

**INSTITUTE OF DENTAL SCIENCES, BAREILLY**

**NODUES FORM**

Name of Student				Class	
Roll No.		Batch		Year	

This is to certify that.....Do not posses any material belonging to this department.

S. No.	Department	Signature of H.O.D
1.	Department of Human Anatomy	
2.	Department of Physiology	
3.	Department of Bio Chemistry	
4.	Department of Prosthodontics & Dental Materials	
5.	Department of Pharmacology	
6.	Department of Gen. Pathology & Microbiology	
7.	Department of Oral Pathology & DADH	
8.	Department of Gen. Medicine	
9.	Department of Gen. Surgery	
10.	Department of Community Dentistry	
11.	Department of Oral Medicine & Radiology	
12.	Department of Oral & Maxillofacial Surgery	
13.	Department of Conservative Dentistry	
14.	Department of Periodontics	
15.	Department of Orthodontics	
16.	Department of Pedodontics	
17.	Central Library	
18.	Dental Store	
19.	Mess	
20.	Canteen	
21.	Office (Room No: 101-Dental)	

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Administrative Officer

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Principal

<b><u>FOR ACCOUNT OFFICE ONLY</u></b>
Remarks:
----- Signature of Account officer