



**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:	Orthodontics and Dentofacial Orthopedics

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:

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, Dental Materials, Genetics, Pathology, Physical Anthropology, Applied Research methodology, Bio-Statistics and Applied Pharmacology.	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: Orthodontic history, Concepts of occlusion and esthetics, Child and Adult Psychology, Etiology and classification of malocclusion, Dentofacial Anomalies, Diagnostic procedures and treatment planning in Orthodontics, Practice management in Orthodontics	100		
2.	Paper II : Clinical Orthodontics	100		
3.	Paper III : Essay(Descriptive and Analyzing type questions)	100		
	Total	300	150	
	Practical Examination consisting of Functional appliance, III stage mechanics/ Bonding an arch wire fabrication, display of case records (a minimum of 5 cases to be presented with all the cases), Long cases	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:

