



**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: Prosthodontics and Crown and Bridge**

**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:**

**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/Project :**

**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 Dental materials	75	30		
2	Paper II - Removable Prosthodontics and Oral Implantology	75	30		
3	Paper III – Fixed Prosthodontics	75	30		
4	Paper IV – Essay on Recent advances in the specialty	75	30		
	<b>Theory Group 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:

Class :

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 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

**Authority of the University**

Date:

**Name & Signature**

