











Bachelor Of Dental Surgery **III BDS GUIDE BOOK** 2024-2025

Any clarifications / corrections in	Guidebook kindly contact III BDS
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DEAN'S MESSAGE

I congratulate you for having promoted to the third year BDS, undergraduate program.

Vinayaka Mission's Sankarachariayar Dental College was started in the year 1986 and has crossed leaps and bounds, to attain the present status. I wish to state that dentistry is an art & science whichneeds a good sculptor and source.

Our asset is experienced and dedicated staff, good infrastructureand clinical cases, provides an environment for student centric learning in a holistic manner. The skill needed for the art and the knowledge needed for science is delivered by keeping the present generation's need to face the global challenge.

I therefore, assure you that your decision will not go futile and youwill not only be a successful dentist but also a good statesman by making our country proud in all endeavors.

> Prof. Dr. J. BABY JOHN, M.D.S., Dean, VMSDC, Salem



VINAYAKA MISSION'S SANKARACHARIYAR DENTAL COLLEGE (VMSDC) PROFILE

Vinayaka Mission's Sankarachariyar Dental college, Salem was instituted in the year 1986 as an affiliated institution under the University of Madras and later on affiliated to the Tamilnadu, Dr. MGR Medical University, Chennai with courses viz. Bachelor of Dental Surgery (BDS), Master of Dental Surgery (MDS), Diploma in Dental Mechanics and Diploma in Dental hygienist.

The Vinayaka Mission's Sankarachariyar Dental college later on became the constituent of VINAYAKA MISSION'S RESEARCH FOUNDATION (DEEMED TO BE UNIVERSITY) from 2001. The institution is located on NH 47, Sankari Main Road, Ariyanoor, Salem-636008 in 10.14 acre campus with a build up area of 1,14,149 sq.ft.



Mrs. ANNAPOORANI SHANMUGASUNDARAM & Dr. A. SHANMUGASUNDARAM

The institution has committed to impart quality education to the students from different socioeconomic & Cultural backgrounds. The institution offers Undergraduate programme, 9 Postgraduate programmes, PhD in Dentistry, Diploma courses in Dental Mechanics & Dental Hygienist. The campus has well equipped library with internet facility & Central Research Laboratory for the staff and students.



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Р	ersonal Memoranda	Affix Photo
Name	:	
Registration Number	:	
Father/Mother's Name	:	
Address	:	
Email Id	:	
Mobile No.	:	
Date Of Birth	:	
Blood Group	:	
Year of Admission	:	
Year of Study	:	
ACADEMIC COORDINATO	R: Dr MADHUSHRIEE V	
MOBILE NO. Mentor's Name	: 9740575508 :	
Dept. Name & Room. No	:	
	:	
Other Details if any	: Road, Ariyanoor, Salem - 636 308. Tar	

4 47 Sankari Main Road, Ariyanoor, Salem - 636 308. Tamilnadu, India Phone : 0427-2477723 E Mail : dean@vmsdc.edu.in

College Website : www.vmsdcsalem.com



ACADEMIC & ADMINISTRATIVE PROFILE

S. No.	Name	Academic Profile	Mobile No.
1	1 Dr. J. Baby John Professor & Dean		9842753645
2 Dr.Reena Rachel John		Professor & Associate Dean (Research & Scientific) Oral & Maxillofacial Surgery	9443118756
3	Dr.R.Saranyan	Professor & HOD Periodontology Associate Dean (Academic Affairs)	9842748071

Dept. No.	Name	Academic Profile	Mobile No.
1	Dr.G.V.Ramachandra Reddy	Professor & HOD Oral Medicine & Radiology	9844065968
2	Dr.R.Saranyan	Associate Dean(Academic Affairs) Professor & HOD Periodontology	9842748071
3	Dr.J.Arunkumar	Professor & HOD Oral & Maxillofacial Surgery	9443273347
4	Dr.R.Ramesh	Professor & HOD Prosthodontics and Crown & Bridge	9443155211
5	Dr.Maya Ramesh	Professor & HOD Oral & Maxillofacial Pathology and Oral Microbiology	9600918804
6	Dr.Veena Arali	Professor & HOD Pediatric & Preventive Dentistry	9535444112
7	Dr.Yadav Chakravarthy	Professor & HOD Conservative Dentistry & Endodontics	8072404507
8	Dr.N.Saravanan	Professor & HOD Public Health Dentistry	9442262950
9	Dr.Prabhakar Krishnan	Professor & HOD Orthodontics & Dentofacial	9843688271

S. No.	Name Administrative Profile		Mobile No.
1	Mr.R.Natarajan	Administrative Officer	9843044140
2	Mr.I.Sapnath Panea Ray	Academic Officer	9245478556
3	Mr.A.Syed Nizamuddin	Senior Accountant	8825805997
4	Mrs.J.Sudhishna	Senior executive hospital admin	9994619822



HIPPOCRATIC OATH

I do solemnly vow, to that which I value and hold most dear:

That I will honor the Profession of Medicine, be just and generous to its members, and help sustain them in their service to humanity;

That just as I have learned from those who preceded me, so will I instruct those who follow me in the science and the art of medicine;

That I will recognize the limits of my knowledge and pursue lifelong learning to better care for the sick and to prevent illness;

That I will seek the counsel of others when they are more expert so as to fulfill my obligation to those who are entrusted to my care;

That I will not withdraw from my patients in their time of need;

That I will lead my life and practice my art with integrity and honor, using my power wisely;

That whatsoever I shall see or hear of the lives of my patients that is not fitting to be spoken, I will keep in confidence;

That into whatever house I shall enter, it shall be for the good of the sick;

That I will maintain this sacred trust, holding myself far aloof from wrong, from corrupting, from the tempting of others to vice;

That above all else I will serve the highest interests of my patients through the practice of my science and my art;

That I will be an advocate for patients in need and strive for justice in the care of the sick.

I now turn to my calling, promising to preserve its finest traditions, with reward of a long experience in the joy of healing.

I make this vow freely and upon my honor.



HIPPOCRATIC OATH FOR DENTISTRY

I swear to fulfill, to the best of my ability and judgment, this covenant:

• I will respect the hard-won scientific gains of those dental professionals in whose steps I walk, and gladly share such knowledge as is mine with those who are to follow.

• I will apply, for the benefit of the sick, all measures which are required, avoiding those twin traps of overtreatment and therapeutic nihilism.

• I will remember that there is art to dentistry as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug.

• I will not be ashamed to say "I know not"; nor will I fail to call in my colleagues when the skills of another are needed for a patient's well being.

• I will respect the privacy of my patients, for their problems are not disclosed to me that the world may know. Most especially must I tread with care in matters of life and death. If it is given me to save a life, all thanks. But it may also be within my power to take a life; this awesome responsibility must be faced with great hu-mility and awareness of my own frailty. Above all, I must not play at God.

• I will remember that I do not treat a fever chart or a cancerous growth, but a sick human being, whose illness may affect the person's family and economic stability. My responsibility includes these related problems, if I am to care adequately for the sick.

• I will prevent disease whenever I can, for prevention is preferable to cure.

• I will remember that I remain a member of society, with special obligations to all my fellow human beings, those sound of mind and body as well as the infirm.

• If I do not violate this oath, may I enjoy life and art, respected while I live an re-membered with affection thereafter. May I always act so as to preserve the finest traditions of my calling and may I long experience the joy of healing those who seek my help.





VINAYAKA MISSION'S SANKARACHARIYAR DENTAL COLLEGE

VISION & MISSION

OUR MOTTO

Service to humanity is service to God.

VISION

To make dental education and dental health available to the poor and needy in the rural sector

MISSION

To spread knowledge with recent advances and to promote research in the field of dentistry

QUALITY POLICY

To prepare students to have in depth knowledge in both pre-clinical and clinical dentistry and update advances in diagnosis and therapeutics to meet the present dental disease pattern in the society





THE LORD VINAYAKA

Vinayaka is in the centre of the emblem.

He is the God of Health, Wisdom, Education & Prosperity and God for Nirvigna in the various walks of human -life.

The tusks of the elephant are placed on either side of rod of Aesculapius. It represents the symbol of dentistry.

GOD OF MEDICINE

The God of Aesculapius is an ancient symbol associated with astrology, the Greek God Aesculapius and with healing.

It consists of a serpent entwined around a staff. The name of the symbol derives from its early and widespread association with Aesculapius, the son of Apollo, who was a practitioner of medicine in ancient Greek mythology.

GOD OF DENTISTRY

Our Emblem design uses at its centre a twin serpent entwined about an ancient Arabian cautery.

LEAVES

The leaves encircling Lord Vinayaka and God of Aesculapius represents human teeth.

The 20 leaves on the left side represent the deciduous dentition.

The 32 leaves on the right side represent the permanent dentition.



RULES & REGULATIONS FOR CODE OF CONDUCT

1. Dress Code :

All students should wear ID cards issued by college as per the respective year of study. Students should not enter the LAB without Apron. Foot wear must be clean and well polished. Open toe shoes are not allowed. Clothing must be neat & wrinkle free. Jeans, T-Shirts, Leggins & Sleeveless tops are not allowed. Finger nails must be clean & short to allow proper grasp of instruments. Gold ornaments, Bracelets & rings are notallowed. Formal, Trousers and shoes should be worn by the boys. Hair should be trimmed properly and face should be clean shaved or facial hair should be trimmed properly. Girls hair to be pinned and braided properly. Students are strictly advised to adhere to the rules and regulations that will be monitored by the Institutional Code of conduct Monitoring committee and appropriate action will be taken for those who are not complying with the college regulations.

2. Safety Code :

Long hair must be tied and put back for safety measures. Wear face mask in clinical session as & when required. Always work with good ventilation. Do not keep inflammable materials (Spirit, monomer) near open flame. Students should take care of their own instruments and their costlier belongings. Borrowing instruments from others is not allowed. LPG tap should always be kept closed after working in the lab.

3. Cleanliness Code :

Lab must be kept clean. This includes working tables, model trimmers, polishing & furnishing areas. Dental plaster, waxes & other working wastes must be properly discarded in the separate dustbin. They should not be discarded in the sink (Waxes should not be discarded on the floor / Veranda). Before leaving the LAB make sure your working area is clean. Apron should be washed regularly & kept clean.

4. Mobile Phones & Two Wheelers :

The use of Mobile phones is strictly forbidden during the learning hours in lectures, clinical posting and laboratories. In case of emergency, parents / guardians are requested to use college communications. Any student, not abiding by this protocol will face severe disciplinary action. Mobile phones will be allowed in college only for academic purpose with prior approval of staffs. Unwanted download or usage of institutional WiFi is strictly prohibited. If unethical use of mobile phones are found, fine amount will be levied towards " The poor patient fund."Two wheelers are banned and college is not responsible for any eventuality.

5. Ragging (Banned) :

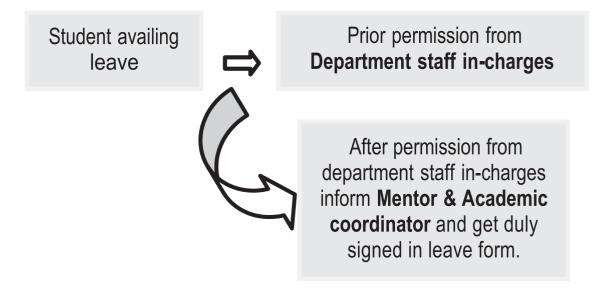
Any student found indulging in ragging or submitting to it, is strictly forbidden insideor outside the college campus. Ragging in any form is a punishable offence and shall warrant severe disciplinary action, by the concerned committee. Any incidence of ragging, should be immediately brought to notice of the Anti Ragging Committee.

6. Any Damage, Misuse Of College Property Shall Warrant Disciplinary Action.



7. Leave application :

- Students availing leave should take prior permission except under medical/emergency reasons.
- Students availing prior leave should first take permission from the respective department staff in-charge of that day timetable .i.e., Clinical posting / Theory / Practical class of all the department which he/she is supposed to attend on that particular day.
- Then after permission from the department staff in-charges, he/she has to inform their mentor and then to their academic coordinator through Whats App as message or photocopy of their leave form approved by respective department staff in-charges



- Students availing leave because of medical reason/emergency has to submit a written leave letter through his/her batch mate or a mail informing of the leave on the same day to their respective department staff in-charge / Dean and forward the screenshot / image / scanned copy of the leave letter to his/her Mentor and Academic coordinator through Whats App.
- ➢ In case of medical leave, copy of your medical report should be submitted to respective department at the time of entry after approval from Dean.
- Any leave taken without prior communication will not be considered as leave and marked as absent.



8. Attendance :

A minimum of 75% attendancein theory and 75% in practical/clinicalin all subjects in each year is mandatory for appearing in the university examinations. In case of asubject in which there is no examination at the end of the academic year/semester, the percentage of attendance shall not be less than 70%. The work quota of that subject has to be completed before entering into the subsequent yearHowever, at the time of appearing for the professional examination in the subject, the aggregate percentage of attendance in the subject should satisfy above condition. A quarterly report of each student will be noted, from the departments & parents / guardians, duly intimated. Candidates who are found to be irregular & held for any misconduct shall not be permitted to appear for university examinations.

. Lost record books

In case of lost record books it has to be duly approved & attested by the concerned Head of the department and Head of the Institution for duplication of records.

10. Term Fees:

Students are strictly advised to pay their prescribed fee on the stipulated date without fail.

11. Grievances:

Any grievances can be brought to the notice of the Students Grievance Redressal Committee. For further details of Grievance Redressal Committee see link: https://www.vinayakamission.com/Grievance-Redressal.php

12. Confidential Suggestion Box :

The suggestions / complaints / feedback can be deposited in the form of a written letter / email addressed to the Dean. The suggestion box is placed in first floor near Dean's office. The box will only be accessed by the Dean. Dean Mail ID : **dean@vmsdc.edu.in**

13. Social Media Policy:

The VMSDC Social Media policy applies to all employees and students of the college. Comments and posts damaging the welfare of the institution will be taken up eriously by the concerned authorities. Therefore avoid the misuse of social media andany issues can be discussed directly with the Head of the Institution or by using the suggestion box or online feedback, that is being practiced for the betterment for the institution.

Kindly refer https://vmrfdu.edu.in/code_of_conduct.php for the Rules & Regulations for the code of conduct for Vinayaka Mission's Sankarachariyar Dental College - Students of Vinayaka Mission's Research Foundation – Deemed to be University (VMRF-DU)



FACILITIES

VMSDC has good infrastructure with a total of 9 specialities & comprehensive dental clinic fulfilling the basic requirements of the council. It also has a central research laboratory including immunohistochemistry, chrom cobalt lab, ceramic lab, hematology lab & histopathology lab. All of them are well equipped & have trained technicians. For students to get training before entering clinicals we have a separate pre-clinical prosthodontics & pre-clinical conservative lab where they can improve their hand skills before treating the patients.

For basic sciences & medical science subjects in I, II & III year, students have to attend both theory & practical classes (as per the time table provided) in Vinayaka Mission's Kirupanandavariyar Medical college & hospital. Bus transportation will be rovided by the college on those days as per the scheduled time.

LIBRARY :

University has a central integrated online library (www.vmrf.refread.com). Multidisciplinary access to engineering, medical and paramedical contents which enhances entrepreneurship, innovation and research.

The central library is spread over 9303sq.ft. The Library was well equipped with the latest books and journals. The library has 7977 books, 13 National & 11 International journals, 1251 E-Books & 700 E-journals. Our institution is registered in National Digital Library.

Central Library is using Koha software for Library automation and has implemented RFID technology, with OPAC (Online Public Access Catalogue), and online renewal facility. Biometric based E-Gate Register used in the library. Books circulation is managed by Biometric and RFID Technology by staff and students. All th0e books are tagged with RFID & the RFID scanners are used for books transaction. Digital library section is available for students to use computers with internet facility and fire wall protection.

Library is accommodated in two floors. In the ground floor, sections available for Book Circulation, Basic science books, rare books, books for Higher Education, Magazines, and Dissertations are made available. In the First Floor Journals, Back volume Journals, Clinical science books, and Reference books are available with Digital Library section and Discussion area.

Library Hours : 8.30 am to 6.00 pm Services:

Biometric E- Gate Register.

Biometric Based circulation (Issue, Return and Renewal).

Digital Library

Computing Facility

Wi-fi Facility

Question Bank

OPAC

Reprography Service

Best Practices:

Best Library user Awards for Students.

Library Orientation Program

National Librarian Day celebration

New Arrivals Display

Reminders for Overdue books (E-mail alerts)



Rules & Regulations:

- Personal belongings are not permitted inside the libraries; Users must keeptheir belongings at the property counter in the Entrance.
- Enter your finger print in the biometric register kept at the entrance before entering and leaving the library.
- Mobile phones and other devices should be in silent mode.
- Library books should be handled with utmost care. Marking or any kind of scribbling on pages or folding of page is strictly prohibited.
- In case of loss of any book, the borrower has to replace the same Edition of the book.
- Reference books, journals, back volumes, Thesis will not be issued to anyusers.
- Laptops may be used inside the libraries (without any audio).
- Users are allowed to take photocopies of the required articles in thereprography section.
- Photocopying of full book is not permitted due to copyright issues.
- While accessing the E-resources of the library, proper entries are to be made in the records of the Library. Downloading the information is also permitted.

<u>Useful Links</u>:

E-Journals: https://dvldental.com/ E-Books : <u>https://dental-library.com</u> NDLI: <u>https://ndl.iitkgp.ac.in/</u>

SPORTS & CULTURALS:

Our college is having an excellent indoor and outdoor sports facilities. A well qualified physical trainer is available full time to train the students in the evenings. We encourage our students to participate in the sports and cultural shows without affecting their academic activities.

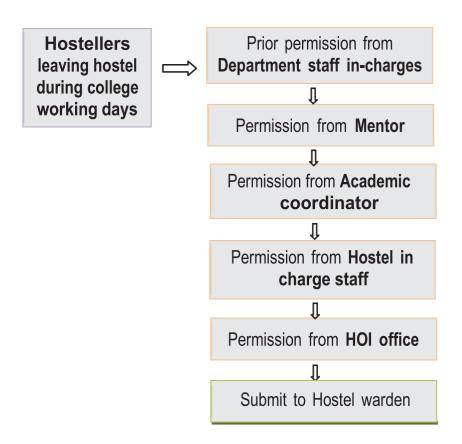
HOSTEL

A furnished and dedicated hostel separately for boys and girls is available for first year medical and dental students. Gym facility available in Girls hostel. A separate hostel is available for those students who wish to continue the hostel facility from their second year till internship. Details pertaining to hostel and associated facilities parents can approach the hostel warden.

Rules & Regulations:

- Hostel Timing : Students should report back to Hostel before 8.00 pm
- Hostellers leaving the hostel should take prior permission from department staff in-charges, Mentor, Academic coordinator, Hostel incharge staff, he/she has to get final approval from the HOI office. This leave form with above said faculty signatures needs to be submitted to the warden before leaving the hostel.





