



**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 :**

**Aadhar Card No:**

**KUHS Registration Number:**

**Name of the Course :** Master of Dental Surgery

**Speciality:** Oral Pathology and Microbiology

**Medium of Instruction:** English

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

<b>Subject</b>	<b>Duration</b>	<b>From</b>	<b>To</b>	<b>Institution / Department of posting</b>
Clinical Pathology	15 days			
Dermatology	15 days			
Oncology	15 days			
Oral Medicine and Radiology	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, Pathology and Research Methodology	75			
2	Paper II - Oral pathology, Microbiology and Oncology	75			
3	Paper III – Laboratory Techniques and Diagnosis	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) :

Date

Signature of the Principal

Office Seal

Name of the Principal

## 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:

