <sub>1</sub> -1 <sup>st</sup> year	✓	✓	✓	
5	Zehra Shabane	U <sub>1</sub> -1 <sup>st</sup> year	✓	✓	✓	
6	Pooja BH	U <sub>1</sub> -1 <sup>st</sup> year	✓	✓	✓	
7	Shahinda Naamal	U <sub>1</sub> -1 <sup>st</sup> year	✓	✓	✓	
8	Yusuf Akbar Ali Shaikh	U <sub>1</sub> -1 <sup>st</sup> year	✓	✓	✓	
9	Shahista Aamreen	U <sub>1</sub> -1 <sup>st</sup> year	✓	✓	✓	
10	Harsika	U <sub>1</sub> -1 <sup>st</sup> year	✓	✓	✓	
11	Mohammed Saif Ali	U <sub>1</sub> -1 <sup>st</sup> year	✓	✓	✓	
12	Hajara Farheen	U <sub>1</sub> -1 <sup>st</sup> year	✓	✓	✓	
13	Rajkajalaxmi Rathod	U <sub>1</sub> -1 <sup>st</sup> year	✓	✓	✓	
14	Saif Hussain	U <sub>1</sub> -1 <sup>st</sup> year	✓	✓	✓	
15	Shahin Umar Jangiraj eajag Ahmed	U <sub>1</sub> -1 <sup>st</sup> year	✓	✓	✓	
16	Aysha Siddiqua	U <sub>1</sub> -1 <sup>st</sup> year	✓	✓	✓	
17	Priyanka NK	U <sub>1</sub> -1 <sup>st</sup> year	✓	✓	✓	
18	Aishika Jainab	U <sub>1</sub> -1 <sup>st</sup> year	✓	✓	✓	
19	Majeda Mahrag	U <sub>1</sub> -1 <sup>st</sup> year	✓	✓	✓	
20	Nalband Mohammed Afreen	U <sub>1</sub> -1 <sup>st</sup> year	✓	✓	✓	
21	Nelawna	U <sub>1</sub> -1 <sup>st</sup> year	✓	✓	✓	
22	Atifa Kooni	U <sub>1</sub> -1 <sup>st</sup> year	✓	✓	✓	
23	Sadiya Khanem	U <sub>1</sub> -1 <sup>st</sup> year	✓	✓	✓	
24	Mahd Saifed Saifanuddin	U <sub>1</sub> -1 <sup>st</sup> year	✓	✓	✓	
25	Meha Jabbarun Quraishi	U <sub>1</sub> -1 <sup>st</sup> year	✓	✓	✓	
26	Sajda Rafia Zainab	U <sub>1</sub> -1 <sup>st</sup> year	✓	✓	✓	
27	Kazi Ruku Nayid	U <sub>1</sub> -1 <sup>st</sup> year	✓	✓	✓	
28	Muiza Farhatulla Baig	U <sub>1</sub> -1 <sup>st</sup> year	✓	✓	✓	
29	Shahkha Rahiba Mohd Mervuddin	U <sub>1</sub> -1 <sup>st</sup> year	✓	✓	✓	
30	Aarna Nahid	U <sub>1</sub> -1 <sup>st</sup> year	✓	✓	✓	
31	Sajda Waleema	U <sub>1</sub> -1 <sup>st</sup> year	✓	✓	✓	
32	Mehrag	U <sub>1</sub> -1 <sup>st</sup> year	✓	✓	✓	
33	Jangela Fatima Patel	U <sub>1</sub> -1 <sup>st</sup> year	✓	✓	✓	
34	Epperi Mohammed Farad	U <sub>1</sub> -1 <sup>st</sup> year	✓	✓	✓	

23/10/2017

22/11/2017

21/11/2017



Sl. No.	Name of student / staff	Year / UG / Pg / Sem /	1 <sup>st</sup> Dose	2 <sup>nd</sup> Dose	3 <sup>rd</sup> Dose	Booster Dose
35	Tawera Shafin Abdul Majid	UG-1 <sup>st</sup> year	✓	✓	✓	
36	Nida Husemain Khan	UG-1 <sup>st</sup> year	✓	✓	✓	
37	Fareha Shakkel	UG-1 <sup>st</sup> year	✓	✓	✓	
38	Shahid Moina Husein	UG-1 <sup>st</sup> year	✓	✓	✓	
39	Sakila wal K.P	UG-1 <sup>st</sup> year	✓	✓	✓	
40	Mohammed Begum Siddiqua	UG-1 <sup>st</sup> year	✓	✓	✓	
41	Majeed Anwar	UG-1 <sup>st</sup> year	✓	✓	✓	
42	Syed Nuzair ulah Huseini	UG-1 <sup>st</sup> year	✓	✓	✓	
43	Syed Nadiya	UG-1 <sup>st</sup> year	✓	✓	✓	
44	Ummu Awwa	UG-1 <sup>st</sup> year	✓	✓	✓	
45	Amra Jahan	UG-1 <sup>st</sup> year	✓	✓	✓	
46	Shahid Anjum	UG-1 <sup>st</sup> year	✓	✓	✓	
47	Shahid Krishna	UG-1 <sup>st</sup> year	✓	✓	✓	
48	Alka S. Patel	UG-1 <sup>st</sup> year	✓	✓	✓	
49	Bi Bi Aysha Nalla	UG-1 <sup>st</sup> year	✓	✓	✓	
50	Reva Jabeen	UG-1 <sup>st</sup> year	✓	✓	✓	
51	Nuseeha Fatima Gurekhi	UG-1 <sup>st</sup> year	✓	✓	✓	
52	Farah Rindav	UG-1 <sup>st</sup> year	✓	✓	✓	
53	Hareza Jagzet	UG-1 <sup>st</sup> year	✓	✓	✓	
54	Aditya SK	UG-1 <sup>st</sup> year	✓	✓	✓	
55	Pallavi Holal	UG-1 <sup>st</sup> year	✓	✓	✓	
56	Ashiya Shahzadeen	UG-1 <sup>st</sup> year	✓	✓	✓	
57	Anwar Shafiq Ahm ishtiaque Ahm	UG-1 <sup>st</sup> year	✓	✓	✓	
58	Shahid Adila Jawkeen	UG-1 <sup>st</sup> year	✓	✓	✓	
59	Syed Khaja Nazeeruddin Mohammed	UG-1 <sup>st</sup> year	✓	✓	✓	
60	Tamara Umera Abdul Aziz	UG-1 <sup>st</sup> year	✓	✓	✓	
61	Muqam Habib Syeda	UG-1 <sup>st</sup> year	✓	✓	✓	
62	Gulam Yagdar	UG-1 <sup>st</sup> year	✓	✓	✓	
63	Anwar Hareeb	UG-1 <sup>st</sup> year	✓	✓	✓	
64	Zeena Firdaus	UG-1 <sup>st</sup> year	✓	✓	✓	
65	Aqil Nazeer	UG-1 <sup>st</sup> year	✓	✓	✓	
66	Saimya Sadaf	UG-1 <sup>st</sup> year	✓	✓	✓	
67	Mohd Aarif	UG-1 <sup>st</sup> year	✓	✓	✓	
68	Shahid Tabassum	UG-1 <sup>st</sup> year	✓	✓	✓	



Sl. No	Name of student / staff	Year (U <sub>1</sub>   P <sub>1</sub>   S <sub>1</sub>   S <sub>2</sub>   S <sub>3</sub> )	23/10/2017 1 <sup>st</sup> Dose	22/11/2017 2 <sup>nd</sup> Dose	21/11/2017 3 <sup>rd</sup> Dose	Booster Dose
61	Sudha Siba Fatima	U <sub>1</sub> - 1 <sup>st</sup> year	✓	✓	✓	
70	Hemanta Kumar H	U <sub>1</sub> - 1 <sup>st</sup> year	✓	✓	✓	
71	Satyaad Ayesha Yuvana	U <sub>1</sub> - 1 <sup>st</sup> year	✓	✓	✓	
72	Siddiqui Mahi Shadab	U <sub>1</sub> - 1 <sup>st</sup> year	✓	✓	✓	
73	Megath Ayesha	U <sub>1</sub> - 1 <sup>st</sup> year	✓	✓	✓	
74	Eghilmani J	U <sub>1</sub> - 1 <sup>st</sup> year	✓	✓	✓	
75	Tinnamal Geenu	U <sub>1</sub> - 1 <sup>st</sup> year	✓	✓	✓	
76	Anukapally Madhukiran	U <sub>1</sub> - 1 <sup>st</sup> year	✓	✓	✓	
77	Ayesha Aiman	U <sub>1</sub> - 1 <sup>st</sup> year	✓	✓	✓	
78	Fatima Kaurav	U <sub>1</sub> - 1 <sup>st</sup> year	✓	✓	✓	
79	Anjali Anil	U <sub>1</sub> - 1 <sup>st</sup> year	✓	✓	✓	
80	Anreya Netreen	U <sub>1</sub> - 1 <sup>st</sup> year	✓	✓	✓	
81	Saba Begum	U <sub>1</sub> - 1 <sup>st</sup> year	✓	✓	✓	
82	Malavika M Mohan	U <sub>1</sub> - 1 <sup>st</sup> year	✓	✓	✓	
83	Syeda Nailia Hishaj	U <sub>1</sub> - 1 <sup>st</sup> year	✓	✓	✓	
84	Adila Munnawar	U <sub>1</sub> - 1 <sup>st</sup> year	✓	✓	✓	
85	Katkinde Sayma Banu	U <sub>1</sub> - 1 <sup>st</sup> year	✓	✓	✓	
86	Ustad Meeram Md Jawed	U <sub>1</sub> - 1 <sup>st</sup> year	✓	✓	✓	
87	Taqatda Fatima	U <sub>1</sub> - 1 <sup>st</sup> year	✓	✓	✓	
88	Mudaf Simran Shukur	U <sub>1</sub> - 1 <sup>st</sup> year	✓	✓	✓	
89	Eram Khawam	U <sub>1</sub> - 1 <sup>st</sup> year	✓	✓	✓	
90	Shahk Haniya Munnath	U <sub>1</sub> - 1 <sup>st</sup> year	✓	✓	✓	
91	Mateppakkav Vishakha Bala Sahel	U <sub>1</sub> - 1 <sup>st</sup> year	✓	✓	✓	
92	Madiba Zoha	U <sub>1</sub> - 1 <sup>st</sup> year	✓	✓	✓	
93	Saima Paviyen	U <sub>1</sub> - 1 <sup>st</sup> year	✓	✓	✓	
94	Zeeban Fatima Ailam	U <sub>1</sub> - 1 <sup>st</sup> year	✓	✓	✓	
95	Chabuk Soumy shafit Jannat Hussain Ali	U <sub>1</sub> - 1 <sup>st</sup> year	✓	✓	✓	
96	Shafit Akeel Khan	U <sub>1</sub> - 1 <sup>st</sup> year	✓	✓	✓	
97	Shafik Sahiba	U <sub>1</sub> - 1 <sup>st</sup> year	✓	✓	✓	
98	Sarita Ghandari	U <sub>1</sub> - 1 <sup>st</sup> year	✓	✓	✓	
99	Gladien Selva Kumar	U <sub>1</sub> - 1 <sup>st</sup> year	✓	✓	✓	
100	Romy T Kondady	P <sub>1</sub> - 1 <sup>st</sup> year	✓	✓	✓	
01	Sujith Mathew	P <sub>1</sub> - 1 <sup>st</sup> year	✓	✓	✓	
23	Archana Mohan	P <sub>1</sub> - 1 <sup>st</sup> year	✓	✓	✓	



Sl. No.	Name of student / staff	Year (UG / PG / Staff)	23/10/2017			
			1st Dose	2nd Dose	3rd Dose	Booster Dose
104	Anwarul Ahsan Qadri	PG - 1 <sup>st</sup> year	✓	✓	✓	
105	Md. Babar Fareeduddin	PG - 1 <sup>st</sup> year	✓	✓	✓	
106	Umaru Noor	PG - 1 <sup>st</sup> year	✓	✓	✓	
107	Alba Fatima	PG - 1 <sup>st</sup> year	✓	✓	✓	
108	Muhammadi KT	PG - 1 <sup>st</sup> year	✓	✓	✓	
109	Harsh Ravjan	PG - 1 <sup>st</sup> year	✓	✓	✓	
110	Elain Tintu Varghese	PG - 1 <sup>st</sup> year	✓	✓	✓	
111	Shreelakshmy Raj	PG - 1 <sup>st</sup> year	✓	✓	✓	
112	Keju Sathar	PG - 1 <sup>st</sup> year	✓	✓	✓	
113	Nithyesh Bhagat	PG - 1 <sup>st</sup> year	✓	✓	✓	
114	Naveena Vijay Thakur	PG - 1 <sup>st</sup> year	✓	✓	✓	
115	Sania Sheerin Siddiqui	PG - 1 <sup>st</sup> year	✓	✓	✓	
116	Megaprasad M Naik	PG - 1 <sup>st</sup> year	✓	✓	✓	
117	Zaithu Anad Methwadi Mohammad Sahaque	PG - 1 <sup>st</sup> year	✓	✓	✓	

2018

Sl	Name of student - 1st/2nd	Year (Ug/Pg/Phd)	1 <sup>st</sup> Dose	2 <sup>nd</sup> Dose	3 <sup>rd</sup> Dose	Booster Dose
1	Safiya Abdul claukhor	UG - 1 <sup>st</sup> year	✓	✓	✓	
2	Sauiga Mwakon	UG - 1 <sup>st</sup> year	✓	✓	✓	
3	MD Mugeb chendhuang	UG - 1 <sup>st</sup> year	✓	✓	✓	
4	MD Mugeb Alkatas deuan	UG - 1 <sup>st</sup> year	✓	✓	✓	
5	Alatich Algan Rahuan	UG - 1 <sup>st</sup> year	✓	✓	✓	
6	Sadiya Tawseem Ayedhi	UG - 1 <sup>st</sup> year	✓	✓	✓	
7	Syad Akbaruddin	UG - 1 <sup>st</sup> year	✓	✓	✓	
8	Zeenath Ruteas	UG - 1 <sup>st</sup> year	✓	✓	✓	
9	Soumaya Angadi	UG - 1 <sup>st</sup> year	✓	✓	✓	
10	Muti Karivata Nagappa	UG - 1 <sup>st</sup> year	✓	✓	✓	
11	Mudait Ahmed	UG - 1 <sup>st</sup> year	✓	✓	✓	
12	Sadiya Tabassum	UG - 1 <sup>st</sup> year	✓	✓	✓	
13	Syeda Amma	UG - 1 <sup>st</sup> year	✓	✓	✓	
14	Yessadisee	UG - 1 <sup>st</sup> year	✓	✓	✓	
15	Nasirka Nooreen	UG - 1 <sup>st</sup> year	✓	✓	✓	
16	Sara Nho	UG - 1 <sup>st</sup> year	✓	✓	✓	
17	Sara Aljheen - K	UG - 1 <sup>st</sup> year	✓	✓	✓	
18	Shate MD. suljuna	UG - 1 <sup>st</sup> year	✓	✓	✓	
19	Kojappa S. Munnagalkar	UG - 1 <sup>st</sup> year	✓	✓	✓	
20	Masalia R	UG - 1 <sup>st</sup> year	✓	✓	✓	
21	Shweta	UG - 1 <sup>st</sup> year	✓	✓	✓	
22	Saba Fatima	UG - 1 <sup>st</sup> year	✓	✓	✓	
23	Shuchismita Dey	UG - 1 <sup>st</sup> year	✓	✓	✓	
24	Syad Aljabir Ali	UG - 1 <sup>st</sup> year	✓	✓	✓	
25	Mohammed Alhar Nawaz	UG - 1 <sup>st</sup> year	✓	✓	✓	
26	Elagga Grace E. Patti	UG - 1 <sup>st</sup> year	✓	✓	✓	
27	S. Yashwanth Rao	UG - 1 <sup>st</sup> year	✓	✓	✓	
28	Syeda Sadiya Buthasi	UG - 1 <sup>st</sup> year	✓	✓	✓	
29	Sirvan Ahmed	UG - 1 <sup>st</sup> year	✓	✓	✓	
30	Siddiqua Nausheen	UG - 1 <sup>st</sup> year	✓	✓	✓	
31	Angela Siddiqua	UG - 1 <sup>st</sup> year	✓	✓	✓	
32	Naweesa Anjum	UG - 1 <sup>st</sup> year	✓	✓	✓	
33	Asma Ara	UG - 1 <sup>st</sup> year	✓	✓	✓	
34	Mohammed Alajuddin Alakrabi	UG - 1 <sup>st</sup> year	✓	✓	✓	



