

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 Univ	ersity records):
Permanent Address:	
KUHS Registration Number:	
Name of the Course :	Master of Dental Surgery
Speciality:	Oral Medicine and Radiology
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 Res	ult:

(To be filled in by	the Princi	pal'
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Title of dissertation :

Name & Designation of Guide :

Library dissertation / Project :

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

Subject	Duration	From	То	Institution / Department of posting
Dermatology and venereal disease	15 days			
General radiology	15 days			
Radiation Oncology/ Imageology	15 days			
General Medicine	15 days			

Date Signature of the Principal

Office Seal Name of the Principal

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

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

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

Sl. No	University Theory Papers		Min	Marks Obtained
1	Paper I – Oral Diagnosis	100	40	
2	Paper II – Oral Medicine and Therapeutics	100	40	
3	Paper III – Radiology	100	40	
4	Paper IV – Essay on Recent Advances in the speciality.	100	40	
	Theory Group Total	400	200	
	Practical	400	200	
	Viva Voce	200	100	
	Grand Total	1000	500	

Grand Total	1000	500	
Percentage of marks obtained:	Clas	ss:	

Rank (if any):

CERTIFICATE

This is to certify and confirm that D	r	
KUHS registration No.	, was a bonafide studer	t of MDS course (speciality
) from	(month and year
to(month and	year). This is a regular cou	rse of 3 years conducted at
		(Name of college) a
per the requirements prescribed by	the Kerala University of Hea	lth Sciences, Thrissur, Denta
Council of India and Kerala Dental (Council. He/She has successfu	ally completed the course and
was awarded the degree at the conv	ocation held on	
Place: Thrissur	Author	rity of the University
Date:	N	ame & Signature
	KUHS	
	Seal	