

KERALA UNIVERSITY OF HEALTH SCIENCES THRISSUR - 680 596, KERALA, INDIA

OFFICAL TRANSCRIPT

Name of the Student :				
Gender:				
Date of Birth :				
Nationality :				
Parent / Guardian (as per Univ	versity records):			
Permanent Address :				
KUHS Registration Number:				
Name of the Course :	Master of Dental Surgery			
Speciality:	Oral Medicine and Radiology			
Medium of Instruction:	English			
Degree awarded by:	Kerala University of Health Sciences, Thrissur, Kearala, 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 Res	sult:			

Title of dissertation :

Name & Designation of Guide :

Library dissertation / Project :

Applied Professional Experience (APEX) / Posting to other institutions or departments:*

Subject	Duration	From	To	Institution / Department of posting
Dermatology and venereal disease	15 days			
General radiology	15 days			
Radiation Oncology/ Imageology	15 days			
General Medicine	15 days			

Date Signature of the Principal

Office Seal Name of the Principal

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

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

PART – II Examination: (Examination on the speciality taken at the end of 3rd Year, 3 hrs/ theory paper):

Sl. No	University Theory Papers	Max	Min	Marks Obtained
1	Paper I – Oral Diagnosis	100	50	
2	Paper II – Oral Medicine and Therapeutics	100	50	
3	Paper III – Radiology	100	50	
4	Paper IV – Essay on Recent Advances in the speciality.	100	50	
	Total	400	200	
	Practical	400	200	
	Viva Voce	200	100	
	Grand Total	1000	500	

Percentage of marks obtained:	Grade :
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Rank (if any):

CERTIFICATE

Inis is to certify and co	onfirm that Dr			
KUHS registration No.		_, was a bon	afide student o	f MDS course (speciality
)	from	(month and year)
to	(month and year).	. This is a	regular course	of 3 years conducted as
				(Name of college) as
per the requirements	prescribed by the	Kerala Univ	ersity of Health	Science, Thrissur, Denta
Council of India and K	erala Dental Counci	il. He/She h	as successfully	completed the course and
was awarded the degr	ee at the convocation	on held on _		
Place: Thrissur			Name & Sig	nature of Registrar
Date:				
		KUHS		
		Seal		