Sl. No	Name of student / staff	Year (Uq/Pr/Prat)			
		1 <sup>st</sup> Year	2 <sup>nd</sup> Year	3 <sup>rd</sup> Year	Passes Date
35	Mohammed Abdul Bari	Uq - 1 <sup>st</sup> year	✓	✓	✓
36	Rizwan Firdouse	Uq - 1 <sup>st</sup> year	✓	✓	✓
37	Angela Fatima	Uq - 1 <sup>st</sup> year	✓	✓	✓
38	Hafiz Muqaddar Khan	Uq - 1 <sup>st</sup> year	✓	✓	✓
39	Syeda Nurul Sajid Saudani	Uq - 1 <sup>st</sup> year	✓	✓	✓
40	Aliya Khanum	Uq - 1 <sup>st</sup> year	✓	✓	✓
41	Shahid Aliyeh Zahir	Uq - 1 <sup>st</sup> year	✓	✓	✓
42	R. Sai Niveda	Uq - 1 <sup>st</sup> year	✓	✓	✓
43	Talwara Fatima	Uq - 1 <sup>st</sup> year	✓	✓	✓
44	Gabina Koye	Uq - 1 <sup>st</sup> year	✓	✓	✓
45	Syeda Waqina Naseem	Uq - 1 <sup>st</sup> year	✓	✓	✓
46	Naseem Fatima	Uq - 1 <sup>st</sup> year	✓	✓	✓
47	Imam Inoosum	Uq - 1 <sup>st</sup> year	✓	✓	✓
48	MD Saameer Ul Hassan	Uq - 1 <sup>st</sup> year	✓	✓	✓
49	Syeda Abdul Khader	Uq - 1 <sup>st</sup> year	✓	✓	✓
50	Shahid Javed Ahmed	Uq - 1 <sup>st</sup> year	✓	✓	✓
51	Tanveer Khanam	Uq - 1 <sup>st</sup> year	✓	✓	✓
52	Syed Sami	Uq - 1 <sup>st</sup> year	✓	✓	✓
53	Mohammed Sadeq	Uq - 1 <sup>st</sup> year	✓	✓	✓
54	Neha Jabeen	Uq - 1 <sup>st</sup> year	✓	✓	✓
55	Amna Farid Amna Zubair Ahmed	Uq - 1 <sup>st</sup> year	✓	✓	✓
56	Mariam Ahmed Shabane	Uq - 1 <sup>st</sup> year	✓	✓	✓
57	Alamdar Meher Fathah	Uq - 1 <sup>st</sup> year	✓	✓	✓
58	Mawin Saaved Ahmed	Uq - 1 <sup>st</sup> year	✓	✓	✓
59	Rugina Nisha	Uq - 1 <sup>st</sup> year	✓	✓	✓
60	Angela Firdous	Uq - 1 <sup>st</sup> year	✓	✓	✓
61	Quazi Angela Shoukat	Uq - 1 <sup>st</sup> year	✓	✓	✓
62	Amna Saameer Zaman Sajid Akhtar	Uq - 1 <sup>st</sup> year	✓	✓	✓
63	Umar Khatam	Uq - 1 <sup>st</sup> year	✓	✓	✓
64	Saima Samah	Uq - 1 <sup>st</sup> year	✓	✓	✓
65	Rashid Abdul Majid Shakh	Uq - 1 <sup>st</sup> year	✓	✓	✓
66	Melomunisa	Uq - 1 <sup>st</sup> year	✓	✓	✓
67	Saima Shireen	Uq - 1 <sup>st</sup> year	✓	✓	✓



Sl	Name of student / staff	Year / Cg / Pg / Intention	02/11/2018 1 <sup>st</sup> Dose	01/12/2018 2 <sup>nd</sup> Dose	02/01/2019 3 <sup>rd</sup> Dose	Booster Dose
89	Sharith Nagma Muhammed	UG-1 <sup>st</sup> year	✓	✓	✓	
90	Shagufa Kamees	UG-1 <sup>st</sup> year	✓	✓	✓	
91	Shafiq S	UG-1 <sup>st</sup> year	✓	✓	✓	
92	Asra Navees	UG-1 <sup>st</sup> year	✓	✓	✓	
93	K. Govia	UG-1 <sup>st</sup> year	✓	✓	✓	
94	Ajay Kumar P	UG-1 <sup>st</sup> year	✓	✓	✓	
95	Arslina Tasannum	PG-1 <sup>st</sup> year	✓	✓	✓	
96	Syeda Asma Fatima	PG-1 <sup>st</sup> year	✓	✓	✓	
97	Syeda Nabeen Mohiuddin Hussaini	PG-1 <sup>st</sup> year	✓	✓	✓	
98	Sungul Lopa Mannubhai	PG-1 <sup>st</sup> year	✓	✓	✓	
99	Nasir D Kotte	PG-1 <sup>st</sup> year	✓	✓	✓	
80	Asra Fatima	PG-1 <sup>st</sup> year	✓	✓	✓	
82	Shai Kishana Rasanth B	PG-1 <sup>st</sup> year	✓	✓	✓	
83	Sunayya Umarah	PG-1 <sup>st</sup> year	✓	✓	✓	
84	Sajida Ali Begum	PG-1 <sup>st</sup> year	✓	✓	✓	
85	Rejwanul K	PG-1 <sup>st</sup> year	✓	✓	✓	
86	Yasmin Jawad Khan	PG-1 <sup>st</sup> year	✓	✓	✓	
87	Adil Ahmed	PG-1 <sup>st</sup> year	✓	✓	✓	
88	Maujmath S	PG-1 <sup>st</sup> year	✓	✓	✓	
89	Mohammed Feroze Hussain	PG-1 <sup>st</sup> year	✓	✓	✓	
90	Sharith Havan Gajjary Nozees Ahmed	PG-1 <sup>st</sup> year	✓	✓	✓	
91	Sudhees Kananam	PG-1 <sup>st</sup> year	✓	✓	✓	
92	Neha S Ramesh	PG-1 <sup>st</sup> year	✓	✓	✓	
93	Sauza Nandhan	PG-1 <sup>st</sup> year	✓	✓	✓	
94	Seena Palasum	PG-1 <sup>st</sup> year	✓	✓	✓	
95	Lejane Ann Reji	PG-1 <sup>st</sup> year	✓	✓	✓	
96	Daouda Waite Sidhanth-Vilas	PG-1 <sup>st</sup> year	✓	✓	✓	
97	Sumanna MD. Dalia	PG-1 <sup>st</sup> year	✓	✓	✓	



132	Himro jama.	Uq 5 <sup>th</sup> yr	✓	✓	✓
133	Maha sgarmed.	Uq 5 <sup>th</sup> yr	✓	✓	✓
134	Faiga	Uq 5 <sup>th</sup> yr	✓	✓	✓
135	Sabha kalf.	Uq 5 <sup>th</sup> yr	✓	✓	✓
136	Pachima B. Bak	Uq 5 <sup>th</sup> yr	✓	✓	✓
137	FP <sub>2</sub> g Asgar	Uq 5 <sup>th</sup> yr	✓	✓	✓
138	fjga otang	Uq 5 <sup>th</sup> yr	✓	✓	✓

2019		Year	UG	PG	Ind				
		Name	Pg I year	Pg I year	Pg I year	I date	II date	III date	Booster date
91		Ayesha Fatima	Pg I year			✓	✓	✓	
1		Sonia singhi	Pg I year			✓	✓	✓	
92		Syeda Gulafshan Qudus	Pg I year			✓	✓	✓	
103		Farkh Paver	Pg I year			✓	✓	✓	
114		Raeesnia Begum	Pg I year			✓	✓	✓	
15		Ravati Patel	Pg I year			✓	✓	✓	
106		Dixya Bhanjani	Pg I year			✓	✓	✓	
117		Fahim Khan	Pg I year			✓	✓	✓	
108		Syed Abdul Quyum	Pg I year			✓	✓	✓	
119		Amam Ahmed	Pg I year			✓	✓	✓	
110		Mohammed Wasef Adnan	Pg I year			✓	✓	✓	
1811		Mokal Nikita Rajendra	Pg I year			✓	✓	✓	
1912		Mohammed Anas	Pg I year			✓	✓	✓	
8013		Masim T. Isaac	Pg I year			✓	✓	✓	
9014		Mohammed Akmal Naimullah	Pg I year			✓	✓	✓	
8215		Nadia Samien	Pg I year			✓	✓	✓	
8016		Tayadeepa Basat	Pg I year			✓	✓	✓	
9517		Kahkashan Tanveer	Pg I year			✓	✓	✓	
8618		Sadia Sahana	Pg I year			✓	✓	✓	
8119		Syed Ahmed Khedni	Pg I year			✓	✓	✓	
9820		Malik Aqees Ahmed Khan	Pg I year			✓	✓	✓	
9021			Pg I year			✓	✓	✓	





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### CONSENT FORM

I parent of ..... AKHILESH ..... an  
undergraduate II<sup>nd</sup> year BDS student of Al Badar Dental College,  
Gulbarga has been informed about the educational program for active  
immunity against Hepatitis B to be given by the institutional  
authorities.

I am willing/ ☒ not willing to get my son/daughter vaccinated against  
Hepatitis B by the institution.

Akhilesh  
SIGNATURE OF PARENT





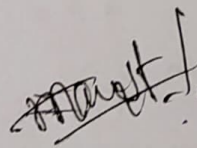
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**CONSENT FORM**

I parent of ..... Ashish Tiwari ..... an  
undergraduate IInd year BDS student of Al Badar Dental College,  
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immunity against Hepatitis B to be given by the institutional  
authorities.

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Hepatitis B by the institution.

  
**SIGNATURE OF PARENT**





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**CONSENT FORM**

I parent of Shreedhar G. amkarigoudar..... an  
undergraduate IInd year BDS student of Al Badar Dental College,  
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**CONSENT FORM**

I parent of .....SYED.....ABDUL.....KATIF..... an  
undergraduate IInd year BDS student of Al Badar Dental College,  
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immunity against Hepatitis B to be given by the institutional  
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I am willing/ ☒ not willing to get my son/daughter vaccinated against  
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**CONSENT FORM**

I parent of MOHAMMED AHTESHAM AHMED..... an  
undergraduate IInd year BDS student of Al Badar Dental College,  
Gulbarga has been informed about the educational program for active  
immunity against Hepatitis B to be given by the institutional  
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### CONSENT FORM

I parent of ..... Mohammed. Basith. ..... an  
undergraduate IInd year BDS student of Al Badar Dental College,  
Gulbarga has been informed about the educational program for active  
immunity against Hepatitis B to be given by the institutional  
authorities.

I am willing/ not willing to get my son/daughter vaccinated against  
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SIGNATURE OF PARENT



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**CONSENT FORM**

I parent of MOHAMMED. IRFAN. AHMED..... an  
undergraduate IInd year BDS student of Al Badar Dental College,  
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**CONSENT FORM**

I parent of Mohammed Owais Siddiqui..... an  
undergraduate IInd year BDS student of Al Badar Dental College,  
Gulbarga has been informed about the educational program for active  
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**CONSENT FORM**

I parent of ..... Abdul Moiz ..... an  
undergraduate IInd year BDS student of Al Badar Dental College,  
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authorities.

I am willing/ not willing to get my son/daughter vaccinated against  
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**SIGNATURE OF PARENT**





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**CONSENT FORM**

I parent of Ali Mazhar Alam ..... an  
undergraduate IInd year BDS student of Al Badar Dental College,  
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authorities.

I am ~~willing~~ <sup>✓</sup> / not willing to get my son/~~daughter~~ vaccinated against  
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**CONSENT FORM**

I parent of Shama Kausar..... an  
undergraduate IIndyear BDS student of Al Badar Dental College,  
Gulbarga has been informed about the educational program for active  
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authorities.

I am willing/ ☒ not willing to get my son/daughter vaccinated against  
Hepatitis B by the institution.

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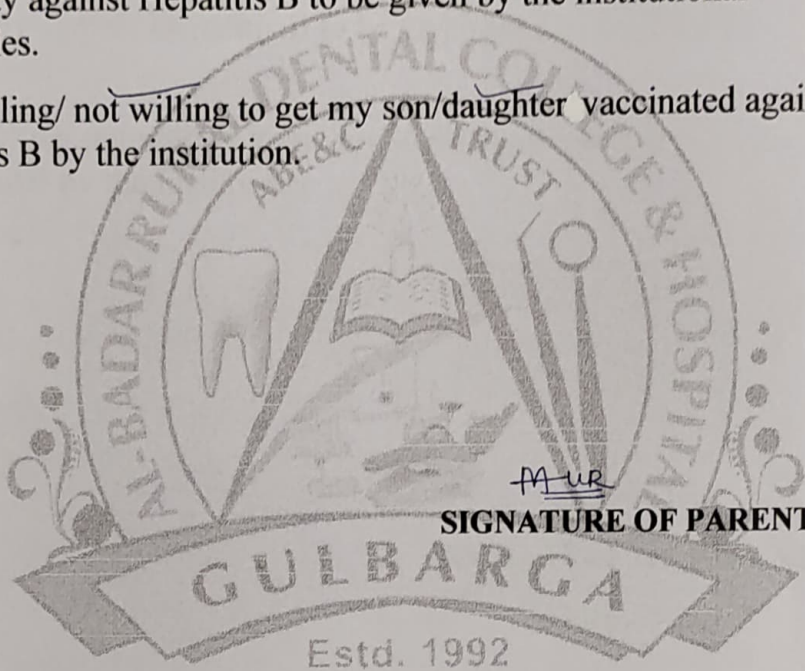
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**CONSENT FORM**

I parent of ...NASIYA ZARRIN..... an  
undergraduate IInd year BDS student of Al Badar Dental College,  
Gulbarga has been informed about the educational program for active  
immunity against Hepatitis B to be given by the institutional  
authorities.

I am willing/ not willing to get my son/daughter vaccinated against  
Hepatitis B by the institution.



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**SIGNATURE OF PARENT**



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## CONSENT FORM

I parent of Taiyaba Mehnaaz..... an  
undergraduate IIndyear BDS student of Al Badar Dental College,  
Gulbarga has been informed about the educational program for active  
immunity against Hepatitis B to be given by the institutional  
authorities.....

I am ☒ willing/ not willing to get my ~~son~~/daughter vaccinated against  
Hepatitis B by the institution.

