

SURVEY ON ORIALHYGIENE AT BONDAPALLI AREA

BY

KORRA PADMA

REGD.NO:: 720130805236



Estd : 1860

**PROJECT WORK SUBMITTED TO MRS. A.V.N COLLEGE,
AFFILIATED TO ANDHRA UNIVERSITY, VISAKHAPATNAM FOR
THE PARTIAL FULFILMENT OF DEGREE OF**

BACHELOR OF SCIENCE

2020 – 2023

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DECLARATION

I, **KORRA PADMA**, Student of III B.Sc – C.B.Z, Mrs. A.V.N College, affiliated to Andhra University here by declared that this project entitled **“Survey On ORIALHYGIENE at BONDAPALLI AREA”** is a genuine work carried out by me under the guidance of **Mr.P VENKATA RAO**, Lecturer in Chemistry, **A.Archana, HOD.**, Mrs.A.V.N College, Visakhapatnam, Andhra Pradesh. Furthermore, this project work was not submitted to any other institution or University for awarding any Degree.

DATE:

PLACE: Visakhapatnam

K. padma
Name & Signature of the student

MRS. A.V.N COLLEGE

VISAKHAPATNAM – 530001

ANDHRA PRADESH

P.VENKATA RAO

Lecturer

Department Of Chemistry



Mobile :6302816236

CERTIFICATE

This is to certify that project entitled as " Survey On ORIALHYGIENE at BONDAPALLI AREA" is bonafide work done by ,KORRA PADMA (Regd.no:720130805236), B.Sc – C.B.Z student under my guidance. I certify that the project work done by him/her is original and has not been submitted to any other information.


(M.Simhadhri Naidu)

PRINCIPAL
PRINCIPAL
Mrs. A.V.N. COLLEGE
VISAKHAPATNAM


MENTOR

Program Book
for
Community Service Project

Name of the Student: K 8191a. padma

Name of the College: mbs A.v.v college

Registration Number: 720130809236

Period of CSP: 2 months, From: Oct 01-22 To: Dec 28-22

Name & Address of the Community/Habitation: Bondapalli Allurisetty

Paigani (Dist)

phone no: 9310210

Community Service Project Report

Submitted in accordance with the requirement for the degree of.....

Name of the College: Mrs. Avin colleg

Department: Zoology Botany chemistry

Name of the Faculty Guide: Archana mam

Duration of the CSP: From 12/12/2022 to 28/02/2023

Name of the Student: K. S. Padma

Programme of Study: B.A. Honors in Biological Sciences

Year of Study: 2022 to 2023

Register Number: 720130805236

Date of Submission: 16/03/2023

Student's Declaration

I, K. Padma, a student of S.S.P. Program, Reg. No. 2125A3580926 of the Department of Zoology, Mrs. A.V.N. College do hereby declare that I have completed the mandatory community service from 05.11.2022 to 06.01.23 in Bhandapalli (Name of the Community/Habitation) under the Faculty Guideship of..... (Name of the Faculty Guide), Department of Zoology, in Mrs. A.V.N. College. College

K. Padma
(Signature and Date)
13/3/23

Endorsements

Faculty Guide A. Archana

Head of the Department A. Archana

Principal
PRINCIPAL
Mrs. A.V.N. COLLEGE
VISAKHAPATNAM



Certificate from Official of the Community

This is to certify that K. Ratna (Name of the Community Service Volunteer) Reg. No. 7201200055236 of MS A.V.N College (Name of the College) underwent community service in Bondapalli (Name of the Community) from Oct-1 to Dec-28.

The overall performance of the Community Service Volunteer during his/her community service is found to be (Satisfactory/Good).

[Signature]
9/04/2023
Authorize Panchayat Secretary
Bondapalli Panchayat
Pedabayalu Mandal
Visakhapatnam Dist.

P Ratna Prabha

ACKNOWLEDGEMENTS

* my sincere efforts have made me to accomplish task of completing this project.

I am highly indebted to the faculty guide Mrs. Dr. Archanam for his guidance and constant supervision as well as for providing necessary information regarding the project and also his support in completing the project.

I would like to express my gratitude towards my parents for their kind cooperation and encouragement which helped me in the completion of this project my thanks and

appreciations also go to my tiammata madhuri chandrashekar Tejashiva Ganesh in helping the project and to the people who have willingly helped me get out with their abilities.

At last I end up by expressing my special gratitude and thanks to Addaturga village people for giving me such attention and time.

CHAPTER 1: EXECUTIVE SUMMARY

The community service report shall have only a one-page executive summary. It shall include a brief description of the Community and summary of all the activities done by the student in CSP and five or more learning objectives and outcomes.

* Activities done:-

- Survey conducted in village
- conducted community awareness about dirty oral hygienic

— project implement in villege

- created project villege

→ Learning Activities:-

- to sensitise to the living conditions of the people who are around us

- to realise the stark realities of the society

- to develop societal consciousness sensibility responsibility and Accountability

- to initiate development activities in villege

* Learning out comes:-

- * Apply fundamental safety disciplinary concepts of oral hygienic

- * demonstrate of oral hygienic as take

- * use effectively oral written and visual communication

- * integrate information from multiple sources

- * identify different types of oral hygienic

- * demonstrate an awareness in people

- * usage of oral hygienic in our daily life

CHAPTER 3: COMMUNITY SERVICE PART

Description of the Activities undertaken in the Community during the Community Service Project. This part could end by reflecting on what kind of values, life skills, and technical skills the student acquired.

≡ Activities Done :-

- * Survey conducted in village
- * conducted community Awareness campaign
- * project implemented in village
- * created projects stepost

* Values learnt :-

- * cooperation x respect
- * compassion x kindness
- * gratitude x courage
- * morality x empathy







* Life skills learnt :-

- * Communication x social skills
- * Decision making x leadership
- * Critical thinking x time management
- * problem solving x speed

* technical skills learnt :-

- * Data Analysis
- * project management
- * Analytics
- * Team work
- * Research

ACTIVITY LOG FOR THE FIRST WEEK

DAY & DATE	BRIEF DESCRIPTION OF THE DAILY ACTIVITY	LEARNING OUTCOME	Person In-charge Signature
Day - 1	Surveying the villagers	Data collection and Analysing	
Day - 2	Surveying the villagers	Data collection and Analysing	
Day - 3	Surveying the villagers	Data collection and Analysing	
Day - 4	Surveying the villagers	Data collection and Analysing	
Day - 5	Surveying the villagers	Data collection and Analysing	
Day - 6	Surveying the villagers	Data collection and Analysing	

WEEKLY REPORT

WEEK - 1 (From DE 15/01/2020 to DE 21/01/2020)

Objective of the Activity Done:

Detailed Report:

In this first week our Mentor made a team with members to do community service project in Bheemuni postnam which under Visha Khapranam (Dist) perabanyala (MD) Andhra Pradesh we selected our 8th hygienic topic this study helps to maintain 8th hygien in our daily life by giving awareness of 8th hygien

In this first week we collectively went to the community to visit to see look the conditions and situations in village

what we found in the village are village has a cement stand on under of ground water system and mainly taking 8th

hygiene in per purpose

In the first week our collectively visited more than 10 houses in village and collected data about their 8th hygien habits and their time 8th hygien

Short-term and long term action plan for possible solutions for the problems identified and that could be recommended to the concerned authorities for implementation.

I observed the community and write the 2 problems. i.e water garbage for this I write a letter to grmc greater visakhapatnam Bondapalle municipal corporation to solve this 2 problems in community

for few days the higher authorities were responded and rectify the problems that faced the community the people were very happy thank you to Adhira Pradesh government & council for implementing.

community service project (CSP)

Due to this program every student have responsibility to one community and a responsible citizen

especially me my friends special greetings to our chief minister Sri Jaganmohan Reddy Sri Jagan Mohan Reddy for approving and implementing this CSP programme.

Description of the Community awareness programme/s conducted w.r.t the problems and their outcomes.

Community awareness programme's CSP is the one of the best programme that have been implemented by Andhra Pradesh government. Due to this CSP programme every its don't of digite has visited the one community and observed also problem survey of that community so every student know the socio economic survey of these community history it is a very best programme. After the completion of survey they have the problems and written a letter to higher authorities to solve that problems for that every student know the real condition and when time to speak the people in which way to advice the citizen in the community.

So the people were very happy to solve the problems in the community to this the student problems in fully participating student CSP projects for that the government cells take action regarding community problems.

We thank to our honorable state minister Sri Jagan Mohan Reddy for implementing this community service project special greetings to Andhra Pradesh state council of higher education (APSCHE)



Questionnaire

Oral Hygiene

Name : k. vijaya lasomi
Gender : female
Occupation : House wife
Age : 45

about the importance oral Health ? Yes / No

Yes from Whom yes

Do you brush your teeth daily ?

Yes / No

How often do you brush your teeth ?

A) Twice C) Regularly

What Material you use to clean teeth?

a) Tooth brush b) Heam Stick c) Charcoal d) Any Other _____

5. Do you have bleeding Gum? Yes / No

6. Are they regularly consumed?

a) Tea b) Coffee c) Chocolate d) Sweets e) Sticky Substances/ Soft Drink

7. Do you have tooth Sensitivity ? Yes / No

If Yes for how many Years _____

8. Do you have Cavity, spoiled tooth ?

Yes/ No

Age - Number of Teeth Damaged

9. Do have Teeth Loss? Yes / No

Yes : How Many Tooth _____

10. How often you visit Dental Doctor ?

Yes / No

If Yes : How Many Time 2 Minutes

11. Any Dental treatment They Follow ?

NO

12. Are They any smoke / Alcohol Drinker? Yes/ No

13. What is There tooth - Condition yes

14. Do they Consume tobacco products and paan

Yes / No

15. Do you feel bad breath ? Yes / No

16. Do you eat Gutkha and Pan Masala ?

Yes/ No

17. Orol Cancers ? Tobacco and smoking?

Yes / No

18. Goggle you Teeth with Water Other each meal and Brush ? Yes / No

19. Do you use Mouth Wash Brush Name ? Yes / No

20. Do you use Tongue Cleaner ? yes



Questionnaire

Oral Hygiene

Name : J. chilakamma
Gender : Female
Occupation : house wife

1. About the importance oral Health ? Yes / No

2. Is from Whom

yes

3. Do you brush your teeth daily ?

Yes / No

4. How often do you brush your teeth ?

a) Twice b) Regularly

5. Material you use to clean teeth?

a) Tooth brush b) Heam Stick c) Charcoal d) Any Other

6. Do you have bleeding Gum? Yes / No

7. Are they regularly consumed?

a) Tea b) Coffee c) Chocolate d) Sweets e) Sticky Substances/ Soft Drink

8. Do you have tooth Sensitivity ? Yes / No

If Yes for how many Years

5 years

9. Do you have Cavities, spoiled tooth ?

Yes/ No

Age - Number of Teeth Damaged

10. Do have Teeth Loss? Yes / No

Yes : How Many Tooth

32

11. How often you visit Dental Doctor ?

Yes / No

If Yes : How Many Time 2 Minutes

12. Any Dental treatment They Follow ?

NO

13. Are They any smoke / Alcohol Drinker? Yes/ No

14. What is There tooth - Condition

15. Do they Consume tobacco products and paan

Yes / No

16. Do you feel bad breath ? Yes / No

17. Do you eat Gutkha and Pan Masala ?

Yes/ No

18. Orol Cancers ? Tobacco and smoking?

Yes / No

19. Goggle you Teeth with Water Other each meal and Brush ? Yes / No

20. Do you use Mouth Wash Brush Name ? Yes / No

Do you use Tongue Cleaner ?

yes



Questionnaire

Oral Hygiene

Name : B. padma
Gender : female
Occupation : house wife

about the importance oral Health ? Yes / No

Teeth from Whom _____

Do you brush your teeth daily ?

Yes / No

How often do you brush your teeth ?

Twice Regularly

Material you use to clean teeth?

Brush b) Heam Stick c) Charcoal d) Any Other _____

5. Do you have bleeding Gum? Yes / No

6. Are they regularly consumed?

a) Tea b) Coffee c) Chocolate d) Sweets e) Sticky Substances/ Soft Drink

7. Do you have tooth Sensitivity ? Yes / No

If Yes for how many Years NO

8. Do you have Cavity, spoiled tooth ?

Yes / No

Age - Number of Teeth Damaged

9. Do have Teeth Loss? Yes / No

Yes : How Many Tooth 13/2

10. How often you visit Dental Doctor ?

Yes / No

If Yes : How Many Time 2 Minutes

11. Any Dental treatment They Follow ?

NO

12. Are They any smoke / Alcohol Drinker? Yes / No

13. What is There tooth - Condition yes

14. Do they Consume tobacco products and paan

Yes / No

15. Do you feel bad breath ? Yes / No

16. Do you eat Gutkha and Pan Masala ?

Yes / No

17. Orol Cancers ? Tobacco and smoking?

Yes / No

18. Goggle you Teeth with Water Other each meal and Brush ? Yes / No

19. Do you use Mouth Wash Brush Name ? Yes / No Stalocin

20. Do you use Tongue Cleaner ? yes



Questionnaire

oral Hygiene

Name: J. Jasmi
Gender: Female
Occupation: house wife

Do you know about the importance oral Health? Yes / No

Yes from Whom _____

Do you brush your teeth daily? Yes / No

How often do you brush your teeth?
Regularly

Material you use to clean teeth?
tooth brush b) Heam Stick c) Charcoal d) Any Other _____

5. Do you have bleeding Gum? Yes / No

6. Are they regularly consumed?

a) Tea b) Coffee c) Chocolate d) Sweets e) Sticky Substances/ Soft Drink

7. Do you have tooth Sensitivity? Yes / No
If Yes for how many Years _____

8. Do you have Cavity, spoiled tooth?
Yes / No

Age - Number of Teeth Damaged
9. Do have Teeth Loss? Yes / No
Yes : How Many Tooth 32

10. How often you visit Dental Doctor?
Yes / No
If Yes : How Many Time 2 Minutes

11. Any Dental treatment They Follow?
NO

12. Are They any smoke / Alcohol Drinker? Yes / No

13. What is There tooth - Condition

14. Do they Consume tobacco products and paan
Yes / No

15. Do you feel bad breath? Yes / No

16. Do you eat Gutkha and Pan Masala?
Yes / No

17. Orol Cancers? Tobacco and smoking?
Yes / No

18. Goggle you Teeth with Water Other each meal and Brush? Yes / No

19. Do you use Mouth Wash Brush Name? Yes / No 81al bowlth

20. Do you use Tongue Cleaner? yes



Questionnaire

Hygiene

Name : K. Appalamma
Gender: Female
Occupation : 32

What is the importance of oral health? Yes / No

From Whom _____

Do you brush your teeth daily?

No

How often do you brush your teeth?

a) Regularly

b) Material you use to clean teeth?

c) Heam Stick c) Charcoal d) Any Other _____

e) Flossing Gum? Yes / No

6. Are they regularly consumed?

a) Tea b) Coffee c) Chocolate d) Sweets e) Sticky Substances/ Soft Drink

7. Do you have tooth Sensitivity? Yes / No

If Yes for how many Years _____

8. Do you have Cavity, spoiled tooth?

Yes / No

Age - Number of Teeth Damaged

9. Do you have Teeth Loss? Yes / No

Yes : How Many Tooth 32

10. How often do you visit Dental Doctor?

Yes / No

If Yes : How Many Time 2 Minutes

11. Any Dental treatment They Follow? _____

12. Are they any smoke / Alcohol Drinker? Yes / No

13. What is their tooth - Condition _____

14. Do they consume tobacco products and paan

Yes / No

15. Do you feel bad breath? Yes / No

16. Do you eat Gutkha and Pan Masala?

Yes / No

17. Oral Cancers? Tobacco and smoking?

Yes / No

18. Gargle your teeth with water other each meal and brush? Yes / No

19. Do you use Mouth Wash Brush Name? Yes / No

20. Do you use Tongue Cleaner?

Questionnaire

Oral Hygiene

Name : k. Ramabao
Gender: male
Occupation: house wife

1. How do you feel about the importance oral Health? Yes / No

2. From Whom _____

3. Do you brush your teeth daily? Yes / No

4. How often do you brush your teeth? Regularly

5. How often do you brush your teeth? Regularly

6. How often do you brush your teeth? Regularly

7. What material do you use to clean teeth?

a) Tooth Brush b) Heam Stick c) Charcoal d) Any Other _____

8. Do you have bleeding Gum? Yes / No

9. Are they regularly consumed?

a) Tea b) Coffee c) Chocolate d) Sweets e) Sticky Substances/ Soft Drink

10. Do you have tooth Sensitivity? Yes / No

If Yes for how many Years _____

11. Do you have Cavity, spoiled tooth? No

Yes/ No

Age - Number of Teeth Damaged _____

12. Do you have Teeth Loss? Yes / No

Yes : How Many Tooth _____

13. How often you visit Dental Doctor? 32

Yes / No

If Yes : How Many Time 2 Minutes _____

14. Any Dental treatment They Follow? No

15. Are They any smoke / Alcohol Drinker? Yes / No

16. What is There tooth - Condition _____

17. Do they Consume tobacco products and paan

Yes / No

18. Do you feel bad breath? Yes / No

19. Do you eat Gutkha and Pan Masala? Yes / No

Yes / No

20. Oral Cancercs? Tobacco and smoking? Yes / No

Yes / No

21. Goggle you Teeth with Water Other each meal and Brush? Yes / No

22. Do you use Mouth Wash Brush Name? Yes / No oral brush

23. Do you use Tongue Cleaner? Yes



Questionnaire

Oral Hygiene

Name : K. Indramma
Gender : Female
Occupation : house wife

1. About the importance oral Health ? Yes / No

2. Knowledge from Whom yes

3. Do you brush your teeth daily ?
Yes / No

4. How often do you brush your teeth ?
a) Twice b) Regularly

5. Material you use to clean teeth?
a) Toothpaste b) Heam Stick c) Charcoal d) Any Other _____

6. Do you have bleeding Gum? Yes / No

7. Are they regularly consumed?
a) Tea b) Coffee c) Chocolate d) Sweets e) Sticky Substances/ Soft Drink

8. Do you have tooth Sensitivity ? Yes / No
If Yes for how many Years _____

9. Do you have Cavity, spoiled tooth ?
Yes / No

Age - Number of Teeth Damaged

10. Do have Teeth Loss? Yes / No
Yes : How Many Tooth 32

11. How often you visit Dental Doctor ?
Yes / No
If Yes : How Many Time 2 Minutes

12. Any Dental treatment They Follow ?
NO

13. Are They any smoke / Alcohol Drinker? Yes/ No

14. What is There tooth - Condition yes

15. Do they Consume tobacco products and paan
Yes / No

16. Do you feel bad breath ? Yes / No

17. Do you eat Gutkha and Pan Masala ?
Yes/ No

18. Orol Cancers ? Tobacco and smoking?
Yes / No

19. Goggle you Teeth with Water Other each meal and Brush ? Yes / No

20. Do you use Mouth Wash Brush Name ? Yes / No

21. Do you use Tongue Cleaner ? yes



Questionnaire

Oral Hygiene

Name: k. kondalastao
Gender: male
Occupation: house wife

Do you know about the importance oral Health? Yes/No Yes

Yes from Whom NO

Do you brush your teeth daily?

Yes/No Yes

How often do you brush your teeth?

A) Twice C) Regularly

What material do you use to clean teeth?

a) Tooth Brush b) Heam Stick c) Charcoal d) Any Other _____

5. Do you have bleeding Gum? Yes / No

6. Are they regularly consumed?

a) Tea b) Coffee c) Chocolate d) Sweets e) Sticky Substances/ Soft Drink

7. Do you have tooth Sensitivity? Yes / No No

If Yes for how many Years _____

8. Do you have Cavity, spoiled tooth?

Yes/ No No

Age - Number of Teeth Damaged _____

9. Do have Teeth Loss? Yes/ No Yes

Yes : How Many Tooth 32

10. How often you visit Dental Doctor?

Yes/ No Yes

If Yes : How Many Time 2 Minutes

11. Any Dental treatment They Follow?

NO

12. Are They any smoke / Alcohol Drinker? Yes/ No No

13. What is There tooth - Condition

14. Do they Consume tobacco products and paan

Yes / No No

15. Do you feel bad breath? Yes / No No

16. Do you eat Gutkha and Pan Masala?

Yes/ No No

17. Orol Cancers? Tobacco and smoking?

Yes / No No

18. Goggle you Teeth with Water Other each meal and Brush? Yes / No No

19. Do you use Mouth Wash Brush Name? Yes/No No

20. Do you use Tongue Cleaner?



Questionnaire

Hygiene

Name: J. Jayaram
Gender: male
Occupation: house wife

What is the importance of oral health? Yes / No

From Whom yes

Do you brush your teeth daily?

Yes / No

How often do you brush your teeth?

a) Regularly

b) Hard Stick c) Charcoal d) Any Other

Do you use Dental Flossing Gum? Yes / No

6. Are they regularly consumed?

a) Tea b) Coffee c) Chocolate d) Sweets e) Sticky Substances/ Soft Drink

7. Do you have tooth Sensitivity? Yes / No

If Yes for how many Years _____

8. Do you have Cavity, spoiled tooth?

Yes/ No

Age - Number of Teeth Damaged

9. Do you have Teeth Loss? Yes / No

Yes : How Many Tooth 32

10. How often do you visit Dental Doctor?

Yes / No

If Yes : How Many Time 2 Minutes

11. Any Dental treatment They Follow?

No

12. Are They any smoke / Alcohol Drinker? Yes/ No

13. What is There tooth - Condition yes

14. Do they Consume tobacco products and paan

Yes / No

15. Do you feel bad breath? Yes / No

16. Do you eat Gutkha and Pan Masala?

Yes/ No

17. Orol Cancers? Tobacco and smoking?

Yes / No

18. Goggle you Teeth with Water Other each meal and Brush? Yes / No

19. Do you use Mouth Wash Brush Name? Yes / No

20. Do you use Tongue Cleaner? yes



Questionnaire

Hygiene

Name: K. Prabhha
Gender: Female
Occupation: House wife

Do you know the importance of oral health? Yes / No

From Whom yes

Do you brush your teeth daily?

Yes / No

How often do you brush your teeth?

a) Regularly b) Irregularly c) Regularly d) Any Other _____

What material do you use to clean teeth?

a) Toothpaste b) Toothbrush c) Charcoal d) Any Other _____

6. Are they regularly consumed?
a) Tea b) Coffee c) Chocolate d) Sweets e) Sticky Substances/ Soft Drink

7. Do you have tooth Sensitivity? Yes / No
If Yes for how many Years 5 years

8. Do you have Cavity, spoiled tooth?
Yes / No

Age - Number of Teeth Damaged

9. Do you have Teeth Loss? Yes / No
Yes: How Many Tooth 32

10. How often do you visit Dental Doctor?
Yes / No

If Yes: How Many Time 2 Minutes

11. Any Dental treatment They Follow?
No

12. Are They any smoke / Alcohol Drinker? Yes / No

13. What is Their tooth - Condition yes

14. Do they Consume tobacco products and paan
Yes / No

15. Do you feel bad breath? Yes / No

16. Do you eat Gutkha and Pan Masala?
Yes / No

17. Oral Cancers? Tobacco and smoking?
Yes / No

18. Gargle your Teeth with Water Other each meal and Brush? Yes / No

19. Do you use Mouth Wash Brush Name? Yes / No

20. Do you use Tongue Cleaner? yes



Oral Hygiene

Questionnaire

Name : Ch. Sanyasamma
Gender : Female
Occupation : House wife

1. About the importance oral Health ? Yes / No Yes

2. Sources from Whom NO

3. Do you brush your teeth daily ?
Yes / No Yes

4. How often do you brush your teeth ?
A) Twice B) Regularly Regularly

5. What material do you use to clean teeth?
a) Toothpaste b) Heam Stick c) Charcoal d) Any Other _____

6. Do you experience bleeding Gum? Yes / No No

7. Are they regularly consumed?
a) Tea b) Coffee c) Chocolate d) Sweets e) Sticky Substances/ Soft Drink

8. Do you have tooth Sensitivity ? Yes / No No
If Yes for how many Years 5 years

9. Do you have Cavity, spoiled tooth ?
Yes / No No
Age - Number of Teeth Damaged _____

10. Do you have Teeth Loss? Yes / No No
Yes : How Many Tooth 32

11. How often you visit Dental Doctor ?
Yes / No No
If Yes : How Many Time 2 Minutes

12. Any Dental treatment They Follow ?
dentist

13. Are They any smoke / Alcohol Drinker? Yes / No No

14. What is There tooth - Condition _____

15. Do they Consume tobacco products and paan
Yes / No No

16. Do you feel bad breath ? Yes / No No

17. Do you eat Gutkha and Pan Masala ?
Yes / No No

18. Orol Cancers ? Tobacco and smoking?
Yes / No No

19. Do you Goggle your Teeth with Water Other each meal and Brush ? Yes / No Yes

20. Do you use Mouth Wash Brush Name ? Yes / No Yes

21. Do you use Tongue Cleaner ? yes

Evaluation by the Person in charge in the Community/Habitat

Student Name: K8ppa padma
 Registration No: 72030805236
 Period of CSE from: oct to Dec
 Date of Evaluation: 16/02/2023
 Name of the Person in charge: A. M. ...
 Address with mobile number: ...

Please rate the student's performance in the following areas:

Please note that your evaluation shall be done independent of the student's self-evaluation.

Rating Scale: 1 is lowest and 5 is highest rank

	1	2	3	4	5
1) Oral communication					
2) Written communication					
3) Proactiveness					
4) Interaction ability with community					
5) Positive Attitude					
6) Self-confidence					
7) Ability to learn					
8) Work Plan and organization					
9) Professionalism					
10) Creativity					
11) Quality of work done					
12) Time Management					
13) Understanding the Community					
14) Achievement of Desired Outcomes					
15) OVERALL PERFORMANCE					

Student Self-Evaluation for the Community Service Project

Student Name:	K. Padma
Registration No:	720130805236
Period of CSP: From:	Oct
To:	Dec-28
Date of Evaluation:	16/3/2023
Name of the Person in-charge:	A. Arachana.
Address with mobile number:	

Please rate your performance in the following areas:

Rating Scale: 1 is lowest and 5 is highest rank

Area	1	2	3	4	5
1) Oral communication				✓	
2) Written communication					✓
3) Proactiveness				✓	
4) Interaction ability with community					✓
5) Positive Attitude					✓
6) Self-confidence				✓	
7) Ability to learn					✓
8) Work Plan and organization					✓
9) Professionalism				✓	
10) Creativity				✓	
11) Quality of work done					✓
12) Time Management				✓	
13) Understanding the Community					✓
14) Achievement of Desired Outcomes				✓	
15) OVERALL PERFORMANCE				✓	

Date: 16/3/2023


 Signature of the Student

