

**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** : **Prosthodontics Crown & Bridge** **Branch: 2**

**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:**

**Applied Professional Experience (APEX): Nil**

| Sl. No | Subject | Duration | From | To | Institution /department of posting |
|--------|---------|----------|------|----|------------------------------------|
|        |         |          |      |    |                                    |

**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, Dental Materials

**PART - II:**

**Paper I:** Complete denture prosthodontics

**Paper II:**Removable Partial prosthodontics and Maxillofacial prosthodontics

**Paper III :** Fixed partial denture and Implantology

**Paper IV :**Essay