



**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:                                   Pedodontics and Preventive Dentistry**

**Medium of Instruction:               English**

**Degree awarded by:                   Kerala University of Health Sciences, Thrissur, Kearala, 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:**

**Applied Professional Experience (APEX) / Posting to other institutions or departments:\***

Subject	Duration	From	To	Institution / Department of posting
Anaesthesia and Paediatric Surgery	15 days			
Plastic Surgery	15 days			
Oral and Maxillofacial Surgery	15 days			

\*As certified by the concerned Head of the Department

**Participation in conferences - CDE programmes:**

**Publications in scientific journals:**

**Special duties (if any):**

**Name & Designation of Head of the Department:**

**Title of dissertation :**

**Library dissertation :**

Name & Designation of Guide :

**Examination:**

(Examination in the specialty taken at the end of 3<sup>rd</sup> academic year ; 3 hours for each theory paper):

Sl. No	University Theory Papers	Max	Min	Marks Obtained	Total
1	Paper I - Applied Anatomy, Physiology, Microbiology, Nutrition and Dietetics	75			
2	Paper II - Clinical Pediatric Dentistry	75			
3	Paper III - Preventive and Community Dentistry as applied to pediatric dentistry	75			
4	Paper IV - Essay on Recent advances in the specialty	75			
	<b>Total</b>	300	150		

	<b>Practical</b>	200	100		
	<b>Viva Voce</b>	100	50		
	<b>Grand Total</b>	600	300		

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

**Name & Signature of Registrar**

Date:

