



**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

Speciality: Orthodontics and Dentofacial Orthopedics

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:

Title of dissertation:

Name & Designation of Guide:

Library dissertation / Project:

PART - I Examination (Examination on Basic Sciences taken at the end of 1st Year, 3 hrs/paper):

Sl No	Subject	University Theory		
		Max	Min	Marks Obtained
1	Applied General Anatomy of the Head and neck, Oral & Dental Anatomy & Histology	100	50	
2	Applied General & Oral Physiology including Nutrition and Pharmacology	100	50	
3	Applied General & Oral Pathology and Microbiology	100	50	
4	Research Methodology, Biostatistics, Dental Radiology, Emergency Medical Management, Ethics in Dentistry	100	50	
	Total	400	200	

PART - II: (Examination on the speciality taken at the end of 3rd Year, 3 hrs/paper):

Sl. No	University Theory Papers	Max	Min	Marks Obtained
1	Paper I – Growth and Development, Occlusion, Genetics, Child and Adult Psychology and Applied Material Science	100	40	
2	Paper II – Diagnosis and Treatment Planning in Orthodontics	100	40	
3	Paper III – Clinical Orthodontics	100	40	
4	Paper IV - Single Essay on Recent Advances in the speciality	100	40	
	Theory Group Total	400	200	
	Practical Examination consisting of Display of Clinical Records of treated cases, Long case discussion and Clinical procedures – Functional appliance, multiband exercise	400	200	
	Viva Voce	200	100	
	Grand Total	1000	500	

Percentage of marks obtained:

Class :

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 Sciences, 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, Kerala

Authority of the University

Date:

Name & Signature

