



**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:**

<b>Name of the Course:</b>	<b>Master of Dental Surgery (MDS)</b>
<b>Speciality:</b>	<b>Periodontology</b>

**Medium of Instruction: English**

<b>Degree awarded by:</b>	<b>Kerala University of Health Sciences, Thrissur, Kerala, India</b>
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**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:**

Date

Signature of the Principal

Office Seal

Name of the Principal

**MDS PART– I Examination: (Theory Examination on Applied Basic Sciences taken at the end of 1st academic year, 3 hours/paper):**

1.	<b>Paper I : Applied Basic Sciences:</b> Applied Anatomy, Physiology, Biochemistry, Pathology, Microbiology, Pharmacology and Biostatistics	University Theory marks		
		Maximum	Minimum	Marks awarded
		<b>100</b>	<b>50</b>	

**MDS PART – II Examination: (Examination on the speciality taken at the end of 3rd academic year,3 hours/paper):**

Sl No	Subject	University Theory marks		
		Maximum	Minimum	Marks awarded
1.	<b>Paper I :</b> Normal Periodontal structure, Etiology and Pathogenesis of Periodontal diseases, epidemiology as related to Periodontics	100	40	
2.	<b>Paper II :</b> Periodontal diagnosis, therapy and Oral implantology	100	40	
3.	<b>Paper III :</b> Essay(Descriptive and Analyzing type questions)	100	40	
	<b>Theory Group Total</b>	<b>300</b>	<b>150</b>	
	<b>Practical Examination</b> consisting of Case discussion • Long Case-One • Short case -Two Periodontal surgery	200	100	
	<b>Viva Voce</b>	100	-	
	<b>Total</b>	<b>300</b>	<b>150</b>	
	<b>Grand Total (Theory (Part I + Part II )+Practical + Viva)</b>	<b>700</b>	<b>350</b>	

Percentage of marks obtained:

Class:

Rank (if any):

*Marks verified & found correct:*

**Controller of Examinations**

**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 the Kerala Dental Council. He/She has successfully

completed the course and was awarded the degree at the convocation held on-----

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*verified & found correct:*

**Controller of Examinations**

**Name & Signature**

**Signing Authority of University**

**Name & Signature**

Thrissur

Date:

KUHS  
Seal