- Hostellers leaving the hostel for emergency reasons after college hours should ask their parent to get permission from the hostel warden either in person or by phone along with permission letter for college leave mentioning the days and also to leave the hostel, which can be sent by mail to the Hostel warden, Hostel in-charge staff and the Head of the Institution. The same mail communication copy has to be forwarded by the student or his/her friend to the respective Department staff in-charges, Mentor and the Academic coordinator by Whats App/Mail/hardcopy.
- Students who are staying outside the hostel as well day scholars have to submit a No objection letter from their parent stating that the parents are responsible for the overall welfare of their wards and for problems arising outside the college premises.
- Students who wish to live in hostel under any circumstances for overnight stay should get prior permission from respective year academic coordinator & Dean and the permission letter to be submitted to the warden.

EXAMINATION SCHEME



- The VMRF DU Examinations shall be held at the end of every Academic year in the month of August and February. Results can be viewed at: www.vinayakamissions.com.
- Any student who does not clear the BDS Course in all the subjects within a period of 9 years, including one year Compulsory Rotatory paid Internship from the date of admission shall be discharged from the course. (REVISED BDS DEGREE COURSE (7 AMENDMENT) REGULATIONS 2015)

Rules of examination:

- Students are eligible to appear for university exams only if they have 75% of attendance in both theory & Practical and should have completed their preclinical / Clinical record work & Quota to be fulfilled for that year.
- Students have to mandatorily appear for all class test & Internal examinations.
- Both Theory & Practical Internal examinations will be conducted minimum 3 per year including 1 model examination conducted prior to study holidays. If the student is unable to write the examinations then the re-examintions shall be conducted based on the recommendations of HOD & HOI.
- An aggregate of three internal examinations will be calculated separately for Theory & Practicals and will be provided as Theory & Practical Internal Marks for Final University Examinations.
- Marks obtained for viva voce (for 20 marks) conducted during the university practical examination will be added to their University Theory marks. The written examination in each subject consist of one paper of three hours duration and have maximum marks of 70 including 20 marks of multiple choice questions.
- A student (passed/failed) who appeared in an Examination is eligible for retotaling on payment of prescribed fee.
- A student who has failed in practical Examination is not eligible to apply for retotaling.

PASS CRITERIA:

- Fifty percent of the total marks in any subject computed as aggregate for Theory i.e. written, viva voce and internal assessment and Practicals including internal assessment, separately is essential for a pass in all years of study. For declaration of pass in a subject, candidate should secure 50% marks in the university examination both in Theory and Practical / Clinical examination separately, as stipulated below.
- A candidate should secure 50% in aggregate in university Theory including viva voce and internal assessment obtained in University written Examination combined together.
- In the University Practical / Clinical examination, a candidate should secure 50% of University practical marks and internal assessment combined together.

BREAK STUDENTS :

• Students failing in more than two subjects (except Environmental studies) will be considered as break in the course of 6 months duration and should attend the theory / practicals / internal assessment without fail. Deficiency in attendance will debar the students from attending the subsequent examinations.

CARRY OVER STUDENTS :

- Failing in one subject will be considered to have carry over subject and should clear the paper in Subsequent examination before appearing for the next year exam.
- The carry-over students should appear for the internal assessment examination as & when instructed by that department.



GENERAL RULES OF EXAMINATION

- 1. Hall tickets for exams will be issued only upon producing the No ObjectionCertificate [NOC] from both academic & administration section.
- Candidates will be allowed inside the examination hall fifteen minutes before the commencement of examination only. No candidate will be allowed to enter the hall after ½ hour of commencement of the examination.
- 3. Candidates should bring the identification card and hall ticket during university examination.
- 4. Candidates are not allowed to leave the examination hall until 2.30 hrs has elapsed from the commencement of the examination. Thereafter, the candidate willonly be permitted to leave after submission of answer booklet.
- 5. Candidates are not allowed to bring along book or other written or printed materialor blank papers or information in any form into the examination hall.
- 6. Students should wear clothes with half sleeves. Long sleeves are not permitted. Hair should be tied properly.
- 7. Electronic pens & watches are not allowed.
- 8. All bags and books must be kept in a quarantine area.
- 9. Mobile phones and electronic devices must be switched off and handed over to the invigilator at the beginning of the examination. If found with any device, action willbe taken based on the guidelines of university.
- 10. Only blue/black ball point pen and graphite pencils are allowed.
- **11.** No pencil pouches permitted into examination halls for theory.
- 12. No colouring or highlighting or using correction ink/ liquid paper in the answerscripts.
- Histopathological/microscopic picture to be drawn using Hematoxylin & Eosin (H& E) pencils only.
- 14. No writing on the question paper.
- **15.** Multiple choice questions (MCQ) must be answered separately in answer sheet provided for MCQ's. Any correction done in the answer must be signed by the invigilator.
- 16. Candidates found copying or communicating with one another will be handedover to the Chief Superintendant for further action to be taken.
- **17.** Candidates are not allowed to continue writing or add anything to the answerbooklet after the invigilator has announced the end of the examination.
- 18. VMSDC follows a strict student code of conduct for examination, any form offraud/ copying/infringement of examination rules may lead to severe disciplinary action amounting to cancellation of the candidature in all subjects for university examination and/or disqualification from the degree program.



METHOD OF INTERNAL ASSESSMENT

Method Of Assess	sments Details	Marks Perce	
1. Formative assess	ment Minimum of two (2) unit test & 2 competency / clinical test should be conducted	(Only R Provid feedb	marks Remarks) les Only ack for wement
2. Internal assessme	nt Theory internal - 10marks	20	(10%)
	Practical internal –10 marks		
3. Summative assess a) Professional examination	sment Theory : D MCQ'S -20 marks SAQ'S -30 marks LAQ'S -20 marks Viva voce - 20 marks	90 ((45%)
	Clinical /Practical	90	(45%)
	Total marks	200	
Con	ntinuous (Internal) assessment (Total Marks -20		
(Continuous (Internal) assessment (Total Marks -20) Theory internal -10 mark's distribution	I	
Criteria	Details		Marks
Exam	• 2 terminal test &1 Model exam (Average of 3 will be considered & moreweightage for model exam marks)		10
	Practical internal -10 marks distribution		
Clinical /Practical skills	 Average of Three (3) Practical /Clinical Assessment test. While assessing clinical skills, the following parameter soft skill should be considered. (Weightage of each parameter based on the individualdept. preference.) 	ers of	10 marks
	 Communication skills Critical thinking & problem solving skills Team work Lifelong learning & information management Professional ethics & moral Leadership skills 		

a) Formative Assessment

Mainly to improve the educational methods &student feedback throughout the teaching & learning process.

b) Summative Assessment

- ✓ Typically used to evaluate the effectiveness of Educational Programs and services at the end of an academic year or at a pre determined time.
- Summative internal assessments will be complemented by formative assessments and shall consist of such written, clinical, practical (laboratory) and oral assessments, either singly or as part of a group, as the Faculty requires.

ANTI - RAGGING



Ragging constitutes one or more of any of the following acts:

a. Any conduct by any student or students whether by words spoken or written or by anact which has the effect of teasing, treating or handling with rudeness a fresher or any other student;

b. Indulging in rowdy or indisciplined activities by any student or students which causesor is likely to cause annoyance, hardship, physical or psychological harm or to raise fear or apprehension thereof in any fresher or any other student;

c. Asking any student to do any act which such student will not in the ordinary course do and which has the effect of causing or generating a sense of shame, or torment or embarrassment so as to adversely affect the physique or psyche of such fresher or any other student;

d. Any act by a senior student that prevents, disrupts or disturbs the regular academic activity of any other student or a fresher;

e. Exploiting the services of a fresher or any other student for completing the academic tasks assigned to an individual or a group of students.

f. Any act of financial extortion or forceful expenditure burden put on a fresher or anyother student by students;

g. Any act of physical abuse including all variants of it: sexual abuse, homosexual assaults, stripping, forcing obscene and lewd acts, gestures, causing bodily harm orany other danger to health or person;

h. Any act or abuse by spoken words, emails, post, public insults which would also include deriving perverted pleasure, vicarious or sadistic thrill from actively or passively participating in the discomfiture to fresher or any other student ;

i. Any act that affects the mental health and self-confidence of a fresher or any otherstudent with or without an intent to derive a sadistic pleasure or showing off power, authority or superiority by a student over any fresher or any other student.

j. Any act of physical or mental abuse (including bullying and exclusion) targeted at another student (fresher or otherwise) on the ground of colour, race, religion, caste, ethnicity, gender (including transgender), sexual orientation, appearance, nationality, regional origins, linguistic identity, place of birth, place of residence or economic background.

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ANTI - RAGGING

Ragging in any form is banned inside and outside the college premises.





ANTI - RAGGING COMMITTEE

Name	Designation	Department	Mobile No.
Dr. S. Sunantha	Coordinator & Record Keeper	Prosthodontics and Crown & Bridge	9994066144
Dr. N. Sarvanan	Member	Public Health Dentistry	9442262950
Dr. Saramma Mathew Fenn	Member	Oral Medicine & Radiology	8754569193
Dr. S. Ashna	Member	Prosthodontics and Crown & Bridge	9843693385
Dr. C. Suresh	Member	Oral & Maxillofacial Surgery	9487630871
Mrs. Janani Vallavan	Paren	t Member	9442417373
Mr. K.Varun Raja	Paren	t Member	6379991553
Mr.Saranrakav	Stude	nt Member	7708681577
Ms.Sampreetha.K	Stude	nt Member	6385725788
Mr. N. Vijayasarathi	Student Member		8973689276
Ms. S.P. Kamali	Student Member		8072124825
Mr. A.K. Vardharajan	Non-Teaching Staff Member		9787388309
Mr. Sapnath Panea Ray	Non-Teaching Staff Member		9245478556
Mr. Xavier	Media Member		9952430038
Mr. V. Ravindran	Member		9498100946
Mr. Murugesan	Inspector of Police		9994211003
Mr. T. Prem Amritharaj	Legal Advisor		9443288688
Prof. S. Selvam	NGO Re	epresentative	9362847666



ANTI-RAGGING SQUAD

Name	Designation	Department	Mobile No.
Dr M Assmee	Member	Conservative Dentistry and Endodontics	9789146075
Dr D V Bhuvanesh Kumar	Member	Prosthodontics and Crown & Bridge	9944422297
Dr M Subhashini	Member	Conservative Dentistry and Endodontics	9994392006
Dr Mohammed Adhil	Member	Periodontology	7010374054
Dr. Shanthi	Member	Prosthodontics and Crown & Bridge	9384215228
Dr Saradha	Member	Periodontology	9494046417
Dr Pavithran	Member	Oral & Maxillofacial Surgery	8667720806
Mr R Natarajan	Member		9843044140
Mr E Prabhu	Member		9677410412
Mr S Rajendran	Member		8883078595
Mr R Chandaran	Member		9360676466
Mr Ravi	Member 950		9500597046

- Students can contact any member of the squad in case of emergency.

Highly confidential :- The Complainant will be protected at any cost



KIND ATTENTION TO STUDENTS - BEWARE OF RAGGING

A Student indulging in Ragging can be **PUNISHED** by:

- CANCELLATION OF ADMISSION.
- Suspension from attending classes.
- Withholding / withdrawing Scholarship / Fellowship & other benefits.
- **DEBARRING** from appearing in any test / examination or other evaluation process.
- Withholding results.
- Debarring from representing the institution in any Regional, National or International meet, tournament or Youth festival etc.,
- **COLLECTIVE PUNISHMENT:** When the persons committing or abetting the crime of ragging are not identified the Institution shall resort to collective punishment as a deterrent to ensure community pressure on potential ragger.



CODE OF CONDUCT MONITORING COMMITTEE

Name	Designatio n	Department	Mobile No.
Dr. J.Baby John	Chairperson	Professor & Dean	9842753645
Dr. Yadav Chakravarthy	Convener – Boys	Conservative Dentistry & Endodontics	8072404507
Dr. Bindu Kamaraj	Convener – Girls	Prosthodontics and Crown & Bridge	9176777876

ANTI RAGGING COMMITTEE (Details in Pg. No. 16,17)

Dr. S. Sunantha	Coordinator & Record Keeper	Prosthodontics and Crown & Bridge	9994066144	
		· · · · ·		

GRIEVANCE REDRESSAL CELL

Dr. Bindu Kamaraj	Coordinator & Record Keeper	Prosthodontics and Crown & Bridge	9176777876
Dr. R. Saranyan	Member	Periodontology	9942093071
Dr. J. Arunkumar	Member	Oral & Maxillofacial Surgery	9443273347
Dr. G. Sowndarya	Member	Paediatric & Preventive Dentistry	9994506721
Miss. Mahmudha Rila. M	Student Member		9361473112

INTERNAL COMPLAINTS CELL (Sexual Harassment)

Dr. Vanitha D	Presiding Officer	Conservative Dentistry & Endodontics	7019595609
Dr. A. Pavithran	Member	Oral & MaxillofacialSurgery	8667720806
Dr. Aarthee	Member	Oral & MaxillofacialSurgery	7598171088
Mrs. J. Sudhishna		Member	9994619822
Miss. P. Parimala Jothi	Member		6381770025
Mr. Prem Amirtharaj	External Member		9443288688
Miss. Logeshwari	Student Member		9344574264
Miss. Christeena Benny	Student Member		8281939562
Mr. Vijayasarathi	Student Member		8973689276

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CLASS MONITORING & FEEDBACK CELL

Name	Designation	Department	Mobile No.
Dr. Saramma Mathew Fenn	Coordinator & Record Keeper	Oral Medicine & Radiology	8754569193
Dr. A. Aarthee	Member	Oral & Maxillofacial Surgery	7598171088
Dr.M.Prarthana	Member	Public Health Dentistry	9843704844

MENTOR COMMITTEE

MENTOR-MENTEE CORE COMMITTEE MEMBERS

S.no	Name of the member	Job description
1	Dr.J.Baby John	Chair person
2	Dr.R.Saranyan	Convenor
3	Dr.B.Manovijay	Member secretary
4	Dr.N.Saravanan	Internal Student advisor (Male students)
5	Dr.Maya Ramesh	Student counselling coordinator with external expe
6	Dr. Veena Arali	Internal Student advisor (Female students)
7	Dr. Anusuya	Mentor-mentee allotment coordinator
8	Dr.Divya	Criteria II NAAC coordinator (compilation of
	Krishnamoorthy	activities of low, advance and medium learners)
9	Dr. Sabitha Gokulraj	Honorary member (past member secretary)

	MENTOR-MENTEE FACILITATORS			
S.no	Name of the member	Job description		
1	Dr.Vanitha D Revankar	PG Coordinator		
2	Dr.Diana Prem	CRRI - Coordinator		
3	Dr. Anitha	Final year UG coordinator		
4	Dr.Madhushriree	Third year UG coordinator		
5	Dr. Ambika	Second year UG coordinator		
6	Dr.Indhra Priyadharshini	First year UG coordinator		
7	Dr.Selvalakshmi	Co-Cordinator for mentor-mentee allotment		



LIBRARY ADVISORY COMMITTEE

Name	Designation	Department	Mobile No.
Dr. J. Baby John	Chairperson	Professor & Dean	9842753645
Dr. M. Ambika	Coordinator & Record Keeper	Oral Pathology and Oral Microbiology	9444365461
Dr C Suresh	Representative	Oral & Maxillofacial Surgery	9487630871
Dr. A Kumar	Representative	Oral Medicine & Radiology	9787144666
Dr. Anjali Reji	Representative	Public Health Dentistry	9886306084
Dr. M. Assmee	Representative	Conservative Dentistry and Endodontics	9789146075
Dr. R. Pradeep Daniel Gainneos	Representative	Paediatric & Preventive Dentistry	9952723311
Dr. Mohamed Adhil	Representative	Periodontology	7010374054
Dr Kasarla Himaja	Representative	Prosthodontics and Crown & Bridge	9959031504
Dr. A. Udhayan	Representative	Orthodontics & Dentofacial Orthopaedics	9865224533
Dr. Ramya C.V	Student UG Member		9597438668
Dr. Nandhinidevi. G	Student PG Member		8072231886
Mrs. Kokila	Librarian		9944718094

NATIONAL SERVICE SCHEME CELL AND RED RIBBON COMMITTEE

Name	Designation	Department	Mobile No.
Dr .J .Baby John	Chairperson	Professor & Dean	9842753645
Dr. C. Bharath	Coordinator(NSS)	Public Health Dentistry	8946035788
Dr. A. Pavithran	Member	Oral & MaxillofacialSurgery	8667720806
Dr. Dhanalakshmi	Member	Prosthodontics and Crown& Bridge	9791944160
Dr. S. Karthikraja	Member	Orthodontics and Dentofacial Orthopedics	7708535296
Dr. B. S. Nandhini	Member	Paediatric & Preventive Dentistry	9677750616



INSTITUTIONAL RESEARCH COMMITTEE

Name	Designation	Department	Mobile No.
Dr. J. Baby John	Chairman	Professor & Dean	9842753645
Dr. Reena Rachel John	Convener	Associate Dean -Research	9443118756
Dr. Mathew Jacob	Coordinator & Record Keeper	Oral Pathology and Oral Microbiology	8754569194
Dr. R. Saranyan	Member	Periodontology	9942093071
Dr. G.V.Ramachandra Reddy	Member	Oral Medicine and Radiology	9844065968
Dr. J. Arunkumar	Member	Oral & Maxillofacial Surgery	9443273347
Dr. Yadav Chakravarthy	Member	Conservative Dentistry and Endodontics	9488156929
Dr. Prabhakar Krishnan	Member	Orthodontics and Dentofacial Orthopedics	9843688271
Dr. Veena Arali	Member	Paediatric & Preventive Dentistry	7760748787
Dr. R. Ramesh	Member	Prosthodontics and Crown& Bridge	9443155211
Dr. N. Saravanan	Member	Public Health Dentistry	9442262950
Dr. Maya Ramesh	Member	Oral Pathology and Oral Microbiology	9600918804

STUDENT SUPPORT COMMITTEE

Name	Designation	Department	Mobile No.
Dr. J. Baby John	Chairperson	Professor & Dean	9842753645
Dr. D. Jayachandran	STUDENTS' COUNCIL - Faculty Advisor	Periodontology	7708225522
Dr. G.V. Ajith	FINE ARTS CLUB – Faculty Advisor	Orthodontics and Dentofacial Orthopedics	8098585233
Dr. S. Karthikraja	SPORTS CLUB – Faculty Advisor	Orthodontics and Dentofacial Orthopedics	7708535296
Dr. Kasarla Himaja	Member	Prosthodontics and Crown& Bridge	9959031509
Dr. T. Mercy Vinolia	Member	Paediatric & Preventive Dentistry	7829275353
Dr. P. I. Nainan	Member	Oral & MaxillofacialSurgery	9500235245
Dr. Mohamed Adhil	Member	Periodontology	7010374054
Mr. S. Rajendran	Physical Education Teacher 888		8883078595



Institutional Innovation Cell

Name	Designation	Department	Mobile No.
Dr Reena Rachel John	Asst. Dean Research / Advisor	Oral & Maxillofacial Surgery	9443118756
Dr G Raj Kumar	President	Prosthodontics & Crownand Bridge	9443285888
Dr Sabitha Gokul Raj	Vice President	Oral Medicine & Radiology	7708225522
Dr Divya Krishnamoorthi	Convenor	Prosthodontics & Crownand Bridge	9150299824
Dr Indrapriyadarshini	ARIIA Coordinator	Oral Pathology & Oral Microbiology	9840706554
Dr Saravanan N	NIRF & NISP Coordinator	Public Health Dentistry	9894105232
Dr Vanitha D	IPR Coordinator	Conservative & Endodontics	9442262950
Dr Ajith GV	Startup & Entrepreneurship activity Coordinator	Orthodontics & Dentofacial Orthopaedics	8122092727
Dr John Paul	Incubation activity Coordinator	Prosthodontics & Crown and Bridge	8098585233
Dr Kumar A	Social Media Coordinator	Oral Medicine & Radiology	8883670136
Dr Shanthakumari	IIC Activity Coordinator	Public Health Dentistry	9787144666
Dr Jayachandran	Student Coordinator	Periodontology	9443420681
Dr Shanthi	Member	Prosthodontics & Crown and Bridge	9384215228
Dr Mercy	EDTN Coordinator	Paediatric & Preventive Dentistry	9003625744

Student Conference Committee

Name	Designation	Department	Mobile No.
Dr J Baby John	Chair Person	Professor & Dean	9842753645
Dr Mano Vijay	Coordinator	Periodontology	9952716937
Dr Saranyan R	Core Member	Periodontology	9842748071
Dr Sekar B	Core Member	Oral Pathology & Oral Microbiology	9976840554
Dr Jayachandran	Core Member	Periodontology	7708225522
Dr Sabitha Gokul Raj	Core Member	Oral Medicine & Radiology	9150299824
Dr Divya Krishnamoorthi	Core Member	Prosthodontics & Crown and Bridge	9840706554

TENTATIVE ACADEMIC CALENDAR FOR III BDS-(2024 - 2025)

Date	Day	Events
19/02/2024	Monday	3 rd year Commences
		MARCH
29/03/2024	Friday	Good Friday - Holiday
12/03/2024	Tuesday	PBL – 1 st SESSION
26/03/2024	Tuesday	PBL – 2 ND SESSION
		APRIL
10/04/2024	Wednesday	Ramzan - Holiday
13/04/2024	Saturday	Second Saturday - Holiday
14/04/2024	Sunday	Tamil New year / Dr.B.R.Ambedkar - Holiday
22/04/2024	Monday	Earth day - EVS club
26/4/2024	Friday	General medicine – I INTERNAL EXAM
29/4/2024	Monday	General Surgery- I INTERNAL EXAM
30/4/2024	Tuesday	Oral Pathology and Oral Microbiology- I INTERNAL EXAM
		MAY
01.05.2024	Wednesday	May day - Holiday
11.05.2024	Saturday	Second Saturday
		JUNE
01/06/2024	Saturday	Student Council & Fine arts Club meeting
14/06/2024	Friday	College Cultural
17/06/2024	Monday	Bakrid Holiday
		Parents teachers meeting – Online
		JULY
13.07.2024	Saturday	Second Saturday Holiday
27.07.2024	Saturday	Fourth Saturday Holiday
		AUGUST
	- ·	
13/8/2024	Tuesday	General medicine – II INTERNAL EXAM



20/8/2024	Tuesday	Oral Pathology and Oral Microbiology- II INTERNAL EXAM
23/8/2024	Friday	DENTAL ENGINEERING – II INTERNAL EXAM
		OCTOBER
02/10/2024	Wednesday	Gandhi Jayanti – Holiday
17/10/2024	Tuesday	Onam Celebration
		Parents Teachers Meeting - Offline
		NOVEMBER
25/11/2024	Monday	General medicine – MODEL EXAM
26/11/2024	Tuesday	General Surgery- MODEL EXAM
29/11/2024	Friday	Oral Pathology and Oral Microbiology- MODEL EXAM
30/11/2024	Saturday	DENTAL ENGINEERING – MODEL EXAM
		DECEMBER
23/12/2024	Monday	WINTER HOLIDAYS- STARTS
		JANUARY
1/1/2025	Wednesday	WINTER HOLIDAYS - ENDS
2/1/2025		General medicine – UNIVERSITY EXAM THEORY
4/1/2025		General Surgery- UNIVERSITY EXAM THEORY
6/1/2025		Oral Pathology and Oral Microbiology-UNIVERSITY EXAM THEORY
7/1/2025		DENTAL ENGINEERING – UNIVERSITY EXAM THEORY
8/1/2025		General medicine – UNIVERSITY EXAM PRACTICAL
9/1/2025		General Surgery- UNIVERSITY EXAM PRACTICAL
10/1/2025		Oral Pathology and Oral Microbiology- UNIVERSITY EXAM PRACTIC

* Second and Fourth Saturdays will be Holiday

* Note : Practical Examinations will commence within a week after completion of theory Examination



TENTATIVE EXAMINATION SCHEDULE (THIRD YEAR B.D.S AUGUST 2024 – 2025 BATCH)

SUBJECT	I INTERNAL EXAMINATION	II INTERNAL EXAMINATION	MODEL EXAMINATION	UNIVERSITY THEORY EXAMINATION
General medicine	26/4/2024	13/08/2024	25/11/2024	02/01/2025
General Surgery	29/4/2024	19/08/2024	26/11/2024	04/01/2025
Oral Pathology and Oral Microbiology	30/4/2024	20/08/2024	29/11/2024	06/01/2025
Dental Engineering	-	23/08/2024	30/11/2024	07/01/2025

• UNIVERSITY PRACTICAL EXAM DATES:

- 1. General medicine- 08/01/2025
- 2. General Surgery 09/01/2025
- 3. Oral Pathology and Oral Microbiology 10/01/2025



BDS CURRICULUM

BDS Curriculum is available in VMSDC website and is subject to change from time to time based on council norms.

SUBJECTS OF STUDY

FIRST YEAR

- i) General Human Anatomy including Embryology and Histology
- ii) General Human Physiology and Biochemistry, Nutrition and Dietics
- iii) Dental Anatomy, Embryology and Oral Histology
- iv) Dental Materials
- v) Pre-clinical Prosthodontics and Crown & Bridge

SECOND YEAR

- i) General Pathology and Microbiology
- ii) General and Dental Pharmacology and Therapeutics
- iii) Dental Materials
- iv) Pre clinical Conservative Dentistry
- v) Pre clinical Prosthodontics and Crown & Bridge
- vi) Oral Pathology & Oral Microbiology

THIRD YEAR

- i) General Medicine
- ii) General Surgery
- iii) Oral Pathology and Oral Microbiology
- iv) Dental Engineering
- v) Conservative Dentistry and Endodontics
- vi)Oral & Maxillofacial Surgery
- vii)Oral Medicine and Radiology
- viii)Orthodontics & Dentofacial Orthopaedics
- ix) Paediatric & Preventive Dentistry
- x) Periodontology
- xi)Prosthodontics and Crown & Bridge



FOURTH YEAR

- I) Orthodontics & dentofacial orthopaedics
- ii) Oral Medicine & Radiology
- iii) Paediatric & Preventive Dentistry
- iv) Periodontology
- v) Oral & Maxillofacial Surgery
- vi) Prosthodontics and Crown & Bridge
- vii) Conservative Dentistry and Endodontics
- viii) Public Health Dentistry

COMPULSORY ROTATING PAID INTERNSHIP (CRI)

A pass in all the eight subjects is mandatory for completion of the 4th BDS Course before undergoing internship programme. The internship shall be compulsory and rotating as per the DCI norms. Twelve days of casual leave can be availed with prior intimation. Any absentism without informing will lead to disciplinary action. The degree- BDS shall be granted after completion of internship.



