



Dr. YSR UNIVERSITY OF HEALTH SCIENCES, VIJAYAWADA – 520008

**APPLICATION FORM FOR BDS OFFICIAL TRANSCRIPT OF MARKS
(OLD REGULATIONS 150 M)**

1.	Name of the Candidate (as per Intermediate Certificate)		
2.	Date of Admission into BDS course		
3.	Register Number		
4.	College in which studied		
5.	Date of completion of Internship		
6.	Month and Year of Passing		
7.	Division Awarded in Provisional Certificate		
8.	Details of fee paid	D.D.No.	Date:
		Amount:	Bank:

DETAILS OF MARKS

COURSE	SUBJECT	MAX MARKS	PASSING MARKS	MARKS AWARDED	NO. OF ATTEMPTS
First BDS	Anatomy & Histology	150	75		
	Physiology including Bio-Chemistry	150	75		
	Dental Materials and Metallurgy	150	75		
Second BDS	General and Dental Pharmacology	150	75		
	General Pathology Parasitology & Microbiology	150	75		
	Oral & Dental Anatomy, Physiology & Histology	150	75		
	Pre – Clinical Prosthodontics	50	25		
	Pre – Clinical Conservative Dentistry	50	25		
Third BDS	General Medicine	150	75		
	General Surgery	150	75		
	Oral Pathology	150	75		
	Community Dentistry	150	75		
Final BDS	Prosthodontics including Crown & Bridge	150	75		
	Conservative Dentistry & Endodontics	150	75		
	Orthodontia	150	75		
	Oral Maxillofacial Surgery	150	75		
	Oral Medicine & Radiology	150	75		
	Periodontia	150	75		
	Pedodontia	150	75		

SIGNATURE OF THE CANDIDATE

**FOR THE USE BY PRO CELL OF Dr. YSR
UHS, VIJAYAWADA.**

**ADDRESS FOR COMMUNICATION WITH MAILID AND
PH NO.**

Documents to be enclosed (Xerox Copies):

1. Intermediate Certificate.
2. Copy of proceedings issued by Dr. YSR UHS in case of change in Name/Surname.
3. All years Marks Memos (Including failed memos, Absent / Not Registered / Detained Memos)
4. Provisional Certificate / Original degree.
5. Internship Certificate.
6. Permission letter in case of Internship transfer.
7. All the documents must be enclosed in the above order only.

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