SIGNATURE OF PARENT





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### CONSENT FORM

I parent of JAVERIYA MAHVEEN KHANAM an  
undergraduate IInd year BDS student of Al Badar Dental College,  
Gulbarga has been informed about the educational program for active  
immunity against Hepatitis B to be given by the institutional  
authorities. ✓

I am willing/ not willing to get my son/daughter vaccinated against  
Hepatitis B by the institution. ✓

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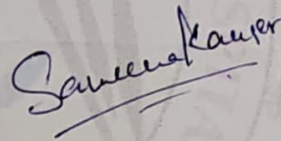
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### CONSENT FORM

I parent of ASMA ABDUL MAJEED..... an  
undergraduate IInd year BDS student of Al Badar Dental College,  
Gulbarga has been informed about the educational program for active  
immunity against Hepatitis B to be given by the institutional  
authorities.

I am willing/ not willing to get my son/daughter vaccinated against  
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SIGNATURE OF PARENT

GULBARGA

Estd. 1992





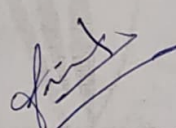
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I parent of .... BUSHRA ANAMTA ..... an  
undergraduate IIInd year BDS student of Al Badar Dental College,  
Gulbarga has been informed about the educational program for active  
immunity against Hepatitis B to be given by the institutional  
authorities.

I am willing/ ☒ ~~not willing~~ to get my son/ ☒ ~~daughter~~ vaccinated against  
Hepatitis B by the institution.

  
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### CONSENT FORM

I parent of ... Musaddik B. Khazi ..... an  
undergraduate IIInd year BDS student of Al Badar Dental College,  
Gulbarga has been informed about the educational program for active  
immunity against Hepatitis B to be given by the institutional  
authorities.

I am willing/ ☒ not willing to get my son/daughter vaccinated against  
Hepatitis B by the institution.

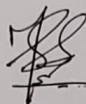
**SIGNATURE OF PARENT**



CONSENT FORM

I parent of ....MALIHA MUSKAN..... an undergraduate IInd year BDS student of Al Badar Dental College, Gulbarga has been informed about the educational program for active immunity against Hepatitis B to be given by the institutional authorities.

I am willing/ <sup>✓</sup>not willing to get my son/daughter vaccinated against Hepatitis B by the institution.



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**CONSENT FORM**

I parent of Abdul Razak ..... an  
undergraduate IInd year BDS student of Al Badar Dental College,  
Gulbarga has been informed about the educational program for active  
immunity against Hepatitis B to be given by the institutional  
authorities.

I am ~~willing~~ <sup>✓</sup> / not willing to get my son/~~daughter~~ vaccinated against  
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**CONSENT FORM**

I parent of ..... Amtul Fālima ..... an  
undergraduate IIInd year BDS student of Al Badar Dental College,  
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**CONSENT FORM**

I parent of MOHAMMED OMER INDIKAR ..... an  
undergraduate II<sup>nd</sup> year BDS student of Al Badar Dental College,  
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authorities.

I am ~~willing~~ <sup>not willing</sup> / ~~not willing~~ to get my son/daughter vaccinated against  
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**SIGNATURE OF PARENT**





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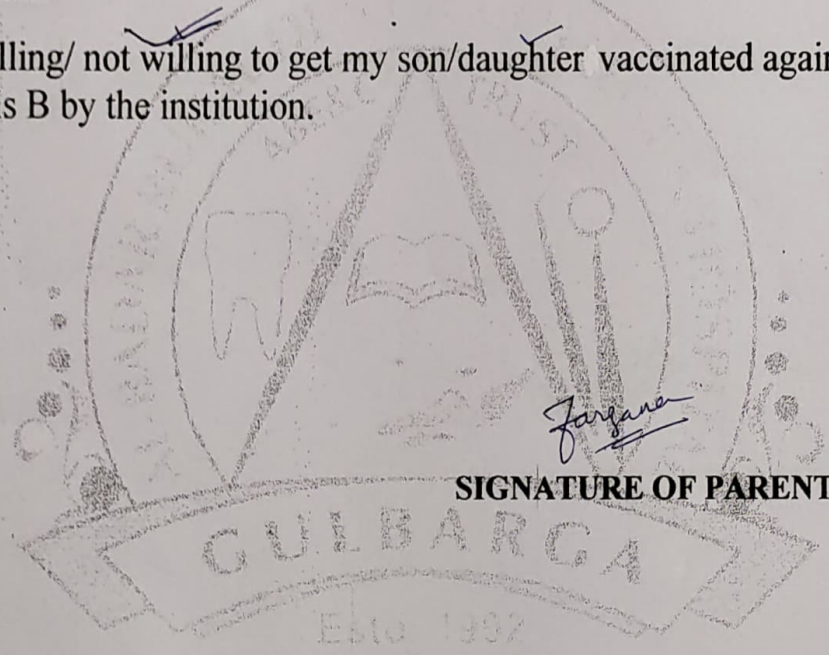
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### CONSENT FORM

I parent of ..... FAIZA YANEEN ..... an  
undergraduate II<sup>nd</sup> year BDS student of Al Badar Dental College,  
Gulbarga has been informed about the educational program for active  
immunity against Hepatitis B to be given by the institutional  
authorities.

I am willing/ ☒ not willing to get my son/daughter vaccinated against  
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*Fazana*

**SIGNATURE OF PARENT**



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**CONSENT FORM**

I parent of ...Mahveen Fatima..... an  
undergraduate IIInd year BDS student of Al Badar Dental College,  
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**SIGNATURE OF PARENT**





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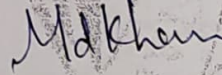
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### CONSENT FORM

I parent of ...Kahkashan Khanum..... an  
undergraduate IInd year BDS student of Al Badar Dental College,  
Gulbarga has been informed about the educational program for active  
immunity against Hepatitis B to be given by the institutional  
authorities.

I am willing/ ☒ not willing to get my son/☒ daughter vaccinated against  
Hepatitis B by the institution.

  
**SIGNATURE OF PARENT**



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### CONSENT FORM

I parent of ..... Amana Hibah ..... an  
undergraduate IInd year BDS student of Al Badar Dental College,  
Gulbarga has been informed about the educational program for active  
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authorities.

I am ~~willing~~ / <sup>✓</sup> not willing to get my ~~son~~/daughter vaccinated against  
Hepatitis B by the institution.

**SIGNATURE OF PARENT**





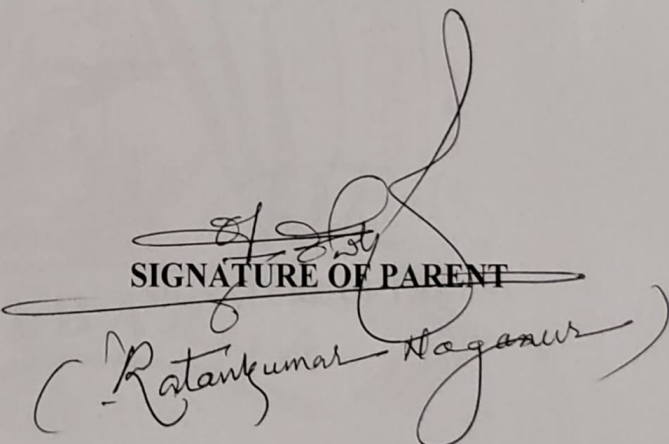
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**CONSENT FORM**

I parent of .....Pratibha R. Nagar..... an undergraduate II<sup>nd</sup> year BDS student of Al Badar Dental College, Gulbarga has been informed about the educational program for active immunity against Hepatitis B to be given by the institutional authorities.

I am willing/ ~~not willing~~ to get my ~~son~~<sup>✓</sup>/daughter vaccinated against Hepatitis B by the institution.

  
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**CONSENT FORM**

I parent of Sumayya Khatoon Regno: 20D0456,  
an  
undergraduate IInd year BDS student of Al Badar Dental College,  
Gulbarga has been informed about the educational program for active  
immunity against Hepatitis B to be given by the institutional  
authorities.

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**CONSENT FORM**

I parent of ..... Tahmeena Khatoon Rgn. 20D0464 ..... an  
undergraduate IIInd year BDS student of Al Badar Dental College,  
Gulbarga has been informed about the educational program for active  
immunity against Hepatitis B to be given by the institutional  
authorities.

☒ I am willing/ not willing to get my son/daughter vaccinated against  
Hepatitis B by the institution.

**SIGNATURE OF PARENT**





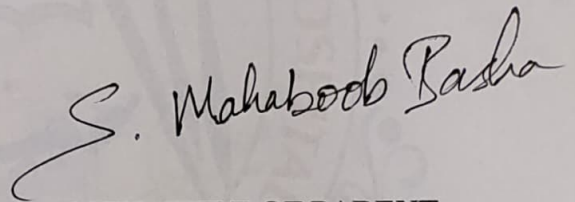
Al-Badar Educational & Charitable Trust's  
**AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI**

Affiliated to Rajiv Gandhi University of Health Sciences Bangalore &  
Recognized by Dental Council of India (New Delhi)

**CONSENT FORM**

I parent of .....Shahid..Arbaaz..... an  
undergraduate IInd year BDS student of Al Badar Dental College,  
Gulbarga has been informed about the educational program for active  
immunity against Hepatitis B to be given by the institutional  
authorities.

I am ☒ willing/ not willing to get my son/daughter vaccinated against  
Hepatitis B by the institution.



**SIGNATURE OF PARENT**



Al-Badar Educational & Charitable Trust's  
**AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI**

Affiliated to Rajiv Gandhi University of Health Sciences Bangalore &  
Recognized by Dental Council of India (New Delhi)

**CONSENT FORM**

I parent of ..... Shashi Patil ..... an  
undergraduate IInd year BDS student of Al Badar Dental College,  
Gulbarga has been informed about the educational program for active  
immunity against Hepatitis B to be given by the institutional  
authorities.

I am willing/ ☒ not willing to get my son/daughter vaccinated against  
Hepatitis B by the institution.

**SIGNATURE OF PARENT**



Al-Badar Educational & Charitable Trust's  
**AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI**

Affiliated to Rajiv Gandhi University of Health Sciences Bangalore &  
Recognized by Dental Council of India (New Delhi)

**CONSENT FORM**

I parent of Lainab Abdul Nair..... an  
undergraduate IInd year BDS student of Al Badar Dental College,  
Gulbarga has been informed about the educational program for active  
immunity against Hepatitis B to be given by the institutional  
authorities.

I am willing/ not willing to get my son/daughter vaccinated against  
Hepatitis B by the institution.

**SIGNATURE OF PARENT**





Al-Badar Educational & Charitable Trust's  
**AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI**

Affiliated to Rajiv Gandhi University of Health Sciences Bangalore &  
Recognized by Dental Council of India (New Delhi)

**CONSENT FORM**

I parent of .....QUDSIYA TASNEEM..... an  
undergraduate IIInd year BDS student of Al Badar Dental College,  
Gulbarga has been informed about the educational program for active  
immunity against Hepatitis B to be given by the institutional  
authorities.

I am willing/ ☒ not willing to get my son/daughter ☒ vaccinated against  
Hepatitis B by the institution.

*Zareend*

**SIGNATURE OF PARENT**



Al-Badar Educational & Charitable Trust's  
**AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI**

Affiliated to Rajiv Gandhi University of Health Sciences Bangalore &  
Recognized by Dental Council of India (New Delhi)

**CONSENT FORM**

I parent of ..... Syeda Javeriya Afsheen ..... an  
undergraduate II<sup>nd</sup> year BDS student of Al Badar Dental College,  
Gulbarga has been informed about the educational program for active  
immunity against Hepatitis B to be given by the institutional  
authorities.

☒ I am willing/ not willing to get my son/daughter vaccinated against  
Hepatitis B by the institution.

ORV

**SIGNATURE OF PARENT**

GULBARGA

SIGN



Al-Badar Educational & Charitable Trust's  
**AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI**

Affiliated to Rajiv Gandhi University of Health Sciences Bangalore &  
Recognized by Dental Council of India (New Delhi)

**CONSENT FORM**

I parent of SYEDA FAARIYA KULSUM ..... an  
undergraduate IIInd year BDS student of Al Badar Dental College,  
Gulbarga has been informed about the educational program for active  
immunity against Hepatitis B to be given by the institutional  
authorities.

☒ I am willing/ not willing to get my son/daughter vaccinated against  
Hepatitis B by the institution.

Murujam Zarina  
SIGNATURE OF PARENT





Ministry of Health & Family Welfare  
Government of India

## Certificate for COVID-19 Vaccination

Issued in India by Ministry of Health & Family Welfare, Govt. of India

Certificate ID 88053556331

### Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು	Vasiya Zarrin
Age / ವಯಸ್ಸು	20
Gender / ಲಿಂಗ	Female
ID Verified / ಐ.ಡಿ. ಗುರುತು	Aadhaar # XXXXXXXX2563
Unique Health ID (UHID)	
Beneficiary Reference ID	67246624520500
Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿ	Fully Vaccinated (2 Doses)

### Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು	COVISHIELD
Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ	COVID-19 vaccine, non-replicating viral vector
Manufacturer / ತಯಾರಕರು	Serum Institute of India Pvt. Ltd.
Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ	1/2 2/2
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ	2021-06-25 2021-12-07
Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ	4121MC010 4121Z240
Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು	Indu
Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ	PHC BELURA CVC, Bidar, Karnataka



“ಜೊತೆಗೆ /ಲಸಿಕೆ ಬೇಕು,  
ಜೊತೆಗೆ ದೃಢತೆ ಬೇಕು

Together, India will defeat  
COVID-19”

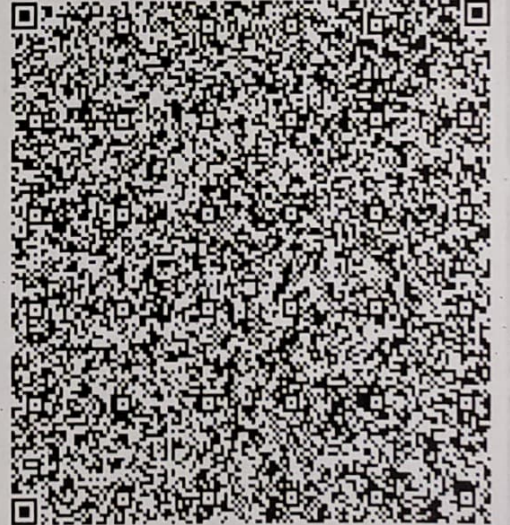
- ಪ್ರಧಾನಮಂತ್ರಿ ನರೇಂದ್ರ ಮೋದಿ

In case of any adverse events, kindly contact the nearest Public Health Center/  
Healthcare Worker/District Immunization Officer/State Helpline No. 1075

ಯಾವುದೇ ಅಡ್ಡಪರಿಣಾಮ ಉಂಟಾದ ಸಂದರ್ಭದಲ್ಲಿ, ದಯವಿಟ್ಟು ಸಮೀಪದ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ  
ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಕಾರ್ಯಕರ್ತೆ/ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ 1075  
ಸಂಪರ್ಕಿಸಿ

**COWIN**

Winning Over COVID



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<http://verify.cowin.gov.in>



Ministry of Health & Family Welfare  
Government of India

## Final Certificate for COVID-19 Vaccination

### Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು

Syeda Javeriya Afreen

Age / ವಯಸ್ಸು

20

Gender / ಲಿಂಗ

Female

ID Verified / ಐ.ಡಿ. ಗುರುತು

Aadhaar # XXXXXXXX9006

Unique Health ID (UHID)

22-8318-2884-7774

Beneficiary Reference ID

88872294158500

### Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು

COVAXIN

Date of 1<sup>st</sup> Dose / ಮೊದಲ ಡೋಸ್ ದಿನಾಂಕ

23 Jun 2021 (Batch no. 37F21058A)

Date of 2<sup>nd</sup> Dose / ಎರಡನೇ ಡೋಸ್ ದಿನಾಂಕ

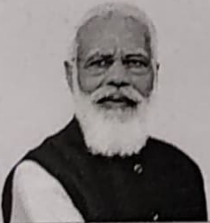
02 Aug 2021 (Batch no. 37F21060A)

Vaccinated by / ಲಸಿಕೆ ನೀಡಿದವರು

Sujata

Vaccination at / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ

ICDS UPHC Covaxin, Gulbarga, Karnataka



“ಔಷಧಿ /ಲಸಿಕೆ ಬೇಕು,  
ಜೊತೆಗೆ ದೃಢತೆ ಬೇಕು

Together, India will defeat  
COVID-19”

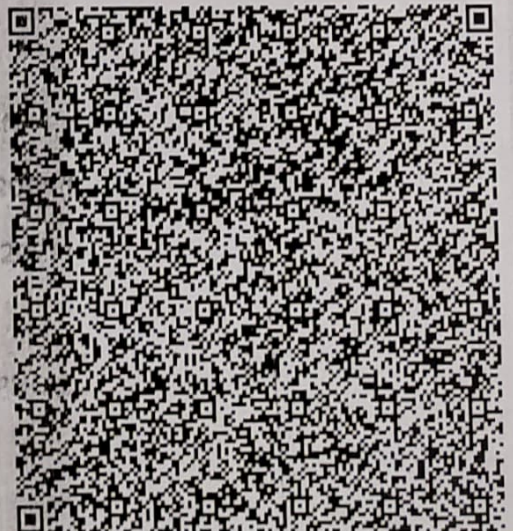
- ಪ್ರಧಾನಮಂತ್ರಿ ನರೇಂದ್ರ ಮೋದಿ

In case of any adverse events, kindly contact the nearest Public Health Center/  
Healthcare Worker/District Immunization Officer/State Helpline No. 1075

ಯಾವುದೇ ಅಡ್ಡಪರಿಣಾಮ ಉಂಟಾದ ಸಂದರ್ಭದಲ್ಲಿ, ದಯವಿಟ್ಟು ಸಮೀಪದ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ  
ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಕುಷ್ಠಾಜಿ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075  
ಸಂಪರ್ಕಿಸಿ

**COWIN**

Winning Over COVID



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Ministry of Health & Family Welfare  
Government of India

## Certificate for COVID-19 Vaccination

Issued in India by Ministry of Health & Family Welfare, Govt. of India

Certificate ID 91112271845

### Beneficiary Details

Beneficiary Name / ಪಾಲನಾಧಾರಿಯ ಹೆಸರು

Sumayya Khatoun

Age / ವಯಸ್ಸು

18

Gender / ಲಿಂಗ

Female

ID Verified / ಐಡಿ ಗುರುತು

Aadhaar # XXXXXXXXX5269

Unique Health ID (UHD)

16267821109108

Beneficiary Reference ID

Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿಗತಿ

Fully Vaccinated (2 Doses)

### Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು

COVISHIELD

Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ

COVID-19 vaccine, non-replicating viral vector

Manufacturer / ತಯಾರಕರು

Serum Institute of India Pvt. Ltd.

Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ

1/2

2/2

Date of Dose / ಡೋಸ್ ದಿನಾಂಕ

2021-07-24

2021-11-30

Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ

4121Z128

4121AA030M

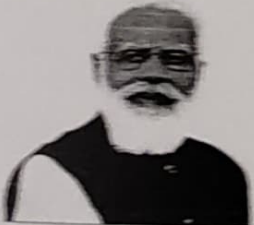
Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು

Susana wesly

Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ

N R NAGAR WORK PLACE, Gulbarga,

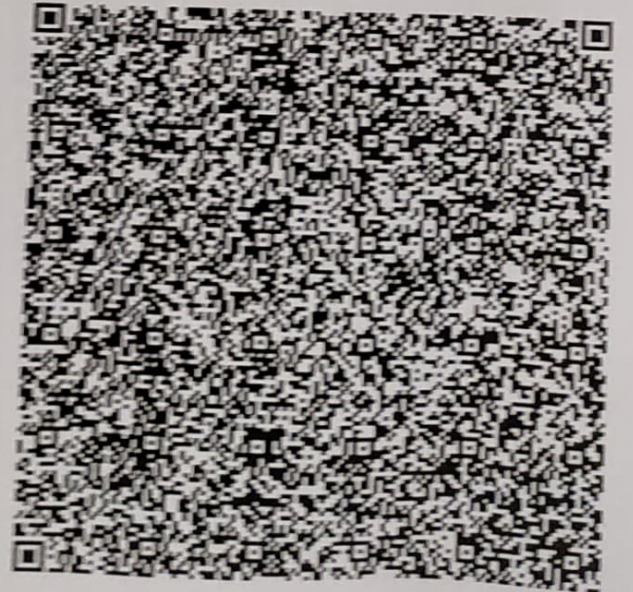
Karnataka



“ಜಿಷದಿ / ಲಸಿಕೆ ಬೇಕು,  
ಜೊತೆಗೆ ದೃಢತೆ ಬೇಕು

Together, India will defeat  
COVID-19”

- ಪ್ರಧಾನಮಂತ್ರಿ ನರೇಂದ್ರ ಮೋದಿ



In case of any adverse events, kindly contact the nearest Public Health Center/  
Healthcare Worker/District Immunization Officer/State Helpline No. 1075

ಯಾವುದೇ ಅಧಃಪರಿಣಾಮ ಉಂಟಾದ ಸಂದರ್ಭದಲ್ಲಿ, ರಾಯ್‌ವಿಲ್ಡ್ ಸಮೀಪದ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ  
ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಶುಷ್ಕಪ್ರದೇಶಾಧಿಕಾರಿ/ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075  
ಸಂಪರ್ಕಿಸಿ

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Ministry of Health & Family Welfare  
Government of India

## Certificate for COVID-19 Vaccination

Issued in India by Ministry of Health & Family Welfare, Govt. of India

Certificate ID 35741809547

### Beneficiary Details

Beneficiary Name / లభిదారుని పేరు	Shaik Arbaz
Age / వయస్సు	20
Gender / లింగం	Male
ID Verified / ఐడి ధృవీకరించబడింది	Aadhaar # XXXXXXXX8300
Unique Health ID (UHID)	
Beneficiary Reference ID	2093452407610
Vaccination Status / టీకా స్థితి	Fully Vaccinated (2 Doses)

### Vaccination Details

Vaccine Name / టీకా పేరు	COVISHIELD	
Vaccine Type / టీకా రకం	COVID-19 vaccine, non-replicating viral vector	
Manufacturer / తయారీదారు	Serum Institute of India	
Dose Number / మోతాదు సంఖ్య	1/2	2/2
Date of Dose / మోతాదు తేదీ	2021-07-11	2021-08-13
Batch Number / బ్యాచ్ నంబరు	4121Z122	4121Z150
Vaccinated By / టీకాలు వేయించినవారు	Gayathri	
Vaccination At / టీకాలు వేసిన చోటు	Anantapur GGH, Anantapur, Andhra Pradesh	



“టీకాతో పాటు పత్యం  
కూడా చెయ్యాలి”

Together, India will defeat  
COVID-19”

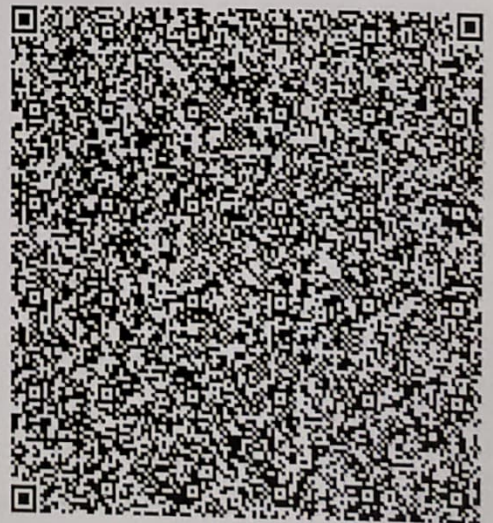
- ప్రధానమంత్రి నరేంద్ర మోదీ

In case of any adverse events, kindly contact the nearest Public Health Center/  
Healthcare Worker/District Immunization Officer/State Helpline No. 1075

ఏదైనా ప్రతికూల సంఘటనలు జరిగితే, దయచేసి సమీప ప్రజారోగ్య కేంద్రం / హెల్త్ కేర్ వర్కర్ /  
జిల్లా ఇమ్మునైజేషన్ ఆఫీసర్కు సంప్రదించండి / రాష్ట్ర హెల్ప్ లైన్ నెం. 1075

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Ministry of Health & Family Welfare  
Government of India

## Certificate for COVID-19 Vaccination

Issued in India by Ministry of Health & Family Welfare, Govt. of India

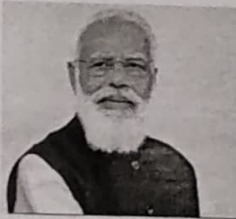
Certificate ID 33504769669

### Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು	Amana Hibah
Age / ವಯಸ್ಸು	19
Gender / ಲಿಂಗ	Female
ID Verified / ಐ.ಡಿ. ಗುರುತು	Aadhaar # XXXXXXXX5866
Unique Health ID (UHID)	
Beneficiary Reference ID	16267925240004
Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿ	Fully Vaccinated (2 Doses)

### Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು	COVISHIELD
Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ	COVID-19 vaccine, non-replicating viral vector
Manufacturer / ತಯಾರಕರು	Serum Institute of India
Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ	1/2 2/2
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ	2021-06-21 2021-09-17
Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ	4121Z102 4121Z224
Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು	MD.IBRAHIM
Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ	BEDSUR, Gulbarga, Karnataka



“ಔಷಧಿ /ಲಸಿಕೆ ಬೇಕು,  
ಜೊತೆಗೆ ದೃಢತೆ ಬೇಕು

Together, India will defeat  
COVID-19”

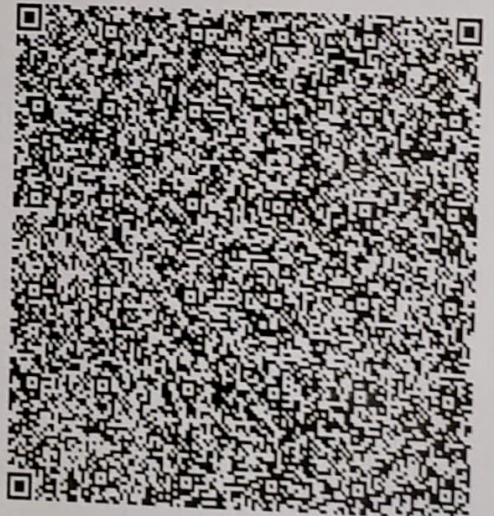
- ಪ್ರಧಾನಮಂತ್ರಿ ನರೇಂದ್ರ ಮೋದಿ

In case of any adverse events, kindly contact the nearest Public Health Center/  
Healthcare Worker/District Immunization Officer/State Helpline No. 1075

ಯಾವುದೇ ಅಡ್ಡಪರಿಣಾಮ ಉಂಟಾದ ಸಂದರ್ಭದಲ್ಲಿ, ದಯವಿಟ್ಟು ಸಮೀಪದ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ  
ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಕುಷ್ಲಜ್ಞ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075  
ಸಂಪರ್ಕಿಸಿ

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Ministry of Health & Family Welfare  
Government of India

## Certificate for COVID-19 Vaccination

Fully Vaccinated : 2nd Dose

### Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು

**Mallha Muskan**

Age / ವಯಸ್ಸು

**19**

Gender / ಲಿಂಗ

**Female**

ID Verified / ಐ.ಡಿ. ಗುರುತು

**Aadhaar # XXXXXXXXX0214**

Unique Health ID (UHID)

Beneficiary Reference ID

**16267558977819**

### Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು

**COVISHIELD**

Date of 1<sup>st</sup> Dose / ಮೊದಲ ಡೋಸ್ ದಿನಾಂಕ

**25 Jun 2021 (Batch no. 4121Z098)**

Date of 2<sup>nd</sup> Dose / ಎರಡನೇ ಡೋಸ್ ದಿನಾಂಕ

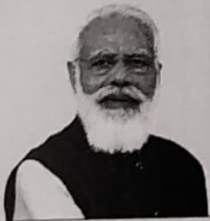
**24 Sep 2021 (Batch no. 4121Z224)**

Vaccinated by / ಲಸಿಕೆ ನೀಡಿದವರು

**ANILKUMAR RATHOD**

Vaccination at / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ

**Chincholi H, Gulbarga, Karnataka**



“ಔಷಧಿ /ಲಸಿಕೆ ಬೇಕು,  
ಜೊತೆಗೆ ದೃಢತೆ ಬೇಕು

Together, India will defeat  
COVID-19”

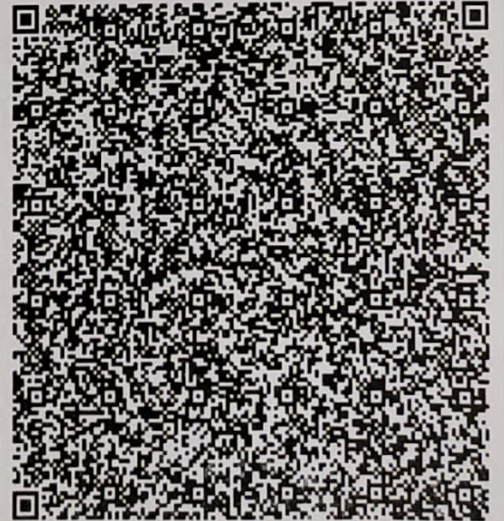
- ಪ್ರಧಾನಮಂತ್ರಿ ನರೇಂದ್ರ ಮೋದಿ

In case of any adverse events, kindly contact the nearest Public Health Center/  
Healthcare Worker/District Immunization Officer/State Helpline No. 1075

ಯಾವುದೇ ಅಡ್ಡಪರಿಣಾಮ ಉಂಟಾದ ಸಂದರ್ಭದಲ್ಲಿ, ದಯವಿಟ್ಟು ಸಮೀಪದ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ  
ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಶುಷ್ಕಷಣೆ ಕಾರ್ಯಕರ್ತೆ/ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075  
ಸಂಪರ್ಕಿಸಿ

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Ministry of Health & Family Welfare  
Government of India

## Certificate for COVID-19 Vaccination

Issued in India by Ministry of Health & Family Welfare, Govt. of India

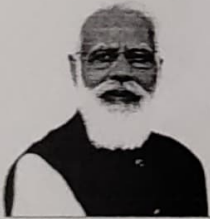
Certificate ID 19565723972

### Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು	Tahmeena Khatoon
Age / ವಯಸ್ಸು	18
Gender / ಲಿಂಗ	Female
ID Verified / ಐ.ಡಿ. ಗುರುತು	Aadhaar # XXXXXXXX5720
Unique Health ID (UHID)	
Beneficiary Reference ID	16267852228200
Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿಗತಿ	Fully Vaccinated (2 Doses)

### Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು	COVISHIELD	
Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ	COVID-19 vaccine, non-replicating viral vector	
Manufacturer / ತಯಾರಕರು	Serum Institute of India Pvt. Ltd.	
Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ	1/2	2/2
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ	2021-07-24	2021-12-06
Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ	4121Z128	4121AA030M
Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು	Susana wesly	
Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ	N R NAGAR WORK PLACE, Gulbarga, Karnataka	



“ಜಿಂಜಿಡಿ /ಲಸಿಕೆ ಬೇಕು,  
ಜೊತೆಗೆ ದೃಢತೆ ಬೇಕು

Together, India will defeat  
COVID-19”

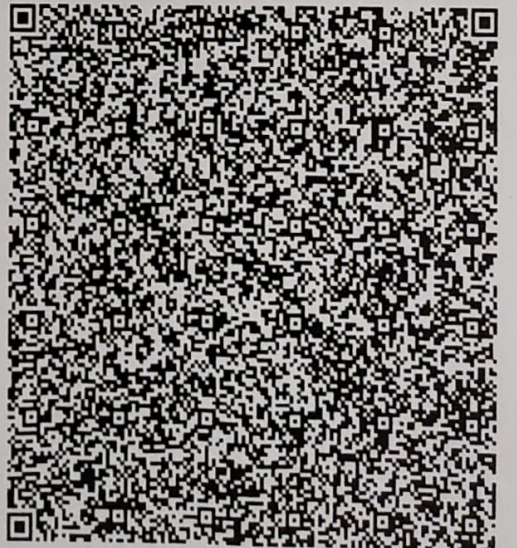
- ಪ್ರಧಾನಮಂತ್ರಿ ನರೇಂದ್ರ ಮೋದಿ

In case of any adverse events, kindly contact the nearest Public Health Center/  
Healthcare Worker/District Immunization Officer/State Helpline No. 1075

ಯಾವುದೇ ಅಡ್ಡಪರಿಣಾಮ ಉಂಟಾದ ಸಂದರ್ಭದಲ್ಲಿ, ದಯವಿಟ್ಟು ಸಮೀಪದ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ  
ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಕುಷ್ಲಜ್ಞ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075  
ಸಂಪರ್ಕಿಸಿ

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Ministry of Health & Family Welfare  
Government of India

## Certificate for COVID-19 Vaccination

Fully Vaccinated : 2nd Dose

### Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು

Mallha Muskan

Age / ವಯಸ್ಸು

19

Gender / ಲಿಂಗ

Female

ID Verified / ಐ.ಡಿ. ಗುರುತು

Aadhaar # XXXXXXXX0214

Unique Health ID (UHID)

Beneficiary Reference ID

16267558977819

### Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು

COVISHIELD

Date of 1<sup>st</sup> Dose / ಮೊದಲ ಡೋಸ್ ದಿನಾಂಕ

25 Jun 2021 (Batch no. 4121Z098)

Date of 2<sup>nd</sup> Dose / ಎರಡನೇ ಡೋಸ್ ದಿನಾಂಕ

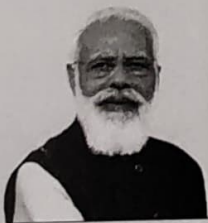
24 Sep 2021 (Batch no. 4121Z224)

Vaccinated by / ಲಸಿಕೆ ನೀಡಿದವರು

ANILKUMAR RATHOD

Vaccination at / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ

Chincholi H, Gulbarga, Karnataka



“ಜಿಷಧಿ /ಲಸಿಕೆ ಬೇಕು,  
ಜೊತೆಗೆ ದೃಢತೆ ಬೇಕು

Together, India will defeat  
COVID-19”

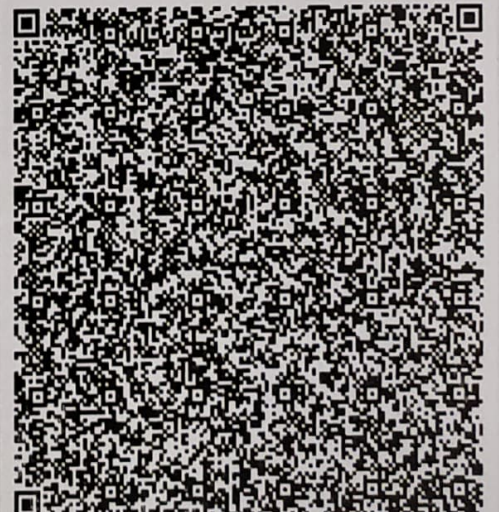
- ಪ್ರಧಾನಮಂತ್ರಿ ನರೇಂದ್ರ ಮೋದಿ

In case of any adverse events, kindly contact the nearest Public Health Center/  
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ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಶುಷ್ಕಷಣೆ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075  
ಸಂಪರ್ಕಿಸಿ

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Government of India

## Certificate for COVID-19 Vaccination

Issued in India by Ministry of Health & Family Welfare, Govt. of India

Certificate ID 77479479015

### Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು

Seema Kouser

Age / ವಯಸ್ಸು

22

Gender / ಲಿಂಗ

Female

ID Verified / ಐ.ಡಿ. ಗುರುತು

Aadhaar # XXXXXXXX0212

Unique Health ID (UHID)

Beneficiary Reference ID

16284963194119

Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿಗತಿ

Fully Vaccinated (2 Doses)

### Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು

COVAXIN

Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ

COVID-19 vaccine, inactivated virus

Manufacturer / ತಯಾರಕರು

Bharat Biotech

Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ

1/2

2/2

Date of Dose / ಡೋಸ್ ದಿನಾಂಕ

29 Jun 2021

02 Aug 2021

Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ

37F21053A

37F21060A

Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು

Jagadevi

Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ

St John UPHC Covaxin, Gulbarga,

Karnataka



“ಜೊತೆಗೆ ಬೇಕು,  
ಜೊತೆಗೆ ದೃಢತೆ ಬೇಕು

Together, India will defeat  
COVID-19”

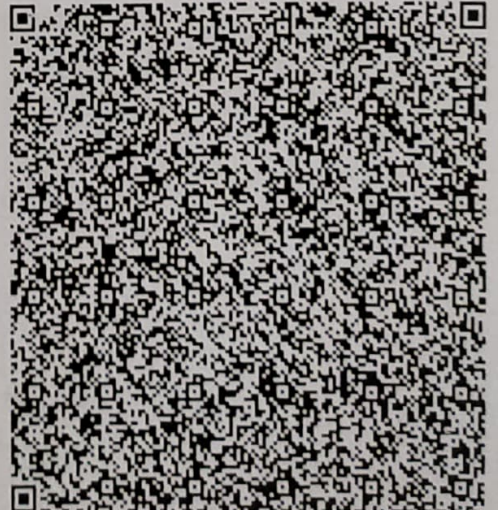
- ಪ್ರಧಾನಮಂತ್ರಿ ನರೇಂದ್ರ ಮೋದಿ

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Healthcare Worker/District Immunization Officer/State Helpline No. 1075

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ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಶುಷ್ಕಣೆ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ 1075  
ಸಂಪರ್ಕಿಸಿ

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## Certificate for COVID-19 Vaccination

Issued in India by Ministry of Health & Family Welfare, Govt. of India

Certificate ID 89281973884

### Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು

Mohammed Omer Indikar

Age / ವಯಸ್ಸು

20

Gender / ಲಿಂಗ

Male

ID Verified / ಐ.ಡಿ. ಗುರುತು

Aadhaar # XXXXXXXX9972

Unique Health ID (UHID)

Beneficiary Reference ID

16267658099497

Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿ

Fully Vaccinated (2 Doses)

### Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು

COVISHIELD

Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ

COVID-19 vaccine, non-replicating viral vector

Manufacturer / ತಯಾರಕರು

Serum Institute of India

Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ

1/2

2/2

Date of Dose / ಡೋಸ್ ದಿನಾಂಕ

24 Jun 2021

25 Sep 2021

Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ

4121Z098

4121P214

Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು

Rajanikanth

Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ

KHANAPUR WORK PLACE, Gulbarga, Karnataka



“ಔಷಧಿ /ಲಸಿಕೆ ಬೇಕು,  
ಜೊತೆಗೆ ದೃಢತೆ ಬೇಕು

Together, India will defeat  
COVID-19”

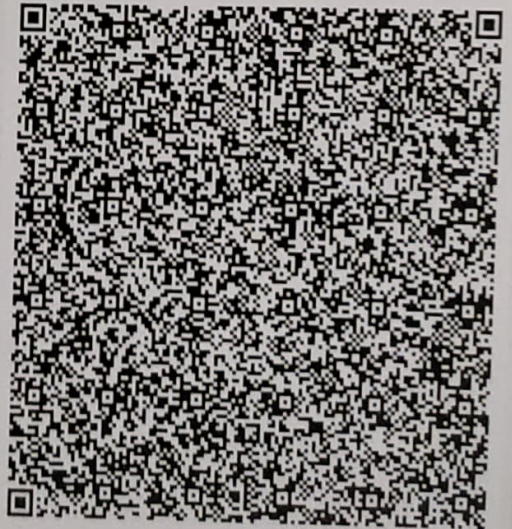
- ಪ್ರಧಾನಮಂತ್ರಿ ನರೇಂದ್ರ ಮೋದಿ

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ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಕುಷ್ಲತೆ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075  
ಸಂಪರ್ಕಿಸಿ

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Ministry of Health & Family Welfare  
Government of India

## Certificate for COVID-19 Vaccination

Issued in India by Ministry of Health & Family Welfare, Govt. of India

Certificate ID 80649820389

### Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು	Mohammed Irfan Ahmed
Age / ವಯಸ್ಸು	19
Gender / ಲಿಂಗ	Male
ID Verified / ಐ.ಡಿ. ಗುರುತು	Aadhaar # XXXXXXXX3857
Unique Health ID (UHID)	
Beneficiary Reference ID	16267933828471
Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿ	Fully Vaccinated (2 Doses)

### Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು	COVISHIELD
Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ	COVID-19 vaccine, non-replicating viral vector
Manufacturer / ತಯಾರಕರು	Serum Institute of India Pvt. Ltd.
Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ	1/2 2/2
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ	2021-06-24 2021-09-29
Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ	4121Z102 4121Z002M
Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು	Shivakiran
Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ	KALABURAGI DH WORKPLACE, Gulbarga, Karnataka



“ಜೊತೆಗೆ ಲಸಿಕೆ ಬೇಕು,  
ಜೊತೆಗೆ ದೃಢತೆ ಬೇಕು

Together, India will defeat  
COVID-19”

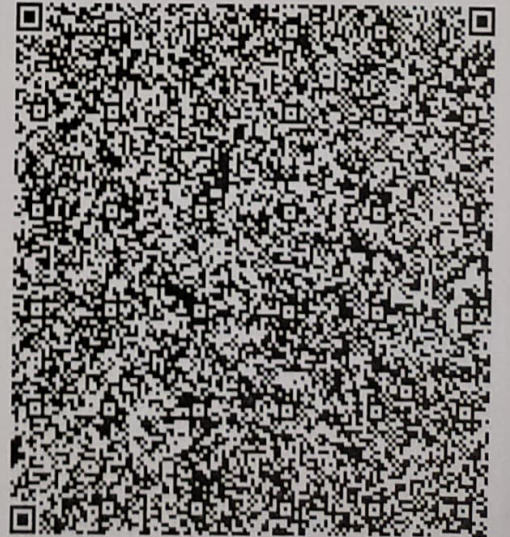
- ಪ್ರಧಾನಮಂತ್ರಿ ನರೇಂದ್ರ ಮೋದಿ

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ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಶುಷ್ಕಾಜಿ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075  
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Ministry of Health & Family Welfare  
Government of India

## Certificate for COVID-19 Vaccination

Fully Vaccinated : 2nd Dose

### Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು

Shreedhar G Omkarigoudar

Age / ವಯಸ್ಸು

21

Gender / ಲಿಂಗ

Male

ID Verified / ಐ.ಡಿ. ಗುರುತು

Aadhaar # XXXXXXXX3320

Unique Health ID (UHID)

73-1232-1173-6261

Beneficiary Reference ID

16278385314091

### Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು

COVISHIELD

Date of 1<sup>st</sup> Dose / ಮೊದಲ ಡೋಸ್ ದಿನಾಂಕ

26 Jun 2021 (Batch no. 4121MC010)

Date of 2<sup>nd</sup> Dose / ಎರಡನೇ ಡೋಸ್ ದಿನಾಂಕ

29 Sep 2021 (Batch no. 4121Z002M)

Vaccinated by / ಲಸಿಕೆ ನೀಡಿದವರು

Shivakiran

Vaccination at / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ

KALABURAGI DH WORKPLACE, Gulbarga, Karnataka



“ಔಷಧಿ /ಲಸಿಕೆ ಬೇಕು,  
ಜೊತೆಗೆ ದೃಢತೆ ಬೇಕು

Together, India will defeat  
COVID-19”

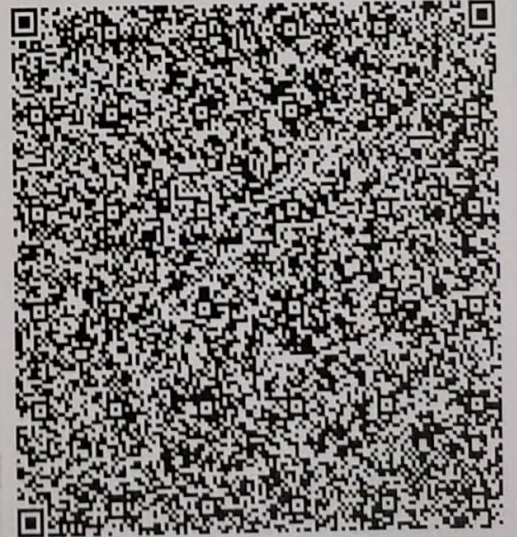
- ಪ್ರಧಾನಮಂತ್ರಿ, ನರೇಂದ್ರ ಮೋದಿ

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Ministry of Health & Family Welfare  
Government of India

## Final Certificate for COVID-19 Vaccination

### Beneficiary Details

Beneficiary Name	Md Abdul Moiz Ansari
Age	20
Gender	Male
ID Verified	Aadhaar # XXXXXXXXX3238
Unique Health ID (UHID)	
Beneficiary Reference ID	16267343021983

### Vaccination Details

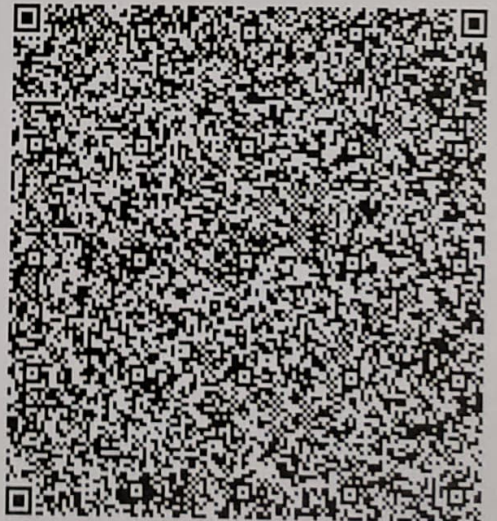
Vaccine Name	COVISHIELD
Date of 1 <sup>st</sup> Dose	08 Jun 2021 (Batch no. 4121Z088)
Date of 2 <sup>nd</sup> Dose	04 Sep 2021 (Batch no. 4121MC070)
Vaccinated by	Parvati
Vaccination at	Unani Govt Hospital



Together, India will defeat  
COVID-19"

- Prime Minister Narendra Modi

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Healthcare Worker/District Immunization Officer/State Helpline No. 1075



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Ministry of Health & Family Welfare  
Government of India

## Certificate for COVID-19 Vaccination

Issued in India by Ministry of Health & Family Welfare, Govt. of India

Certificate ID 95447709322

### Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು

Mirza Amaan Baig

Age / ವಯಸ್ಸು

20

Gender / ಲಿಂಗ

Male

ID Verified / ಐ.ಡಿ. ಗುರುತು

Aadhaar # XXXXXXXX6687

Unique Health ID (UHID)

Beneficiary Reference ID

16267261429590

Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿ

Fully Vaccinated (2 Doses)

### Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು

COVISHIELD

Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ

COVID-19 vaccine, non-replicating viral vector

Manufacturer / ತಯಾರಕರು

Serum Institute of India Pvt. Ltd.

Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ

1/2

2/2

Date of Dose / ಡೋಸ್ ದಿನಾಂಕ

2021-07-17

2021-11-22

Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ

4121Z126

4121AA030M

Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು

Rajanikanth

Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ

KHANAPUR WORK PLACE, Gulbarga, Karnataka



“ಜೊತೆಗೆ /ಲಸಿಕೆ ಬೇಕು,  
ಜೊತೆಗೆ ದೃಢತೆ ಬೇಕು

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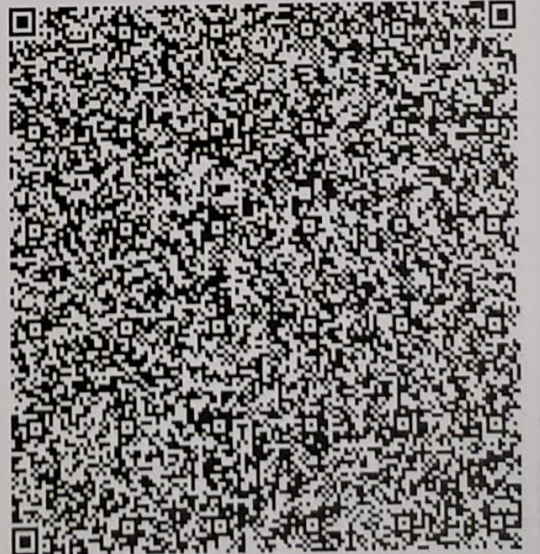
- ಪ್ರಧಾನಮಂತ್ರಿ ನರೇಂದ್ರ ಮೋದಿ

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ಯಾವುದೇ ಅಡ್ಡಪರಿಣಾಮ ಉಂಟಾದ ಸಂದರ್ಭದಲ್ಲಿ, ದಯವಿಟ್ಟು ಸಮೀಪದ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ  
ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಶುಷ್ಕಣೆ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075  
ಸಂಪರ್ಕಿಸಿ

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Ministry of Health & Family Welfare  
Government of India

## Certificate for COVID-19 Vaccination

Issued in India by Ministry of Health & Family Welfare, Govt. of India

Certificate ID 48042801900

### Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು	Mohammed Owais Siddiqui
Age / ವಯಸ್ಸು	20
Gender / ಲಿಂಗ	Male
ID Verified / ಐ.ಡಿ. ಗುರುತು	Passport # S4332965
Unique Health ID (UHID)	
Beneficiary Reference ID	16267149277489
Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿ	Fully Vaccinated (2 Doses)

### Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು	COVISHIELD
Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ	COVID-19 vaccine, non-replicating viral vector
Manufacturer / ತಯಾರಕರು	Serum Institute of India Pvt. Ltd.
Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ	1/2 2/2
Date of Dose / ಡೋಸ್ ದಿನಾಂಕ	15 Jul 2021 13 Nov 2021
Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ	4121Z121 4121AA030M
Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು	Rajanikanth
Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ	KHANAPUR WORK PLACE, Gulbarga, Karnataka



“ಜಿಷಧಿ /ಲಸಿಕೆ ಬೇಕು,  
ಜೊತೆಗೆ ದೃಢತೆ ಬೇಕು

Together, India will defeat  
COVID-19”

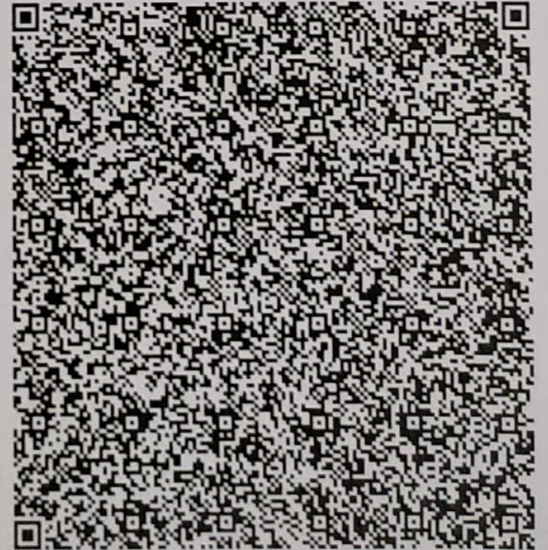
- ಪ್ರಧಾನಮಂತ್ರಿ ನರೇಂದ್ರ ಮೋದಿ

In case of any adverse events, kindly contact the nearest Public Health Center/  
Healthcare Worker/District Immunization Officer/State Helpline No. 1075

ಯಾವುದೇ ಅಡ್ಡಪರಿಣಾಮ ಉಂಟಾದ ಸಂದರ್ಭದಲ್ಲಿ, ದಯವಿಟ್ಟು ಸಮೀಪದ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ  
ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಕುಷ್ಲಜಿ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075  
ಸಂಪರ್ಕಿಸಿ

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Ministry of Health & Family Welfare  
Government of India

## Certificate for COVID-19 Vaccination

Issued in India by Ministry of Health & Family Welfare, Govt. of India

Certificate ID 61748714573

### Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು

Mohammed Ahtesham Ahmed

Age / ವಯಸ್ಸು

19

Gender / ಲಿಂಗ

Male

ID Verified / ಐ.ಡಿ. ಗುರುತು

Aadhaar # XXXXXXXX4226

Unique Health ID (UHID)

Beneficiary Reference ID

16267997983383

Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿಗತಿ

Fully Vaccinated (2 Doses)

### Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು

COVISHIELD

Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ

COVID-19 vaccine, non-replicating viral vector

Manufacturer / ತಯಾರಕರು

Serum Institute of India Pvt. Ltd.

Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ

1/2

2/2

Date of Dose / ಡೋಸ್ ದಿನಾಂಕ

26 Jul 2021

25 Oct 2021

Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ

4121Z128

4121P229

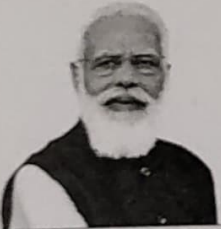
Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು

Malashree

Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ

KALABURAGI DH WORKPLACE, Gulbarga,

Karnataka



“ಔಷಧಿ /ಲಸಿಕೆ ಬೇಕು,  
ಜೊತೆಗೆ ದೃಢತೆ ಬೇಕು

Together, India will defeat  
COVID-19”

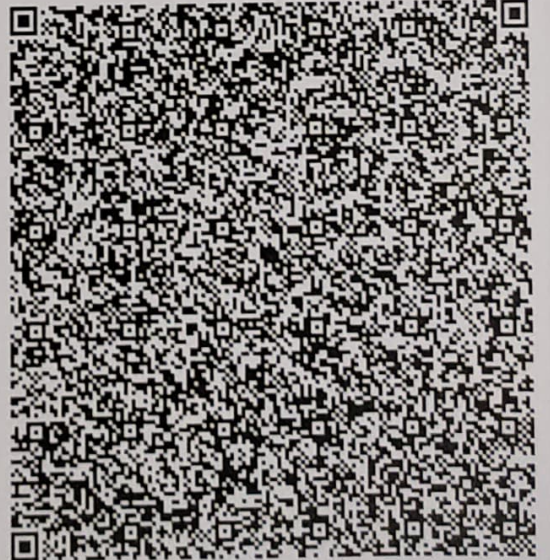
- ಪ್ರಧಾನಮಂತ್ರಿ ನರೇಂದ್ರ ಮೋದಿ

In case of any adverse events, kindly contact the nearest Public Health Center/  
Healthcare Worker/District Immunization Officer/State Helpline No. 1075

ಯಾವುದೇ ಅನುಪ್ರಾಪ್ತವಾದ ಉಂಟಾದ ಸಂದರ್ಭದಲ್ಲಿ, ದಯವಿಟ್ಟು ಸಮೀಪದ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ  
ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಕಾರ್ಯಕರ್ತೆ/ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075  
ಸಂಪರ್ಕಿಸಿ

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Ministry of Health & Family Welfare  
Government of India

## Certificate for COVID-19 Vaccination

Issued in India by Ministry of Health & Family Welfare, Govt. of India

Certificate ID 38199797325

### Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು

Ashish Tiwari

Age / ವಯಸ್ಸು

20

Gender / ಲಿಂಗ

Male

ID Verified / ಐ.ಡಿ. ಗುರುತು

Aadhaar # XXXXXXXX4793

Unique Health ID (UHID)

Beneficiary Reference ID

16267812559227

Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿ

Fully Vaccinated (2 Doses)

### Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು

COVISHIELD

Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ

COVID-19 vaccine, non-replicating viral vector

Manufacturer / ತಯಾರಕರು

Serum Institute of India Pvt. Ltd.

Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ

1/2

2/2

Date of Dose / ಡೋಸ್ ದಿನಾಂಕ

2021-07-15

2021-10-25

Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ

4121Z121

4121P229

Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು

Malashree

Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ

KALABURAGI DH WORKPLACE, Gulbarga,

Karnataka



“ಜೊತೆಗೆ ಬೇಕು,  
ಜೊತೆಗೆ ದೃಢತೆ ಬೇಕು

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COVID-19”

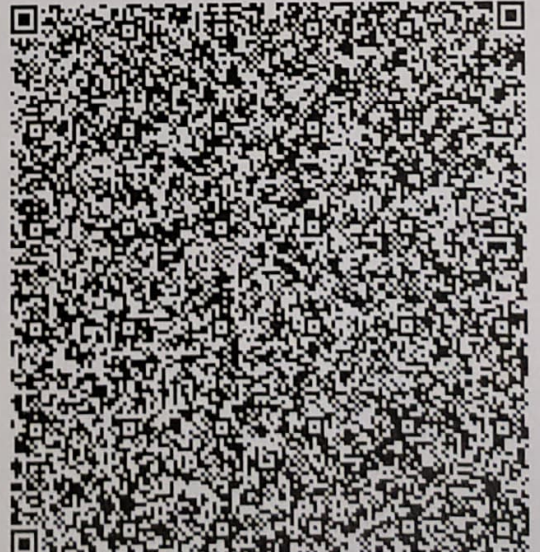
- ಪ್ರಧಾನಮಂತ್ರಿ ನರೇಂದ್ರ ಮೋದಿ

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Healthcare Worker/District Immunization Officer/State Helpline No. 1075

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ಸಂಪರ್ಕಿಸಿ

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Ministry of Health & Family Welfare  
Government of India

## Certificate for COVID-19 Vaccination

Issued in India by Ministry of Health & Family Welfare, Govt. of India

Certificate ID 98820710790

### Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು

Taiyaba Mehnaaz

Age / ವಯಸ್ಸು

19

Gender / ಲಿಂಗ

Female

ID Verified / ಐ.ಡಿ. ಗುರುತು

Aadhaar # XXXXXXXX6434

Unique Health ID (UHID)

Beneficiary Reference ID

16267515837006

Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿಗತಿ

Fully Vaccinated (2 Doses)

### Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು

COVISHIELD

Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ

COVID-19 vaccine, non-replicating viral vector

Manufacturer / ತಯಾರಕರು

Serum Institute of India Pvt. Ltd.

Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ

1/2

2/2

Date of Dose / ಡೋಸ್ ದಿನಾಂಕ

04 Jul 2021

03 Dec 2021

Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ

4121Z113

4121AA030M

Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು

Susana wesly

Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ

N R NAGAR WORK PLACE, Gulbarga,  
Karnataka



“ಜಿಷದಿ /ಲಸಿಕೆ ಬೇಕು,  
ಜೊತೆಗೆ ದೃಢತೆ ಬೇಕು

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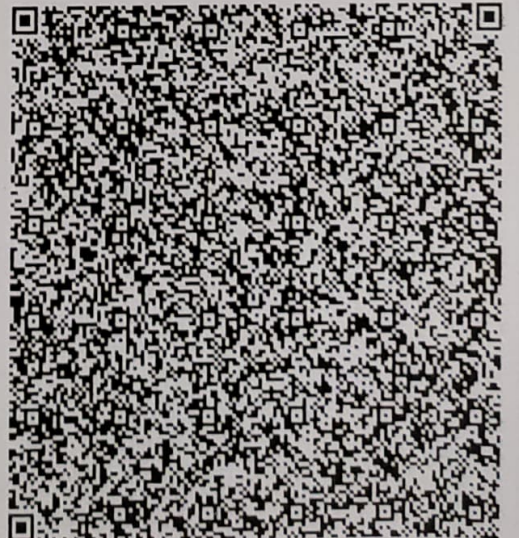
- ಪ್ರಧಾನಮಂತ್ರಿ ನರೇಂದ್ರ ಮೋದಿ

In case of any adverse events, kindly contact the nearest Public Health Center/  
Healthcare Worker/District Immunization Officer/State Helpline No. 1075

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ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಕಾರ್ಯಕರ್ತೆ/ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ 1075  
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Ministry of Health & Family Welfare  
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## Certificate for COVID-19 Vaccination

Issued in India by Ministry of Health & Family Welfare, Govt. of India

Certificate ID 15104054774

### Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು

Syeda Faariya Kulsum

Age / ವಯಸ್ಸು

20

Gender / ಲಿಂಗ

Female

ID Verified / ಐ.ಡಿ. ಗುರುತು

Aadhaar # XXXXXXXX9686

Unique Health ID (UHID)

37-4584-5082-1654

Beneficiary Reference ID

45238741672350

Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿಗತಿ

Fully Vaccinated (2 Doses)

### Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು

COVISHIELD

Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ

COVID-19 vaccine, non-replicating viral vector

Manufacturer / ತಯಾರಕರು

Serum Institute of India

Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ

1/2

2/2

Date of Dose / ಡೋಸ್ ದಿನಾಂಕ

21 Jun 2021

26 Sep 2021

Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ

4121Z102

4121AA021M

Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು

Amruth.G

Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ

ESIC MEDICAL COLLEGE CVC, Gulbarga,

Karnataka



“ಜಿಷಡಿ /ಲಸಿಕೆ ಬೇಕು,  
ಜೊತೆಗೆ ದೃಢತೆ ಬೇಕು

Together, India will defeat  
COVID-19”

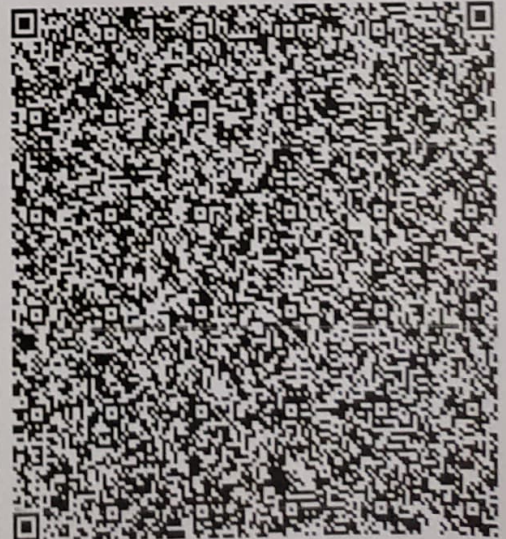
- ಪ್ರಧಾನಮಂತ್ರಿ ನರೇಂದ್ರ ಮೋದಿ

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ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಶುಷ್ಕಷಣೆ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075  
ಸಂಪರ್ಕಿಸಿ

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Ministry of Health & Family Welfare  
Government of India

## Certificate for COVID-19 Vaccination

Issued in India by Ministry of Health & Family Welfare, Govt. of India

Certificate ID 50778478535

### Beneficiary Details

Beneficiary Name / ಫರಾನುಖಿಯ ಹೆಸರು

Javeriya Mahveen Khanam

Age / ವಯಸ್ಸು

20

Gender / ಲಿಂಗ

Female

ID Verified / ಐ.ಡಿ. ಗುರುತು

Aadhaar # XXXXXXXX0230

Unique Health ID (UHID)

Beneficiary Reference ID

16267928812246

Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿ

Fully Vaccinated (2 Doses)

### Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು

COVISHIELD

Vaccine Type / ಯಾವ ರೀತಿಯ ಲಸಿಕೆ

COVID-19 vaccine, non-replicating viral vector

Manufacturer / ತಯಾರಕರು

Serum Institute of India Pvt. Ltd.

Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ

1/2

2/2

Date of Dose / ಡೋಸ್ ದಿನಾಂಕ

2021-07-04

2021-10-27

Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ

4121Z113

4121P229

Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು

Susana wesly

Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ

N R NAGAR WORK PLACE, Gulbarga,

Karnataka



“ಜೊತೆಗೆ /ಲಸಿಕೆ ಬೇಕು,  
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Together, India will defeat  
COVID-19”

- ಪ್ರಧಾನಮಂತ್ರಿ ನರೇಂದ್ರ ಮೋದಿ

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ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಕುಷ್ಠಾಪಿ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075  
ಸಂಪರ್ಕಿಸಿ

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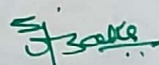


Al-Badar Educational & Charitable Trust's  
**AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI**

Affiliated to Rajiv Gandhi University of Health Sciences Bangalore &  
Recognized by Dental Council of India (New Delhi)

## INFECTION CONTROL PROTOCOLS

S. No	CONTENT
1	PERSONAL PROTECTIVE EQUIPMENTS
2	PATIENT SAFETY MANUAL
3	PERIODIC DISINFECTION
4	IMMUNIZATIONREGISTER
5	NEEDLE STICK INJURY

  
PRINCIPAL  
Al-Badar Rural Dental College  
& Hospital, KALABURAGI





Al-Badar Educational & Charitable Trust's  
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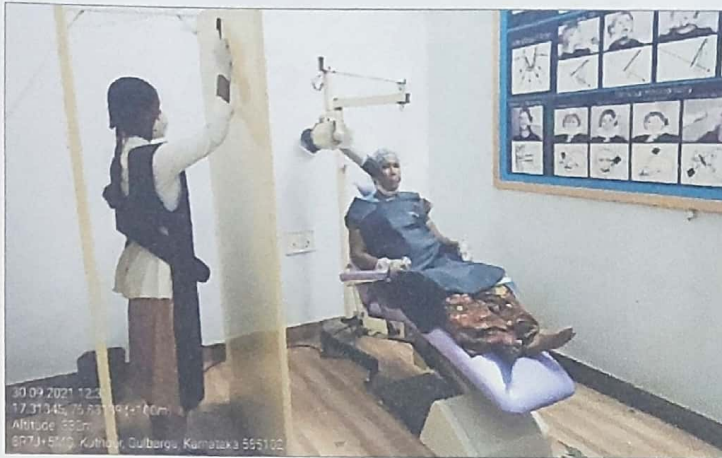
## **PERSONAL PROTECTIVE EQUIPMENTS**

PRINCIPAL  
Al-Badar Rural Dental College  
& Hospital, KALABURAGI



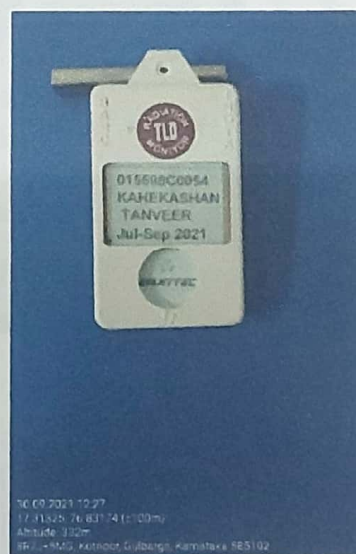
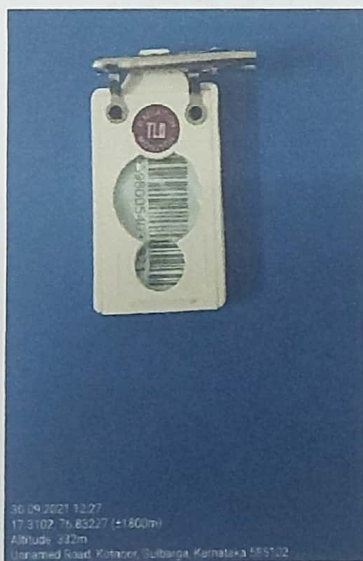
# AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI

Affiliated to Rajiv Gandhi University of Health Sciences Bangalore &  
Recognized by Dental Council of India (New Delhi)



## RADIATION SAFETY SCREEN

## LEAD COLLAR AND APRON FOR RADIATION



## THERMOLUMINESCENT DOSEMETER (TLD) BADGE –RADIATION MONITORING

*[Signature]*  
PRINCIPAL  
Al-Badar Rural Dental College  
& Hospital, KALABURAGI

Near PDA Engg. College, Naganhalli Road, KALABURAGI - 585 102 - KARNATAKA - INDIA.

Phone : 08472 - 227610, 220222 - Fax : 229687 | albadar\_glb@yahoo.com





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**INFECTION CONTROL MEASURE FOLLOWED BY USING PPE  
KIT FACESHIELD, MOUTH MASK, GLOVES**

*[Signature]*  
**PRINCIPAL**  
Al-Badar Rural Dental College  
& Hospital, KALABURAGI

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Al-Badar Educational & Charitable Trust's

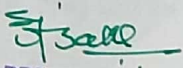
## AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI

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# PATIENT SAFETY MANUAL

## CONTENTS

- Introduction
- Goals and Purpose of Patient Safety
- Patient Safety Measures
- Clinical Documents, Information, and Referral of Patients Safety Measures
- Prescribing Errors
- Use a checklist in all oral surgical procedures
- Ionizing radiation exposure limited to the patients
- Protect the patient during dental procedures
- Monitor the onset and progression of infection in the oral cavity
- Action protocol for life-threatening emergencies in the dental clinic
- Patient safety guidelines for students:
- Conclusion

  
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## Introduction

Hospitals deal with treating the patients, curing them and at the same time the focus is on their safety. The dental profession is committed in creating oral hygiene awareness, eliminating oral diseases and overall promoting the dental health.

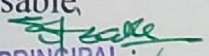
By definition, Patient safety is a discipline in the health care sector that applies safety science methods toward the goal of achieving a trust worthy system of health care delivery. Patient safety involves avoiding errors, limiting harm, and reducing the likeliness of mistakes through planning that fosters communication, lowers infection rates, and reduces errors. Care providers, patients, and support staff share the same goal; the best possible treatment outcome.

## Goals and Purpose of Patient Safety

- Reduce risk of patient hurt against equipment, falls
- Reduce the health-care acquired diseases
- Eliminate errors like wrong-side, wrong-patient, wrong procedure surgeries
- Safety alert for High-alert medicines
- Reduce hospital acquired infections
- Reduce procedural errors during the dental treatment
- Minimize the incidence and impact of adverse events, and maximizing recovery of patients.
- Maximize the patients recovery by individual's treatment experience, from correct and effective medication, to safe injections, to standards for surgery and other invasive procedures.

## Patient Safety Measures:

- Setting up a patient safety protocol in the hospital
- Educating staff regarding patient safety culture.
- Integrate the basic steps of "patient safety" in all health care activities.
- Understanding our current situation
- Recall and analyze adverse events encountered
- Review our protocol for cleaning and sterilizing non-disposable instruments
- Review our protocol for action in life threatening emergency

  
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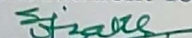
- Devising protocols to make maneuvers and activities in potentially less dangerous criteria's.
- Encourage the dental team to embrace patient safety

### **Clinical Documents, Information, and Referral of Patients Safety Measures**

- Train the staff about the exact protocol in the hospital
- Patient history to be taken in detail with direct and indirect questions. In doubt of hidden history the in charge should be informed.
- Without complete medical history no medication should be prescribed
- In case of medically compromised patient's, physician consent is a must for the procedure.
- Patients past medical history like any surgery, syncope, allergic reaction, blood transfusion etc is noted.
- The data should be **collected appropriate details**
- Motivate the patients to provide full information as hiding information could cause harm or adverse effects
- Consent is a must for the patient as it makes them aware of the treatment rendered.
- Patient referral is easier with all the history and patient data.

### **Prescribing Errors :**

- Medicines are prescribed in most of the dental procedures.
- A complete drug history, allergic history and patients current health status is considered before delivering the drugs.
- Drug name, dosage, duration and goals of the medication is explained to the patients.
- Prescribing should be in near readable handwriting without any abbreviations
- Test dose is done to avoid allergic reactions that occur because of a lack of adequate medical records.
- Women in child bearing age are always asked for pregnancy, lactation prior to prescribing any medication.
- The exact way of taking medication should be explained to the patient and informed about any adverse effects they could face and the treatment for the same.

  
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- Drug interactions are always taken care of with the already drugs prescribed to the patients.

**Use a checklist in all oral surgical procedures:**

- The entire clinical procedure is explained to the patient. A check list facilitates the clinician and the patient to discuss in detail about the procedure.
- Patient related errors – identification of patient, complete patient history, side to be treated to be noted.
- Procedure preparation errors- patient medical situation, skilled dentist and the treatment area should be fumigated well
- Procedure related errors- instrument should be in good condition, sterilized and packed well, procedure undue error should be avoided by the clinician.
- Errors in treatment planning (sometimes associated with lack of records previous to treatment)
- Errors in pre-operative prophylaxis in medically compromised patients
- Errors in the monitoring and control of operated patients (no post-operative instruction sheet or lack of post-surgical control) Post-surgical infections (detected late or inadequately treated).

**Ionizing radiation exposure limited to the patients**

- Advise exposure to radiation only when absolute indicated
- Localized radiography is preferred for better understanding and reduced dose of radiation.
- Explain the patients the entire procedure, the need and the risk involved.
- Maximum precautions taken for women aware of a possible pregnancy among patients or staff potentially exposed to ionizing radiation.
- Protective barriers like lead barriers, lead aprons, lead glasses, lead gloves and thyroid collar are advised to be used.
- Regular radiation exposure is monitored among staff members with radiation badges.
- Diagnostic systems that emit a minimal amount of ionizing radiation are preferred.



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• **Protect the patient during dental procedures:**

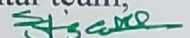
- Drapes are given to the patient to avoid accidental spillage on the patients clothing
- Single use clinical containers are discarded after use.
- Re-using such materials, could possibly cause infections, rashes, or transmit infections from one patient to the other.
- Ocular protective goggles are given to avoid eye damage
- Mouth mirrors and soft tissue retractors are used during the procedure to avoid damage to any oral mucosa during the treatment.
- Rubber dam, throat shields are used to avoid accidental ingestion or inhalation of dental instruments or small objects during procedure.
- Suction are used to avoid discomfort to the patient.

**Monitor the onset and progression of infection in the oral cavity:**

- The patients regular follow ups are must to note the state of the diseases
- Swelling, pain, bleeding if any should be noted and treated immediately.
- Regular monitoring helps in early identification and treatment of the undue accidents.

**Action protocol for life-threatening emergencies in the dental clinic :**

- Vitals of the patient should be monitored for patients with medically compromised situation
- Protocol should be fixed and all the incharge personnel trained for handling the emergency situation.
- Emergency drugs available at the dental hospital for easy disposal
- Well trained staff for handling emergency situations designated at the hospital.
- Emergency equipment's in working condition, updated and ready to use if needed.
- Dentists should be available with the patient until the emergency is solved or until the patient is taken to the hospital by external emergency responders (paramedics).
- If evacuation to an external health center is performed by the dental team, the dentist must necessarily accompany the patient.

  
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**Patient safety guidelines for students:**

- Understand the multiple factors involved in failures
- Avoid blaming
- Understand the functioning of emergency care
- Respecting patients and their needs.
- Maintain continuity of care for patients
- Be aware of the importance of self-care

**Conclusion:**

- Patient dental treatment and its safety is the prime importance which is taken care off
- Maintaining dental harmony is the key of dental hospitals
- Encouraging dental treatment and protecting patients is the ultimate aim of the hospital.

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# INFECTION CONTROL PROTOCOLS

  
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Al-Badar Dental College and Hospital, Gulbarga  
Department of Public Health Dentistry  
Housekeeping daily logbook

Oct 2021

Particulars	Days	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Floor sweeping	Staff Room area	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Clinical area	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Museum	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Floor mopping (using floor disinfectant)	Staff Room area	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Clinical area	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Museum	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Toilet area cleaning		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Tables, chairs,		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Windows		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Transport of BMW		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Satellite Centre (wky)		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mobile Dental Van (wky)		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Remark																																
Sign																																

note: all department rooms/area, toilets, patient waiting area should be cleaned. Segregated BMW and office waste should be cleared. sweepers should wear reusable gloves. spider webs cleared, dept glass panes cleaned. waste from clinical, pre-clinical & lab waste is BMW. foot wears arranged properly outside dept. customise this chart according to your department need.

Al-Badar Dental College and Hospital, Gulbarga  
Department of Public Health Dentistry  
Disinfection daily logbook

October 2021

Particulars	Days	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Dental chairs		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Water line of dental chairs		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
labs		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Preclinical areas		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Instruments		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Equipments		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sterilization room		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Satellite Centre (wky)		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mobile Dental Van (wky)		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Remark																																
Sign																																

note: Note: prior to Disinfection cleaning of used instruments is must. attender must use reusable gloves while handling used instruments. Invasive or surgical procedures should be done under aseptic & sterilization protocol. customise this chart according to your department need.

## 1. Infection Control Protocols of Dept. of Public Health Dentistry

*[Signature]*

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Al-Badar Dental College and Hospital, Gulbarga  
Department of Prosthodontics  
Disinfection daily logbook

October 2021

Particulars	Days	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Dental chairs		✓																														
Water line of dental chairs		✓																														
labs																																
Preclinical areas																																
Instruments																																
Equipments																																
Sterilization room																																
Satellite Centre (w/h)																																
Mobile Dental Van (w/h)																																
Remark																																
Sign																																

Note: Note prior to Disinfection cleaning of used instruments is must, attenders must use reusable gloves while handling used instruments. Surgical procedures should be done under aseptic & sterilization protocol, customise this chart according to your department need.

Signature: [Signature]  
Date: 9/10/21

DEPT. OF PROSTHODONTICS  
AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL  
GULBARGA

Al-Badar Dental College and Hospital, Gulbarga  
Department of Prosthodontics  
Housekeeping daily logbook

October 2021

Particulars	Days	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Floor sweeping																																
Staff Room area		✓																														
Clinical area		✓																														
Museum																																
Floor mopping (using floor disinfectant)																																
Staff Room area		✓																														
Clinical area		✓																														
Museum																																
Toilet area cleaning																																
Tablets, chairs, Windows																																
Transport of BMW																																
Satellite Centre (w/h)																																
Mobile Dental Van (w/h)																																
Remark																																
Sign																																

Note: All department rooms/area, 100% patient waiting area should be cleaned. Segregated BMW and office waste should be cleared. Sweepers should wear reusable gloves, spider webs cleared, drip glass panes cleaned, waste from clinical, pre-clinical & lab waste is BMW, foot wears arranged properly outside dept. customise this chart according to your department need.

