



**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 University records):

Permanent Address :

KUHS Registration Number:

Name of the Course : Master of Dental Surgery

Speciality: Periodontology

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	Total
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	Total
1	Paper I – Applied Anatomy and Physiology of the Periodontium, Pharmacology and Applied material Science	100			
2	Paper II – Etiopathogenesis of Periodontal Diseases	100			
3	Paper III – Clinical Periodontology and Oral Implantology	100			
4	Paper IV- Single Essay on the Recent Advances in Periodontics	100			
	Total	400	200		
	Practical Examination consisting of Case Presentation –Two short cases and one long case with detailed case analysis, treatment planning, appropriate access therapy, post operative evaluation and discussion of surgical patient	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:

