



ADCH MIS PORTAL

USER ID

Enter Username

PASSWORD

Enter Password

LOGIN

ADCH MIS PORTAL

HOME STUDENT STAFF LETTER ACCOUNTS STORES INFO DATA ENTRY LOGOUT

FACULTIES

TEACHING FACULTIES	
DEPARTMENT	NO. OF STAFF
PROSTHODONTICS AND CROWN & BRIDGE	17
ORTHODONTICS AND DENTOFACIAL ORTHOPAEDICS	21
PEDODONTICS AND PREVENTIVE DENTISTRY	18
PERIODONTOLOGY	13
ORAL AND MAXILLOFACIAL SURGERY	19

STUDENTS

BATCH / SESSION	
BATCH	NO. OF STUDENTS
MDS 2020-23	0
BDS 2020-24	61
MDS 2019-22	0
BDS 2019-23	97
MDS 2018-21	0

ADCH MIS SERVICE

HOME STUDENT ▾ STAFF LETTER ACCOUNTS STORES INFO DATA ENTRY LOGOUT

STUDENT DETAILS

Enter Rollno to view Details

View

Enter Word / Roll no / Name to be Search

Search

ADMISSION NO	ROLL NO	NAME	FATHERS NAME	GENDER	MOBILE NO	SESSION	STATE
ADCH/17-21/001	1721001	PRAGYA PANDEY	SANJEEV KUMAR PANDEY	Female	8877982186	BDS 2017-21	Jharkhand
ADCH/17-21/002	1721002	AISHWARYA KUMARI	SHAIENDRA KUMAR SINGH	Female	8271823892	BDS 2017-21	Jharkhand
ADCH/17-21/003	1721003	HIMSHIKHA	SURENDRA KUMAR NAG	Female	9431356187	BDS 2017-21	Jharkhand
ADCH/17-21/004	1721004	HIMANI NANDA	RANDHIR KUMAR	Female	9102542888	BDS 2017-21	Jharkhand
ADCH/17-21/005	1721005	PRIYANSHU TOPNO	BIRSA TOPNO	Female	7004067752	BDS 2017-21	Jharkhand

STUDENT REGISTRATION FORM

BASIC DETAILS

Name*

Enter Students Full Name

Date of Birth*

dd-mm-yyyy



Mobile No*

Enter Students Mobile No.

Gender*

Select Gender of Student



Blood Group*

Select Blood Group



Religion*

Select Religion



Category*

Select Category



Email ID*

Enter Students Email Id.

Last Qualification*

Enter Last Qualification of Student

Permanent Address*

Enter Students Permanent Address

State*

Select Your State



City*

Select Your City



Present Address*

Enter Students Present Address.



CONTACT DETAILS

Fathers Name*

Fathers Occupation*

Fathers Contact No*

Mothers Name*

Mothers Occupation*

Mothers Contact No*

Local Gaurdian Name*

Local Gaurdian Mobile No.*

Parents / Fathers Email ID 2*

COLLEGE DETAILS

Session*

Batch*

Admission No.*

Admission Date*

College Roll No.*

University Roll No.*



FACULTY STAFF REGISTRATION

BASIC DETAILS

ID*	Name*	Fathers Name*
<input type="text" value="Enter Faculty Unique ID"/>	<input type="text" value="Enter Faculty Name"/>	<input type="text" value="Enter Fathers Name"/>
Date of Birth*	Gender*	Religion*
<input type="text" value="dd-mm-yyyy"/>	<input type="text" value="Select Gender of Student"/>	<input type="text" value="Select Religion"/>
Category*	Staff Type*	Aadhar No.*
<input type="text" value="Select Category"/>	<input type="text" value="Type of Staff"/>	<input type="text" value="Enter Aadhar No."/>
PAN No.*	State Dental Registration No.*	State Dental Council Name*
<input type="text" value="Enter PAN No."/>	<input type="text" value="Enter State Dental Registration No of Faculty"/>	<input type="text" value="Select Dental Council Name"/>

CONTACT DETAILS

Mobile No*	Phone No*	Email ID 1
<input type="text" value="Enter Mobile No."/>	<input type="text" value="Enter Contact No."/>	<input type="text" value="Enter Email Id"/>



CONTACT DETAILS

Mobile No*

Phone No*

Email ID 1

Email ID 2

Permanent Address*

State*

City*

Present Address*

ACADEMIC DETAILS

Last Qualification*

Passing Year*

Previous Exp College*

Previous Total Exp*

Department*

Designation*

Date of Joining*



STUDENT COMPALIN ENTRY

Roll No*

ROLLNO*

Name*

Session*

DATE*

📅

COMPLAIN*

Remarks*