Signature: [Signature]  
Date: 21/10/21

DEPT. OF PROSTHODONTICS  
AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL  
GULBARGA

## 2. Infection Control Protocols of Dept. of Prosthodontics

Signature: [Signature]  
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AL-BADAR DENTAL COLLEGE AND HOSPITAL, KALABURAGI  
DEPARTMENT OF ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS  
STERILIZATION AND DISINFECTION AND BIO-MEDICAL HAZARD HOUSEKEEPING DAILY LOG BOOK  
October 2021

Item/Area Cleaned	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Preparation of disinfecting solutions 1% NaOCl	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Whether hand sanitizers are available in patient clinical area, dressing and stuffing area?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Whether hand washing soaps are available in clinical area?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Morning sweeping of corridors waiting and reception area with NaOCl	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Disinfection of treatment & dry chairs, table with NaOCl	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mopping of Dressing and Stuffing area with NaOCl	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Whether dental chairs are disinfected after every patient?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Disinfection of instruments by autoclave and 5% Glutaraldehyde solution and solution change every 15 days.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Item/Area Cleaned	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Sterilization of impression trays by 2% Glutaraldehyde solution change every 15 days.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Flipping of clinical area and Dressing, Stuffing area with silver nitrate solution and alternate days with Rapid Chlorine Disinfectant	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Disinfection of PPE with 1% Hydrogen peroxide/10 litres of water/10 gms of soap solutions.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Note: All department rooms/area, toilets, patient waiting area should be cleaned. Segregated BMW and office waste should be cleared. Sweepers should wear reusable gloves, spider webs cleared, dust glass panes cleaned. Waste from clinical, pre-clinical and lab waste in BMW. Foot wear arranged properly outside department.

Signature  
Incharge staff

### 3. Infection Control Protocols of Dept. of Orthodontics

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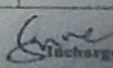
AL-BADAR DENTAL COLLEGE AND HOSPITAL, GULBARGA  
DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY  
Housekeeping Daily Logbook - OCTOBER 2021

Particulars	Days	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Public waiting area	Day																															
	Staff room																															
	Clinical area																															
	Museum																															
Housekeeping (public waiting area)	Day																															
	Staff room																															
	Clinical area																															
	Museum																															
Public area cleaning	Day																															
Entrance, Corridor	Day																															
Windows	Day																															
Remarks	Day																															
Sign	Day																															


Notes: Departmental rooms, area, toilets, general meeting area should be cleaned. Integrated BMW and clinical waste should be disposed. Swabbers should wear disposable gloves. Spillages should be cleaned, deep glass cleaned. Waste from clinical, preclinical should be disposed in BMW. First aiders arranged properly outside steps.

**Sterilization & Fumigation Report - OCTOBER 2021**  
Department of Pedodontics & Preventive Dentistry

Date	Diagnostic & surgical instruments	Non surgical instruments	Fumigation	Staff signature
1/10/21				
2/10/21	GANDHI	RAJAGOPAL		
3/10/21		SUNDAY		
4/10/21				
5/10/21				
6/10/21	MATHURAN	ANAYAN		
7/10/21				
8/10/21				
9/10/21				
10/10/21	SUNDAY			
11/10/21				
12/10/21				
13/10/21				
14/10/21	MATHURAN	ANAYAN		
15/10/21				
16/10/21				
17/10/21				
18/10/21				
19/10/21				
20/10/21	MATHURAN	ANAYAN		
21/10/21				
22/10/21				
23/10/21				
24/10/21	SUNDAY			
25/10/21				
26/10/21				
27/10/21				
28/10/21				
29/10/21				
30/10/21				
31/10/21				

Principal, 

4. Infection Control Protocols of Dept. of Pedodontics

  
PRINCIPAL  
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**AL-BADAR DENTAL COLLEGE & HOSPITAL**  
Department of Conservative Dentistry and Endodontics  
Near P.D.A. Engg. College, Opp. Koranti Hanuman Mandir, GULBURGA



**Daily Housekeeping Record**

Particulars	Date	3/10	4/10	5/10	7/10	10/10	11/10	12/10	14/10	15/10	16/10	17/10	18/10	19/10	21/10	22/10	23/10	24/10	25/10	26/10	30/10	31/10	1/11	4/11	5/11	6/11	7/11
Floor sweeping	Staff Rooms & Seminar room areas	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	UG Clinical area	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	PG clinic & surgical area	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Floor mopping (using floor disinfectant)	Predental	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Staff Rooms & Seminar room areas	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	UG Clinical area	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	PG clinic & surgical area	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Toilet area cleaning	Predental	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Predental	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Tables, chairs, Fans.		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Transport of BMW		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Metal Lab cleaning		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ceramic Lab cleaning		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Remark																											
Sign																											

Head of Department

Note: All department rooms/area, toilets, patient waiting area should be cleaned. Segregated BMW and office waste should be cleared. sweepers should wear reusable gloves. spider webs cleared. dept glass panes cleaned. waste from clinical, pre-clinical & lab waste in BMW. foot wears arranged properly outside dept. customise this c/ according to your department need.

**AL-BADAR DENTAL COLLEGE & HOSPITAL**  
Department of Conservative Dentistry and Endodontics  
Near P.D.A. Engg. College, Opp. Koranti Hanuman Mandir, GULBURGA

**Disinfection Inspection Record**

Date	Disinfection of Surgical area	Disinfection	Sign
9/10/21	✓	✓	
11/10/21	✓	✓	
11/10/21	✓	✓	
12/10/21	✓	✓	
13/10/21	✓	✓	
16/10/21	✓	✓	
19/10/21	✓	✓	
20/10/21	✓	✓	
21/10/21	✓	✓	
22/10/21	✓	✓	
23/10/21	✓	✓	
25/10/21	✓	✓	
26/10/21	✓	✓	
27/10/21	✓	✓	
28/10/21	✓	✓	
29/10/21	✓	✓	
30/10/21	✓	✓	

Staff Incharge

Head of the Department

**5. Infection Control Protocols of Dept. of Conservative and Endodontics**

*[Signature]*

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Al-Badar Dental College and Hospital, Gulbarga  
Department of Periodontics  
Housekeeping daily logbook  
OCT - 2021

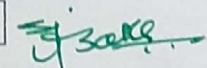
Particulars	Days	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Floor Sweeping	Staff Room area	✓																														
	Clinical area	✓																														
Floor Mopping (Using floor disinfectant)	Staff Room area	✓																														
	Clinical area	✓																														
Toilet area cleaning																																
Tables, chairs, lens																																
Windows, Doors																																
Transport of Bld W																																
Refrigerator																																
Sinks, Spillages																																
Disinfectant																																
Restock																																
Signs																																

Note: all department rooms/ area, toilets, patient waiting area should be cleaned. Segregated BMD and office waste should be cleared. Sweepers should wear reusable gloves. Spider webs cleared, dust glass panes cleaned. Waste from clinical, Pre-clinical & lab to BMD. Feet wears arranged properly outside dept. customize this chart according to your department need.

AL BADAR DENTAL COLLEGE AND HOSPITAL, KALABURAGI  
DEPARTMENT OF PERIODONTICS  
STERILIZATION REPORT

DATE	DIAGNOSTIC INSTRUMENTS	SURGICAL INSTRUMENTS	NON SURGICAL INSTRUMENTS	SIGNATURE
01/10/21	✓	HOLIDAY	✓	IR
02/10	✓	SUNDAY	✓	IR
03/10	✓	✓	✓	IR
04/10	✓	HOLIDAY	✓	IR
05/10	✓	✓	✓	IR
06/10	✓	✓	✓	IR
07/10	✓	SUNDAY	✓	IR
08/10	✓	✓	✓	IR
09/10	✓	✓	✓	IR
10/10	✓	✓	✓	IR
11/10	✓	✓	✓	IR
12/10	✓	HOLIDAY	✓	IR
13/10	✓	HOLIDAY	✓	IR
14/10	✓	✓	✓	IR
15/10	✓	SUNDAY	✓	IR
16/10	✓	✓	✓	IR
17/10	✓	HOLIDAY	✓	IR
18/10	✓	HOLIDAY	✓	IR
19/10	✓	✓	✓	IR
20/10	✓	✓	✓	IR
21/10	✓	✓	✓	IR
22/10	✓	✓	✓	IR
23/10	✓	SUNDAY	✓	IR
24/10	✓	✓	✓	IR
25/10	✓	✓	✓	IR
26/10	✓	✓	✓	IR
27/10	✓	✓	✓	IR
28/10	✓	✓	✓	IR
29/10	✓	✓	✓	IR
30/10	✓	✓	✓	IR
31/10/21	✓	SUNDAY	✓	IR

6. Infection Control Protocols of Dept. of Periodontics

  
PRINCIPAL  
Al-Badar Rural Dental College  
& Hospital, KALABURAGI

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Al - Badar Dental College and Hospital, Gulbarga  
Department of Oral Pathology & Microbiology  
Disinfection daily logbook

OCTOBER 2021

Particulars	Days	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Dental chairs																																
Water line of dental chairs																																
Labs																																
Predclinical Area																																
Instrument																																
Equipments																																
Sterilization																																
Remarks																																
Sign																																

Note: Prior to Disinfection cleaning of used instruments is must, attender must use reusable gloves while handling used instruments. Invasive or surgical procedure should be done under aseptic & sterilization protocol, customize this chart according to your Department need.

Staff Incharge  
Dr. Deepa Hegde  
Dr. Hg

Chinn  
H. H. H.  
Dept. of Oral Pathology & Microbiology  
Al-Badar Dental College & Hospital

Al - Badar Dental College and Hospital, Gulbarga  
Department of Oral Pathology & Microbiology  
Housekeeping daily logbook

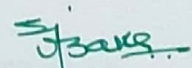
OCTOBER 2021

Particulars	Days	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Floor Sweeping																																
Staff room area																																
Clinical area																																
Museum																																
Staff room area																																
Floor mopping (using floor disinfectant)																																
Clinical area																																
Museum																																
Toilet area cleaning																																
Lab. chairs																																
Windows																																
Transport of BMW																																
Remarks																																
Sign																																

Note: All department rooms/ area, toilets, patient waiting area should be cleaned. Segregated BMW and office waste should be cleaned. Sweepers should wear reusable gloves. Spider webs cleared, dept glass panels cleaned. Waste from clinical & lab waste in BMW. Out wear should be arranged properly outside department.

Chinn  
H. H. H.  
Dept. of Oral Pathology & Microbiology  
Al-Badar Dental College & Hospital

## 7. Infection Control Protocols of Dept. of Oral Pathology and Microbiology

  
PRINCIPAL  
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Al-Badar Dental College and Hospital, Gulbarga  
Department of Oral Medicine and Radiology  
House keeping monthly chart - October 2021

Particular	Days	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Floor sweeping	Staff room area	✓																														
	Oral medicine Radiology	✓																														
	Autoclave	✓																														
Floor mopping (using floor disinfectant)	Staff room area	✓																														
	Oral medicine Radiology	✓																														
	Autoclave	✓																														
Toilet cleaning area		✓																														
Tables, chairs		✓																														
Windows		✓																														
Transport of Biomedical waste		✓																														
Patients waiting area		✓																														
Remarks																																
Sign																																

Staff Incharge

Head of the Department  
Dept. of Oral Medicine & Radiology  
AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL  
GULBARGA

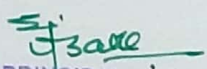
Al-Badar Dental College and Hospital, Gulbarga  
Department of Oral Medicine and Radiology  
Disinfection monthly chart - October 2021

Particular	Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Dental chairs	UG clinic	✓																														
	PG clinic	✓																														
Water line of dental chairs		✓																														
Radiology		✓																														
Instruments		✓																														
Equipments		✓																														
Sterilization room		✓																														
Biopsy room		✓																														
Therapeutic room		✓																														
Patients waiting area		✓																														
Remarks																																
Sign																																

Staff Incharge

Head of the Department  
Dept. of Oral Medicine & Radiology  
AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL  
GULBARGA

**9. Infection Control Protocols of Dept. of Oral Medicine and Radiology**

  
PRINCIPAL  
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## 6. Needle stick Injury Records

Date - 2/1/20

Student Name - Anand

Year of study - (IV year) 2020

Problem -

Worked to the oral surgery department  
with injury in the hand while doing IMF on  
a patient with fracture.

Measures Taken -

I was advised to get my HIV test done  
along with hepatitis & antibody titres

My HIV test was negative and the booster dose  
for hepatitis & was taken

It was also explored the precautions to  
be taken while doing intermaxillary fixation.

Student Sign - Anand

Staff Sign -

S.D. INCHARGE  
Dept. of Oral Maxillofacial Surgery  
AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL  
KALABURAGI

PRINCIPAL  
Al-Badar Rural Dental College  
& Hospital, KALABURAGI



Al-Badar Educational & Charitable Trust's


## AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI

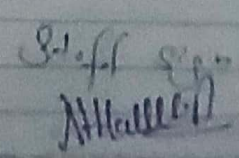
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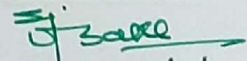
Date - 12/8/13  
Student Name - Sana Khanam  
Year of study - III<sup>rd</sup> yr BDS

Problem  
referred to the department with  
injury in finger due to needle prick while  
doing suturing on a patient after extraction.

Measures taken:  
I was advised for HIV and Hepatitis  
B antibody - IELISA.  
HIV was negative and booster dose for  
Hepatitis B was also taken.  
I was advised for further handling of  
suture needles.

  
Student sign

  
Staff sign



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Date - 28/2/18

Record

Student Name - Laxmi

Year of Study - 2018 [IV year]

Problem:

Reported to the department  
with injury in the fingers due to needle  
prick while operating on the patient.

Measure taken:-

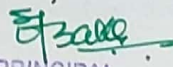
I was advised to wash my  
hands immediately with running tap water.  
I was also advised to report to the microbiology  
department to check my Hepatitis B antibody  
titer and for HIV.

- It was found that HIV was negative  
and booster dose against hepatitis B was  
given.

Student Sign - Laxmi

Faculty Sign -

M. H. H. H.

  
PRINCIPAL

Al-Badar Rural Dental College  
& Hospital, KALABURAGI



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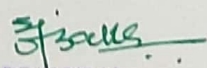
AVANTEC LABORATORIES (P) LTD.,  
No. 17, Arignar Anna Industrial Estate, Medakuppam, Venagaram, Chennai - 600 095  
Phone: 7448536363, E-Mail: dtd@avanteclab.net

Receipt Voucher

Dated 22-Oct-2021

Particulars	Amount
Account : 015598, AL-BADAR DENTAL COLLEGE & HOSPITAL, GULBARGA	18621.00
Through : THE RATNAKAR BANK LTD ( RBL ) 980042	
On Account of : NEFT drawn on NEFT towards Invoice Fy 2020-21 & Proforma Invoice Fy 2021-22	
Amount (in words): Rupees: Eighteen Thousand Six Hundred Twenty One Only	18621.00
Note: Cheque/DD deposit is subject to clearance	

For Avantecl Laboratories (P) Ltd

  
PRINCIPAL  
Al-Badar Rural Dental College  
& Hospital, KALABURAGI