

AZEEZIA

COLLEGE OF DENTAL SCIENCES AND RESEARCH

MEEYANOOR P.O, KOLLAM-37, TEL: 0474-272-23-50

MRF/ACDSR

Date: 5/6/24

From

To

Name Dr. Anjali Unnikrishnan

The Director, ACDSR

Designation : Reader

Dept : Department of OMFS

Repairs & Maintenance Work-Type

I report the following repair and maintenance work for your immediate action

Sl. No.	Nature of Work	Place of Work
①	BP apparatus is not working properly	
②	5 Dental chairs not working properly	
Name and Signature <i>Anjali Unnikrishnan</i>		Completion/Non-Completion Report
Staff who submits the Maintenance Required Form (MRF)		
Recommendation with estimated cost of the work(attach details)		Completed the Repair/Maintenance work as required in in MRF on it works smoothly
Technical Staff	<i>[Signature]</i> HOD	
		<i>[Signature]</i> Technical Staff

Approved/Rejected with remarks

PRINCIPAL

AZEEZIA

COLLEGE OF DENTAL SCIENCES AND RESEARCH

MEEYANOOR P.O, KOLLAM-37, TEL: 0474-272-23-50

MRF/ACDSR

Date: 5/6/24

From

To




Name : Dr Jayanth Jayarajan The Director, ACDSR

Designation : Professor and HOD

Dept : Orthodontics

Repairs & Maintenance Work-Type

I report the following repair and maintenance work for your immediate action

Sl. No.	Nature of Work	Place of Work
1	No UPS backup for computer	
2	UG clinic not available, under repair since 1 week	
3	Lack of instruments in PG dept	
4	3 Dental chairs - semi functional	
5	Autoclave and hot water steriliser breaks down frequently	
6	Trimmer and lathe breaks down frequently	
Name and Signature Dr. Jayanth Jayarajan 		Completion/Non-Completion Report
Staff who submits the Maintenance Required Form (MRF)		
Recommendation with estimated cost of the work(attach details)		Completed the Repair/Maintenance work as required in in MRF on It works smoothly.
Technical Staff  HOD	Technical Staff 	

Approved/Rejected with remarks

PRINCIPAL

AZEEZIA

COLLEGE OF DENTAL SCIENCES AND RESEARCH

MEEYANOOR P.O, KOLLAM-37, TEL: 0474-272-23-50

MRF/ACDSR

Date: 5/6/24

From

To

Name : Gibi

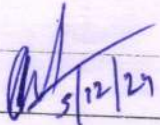
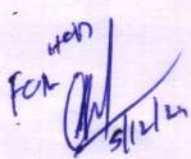

The Director, ACDSR

Designation : Professor

Dept : Department of Prosthodontics

Repairs & Maintenance Work-Type

I report the following repair and maintenance work for your immediate action

Sl. No.	Nature of Work	Place of Work
①	3 Dental chairs - semi-functional	
②	Autoclave is not working properly	
Name and Signature  5/12/24		Completion/Non-Completion Report
Staff who submits the Maintenance Required Form (MRF)		
Recommendation with estimated cost of the work(attach details)		Completed the Repair/Maintenance work as required in in MRF on It works smoothly.
Technical Staff	 HOD	
		 Technical Staff

Approved/Rejected with remarks

PRINCIPAL

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COLLEGE OF DENTAL SCIENCES AND RESEARCH

MEEYANOOR P.O, KOLLAM-37, TEL: 0474-272-23-50

MRF/ACDSR

Date: 5/6/24

From

To

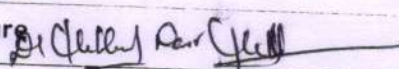


Name : Mithula Nair The Director, ACDSR

Designation : Sr lecturer

Dept : OMR

Repairs & Maintenance Work-Type

I report the following repair and maintenance work for your immediate action

Sl. No.	Nature of Work	Place of Work
1	System for entering of patient details (scapes) is not working properly (Very difficult to cross patient)	OMR
Name and Signature: 		Completion/Non-Completion Report
Staff who submits the Maintenance Required Form (MRF)		
Recommendation with estimated cost of the work(attach details)		Completed the Repair/Maintenance work as required in in MRF on It works smoothly.
Technical Staff	 HOD	
		 Technical Staff

Approved/Rejected with remarks

PRINCIPAL



AZEEZIA COLLEGE OF DENTAL SCIENCES AND RESEARCH

MEEYANOOR P.O, KOLLAM-37, TEL : 0474-2722350/370

MRF/ACDSR

Date: 13/12/2023

From

To

Name : Dr. R. Rethy

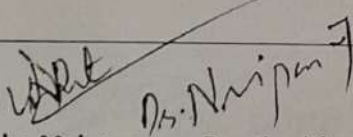
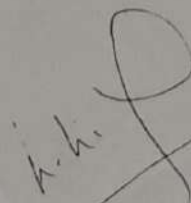
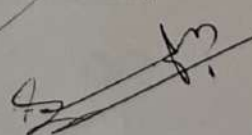
The Director, ACDSR

Designation : Asst & HOD

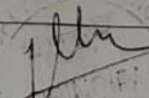
Dept. : Oral Pathology

Repairs & Maintenance Work-Type

I report the following repair and maintenance work for your immediate action

Sl. No.	Nature of Work	Place of Work
1.	Biconocular microscope - routine cleaning	UG Lab
2.	Research microscope - routine cleaning	Research Lab.
Name and Signature :  of staff who submits the Maintenance Required form(MRF) Recommendation with estimated cost of the work(attach details)		Completion/Non-Completion Report
Technical Staff  HOD		Completed the Repair/Maintenance work as required in MRF on It works smoothly  Technical Staff

Approved/Rejected with remarks


PRINCIPAL
 AZEEZIA COLLEGE OF DENTAL SCIENCES AND RESEARCH
 MEEYANOOR, KOLLAM-37



AZEEZIA COLLEGE OF DENTAL SCIENCES AND RESEARCH

MEEYANOOR P.O, KOLLAM-37, TEL : 0474-2722350/370

MRF/ACDSR

Date: _____

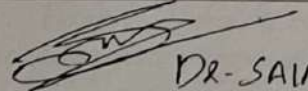

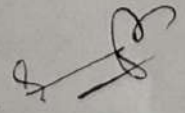
From

To

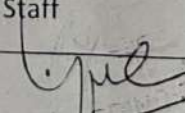
Name : DR. SAIKA SIRAJ.K The Director, ACDSR
 Designation : Sr. Lecturer
 Dept. : Public Health Dentistry

Repairs & Maintenance Work-Type

I report the following repair and maintenance work for your immediate action

Sl. No.	Nature of Work	Place of Work
1.	Repair of sterilizer	Dept clinic
2.		
Name and Signature :  <u>DR. SAIKA SIRAJ.K</u> of staff who submits the Maintenance Required form(MRF)		Completion/Non-Completion Report Completed the Repair/Maintenance work as required in MRF on It works smoothly
Recommendation with estimated cost of the work(attach details)		
Technical Staff	 HOD	 Technical Staff

Approved/Rejected with remarks


PRINCIPAL
 AZEEZIA COLLEGE OF DENTAL SCIENCES AND RESEARCH
 MEEYANOOR, KOLLAM-37



AZEEZIA COLLEGE OF DENTAL SCIENCES AND RESEARCH

MEEYANOOR P.O, KOLLAM-37 , TEL : 0474-2722350/370

MRF/ACDSR

Date: _____

From

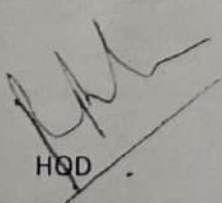
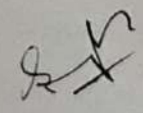
To

Name : Dr. Roopesh
Designation : HOD & Professor
Dept. : OMFS

The Director, ACDSR

Repairs & Maintenance Work-Type

I report the following repair and maintenance work for your immediate action

Sl. No.	Nature of Work	Place of Work
1.	Only 6 chairs are working	UG clinic
2.	5 fans are not working	UG clinic
3.	Small Cupboard in the Sterilization room is broken kindly provide new one.	UG clinic.
Name and Signature : <i>Anjali Unnikrishnan</i> of staff who submits the Maintenance Required form(MRF)		Completion/Non-Completion Report
Recommendation with estimated cost of the work(attach details)		
 Technical Staff HOD		Completed the Repair/Maintenance work as required in MRF on It works smoothly  Technical Staff

Approved/Rejected with remarks

PRINCIPAL
AZEEZIA COLLEGE OF DENTAL
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MEEYANOOR KOLLAM-37



AZEEZIA COLLEGE OF DENTAL SCIENCES AND RESEARCH

MEEYANOOR P.O, KOLLAM-37, TEL : 0474-2722350/370

MRF/ACDSR

Date: 14/11/23

From

To

Name : Dr Harikrishnan B P

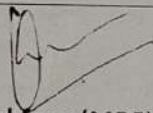
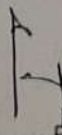
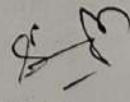
The Director, ACDSR

Designation : Reader

Dept. : Periodontics

Repairs & Maintenance Work-Type

I report the following repair and maintenance work for your immediate action

Sl. No.	Nature of Work	Place of Work
1	Ultrasonic scaler-not functioning	UG- 3 nos
Name and Signature : Dr Harikrishnan B P  of staff who submits the Maintenance Required form (MRF) Recommendation with estimated cost of the work (attach details)		Completion/Non-Completion Report Completed the Repair/Maintenance work as required in MRF on It works smoothly
Technical Staff	 HOD Dept. of Periodontology Azeezia College of Dental Sciences and Research Meeyyanoor P.O., Kollam - 371 371	 Technical Staff
Approved/Rejected with remarks		

PRINCIPAL
 AZEEZIA COLLEGE OF DENTAL
 SCIENCES AND RESEARCH
 MEEYANOOR, KOLLAM-371371



AZEEZIA COLLEGE OF DENTAL SCIENCES AND RESEARCH

MEEYANOOR P.O, KOLLAM-37, TEL : 0474-2722350/370

MRF/ACDSR

Date:

8/12/23

From

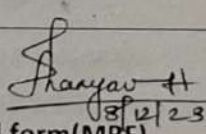
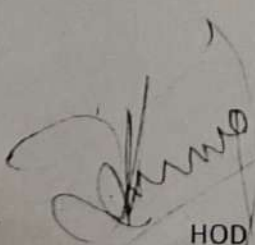
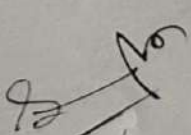
To

Name : Dr Dhanya
Designation : Senior Lecturer
Dept. : Prosthodontics

The Director, ACDSR

Repairs & Maintenance Work-Type

I report the following repair and maintenance work for your immediate action

Sl. No.	Nature of Work	Place of Work
	Acrylic tummer, Dewaxing Unit, Cast tummer, Dental chairs	UG CLINIC
	Acrylic tummer	PRE CLINICAL LAB
Name and Signature: Dr. Dhanya V H  of staff who submits the Maintenance Required form (MRF) 8/12/23		Completion/Non-Completion Report
Recommendation with estimated cost of the work (attach details)		
 Technical Staff HOD		Completed the Repair/Maintenance work as required in MRF on It works smoothly  Technical Staff

Approved/Rejected with remarks

AZEEZIA COLLEGE OF DENTAL SCIENCES AND RESEARCH
MEEYANOOR, KOLLAM-370015
PRINCIPAL



AZEEZIA COLLEGE OF DENTAL SCIENCES AND RESEARCH

MEEYANOOR P.O, KOLLAM-37, TEL : 0474-2722350/370

MRF/ACDSR

Date: 05/05/2023

From

To

Name : Dr H S Deepa

The Director, ACDSR

Designation : Professor & HOD

Dept. : Oral Medicine & Radiology

Repairs & Maintenance Work-Type

I report the following repair and maintenance work for your immediate action

Sl. No.	Nature of Work	Place of Work
1	24/11/22 Water leakage ; Informed Director, Pro	- OMR
2	25/11/22 Stains present on Floor of Radiology	Informed PRO - Radiology
3	30/01/2023 Tray area of chair dislocated	- OMR
4	11/02/2023 Name and Signature : Maintenance prior to University exam of staff who submits the Maintenance Required form(MRF)	Completion/Non-Completion Report - OMR
5	27/12/22 - Movement Error of OPG Machine	Completed & → Radiology
<p>Completed the Repair/Maintenance work as required in MRF on It works smoothly</p> <p>Technical Staff</p> <p><i>[Signature]</i> HOD</p>		<p>Technical Staff</p> <p><i>[Signature]</i></p>

