**DENTAL CLINIC**

Project Report Submitted to the

Mahatma Gandhi University,

Kottayam

**IN PARTIAL FULFILLMENT OF THE REQUIREMENTS**

**FOR THE AWARD OF DEGREE OF**

**Bachelor of Computer Applications** (**BCA**)

By

**AYSWARIA ELSA THOMAS (Reg: 160021113591)**

Under the Supervision of

**Lr. JHONSYMOL JOY**



**Department of Computer Applications**

**SAINTGITS COLLEGE OF APPLIED SCIENCES, PATHAMUTTOM**

**2018-2019**

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| **Saintgits College of Applied Sciences**  **Pathamuttom, Kottayam-Pin: 686532, Kerala**  **Phone-0481-2436169, 2436170**  **Website :** [**www.saintgits.org**](http://www.saintgits.org/) |

**CERTIFICATE**

This is to certify that the project report entitled **“Dental Clinic”** is a bonafide report of the project work undertaken by **Ayswaria Elsa Thomas**(Reg: 160021113591) sixth semester BCA student under my supervision and guidance, in partial fulfilment of the requirement for the award of the degree of **Bachelor of Computer Applications (BCA)** of **MAHATMA GANDHI UNIVERSITY, Kottayam Kerala.**

**Asst.Prof. Ambily Merlin Kuruvilla Lr. JHONSYMOL JOY**

**Head of the Department Project Guide**

**Submitted for the viva-voice examination held on ..........................................................**

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**DECLARATION**

I **Ayswaria Elsa Thomas** hereby declare that this project titled **“Dental clinic’’** is the original work done by me, under the guidance and support of **Lr. Jhonsymol Joy**, during the year 2017-2018.

I also declare that this report has been submitted by me fully or partially for the award of degree before. Further, this is submitted on the partial fulfilment of the award of the degree of Bachelor of Computer Applications of Mahatma Gandhi University, Kottayam, Kerala.

**AYSWARIA ELSA THOMAS (Reg: 160021113591)**

**Place: Pathamuttom**

**Date:**

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Above all, I would like to express my profound gratitude to God Almighty for his immense blessings upon me that led to the successful completion of this project.

**AYSWARIA ELSA THOMAS (Reg: 160021113591)**