

**UNIVERSITY OF KERALA**  
**THIRUVANANTHAPURAM, KERALA, INDIA- 695034**

**OFFICAL TRANSCRIPT**  
**MASTER OF DENTAL SURGERY**

This is to certify that ..... (Reg.No .....). was a bonafide student of .....registered under the University of Kerala. The duration and subject particulars of the course is as follows:-

**Speciality : Conservative Dentistry&Endodontics Branch: 1**

**Duration of course : From To**

**Title of dissertation :**

**Name & Designation of guide :**

**Name & Designation of co- guide :**

**Library dissertation /project :**

**Specialty Posting to other institutions or departments:**

Sl. No	Subject	Duration	From	To	Institution /department of posting
1.	Dept. of Periodontics	15 days			Govt. Dental College, Trivandrum
2.	Dept. of Prosthodontics	15 days			Govt. Dental College, Trivandrum
3.	Dept. of Oral Surgery	15 days			Govt. Dental College, Trivandrum

**Subjects covered:**

**PART – I:**

**Paper I:** Applied General Anatomy of the Head and neck, Oral & Dental Anatomy &Histology,genetics

**Paper II:** Applied General & Oral Physiology including Nutrition and Pharmacology

**Paper III :** Applied General & Oral Pathology and Microbiology

**Paper IV :**Dental Radiology, Research Methodology, Biostatistics, Emergency Medical Management, Ethics in Dentistry, Child Psychology, Behaviour problems of children, Dental Materials

**PART - II:**

**Paper I:** Conservative Dentistry

**Paper II:** Endodontics

**Paper III :** Dental materials and Public health dentistry

**Paper IV :**Recent advances on Conservative Dentistry &Endodontics

**Preclinical training:**Part I (First 6 months)

**Clinical and Practical training**