



**KERALA UNIVERSITY OF HEALTH SCIENCES  
THRISSUR – 680 596, KERALA, INDIA**

**OFFICIAL TRANSCRIPT**

**Name of the Student :**

**Gender :**

**Date of Birth :**

**Nationality :**

**Parent / Guardian (as per University records):**

**Permanent Address :**

**KUHS Registration Number:**

**Name of the Course :           Master of Dental Surgery**

**Speciality:                           Conservative Dentistry and Endodontics**

**Medium of Instruction:           English**

**Degree awarded by:               Kerala University of Health Sciences, Thrissur, Kerala, India**

**Name of the college of study:**

**Address of the college of study:**

**Duration of the course :           Three years**

**Date of admission :**

**Date of Completion of Course :**

**Date of publication of Final Result:**

**Title of dissertation:**

**Name & Designation of Guide:**

**Library dissertation / Project:**

**PART - I Examination (Examination on Basic Sciences taken at the end of 1<sup>st</sup> Year, 3 hrs/paper):**

Sl No	Subject	University Theory		
		Max	Min	Marks Obtained
1	Applied General Anatomy of the Head and neck, Oral & Dental Anatomy & Histology	100	50	
2	Applied General & Oral Physiology including Nutrition and Pharmacology	100	50	
3	Applied General & Oral Pathology and Microbiology	100	50	
4	Research Methodology, Biostatistics, Dental Radiology, Emergency Medical Management, Ethics in Dentistry	100	50	
	<b>Total</b>	400	200	

**PART - II: (Examination on the speciality taken at the end of 3<sup>rd</sup> Year, 3 hrs/paper):**

Sl. No	University Theory Papers	Max	Min	Marks Obtained
1	Paper I – Conservative Dentistry	100	50	
2	Paper II – Endodontics	100	50	
3	Paper III – Dental Materials and Public Health Dentistry	100	50	
4	Paper IV - Single Essay on Recent Advances in the speciality	100	50	
	<b>Total</b>	400	200	
	<b>Practical Examination</b> consisting of Presentation of Clinical Records and Clinical procedures – Root Canal Therapy, Cast Post and Core and Inlay	400	200	
	<b>Viva Voce</b>	200	100	
	<b>Grand Total</b>	1000	500	

Percentage of marks obtained:

Grade :

Rank (if any) :

**CERTIFICATE**

This is to certify and confirm that Dr.. \_\_\_\_\_  
KUHS registration No. \_\_\_\_\_, was a bonafide student of MDS course (speciality -  
\_\_\_\_\_ ) from \_\_\_\_\_ (month and year) to  
\_\_\_\_\_ (month and year). This is a regular course of 3 years conducted at  
\_\_\_\_\_ (Name of college) as per the  
requirements prescribed by the Kerala University of Health Science, Thrissur, Dental Council of India  
and Kerala Dental Council. He/She has successfully completed the course and was awarded the degree  
at the convocation held on \_\_\_\_\_

Place: Thrissur, Kerala

**Name & Signature of Registrar**

Date:

