



**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 (MDS)
Speciality:	Oral and Maxillofacial Surgery

Medium of Instruction: English

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

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
General Surgery	30 days			
Anaesthesia	15 days			
ENT	15 days			
Plastic Surgery	15 days			
Surgical Oncology	60 days			
Neurology	15 days			
Cleft & Craniofacial Surgery	15 days			
General medicine	15 days			

Date:

Signature of the Principal

Office Seal

Name of the Principal

MDS PART– I Examination: (Theory Examination on Applied Basic Sciences taken at the end of 1st academic year, 3 hours/paper):

1.	Paper I : Applied Basic Sciences: Applied Anatomy, Physiology, Biochemistry, Pathology, Microbiology, Pharmacology and Biostatistics	University Theory marks		
		Maximum	Maximum	Marks awarded
		100	50	

MDS PART – II Examination: (Examination on the speciality taken at the end of 3rd academic year,3 hours/paper):

Sl No	Subject	University Theory marks		
		Maximum	Minimum	Marks awarded
1.	Paper I : Minor Oral Surgery and Trauma	100		
2.	Paper II : Maxillofacial Surgery	100		
3.	Paper III : Essay(Descriptive and Analyzing type questions)	100		
	Total	300	150	
	Practical Examination consisting of Minor Oral Surgery, Two Short cases discussion, One long Case discussion	200	-	
	Viva Voce	100	-	
	Total	300	150	
	Grand Total (Theory (Part I + Part II)+Practical + Viva)	700	350	

Percentage of marks obtained:

Class:

Rank (if any):

Marks verified & found correct:

Controller of Examinations

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 Sciences,
Thrissur, Dental Council of India and the Kerala Dental Council. He/she has successfully
completed the course and was awarded the degree at the convocation held on-----

verified & found correct:

Controller of Examinations

Name & Signature

Registrar

Name & Signature

Thrissur

Date:

