Field Visit

(AY 2020-2021)

ARMY COLLEGE OF DENTAL SCIENCES

Chennapur –CRPF Road , Jai Jawaharnagar Post, Secunderabad – 500 087, Telangana
Ph: +914029708384, 9347411942
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NAAC Accredited 'A' & Certified ISO 9001 : 2015 & ISO 14001 : 2015

List of students attending Field visit in AY 2020-2021

S.no	Visit	Name of student
1.	Peripheral visit to Basavatarakam Cancer Institute	Dr Harsh Jha
2.	Peripheral visit to Basavatarakam Cancer Institute	Dr Amulya Manohar

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Peripheral Field Visit AY 2020-2021)

Quality matters in Cancer Care

BASAVATARAKAM INDO-AMERICAN
CANCER HOSPITAL & RESEARCH INSTITUTE
Promoted by Smt. Nandamuri Basavataraka Ramarao Memorial Cancer Foundation
& Indo-American Cancer Organisation
Road No 10, Banjara Hills, Hyderabad 500034, India
Phones : 91-40-2355 1235/2360 7944, Fax : 91-40-2354 2120
E-Mail : info@induscancer.com www.induscancer.com

BASAVATARAKAM INDO-AMERICAN

Date:02.11.2021

PERIPHERAL POSTINGS

This is to certify that **Dr.Amulya Manohar , MDS 3rd** Year student from **Army College of Dental Sciences** Hyderabad has completed observer ship from 19.10.2021 to 02.11.2021 in Department of Surgical Oncology (Head & Neck) at **Basavatarakam Indo American Cancer Hospital and Research Institute, Hyderabad .**

02/11/21

Dr.K.Kalpana Raghunath
Associate Director(Academics)

Dr. K. Kalpana Raghunath
MBBS, M.Phil, HNSM
Chief DNB Coordinator
Correspondent-Nsg & Paramedical
Associate Director (Academics)
Basavatarakam Indo-American
Cancer Hospital & Research Institute
HYDERABAD

Dr.T.Subramanyeshwar Rao
Medical Director& HOD-Surg onco

Dr. T. Subramanyeshwar Rao
M.S., MCh., (Surgical Oncology)
Director (Medical) &
Head-Dept. of Surgical Oncology
Basavatarakam Indo-American
Cancer Hospital & Research Institute

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Army College Of Dental Sciences

Army College of Dental Sciences
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Quality matters in Cancer Care

BASAVATARAKAM INDO-AMERICAN CANCER HOSPITAL & RESEARCH INSTITUTE

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Road No 10, Banjara Hills, Hyderabad 500034, India
Phones : 91-40-2355 1235/2360 7944, Fax : 91-40-2354 2120
E-Mail : info@induscancer.com www.induscancer.com

Date:19.10.2021

PERIPHERAL POSTINGS

This is to certify that **Dr.Harsh Kumar Jha , MDS 3rd Year** student from **Army College of Dental Sciences** Hyderabad has completed observer ship from 04.10.2021 to 18.10.2021 in Department of Surgical Oncology (Head & Neck) at **Basavatarakam Indo American Cancer Hospital and Research Institute, Hyderabad .**

20/10/21.

Dr.K.Kalpana Raghunath
Associate Director(Academics)

Dr. K. Kalpana Raghunath
MBBS, M.Phil, HHSM
Chief DNB Coordinator
Correspondent-Nsg & Paramedical
Associate Director (Academics)
Basavatarakam Indo-American
Cancer Hospital & Research Institute
HYDERABAD

Dr.T.Subramanyeshwar Rao
Medical Director& HOD-Surg onco

Dr. T. Subramanyeshwar Rao
M.S., MCh., (Surgical Oncology)
Director (Medical) &
Head-Dept. of Surgical Oncology
Basavatarakam Indo-American
Cancer Hospital & Research Institute

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Industry visit to SP Dental Lab

(AY 2020-2021)

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Visit To SP Dental Lab (AY 2020-2021)

S. No	Name Of the Student
1.	Akash Choudhary
2.	Anjali Pathak
3.	Anupama Lakharwal
4.	Ashtinder Kaur
5.	B Meghna
6.	Beauty Kumari
7.	Bina Kumari
8.	Chintada Surya Teja
9.	Gayathri Bisht
10.	Geetika
11.	Goli Dileep Kumar
12.	Gursher Singh Dhillon
13.	Insha Iqbal
14.	Iqbal Singh
15.	Karishma
16.	Kumari Priti Maurya
17.	Mahak Bhadouria
18.	Mamta Kumari Yadav
19.	Manisha Kumari
20.	Manisha Ma
21.	Megha Chauhan
22.	Monika Tripathi
23.	Nandita Kalita
24.	Neha Naz
25.	Nisha Yadav

26.	Pooja Yadav
27.	Poonam Gangwar
28.	Ritu
29.	Sagar Harshul Singh
30.	Sai Vaishnavi Alahari
31.	Simran Baunthiyal
32.	Simran Singh
33.	Soni Kumari
34.	Tara Chand
35.	Toshif Firdosh
36	Vandana
37	Vanshika Sharma
38	Vartika Singh
39	Vibha Kumari
40	Vivek K
41.	Ranjima
42.	Sahiti Chiluka
43.	Priya Singh
44.	Sakshi Kumari
45.	Adarsh Kumar
46.	Arti Kumari
47.	Deepak Kumar
48.	Gayatri Bisht
49.	Pooja Panwar
50	Ritu Bhandari
51.	Sreeraja
52.	Swapnali
53.	Saroj Jhakar
54.	Shilpi Singh
55.	V Mamani

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Research Projects (AY 2020-2021)

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List Of Students Undertaking Research Projects:

Year	Name of students	Research topics
AY 2020-2021	Dr. Vishnu	Influence of audio & simulated 3D environment of anesthetic efficacy of Lidocaine for Inferior Alveolar Nerve Block in patients with Irreversible Pulpitis: Randomized Controlled Trial
AY 2020-2021	Dr. Amit Kumar	To Evaluate the clinical performance of reinforced glass Ionomer materials in Class II restorations – A 12 month Randomized Controlled Clinical Trial
AY 2020-2021	Dr. Neha Chauhan	Comparative evaluation of remineralizing capacity of various agents on artificial caries using Scanning Electron Microscope – Energy dispersive X-Ray Analysis: An Invitro Study
AY 2020-2021	Dr Anoushka Menon	To study the effect of surface modifications on the translucency and opalescence of high translucency monolithic zirconia- an invitro study.
AY 2020-2021	Dr Baljinder Kaur	Comparing marginal and internal fit of composite veneers fabricated with conventional, cad-cam, 3d printing and using 2 different resin cement.

AY 2020-2021	Dr AP Ravi	Comparative evaluation of tensile bond strength of vinyl siloxane ether with different tray materials using two tray adhesives.
AY 2020-2021	Dr. Neha Kumari	Relationship between Fingerprint patterns and Periodontal disease Status- A dermatoglyphic study
AY 2020-2021	Dr. Sneha Reddi	Awareness of periodontal diseases and it's management among medical college students in Hyderabad: A questionnaire-based study
AY 2020-2021	Dr. Mohd Mudassir Moinuddin	Association between obesity and periodontitis among undergraduate students in Hyderabad in cross sectional survey.
AY 2020-2021	Dr Bharat Poonia	Evaluation of orthodontic tooth movement predictability with customized fixed orthodontic appliances - A prospective cohort study
AY 2020-2021	Dr Prem Shankar Chauhan	Effectiveness of two types of distraction techniques in management of dental anxiety and pain in 6-12- year-old children.
AY 2020-2021	Dr Ayesha	Comparative Evaluation of micro tensile bond strength of restorative materials on SDF and Non-SDF treated tooth: An in-vitro Study.
AY 2020-2021	Dr Anjana	Comparison of the efficacy of cartridge versus multidose Lignocaine local anesthetic vials.
AY 2020-2021	Dr Aswani	Comparison of preemptive analgesic effect of Ibuprofen and Ketorolac on postoperative pain following third molar surgery.

AY 2020-2021	Dr Harshul Singh	Chronic generalized periodontitis and bone health
AY 2020-2021	Dr Harshul Singh	Dental caries and lifestyle
AY 2020-2021	Dr Ichitha Joshi	Lasers in operative dentistry
AY 2020-2021	Dr Sugam Kumar	Minimally invasive repair: A Review and case report
AY 2020-2021	Dr Ashtinder Kaur	Evaluation of iatrogenic abrasion to adjacent tooth while preparing class II cavity , with/without protection: A invitro study

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KNR UNIVERSITY OF HEALTH SCIENCES: TELANGANA
WARANGAL 506 007
ALLOTMENT OF REGISTRATION NUMBERS TO PG MDS 2020-21 BATCH STUDENTS WHO HAVE SUBMITTED DISSERTATION TOPICS FOR APPROVAL

ARMY COLLEGE OF DENTAL SCIENCES

Sl.No.	Name of the Student	Subject	Topic	Regn. No.
1	BHARAT POONIA	MDS IN ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS	"Evaluation of Orthodontic Tooth movement predicability with customised fixed orthodontic appliances - A prospective Cohort study"	**20200101001D**
2	PARTHIBAN V	MDS IN ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS	NOT SUBMITTED	**20200101002D**
3	MOHD MUDASSIR MOHIUDDIN	MDS IN PERIODONTOLOGY	"Association Between obesity and Periodontitis among Undergraduates students in Hyderabad - A cross Sectional Study"	**20201101001D**
4	NEHA KUMARI	MDS IN PERIODONTOLOGY	"relationship between fingerprint pattern and periodontal status : a dermatoglyphics study	**20201101002D**
5	SNEHA REDDI	MDS IN PERIODONTOLOGY	"Awareness of Periodontal Disease and Its Management among Medical College Students in Hyderabad : A Questionnaire Based Study"	**20201101003D**
6	A P RAVI	MDS IN PROSTHODONTICS AND CROWN & BRIDGE	"comparitive evaluation of tensile bond strength of vinlysiloxane ether with different tray materials using two tray adhesives - an in vitro study"	**20203101001D**
7	ANOUSHKA MENON	MDS IN PROSTHODONTICS AND CROWN & BRIDGE	"to study the effects of surface modifications on the translucency and opalescence of high translucency monolithic zirconia in vitro study"	**20203101002D**
8	BALJINDER KAUR	MDS IN PROSTHODONTICS AND CROWN & BRIDGE	"to compare and evaluate the marginal and internal fit of composite laminate veneers by conventional layering cad - cam milling and 3d with two different resin cements - an invitro study"	**20203101003D**
9	ANJANA S	MDS IN ORAL AND MAXILLOFACIAL SURGERY	"comparison of efficacy of cartridge versus multidose lignocaine local anaesthetic vials"	**20204101001D**
10	ASWANI SREENIVASAN	MDS IN ORAL AND MAXILLOFACIAL SURGERY	"comparison of preemptive analgesic effect of ibuprofen versus ketoRolac on post operative pain following third molar surgery"	**20204101002D**
11	AYESHA	MDS IN PEDIATRIC AND PREVENTIVE DENTISTRY	" COMPARATIVE EVALuATION OF MICROTENSILE BOND STRENGTH OF RESTORATIVE MATERIALS ON SDF AND NON SDF TREATED TOOTH AN INVITRO STUDY"	**20205101001D**
12	PREM SHANKAR CHAUHAN	MDS IN PEDIATRIC AND PREVENTIVE DENTISTRY	"effectiveness of two types of distraction techniques In management of dental anxiety and pain in 6-12 year old children"	**20205101002D**
13	AMIT KUMAR	MDS IN CONSERVATIVE DENTISTRY AND	"to evaluate the clinical performance of reinforced glass ionomer materials in class -II restorations - a 12 month	**20206101001D**

14	NEHA CHAUHAN	MDS IN CONSERVATIVE DENTISTRY AND ENDODONTICS	"comparative evaluation of remineralising capacity of various agents on artifiCIal caries using scanning electron microscope energy dispersive x- ray analysis -an invitro study	20206101002D
15	VISHNU RAJ	MDS IN CONSERVATIVE DENTISTRY AND ENDODONTICS	"influence of audio and simulated 3d environment on anaesthetic efficacy of lidocaine for inferior alveolar nerve block in patients with SYMPTOMATIC irreversible pulpitis : a randomised controlleD clinical trial	20206101003D

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Chronic Generalized Periodontitis & Bone Health

Dr. Sagar Harshul Singh & Dr. Mamta Kaushik

Many researches have revealed that gum diseases like Periodontitis is associated with many systemic conditions of the body. It may contribute to many conditions like Stroke, Diabetes Mellitus, Cardiovascular diseases, Pneumonia, and so on. This association is demonstrated due to inflammation. Though a cause- and- effect relationship has not yet been discovered, researchers explain that periodontal diseases increase the risk of chronic diseases of the body.

Periodontitis is a disease of the oral cavity that can be confined to the gingiva as Gingivitis or may extend into deeper tissues leading to soft and hard tissue loss which affects the attachment of teeth to the bone. It is seen that bony destruction leads to deep periodontal pockets (spaces or openings surrounding the teeth under the gum line) to increased incidence of tooth loss.

Periodontitis

Periodontitis is caused by specific microorganisms resulting in progressive destruction of the periodontal ligament (tissue attaching the tooth to the bone) and alveolar bone (bone which houses the teeth). Chronic Periodontitis, is the most prevalent form of the disease. It is generally considered to be a slowly progressing disease. Though chronic Periodontitis is most frequently observed in adults, it can occur in children and adolescents, also. Chronic periodontitis has been defined as *"an infectious disease resulting in inflammation within the supporting tissues of the teeth, progressive attachment loss of gums to the teeth or bone, and bone loss."*

This outlines the major clinical and etiologic features of the disease:

- Microbial plaque formation,
- Periodontal inflammation, and
- Loss of attachment and alveolar bone.

Formation of periodontal pocket is usually a sequel of the disease unless gingival recession accompanies attachment loss pocket depths remain shallow ongoing attachment and bone loss.

Earlier in the late 1800s, it was thought that chronic periodontitis was characterized by slow progressive destruction of the periodontium due to *Lime deposit* accumulation on the teeth.

Disease Progression

Chronic Periodontitis does not progress at an equal rate in all affected sites throughout the mouth. Some involved areas may remain static for long periods of time, whereas other areas may progress more rapidly. Rapid progressive lesions occur most frequently in inter-dental areas and are usually associated with areas more susceptible to plaque accumulation and inaccessibility to plaque control measures (e.g., furation areas, over-extended margins of fillings/restorations, sites of malposed teeth, or areas of food lodgment)

Disease Distributon

Chronic periodontitis is considered a site-specific disease.

The clinical signs of chronic periodontitis:

- Inflammation
- Pocket formation
- Gum attachment loss
- Bone loss

As Chronic Periodontitis is usually painless, patients are likely to seek and accept treatment recommendations. Occasionally, pain may be present due to exposed roots which are sensitive to heat, cold, or both. Areas of localized dull pain, sometimes radiating deep into the jaw, have also been associated with periodontitis. The presence of areas of food loodgement, foul smell from mouth may add to the patient's discomfort. Gingival tenderness or "itchiness" can be seen.

Rick Factors for Disease

Local Factors

Attachment and bone loss are associated with an increase in the proportion of micro-organisms in the gingival plaque, organisms known to be exceptionally pathogenic and virulent. Microorganisms like *Bacteroidesgingivalis, Bacteroidesforsythus, and Treponemadenticola,* are frequently associated with attachment and bone loss in Chronic Periodontitis.

Plaque retentive factors are important in the development and progression of chronic periodontitis as they retain plaque microorganisms in close proximity to the periodontal tissues. Calculus is considered the most important plaque retentive factor because of its

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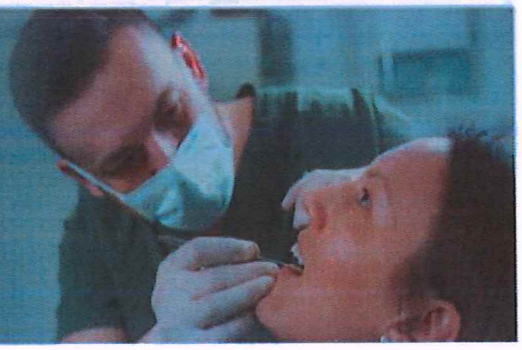
Dental Caries: A Lifestyle Disease

Sagar Harshul Singh &
Dr Mamta Kaushik



Dental Caries, commonly known as tooth decay or cavity, is among the most widespread oral diseases that a dentist encounters in clinical practice daily. Scientifically, Dental Caries is defined as an infectious microbiological disease of teeth that results in localized dissolution and destruction of calcified tissues. According to The Global Burden of Disease Study 2017, dental caries of the permanent teeth is the most common oral disease globally. It is estimated that 2.3 billion people suffer from caries of permanent teeth, and more than 530 million children suffer from caries of primary teeth. There is an alarming rate of increase in the prevalence of dental caries worldwide, affecting 60-90% of school children and many adults in most developed nations.

Dental caries is considered a disease of modern civilisation since pre-historic people rarely suffered from this form of tooth destruction. Anthropologic studies of *Von Lenhossek* revealed that Dolichocephalic skulls of men from the Pre-Neolithic period (12,000 BC) did not exhibit dental caries, but skulls of Brachycephalic man in the Neolithic period (12,000-3,000 BC) indicated the presence of carious teeth mainly in the cervical region of older adults.

One of the major factors responsible for caries incidence is diet. The diet of primitive people mainly consisted of roughage which cleanses the teeth of adherent debris during mastication. In modern times, soft & refined food tends to cling tenaciously to the tooth surface and remains without removal due to the absence of roughage.

The data from National Oral Health Survey (2002-03) states that the caries prevalence was 53.8% in children aged 12 years, 80.2% in the 35-44 year age group, and 85% in the age group 65-74 years.

Saliva

Saliva plays a significant role in the oral cavity. It helps in the digestion of starch and swallowing food (lubricating action), has a cleansing effect(washes away remnant food debris in the mouth), antibacterial effect, pH buffering action, which prevents caries activity. Normal pH levels varies from 6.2 -7.6. One of the most important functions of saliva concerning caries is its role in the removal of food debris from the mouth – flushing effect. The bicarbonate concentration mainly determines the pH of saliva.

Cariogenic Microflora - Dental Plaque

Dental Plaque is a soft, translucent, and firmly adherent mass accumulating on the tooth surface. It is mainly composed of bacteria, salivary proteins, and inorganic salts. The oral cavity is home to various microflora, over 350 species of bacteria; only a few can cause dental caries. Dental plaque, associated with dental caries, has a high concentration of Streptococcus mutans and Lactobacillus acidophilus. Streptococcus mutans ferments carbohydrates like sucrose to produce acid, which helps in plaque adhesion by forming a large number of extracellular glucans and leads to the dissolution of the tooth surface.

Diet

Diet is another major factor in the development of dental caries. A less fibrous, more refined, soft, and sticky diet favours stagnation of food on the tooth surface. Cariogenic diet mainly involves carbohydrates. The modern-day diet contains refined carbohydrates like sucrose, fructose, glucose which makes the food more cariogenic. When sugars and starches are not removed from the tooth surface, bacteria quickly begin to feed on them and release acid that results in the dissolution of the tooth surface. Dietary sugars include sugars and free sugars. Free sugars are the main problem. Free sugars are majorly found in confectionery, cakes, biscuits, sweetened cereals, sweet desserts and jams, and sugary drinks, e.g., soda, fruit juices, energy, and sports drinks. Sugars and acids weaken tooth enamel, increasing the risk of tooth decay. Frequent consumption of cooked starch and sweets containing simple sugars leads to lower oral

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Review Article

Volume 6, Issue 1, Jan-Jun 2

Lasers in Operative dentistry

E. Soujanya [1], Neha Verma[2], Ichita Joshi[3], Chandrakanth Majeti [4]

[1,4]Reader, Department of Conservative Dentistry & Endodontics, Army College of Dental Sciences, Secunderabad,
[2]PG student, Department of Conservative Dentistry & Endodontics, Army College of Dental Sciences, Secunderabad,
[3]Intern, Department of Conservative Dentistry & Endodontics, Army College of Dental Sciences, Secunderabad

Abstract

Light amplification by stimulated emission of radiation (LASER), is an optical device that emits coherent, monochromatic light. Laser has become the most promising technology in the field of dentistry and medicine. In the field of restorative dentistry, various kinds of lasers have been developed for diagnostic and operative applications. Understanding the basic concepts of laser-tissue interactions has led to a more efficient utilization of the technology on the clinical side by providing patient comfort, pain relief and better results for specific applications which helps the practitioner to become more efficient. Major concerns for using dental lasers are its high cost, need for specialized training and being technique sensitive, compromises its usefulness particularly in developing countries. This review article summarise a general overview of lasers in the field of operative dentistry in terms of diagnostic and treatment procedures.

Key words: Caries, Dentistry, Hazards, Lasers

Introduction

"LASER" is an acronym for "Light Amplification by Stimulated Emission of Radiation". The acceptance of lasers as viable alternatives to traditional methods in medicine was one of the events that created an explosion of interest in the last decade in the role of lasers in dentistry. Fitting into concepts of micro dentistry and prevention, laser technology caused the pendulum to swing from simple mechanics to the boundless era of photonics. With better understanding of biological tissue responses, the possibilities of a clinician using lasers in an operative procedures have increased, varying from diagnosis of dental caries, caries removal, to curing of composite materials etc.[1]

Evolution of Lasers

1960[2] Maiman constructed first pulsed ruby laser

1972 [3] -Stern and Sognnaes found unfavourable results regarding thermal effects of lasers on enamel and dentin effects

1974[4] -Yamamoto and Ooya found favourable results for caries prevention

1992[5]- Arcoria found Ar F Excimer laser useful for ablating vital tooth structure

1995[6] -Whitters found Nd:YAG as alternative means of providing analgesia during routine dental procedures

1997[7] -John A Hess found Nd:YAG laser enamel etching effective producing impact craters

1997[8]- L.R. Eversole found Er, Cr:YSGG laser removed enamel and dentin without pulp exposure

1997[9]- Coltens Cozean found Er:YAG laser safe and effective for caries removal, cavity preparation and enamel etching

1998[10]-Andreas Moritz found direct pulp capping effective with 93% vitality after 2 years

1998[11] -Jennifer Dang found favourable results for pulpotomy procedure

1998[12]- U.Kellers found Er:YAG laser safe and effective for cavity preparation

1999[13] -F.J.Baygett found Nd:YAG laser safe & effective in soft tissue surgery on children

Corresponding Author: Dr. E. Soujanya, Reader, Department of Conservative Dentistry & Endodontics Army College of Dental Sciences,Secunderabad, Telangana, India. Email: soujanyae17@gmail.com
How to Cite: Soujanya E, Verma N, Joshi I and Majeti C. Lasers in Operative dentistry. Journal of Army College of Dental Sciences. 2020, 6(1): 18-26

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A Paradigm Shift from Traditional Replacement to Minimally Invasive Repair-A Review and Report of Cases Series

Sugam Kumar[1], Uday Kumar Podugu[2], Shradha Suman Rout[3] Pooja Chauhan[4] Mamta Kaushik[5] Pushpa[6] Priyanka Badu[7]

[1,3, 4,6,7]Intern, Department of Conservative Dentistry and Endodontics, Army College of Dental Sciences, Secunderabad

[2]Senior Lecturer, Department of Conservative Dentistry and Endodontics, Army College of Dental Sciences, Secunderabad,

[5]Professor & HOD, Department of Conservative Dentistry and Endodontics, Army College of Dental Sciences, Secunderabad,

Abstract

Failed or broken restorations are routinely treated with replacement by most clinicians. Replacing ditched amalgam restorations and fractured ceramic restorations with other similar restorations results in significant loss of dental structure. The present case series report three cases of successful repair of fractured amalgam and ceramic restorations using composite restorative material.

Key words: Amalgam, Ceramic, Composite, Repair, Replacement

Introduction

Dental amalgam has been used in dentistry for over a century. Despite poor aesthetic characteristics, lack of adhesion, and advancements in resin-based composite technology amalgam restorations are still one of the restorative treatment options in several dental practices.[1] The popularity can be attributed to its good clinical performance, relatively low cost, and long-term cost-effectiveness.[2] Secondary caries and fractures are common failures related to amalgam restorations and represent the main reasons for replacement of defective amalgam restorations.[1] However, the concept of conservatively repairing only the restoration's caries or defect is now gaining momentum. This treatment approach is not only effective, but beneficial to the patient as it minimises the removal of healthy tooth structure and reduces the risk of irreversible pulpal irritation.

Ceramic and metal-ceramic restorations have also been used for several decades by clinicians to provide aesthetics and masticatory function.[3] Studies have shown various advantages of the ceramics, like color stability, radiopacity, coefficient of thermal expansion similar to that of dentin, good compressive and abrasive resistance, and esthetics.[4,5] However, trauma and fatigue can cause fracture of the ceramic or destroy the ceramic-metal bond. This could be because ceramic has a low tensile strength and a high modulus of elasticity with a brittle behaviour.[4] Problems such as a high treatment cost, possible trauma to the restored tooth, difficulty of removing the restorations, and patient demand for a rapid solution, may occasionally delay the replacement of a fractured metal ceramic restoration.[6] Intraoral repair of fractured ceramic restorations with composite resin restorative materials is also a viable alternative.[7] Numerous repair systems are available for recovery of ceramic fractures.[3] The techniques include surface preparation of the ceramics and silane treatment in the bonding procedure.[7]

The present article consist of case series including 3 cases of fractured restoration and successful management of amalgam and ceramic restoration with composite.

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ARMY COLLEGE OF DENTAL SCIENCES
DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS
UG RESEARCH ACITIVITY

SN0	PROPOSED TOPIC	RESEARCH TEAM	STATUS
1	Evaluation of Iatrogenic abrasion to adjacent tooth while preparing class II cavity with / without protection –An In vitro Study	Intern Ashtinder (Under Guidance of Dr. Mamta Kaushik)	Ongoing

Dept of Conservative Dentistry and Endod ACDS, Secunderabad

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Clinical Internship (AY 2020-2021)

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Website: www.acds.co.in Email : army_c@rediffmail.com
NAAC Accredited 'A' & Certified ISO 9001 : 2015 & ISO 14001 : 2015

Clinical Internship

S.No	Name of student
1.	Akash choudhary
2.	Anjali pathak
3.	Anupama lakharwal
4.	Ashtinder kaur
5.	B meghna
6.	Beauty kumari
7.	Bina kumari
8.	Chintada surya teja
9.	Gayathri bisht
10.	Geetika
11.	Goli dileep kumar
12.	Gursher singh dhillon
13.	Insha iqbal
14.	Iqbal singh
15.	Karishma
16.	Kumari priti maurya
17.	Mahak bhadouria
18.	Mamta kumari yadav

19.	Manisha kumari
20.	Manisha ma
21.	Megha chauhan
22.	Monika tripathi
23.	Nandita kalita
24.	Neha naz
25.	Nisha yadav
26.	Pooja yadav
27.	Poonam gangwar
28.	Ritu
29.	Sagar harshul singh
30.	Sai vaishnavi alahari
31.	Simran baunthiyal
32.	Simran singh
33.	Soni kumari
34.	Tara chand
35.	Toshif firdosh
36	Vandana
37	Vanshika sharma
38	Vartika singh
39	Vibha kumari
40	Vivek k

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Army College of Dental Sciences

Community Postings

(AY 2020-2021)

ARMY COLLEGE OF DENTAL SCIENCES

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Website: www.acds.co.in Email : army_c@rediffmail.com
NAAC Accredited 'A' & Certified ISO 9001 : 2015 & ISO 14001 : 2015

Posting Completion Letter For Postings of Final Year BDS Students In Department of Public Health Dentistry For AY 2020-2021

This is to certify that Final year BDS students, have successfully completed postings in Department of Public health dentistry as part of their 4th year course for the AY 2020-2021. The posting schedule and list of students are as follows

Sl No	Batch	Posting Dates	Final Year Names
1	A	26/10/21-6/11/21	Adarsh Kumar Akanksha Yadav Alex Thomas C Amulya Pranavi Arti Kumari Ashwani Kumar Atul Kumar Singh Lakshmi Bhargavi Chiluka Sahiti
2	B	13/9/21-23/9/21	Deepak Kumar Garima Singh Gaurav Pandey Gayatri Kumari K Ranjima Nidhi Singroha Parvathy V Pooja Panwar
3	C	24/9/21-7/10/21	Pragati Sharma Prateek Singh Priya Singh P Balaji Reddy Rashi Sharma Ritu Bhandari R J Sreeraja Sakshi Kumari Sarat S
4	D	8/10/21 -25/10/21	Saroj Jhakar Shilpi Singh Shubham Kumar Panda Swapnali Tanuradha Hooda Vaidya Pranav

Signature of HOD **Principal**

Principal
Army College Of Dental Sciences

Army College of Dental Sciences Sec'bad SOH 1987