Annexure 'I'

Maharashtra University Of Health Science, Nashik

Fourth BDS (New) Practical Examination Summer/Winter _____

Centre:_____ Date: _____

Sub: **Oral Medicine and Radiology** **Max Marks 90**

(Note: **Scratching** or **overwriting** in Marks is **not allowed**)

Seat No	Clinical case History Exam, Treatment Planning and Chair side oral	Taking IOPA and Processing with Interpretation	Interpreta-tion of Five Clinical Slides or Radiographs	Journal	**Total**
	30	**30**	**25**	**05**	**90**

Certified that, the total marks, entered against each seat number, are totaled by us and found to be correct.

External Examiner

Name _____

Signature _____

Date _____

Internal Examiner

Name _____

Signature _____

Date _____

Annexure 'I'

Maharashtra University of Health Science, Nashik

Fourth BDS (New)Oral/Viva Examination Summer/Winter _____

Centre:_____ Date: _____

Sub: **Oral Medicine and Radiology** **Max Marks 20**

(Note: **Scratching** or **overwriting** in Marks is **not allowed**)

Seat No.	**Marks Allotted out of 20 (Maximum)**	
	In Figures	In Words

External Examiner

Name _____

Signature_____

Date _____

Internal Examiner

Name _____

Signature _____

Date _____

Annexure 'M'

Maharashtra University Of Health Science, Nashik

Fourth BDS (New) Practical Examination Summer/Winter _____

Centre: _____ Date: _____

Sub: **Paediatric and Preventive Dentistry** **Max Marks 90**

(Note: **Scratching** or **overwriting** in Marks is **not allowed**)

Seat No	Clinical case Exam of a Child, History taking and Diagnosis	Chair Side Orals	Treatment Planning	Clinical Work Record (Journal)	**Total**
	40	**25**	**15**	**10**	**90**

Certified that, the total marks, entered against each seat number, are totaled by us and found to be correct.

External Examiner

Name _____

Signature _____

Date _____

Internal Examiner

Name _____

Signature _____

Date _____

Annexure 'M'

Maharashtra University of Health Science, Nashik

Fourth BDS (New) Oral/Viva Examination Summer/Winter _____

Centre:_____ Date: _____

Sub: **Paediatric and Preventive Dentistry** **Max Marks 20**

(Note: **Scratching** or **overwriting** in Marks is **not allowed**)

Seat No.	**Marks Allotted out of 20 (Maximum)**	
	In Figures	In Words

External Examiner

Name _____

Signature_____

Date _____

Internal Examiner

Name _____

Signature _____

Date _____

Annexure 'H'

Maharashtra University Of Health Science, Nashik

Fourth BDS (New) Practical Examination Summer/Winter _____

Centre: _____ Date: _____

Sub: **Orthodontics and Dentofacial Orthopaetic** **Max Marks 90**

(Note: **Scratching** or **overwriting** in Marks is **not allowed**)

Seat No	Wire Bending and Preparation of an appliance in wax	Model Analysis (any two indices with brief treatment plan)	Identification of appliances Cephalometric Landmarks	Journal	**Total**
	50	**15**	**20**	**05**	**90**

Certified that, the total marks, entered against each seat number, are totaled by us and found to be correct.

External Examiner

Name _____

Signature _____

Date _____

Internal Examiner

Name _____

Signature _____

Date _____

Annexure 'H'

Maharashtra University of Health Science, Nashik

Fourth BDS (New) Oral/Viva Examination Summer/Winter _____

Centre:_____ Date: _____

Sub: **Orthodontics and Dentofacial Orthopaedic** **Max Marks 20**

(Note: **Scratching** or **overwriting** in Marks is **not allowed**)

Seat No.	**Marks Allotted out of 20 (Maximum)**	
	In Figures	In Words

External Examiner

Name _____

Signature_____

Date _____

Internal Examiner

Name _____

Signature _____

Date _____

Annexure 'G'

Maharashtra University Of Health Science, Nashik

Fourth BDS (New) Practical Examination Summer/Winter _____

Centre: _____ Date: _____

Sub: **Periodontology** **Max Marks 90**

(Note: **Scratching** or **overwriting** in Marks is **not allowed**)

Seat No	Clinical Case History Exam, Treatment Planning	Scaling and Polishing and Instrumenta - tion	Post operative Instructions and Chair side Orals	Journal	**Total**
	25	**40**	**20**	**05**	**90**

Certified that, the total marks, entered against each seat number, are totaled by us and found to be correct.

External Examiner

Name _____

Signature _____

Date _____

Internal Examiner

Name _____

Signature _____

Date _____

Annexure 'G'

Maharashtra University of Health Science, Nashik

Fourth BDS (New) Oral/Viva Examination Summer/Winter _____

Centre:_____ Date: _____

Sub: **Periodontology** **Max Marks 20**

(Note: **Scratching** or **overwriting** in Marks is **not allowed**)

Seat No.	**Marks Allotted out of 20 (Maximum)**	
	In Figures	In Words

External Examiner

Name _____

Signature_____

Date _____

Internal Examiner

Name _____

Signature _____

Date _____

Annexure 'L'

Maharashtra University Of Health Science, Nashik

Fourth BDS (New) Practical Examination Summer/Winter _____

Centre:_____ Date: _____

Sub: **Prosthodontics and Crown & Bridge** **Max Marks 90**

(Note: **Scratching** or **overwriting** in Marks is **not allowed**)

Seat No	History Exams T/P & Chair side orals related to Clinical Work	Checking of Special Tray/or record bases(to be kept ready by the student)	Border Molding procedure or Establish Vertical Jaw relation	Final Impression of recording centric Jaw relation	Clinical work Record (Journal)	**Total**
	15	**15`**	**25**	**30**	**05**	**90**

Certified that, the total marks, entered against each seat number, are totaled by us and found to be correct.

External Examiner

Name _____

Signature _____

Date _____

Internal Examiner

Name _____

Signature _____

Date _____

Annexure 'L'

Maharashtra University of Health Science, Nashik

Fourth BDS (New) Oral/Viva Examination Summer/Winter _____

Centre:_____ Date: _____

Sub: **Prosthodontics and Crown & Bridge** **Max Marks 20**

(Note: **Scratching** or **overwriting** in Marks is **not allowed**)

Seat No.	**Marks Allotted out of 20 (Maximum)**	
	In Figures	In Words

External Examiner

Name _____

Signature_____

Date _____

Internal Examiner

Name _____

Signature _____

Date _____

Annexure 'J'

Maharashtra University Of Health Science, Nashik

Fourth BDS (New) Practical Examination Summer/Winter _____

Centre: _____ Date: _____

Sub: **Oral & Maxillofacial Surgery** **Max Marks 90**

(Note: **Scratching** or **overwriting** in Marks is **not allowed**)

Seat No	Clinical case History Exam, X-ray interpreta-tion Instrument and Drugs	Local Anesthesia Technique	Exodontia Technique	Post Operative Instructions Management and chair Side Orals	Journal	**Total**
	20	**20**	**30**	**15**	**05**	**90**

Certified that, the total marks, entered against each seat number, are totaled by us and found to be correct.

External Examiner

Name _____

Signature _____

Date _____

Internal Examiner

Name _____

Signature _____

Date _____

Annexure 'J'

Maharashtra University of Health Science, Nashik

Fourth BDS (New) Oral/Viva Examination Summer/Winter _____

Centre: _____Date: _____

Sub: **Oral & Maxillofacial Surgery** **Max Marks 20**

(Note: **Scratching** or **overwriting** in Marks is **not allowed**)

Seat No.	**Marks Allotted out of 20 (Maximum)**	
	In Figures	In Words

External Examiner

Name _____

Signature_____

Date _____

Internal Examiner

Name _____

Signature _____

Date _____

Annexure 'K'

Maharashtra University Of Health Science, Nashik

Fourth BDS (New) Practical Examination Summer/Winter _____

Centre:_____ Date: _____

Sub: **Conservative and Endodontics** **Max Marks 90**

(Note: **Scratching** or **overwriting** in Marks is **not allowed**)

Seat No	History taking exams and treatment planning	Cavity preparation for silver Amalgam modified class II MO **OR** DO **OR** Class one Cavity with Buccal **OR** Lingual extensions	Base lining along with Matrix Band adaptation	Registra-tion with Dental Amalgam and chair side orals related with exercises	Clinical work Record Journal	**Total**
	10	**30**	**15**	**30**	**05**	**90**

Certified that, the total marks, entered against each seat number, are totaled by us and found to be correct.

External Examiner

Name _____

Signature _____

Date _____

Internal Examiner

Name _____

Signature _____

Date _____

Annexure 'K'

Maharashtra University of Health Science, Nashik

Fourth BDS (New) Oral/Viva Examination Summer/Winter _____

Centre: _____ Date: _____

Sub: **Conservative and Endodontics** **Max Marks 20**

(Note: **Scratching** or **overwriting** in Marks is **not allowed**)

Seat No.	**Marks Allotted out of 20 (Maximum)**	
	In Figures	In Words

External Examiner

Name _____

Signature_____

Date _____

Internal Examiner

Name _____

Signature _____

Date _____

Annexure 'F'

Maharashtra University Of Health Science, Nashik

Fourth BDS (New) Practical Examination Summer/Winter _____

Centre: _____ Date: _____

Sub: **Public Health Dentistry** **Max Marks 90**

(Note: **Scratching** or **overwriting** in Marks is **not allowed**)

Seat No	Clinical Case History Exam, Treatment Planning	Index recording and Clinical work	Model and chart Preparation/ Dental camp Attendance	Journal	**Total**
	30	**40**	**15**	**05**	**90**

Certified that, the total marks, entered against each seat number, are totaled by us and found to be correct.

External Examiner

Name _____

Signature _____

Date _____

Internal Examiner

Name _____

Signature _____

Date _____

Annexure 'F'

Maharashtra University of Health Science, Nashik

Fourth BDS (New) Oral/Viva Examination Summer/Winter _____

Centre: _____ Date: _____

Sub: **Public Health Dentistry** **Max Marks 20**

(Note: **Scratching** or **overwriting** in Marks is **not allowed**)

Seat No.	**Marks Allotted out of 20 (Maximum)**	
	In Figures	In Words

External Examiner

Name _____

Signature_____

Date _____

Internal Examiner

Name _____

Signature _____

Date _____