Approved/Rejected with remarks

PRINCIPAL
AZEEZIA COLLEGE OF DENTAL SCIENCES AND RESEARCH
MEEYANOOR, KOLLAM-37



AZEEZIA COLLEGE OF DENTAL SCIENCES AND RESEARCH

MEEYANOOR P.O, KOLLAM-37, TEL : 0474-2722350/370

MRF/ACDSR

Date: 11/12/23

From




To

Name : Dr. Priya Ray
Designation : Senior Lecturer
Dept. : Orthodontics

The Director, ACDSR

Repairs & Maintenance Work-Type

I report the following repair and maintenance work for your immediate action

Sl. No.	Nature of Work	Place of Work
1	AIR ROTOR	Orthodontics
2	TRIMMER	Orthodontics department
3	CHAIR no 1 AND 2	Orthodontics
Name and Signature : of staff who submits the Maintenance Required form(MRF) Recommendation with estimated cost of the work(attach details)		Completion/Non-Completion Report
 Technical Staff		Completed the Repair/Maintenance work as required in MRF on It works smoothly  HOD
 Technical Staff		

Approved/Rejected with remarks

PRINCIPAL
AZEEZIA COLLEGE OF DENTAL SCIENCES AND RESEARCH
MEEYANOOR, KOLLAM



AZEEZIA COLLEGE OF DENTAL SCIENCES AND RESEARCH

MEEYANOOR P.O, KOLLAM-37, TEL : 0474-2722350/370

MRF/ACDSR

Date: 8/11/2023

From

To

Name : *Dr Nisha B. Kurup* The Director, ACDSR
 Designation : *Reader*
 Dept. : *Conservative Dentistry & Endodontics*

Repairs & Maintenance Work-Type

I report the following repair and maintenance work for your immediate action

Sl. No.	Nature of Work	Place of Work
1.	<i>Air pressure complaint & water leakage -</i>	<i>UG - chair No: 16, 2</i>
2.	<i>Air pressure complaint & water leakage</i>	<i>PG chair No 2, 10 unit 2</i>
Name and Signature : <i>Dr Nisha B. Kurup</i> of staff who submits the Maintenance Required form (MRF) Recommendation with estimated cost of the work (attach details)		Completion/Non-Completion Report Completed the Repair/Maintenance work as required in MRF on It works smoothly
<i>[Signature]</i> Technical Staff	<i>[Signature]</i> HOD	<i>[Signature]</i> Technical Staff

Approved/Rejected with remarks

PRINCIPAL

AZEEZIA

COLLEGE OF DENTAL SCIENCES AND RESEARCH

MEEYANOOR P.O, KOLLAM-37, TEL: 0474-272-23-50

MRF/ACDSR

Date: 01/08/17

From

To

Name : Dr. Gibi Babu




The Director, ACDSR

Designation : Senior Lecturer

Dept : Prosthodontics

Repairs & Maintenance Work-Type

I report the following repair and maintenance work for your immediate action

Sl. No.	Nature of Work	Place of Work
	chair not working - chair no: 1, 2, 5, 7	UG
		PG
Name and Signature : <i>Dr GIBI BABU PHILIP</i> of Staff who submits the Maintenance Required Form (MRF)		Completion/Non-Completion Report Completed the Repair/Maintenance work as required in MRF on It works smoothly.
Recommendation with estimated cost of the work(attach details)		
 Technical Staff	 HOD	 Technical Staff

Approved/Rejected with remarks

AZEEZIA

COLLEGE OF DENTAL SCIENCES AND RESEARCH

MEEYANOOR P.O, KOLLAM-37, TEL: 0474-272-23-50

MRF/ACDSR

Date: 13/09/2017

From

To

Name : Dr. Gobi Babu

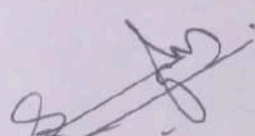
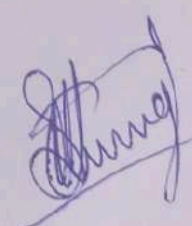

The Director, ACDSR

Designation :

Dept : Prosthodontics

Repairs & Maintenance Work-Type

I report the following repair and maintenance work for your immediate action

Sl. No.	Nature of Work	Place of Work
1	coolant not working for the casting machines.	Ceramic Lab
		Ceramic Lab
2	Non working Sand blasting Unit.	
Name and Signature : Dr Gobi Babu Philip of Staff who submits the Maintenance Required Form (MRF)		Completion/Non-Completion Report
Recommendation with estimated cost of the work(attach details)		Completed the Repair/Maintenance work as required in MRF on It works smoothly.
		
Technical Staff	HOD	Technical Staff

Approved/Rejected with remarks

1

PRINCIPAL
AZEEZIA COLLEGE OF DENTAL
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MEEYANOOR P.O, KOLLAM-37
PRINCIPAL

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COLLEGE OF DENTAL SCIENCES AND RESEARCH

MEEYANOOR P.O, KOLLAM-37, TEL: 0474-272-23-50

MRF/ACDSR

Date: 4/12/2021

From

To

Name : Dr Dreye Soman The Director, ACDSR

Designation : Senior Lecturer

Dept : Conservative Dentistry & Endodontics

Repairs & Maintenance Work-Type

I report the following repair and maintenance work for your immediate action

Sl. No.	Nature of Work	Place of Work
1.	Short circuit in row-2 and row-3 in Preclinical Phatons Unit.	U.G. Preclinical
2.	General Maintenance of U.G. Dental chairs & chairs.	U.G. chairs
Name and Signature <i>Dr Dreye Soman</i>		Completion/Non-Completion Report
Staff who submits the Maintenance Required Form (MRF)		
Recommendation with estimated cost of the work(attach details)		
		Completed the Repair/Maintenance work as required in in MRF on It works smoothly.
 Technical Staff		  HOD PRINCIPAL AZEEZIA COLLEGE OF DENTAL SCIENCES AND RESEARCH MEEYANOOR, KOLLAM-37 PRINCIPAL

Approved/Rejected with remarks

AZEEZIA

COLLEGE OF DENTAL SCIENCES AND RESEARCH

MEEYANOOR P.O, KOLLAM-37, TEL: 0474-272-23-50

MRF/ACDSR

Date: 20/6/2018

From

To

Name : Dr Praveena G The Director, ACDSR
Designation : Professor
Dept : Conservative Dentistry

Repairs & Maintenance Work-Type

I report the following repair and maintenance work for your immediate action

Sl. No.	Nature of Work	Place of Work
1.	Electric issues related to fan - one row	UG section.
2.	Water leakage from inlet valve to one chair	UG no: 15.
Name and Signature Praveena G 		Completion/Non-Completion Report
Staff who submits the Maintenance Required Form (MRF)		
Recommendation with estimated cost of the work(attach details)		
		Completed the Repair/Maintenance work as required in in MRF on It works smoothly.
 Technical Staff	 HOD	 Technical Staff

Approved/Rejected with remarks

PRINCIPAL
AZEEZIA COLLEGE OF DENTAL
SCIENCES AND RESEARCH
MEEYANOOR, KOLLAM-691 537

AZEEZIA

COLLEGE OF DENTAL SCIENCES AND RESEARCH

MEEYANOOR P.O, KOLLAM-37, TEL: 0474-272-23-50

Date: 6/2/2017

MRF/ACDSR

From





To

Name : Dr. Malu
 Designation : Senior Lecturer
 Dept : Pedodontics

The Director, ACDSR

Repairs & Maintenance Work-Type

I report the following repair and maintenance work for your immediate action

Sl. No.	Nature of Work	Place of Work
	Chair No: 1 - Light & Suction not working	PG
	Chair No: 2 - water leakage, air leakage Chair No: 5 - Aerator not working	UG
	Amalgamator & Apion locator not working	
Name and Signature : Dr. Malu 		Completion/Non-Completion Report
of Staff who submits the Maintenance Required Form (MRF)		
Recommendation with estimated cost of the work(attach details)		Completed the Repair/Maintenance work as required in MRF on It works smoothly.
 Technical Staff		
 6/2/2017 HOD		 Technical Staff

Approved/Rejected with remarks

PRINCIPAL
 AZEEZIA COLLEGE OF
 DENTAL SCIENCES AND RESEARCH
 MEEYANOOR P.O, KOLLAM-37
 PRINCIPAL

AZEEZIA

COLLEGE OF DENTAL SCIENCES AND RESEARCH

MEEYANOOR P.O, KOLLAM-37, TEL: 0474-272-23-50

Date: 14/2/2018

MRF/ACDSR

From

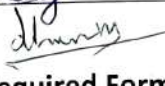



To

The Director, ACDSR

Name : Dr Dhanya
Designation : Senior Lecturer
Dept : Pedodontics

Repairs & Maintenance Work-Type

I report the following repair and maintenance work for your immediate action

Sl. No	Nature of Work	Place of Work
	Chair no: 7 - Chair adjustment not working Chair no: 9 - water leakage.	UG
	Chair no: 2 Light not working	PG
	needle destroyer not working spot welder not working	
Name and Signature : Dr Dhanya  of Staff who submits the Maintenance Required Form (MRF)		Completion/Non-Completion Report
Recommendation with estimated cost of the work(attach details)		Completed the Repair/Maintenance work as required in MRF on It works smoothly.
 Technical Staff	 14/02/2018 Technical Staff	 PRINCIPAL

Approved/Rejected with remarks

AZEEZIA COLLEGE OF DENTAL
SCIENCE AND RESEARCH
MEEYANOOR, KOLLAM-37, 53
PRINCIPAL

AZEEZIA

COLLEGE OF DENTAL SCIENCES AND RESEARCH

MEEYANOOR P.O, KOLLAM-37, TEL: 0474-272-23-50



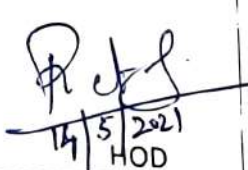

Date: 14/5/2021

MRF/ACDSR

From _____ To _____
 Name : Dr SIDDIK AS The Director, ACDSR
 Designation : Senior Lecturer
 Dept : pedodontics

Repairs & Maintenance Work-Type

I report the following repair and maintenance work for your immediate action

Sl. No	Nature of Work	Place of Work
	Chair no: 2 Light not working	PUG
	Chair no: 10 Annotae / function not working	
	Chair no: 4 Chair adjustment not working Trimmer not working	PH
	U.G autoclave not working.	
Name and Signature : Dr SIDDIK  of Staff who submits the Maintenance Required Form (MRF)		Completion/Non-Completion Report Completed the Repair/Maintenance work as required in MRF on It works smoothly.
Recommendation with estimated cost of the work(attach details)		
 Technical Staff		 14/5/2021 HOD
 Technical Staff PRINCIPAL		AZEEZIA COLLEGE OF DENTAL SCIENCES AND RESEARCH MEEYANOOR, KOLLAM 69 PRINCIPAL

Approved/Rejected with remarks

AZEEZIA

COLLEGE OF DENTAL SCIENCES AND RESEARCH
MEEYANOOR P.O, KOLLAM-37, TEL: 0474-272-23-50

MRF/ACDSR

Date: 20/1/2019

From

To

Name : Dr Hari/Krishnan

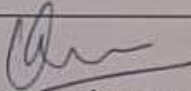


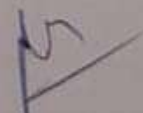
The Director, ACDSR

Designation : Senior Lecturer

Dept : Periodontology

Repairs & Maintenance Work-Type

I report the following repair and maintenance work for your immediate action

Sl. No.	Nature of Work	Place of Work
1	Chair service needed - 1) Light problem 2) water control not working	PG department
<p>Name and Signature : Dr Hari/Krishnan </p> <p>of Staff who submits the Maintenance Required Form (MRF)</p>		<p>Completion/Non-Completion Report</p>
<p>Recommendation with estimated cost of the work(attach details)</p>		<p>Completed the Repair/Maintenance work as required in MRF on It works smoothly.</p>
<p> Technical Staff</p>		<p> HOD</p>
<p> Technical Staff</p>		

Approved/Rejected with remarks



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