



**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:	Public Health Dentistry

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):

1.	Paper I : Applied Basic Sciences: Applied Anatomy and Histology, Applied Physiology and Biochemistry, Applied Pathology, Microbiology, Oral Pathology, Physical and Social Anthropology, Applied Pharmacology and Research Methodology and statistics	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 : Public Health	100	40	
2.	Paper II : Dental Public Health	100	40	
3.	Paper III : Essay(Descriptive and Analyzing type questions)	100	40	
	Theory Group Total	300	150	
	Practical Examination consisting of Clinical examination, Clinical procedures, Critical evaluation of research article, Problem solving a hypothetical oral health situation in a community	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