



**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 (MDS) |
| Speciality: | Prosthodontics and Crown & Bridge |

Medium of Instruction: English

| | |
|---------------------------|--|
| Degree awarded by: | Kerala University of Health Sciences, Thrissur, Kerala, India |
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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):

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|----|---|-------------------------|-----------|---------------|
| 1. | Paper I : Applied Basic Sciences: Applied Anatomy, Nutrition & Biochemistry, Pathology & Microbiology, virology, Applied Dental anatomy & histology, Oral pathology & oral Microbiology, Adult and geriatric psychology. Applied dental materials. | University Theory marks | | |
| | | Maximum | Minimum | Marks awarded |
| | | 100 | 50 | |

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. | Paper I: Complete denture & Removable Prosthodontics and Implant supported prosthesis (Implantology), Geriatric dentistry and Cranio facial Prosthodontics | 100 | 40 | |
| 2. | Paper II : Fixed Partial Prosthodontics, Occlusion, TMJ and Aesthetics | 100 | 40 | |
| 3. | Paper III : Essay(Descriptive and Analyzing type questions) | 100 | 40 | |
| | Theory Group Total | 300 | 150 | |
| | Practical Examination consisting of Presentation of Clinical Records and Clinical procedures – Complete Denture, Fixed Partial denture and Removable Partial Denture | 200 | 100 | |
| | Viva Voce | 100 | - | |
| | Total | 300 | 150 | |
| | Grand Total (Theory (Part I + Part II)+Practical + Viva) | 700 | 350 | |

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-----

verified & found correct:

Controller of Examinations

Name & Signature

Signing Authority of University

Name & Signature

Thrissur

Date:

KUHS
Seal