



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, 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:

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 3rd academic year ; 3 hours for each theory paper):

Sl. No	University Theory Papers	Max	Min	Marks Obtained	Total
1	Paper I – Applied Anatomy, Physiology, Biochemistry, Pathology, Microbiology, Pharmacology and Biostatistics	75			
2	Paper II – Etiopathogenesis of Periodontal diseases	75			
3	Paper III – Clinical Periodontology and Oral Implantology	75			
4	Paper IV – Essay on Recent Advances in the Specialty.	75			
	Total	300	150		

	Practical	200	100		
	Viva Voce	100	50		
	Grand Total	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:

