



**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:**

<b>Name of the Course:</b>	<b>Master of Dental Surgery (MDS)</b>
<b>Speciality:</b>	<b>Public Health Dentistry</b>

**Medium of Instruction:** English

<b>Degree awarded by:</b>	<b>Kerala University of Health Sciences, Thrissur, Kerala, India</b>
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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.	<b>Paper I : Applied Basic Sciences:</b> Applied Anatomy and Histology, Applied Physiology and Biochemistry, Applied Pathology, Microbiology, Oral Pathology, Physical and Social Anthropology, Applied Pharmacology and Research Methodology and statistics	University Theory marks		
		Maximum	Maximum	Marks awarded
		<b>100</b>	<b>50</b>	

**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.	<b>Paper I :</b> Public Health	100		
2.	<b>Paper II :</b> Dental Public Health	100		
3.	<b>Paper III :</b> Essay(Descriptive and Analyzing type questions)	100		
	<b>Total</b>	<b>300</b>	<b>150</b>	
	<b>Practical Examination</b> consisting of Clinical examination, Clinical procedures, Critical evaluation of research article, Problem solving a hypothetical oral health situation in a community	200	-	
	<b>Viva Voce</b>	100	-	
	<b>Total</b>	<b>300</b>	<b>150</b>	
	<b>Grand Total (Theory (Part I + Part II ) + Practical + Viva)</b>	<b>700</b>	<b>350</b>	

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 -----  
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*verified & found correct:*

**Controller of Examinations**

**Name & Signature**

**Registrar**

**Name & Signature**

Thrissur

Date:

KUHS  
Seal