



**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: Orthodontics and Dentofacial Orthopedics

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 1st 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	
	Total	400	200	

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

Sl. No	University Theory Papers	Max	Min	Marks Obtained
1	Paper I – Growth and Development, Occlusion, Genetics, Child and Adult Psychology and Applied Material Science	100	50	
2	Paper II – Diagnosis and Treatment Planning in Orthodontics	100	50	
3	Paper III – Clinical Orthodontics	100	50	
4	Paper IV - Single Essay on Recent Advances in the speciality	100	50	
	Total	400	200	
	Practical Examination consisting of Display of Clinical Records of treated cases, Long case discussion and Clinical procedures – Functional appliance, multiband exercise	400	200	
	Viva Voce	200	100	
	Grand Total	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:

KUHS

Seal