



Dr. YSR UNIVERSITY OF HEALTH SCIENCES, VIJAYAWADA – 520008

APPLICATION FORM FOR **BDS** OFFICIAL TRANSCRIPT OF MARKS
(NEW REGULATIONS 200 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	200	100		
	Physiology including Bio-Chemistry	200	100		
	Oral & Dental Anatomy, Physiology & Histology	200	100		
Second BDS	General and Dental Pharmacology	200	100		
	General Pathology Parasitology & Microbiology	200	100		
	Dental Materials and Metallurgy	200	100		
	Pre – Clinical Prosthodontics	100	50		
	Pre – Clinical Conservative Dentistry	100	50		
Third BDS	General Medicine	200	100		
	General Surgery	200	100		
	Oral Pathology & Microbiology	200	100		
Final BDS	Prosthodontics including Crown & Bridge	200	100		
	Conservative Dentistry & Endodontics	200	100		
	Orthodontia	200	100		
	Oral Maxillofacial Surgery	200	100		
	Oral Medicine & Radiology	200	100		
	Periodontia	200	100		
	Pedodontia	200	100		
	Public Health Dentistry	200	100		

SIGNATURE OF THE CANDIDATE

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

**ADDRESS FOR COMMUNICATION WITH
MAIL ID 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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