III YEAR SUBJECTS

S.No.		MARKS	
	SUBJECT	THEORY	PRACTICAL
1	General Medicine	100	100
2	General Surgery	100	100
3	Oral Pathology & Oral Microbiology	100	100
4	Dental Engineering	70	-

* University Exam will be conducted at the end of III BDS

Theory & Practical Mark Distribution for all Subjects (Except Dental Engineering) :

Theory - 100 Mark	Practicals / Clinicals - 100 Mark		
University written exam 70	University exam 90		
Viva voce 20	Internal assessment 10		
Internal assessment 10	Total - 100		
Total - 100			



DEPARTMENT OF GENERAL MEDICINE

SYLLABUS FOR III YEARS

CARDIO-VASCULAR SYSTEM:

Infective Endocarditis, Congestive Cardiac Failure, Hypertension, Myocardial Infarction Rheumatic Fever, Congenital Heart Disease, Acquired Valvular Heart Disease, Cardiac Arrest, Atrial Fibrillation, Arrhythmias, Syncope,, CPR, Shock.

RESPIRATORY SYSTEM

Pneumonia, lung abscess, COPD, Bronchial asthma, Bronchiectasis, bronchiogenic carcinoma, pulmonary tuberculosis, Cyanosis, clubbing, fibrosis lung ,pleural effusion, pneumothorax Respiratory failure.

KIDNEY

Acute glomerulonephritis, nephroticsyndrome, chronic kidney injury, Acute kidney injury, urinary tract infection.

ABDOMEN

Cirrhosis liver, viral hepatitis., chronic hepatitis ,jaundice, portal hypertension, ascites, peptic ulcer, pancreatitis, gastrointestinal bleeding, stomatitis, gingival hyperplasia.

NUTRITION

Anemia, vitamin deficiencies, scurvy, rickets, tetany, Obesity, dysphagia, glossitis, balanced diet, PEM, Alcohol withdrawal syndrome., Wernicke's encephalopathy.

Endocrines

Diabetes mellitus, diabetes insipidus , hypothyroidism, thyrotoxicosis Cushing's syndrome, acromegaly, calcium metabolism parathyroids, Addision's disease.

Blood

Anaemia, leukaemia., bleeding disorders, clotting disorders, Haemophilia, purpura, splenomegaly, lymphoma, agranulocytosis,Thrombotic disorders,oral manifestations of haematologic disorders.

Infectious disease

Oral candidiasis, malaria, dengue, leptospirosis, typhoid, foodpoisoning, cholera, HIV, AIDS diarrohea, dysentery, fever, herpessimplex, gonorrhea, chancroid, amoebiasis, ankylostomaatitis, roundworm, guineaworm, tapeworm, Tinea, leprosy, measles, chickenpox, cytomegalovirus, syphilis, diphtheria, Infectious mononucleosis, mumps.

CNS

Meningitis, stroke, epilepsy., parkinsonism, Bell'spalsy, Herpes zoster, Cryptococcosis, trigeminal neuralgia, headache, migraine.

CLINCS

To take history, general physical examination BP, pulserespiration, clubbing, cyanosis,. Jaundice, Lymphadenopathy, oral cavity,.

Able to examine CVS, RS, abdomen, facial nerve, Signs, symptoms, diagnosis, differential diagnosis, treatment.

30



GENERAL MEDICINE UNIVERSITY EXAM THEORY QUESTION PATTERN

University Exam Question Pattern:						
Time : Three Hours Maximum : 100 Marks						
	:	SECTION - A			(20 Marks)	
1. Mulitpl		stions - 20x1 Total	=	20 marks 20 Marks		
	:	SECTION - B			(25 Marks)	
1. Essay		- 1x10	=	10 marks		
2. Short n	otes -	- 3x5	=	15 marks		
	-	Total	-	25 Marks		
	(SECTION - C			(25 Marks)	
3. Essay	-	- 1x10	=	10 marks		
4. Short r	notes -	- 3x5	=	15 marks		
	-	Total	-	25 Marks		
Viva Voc	е		-	20 Marks		
Internal M	arks		-	10 Marks		
Practical Examination			Tota	ll -100 Marks		
Long case presentation		-	50 Marks			
Short case presentation		-	40 Marks			
Internal assessment marks		-	10 Marks			
	-	Total	-	<u> </u>		



DEPARTMENT OF GENERAL SURGERY

BDS SYLLABUS.

1. Introduction to surgery. Classification of diseases.

2. Inflammation, soft tissue and hard tissue causes, varieties, sequelae and treatment .

3. Infections acute and chronic, abscess, carbuncle sinus, fistula, ulceration, gangrene, Cellulitis, Erysipelas Septicemia, Payemia, Toxaemia, CancrumOris, Tuberculosis, syphilis, Gonorrhaea, Actinomycosis, Anthrax, Tetanus.

4. Wounds Types, Classification, complications, Treatment, Repair, Asepsis and Antiseptic measures and Procedure.

5. Hemorrhage and its treatment, Hemophilia, Syncope, shock collapse, Blood transfusion.

6. Head injury Introduction.

7. Cysts and new growths their General consideration.

8. Disease of the lymphatic glands.

9. Outline of diseases of the mouth, lips, tongue, plate, tonsils and salivary glands.

10. Infections and diseases of the Larynx, Tracheostomy.

11.Nervous system injury to Facial Nerves, Paralysis. Trigeminal Neuralgia.

12. Principles of surgical treatments, diathermy and radium treatment.

13. Fracture General Principles of treatment.

14. Cleft Lip and cleft palate.

15. Thyroid and parathyroid.

16. Swellings of jaws care of the acutely injured.

17. Use of CT scan , MRI and Ultrasonography and evaluation of lesion of head and neck.

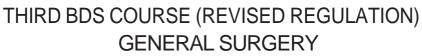
18. Grafts.

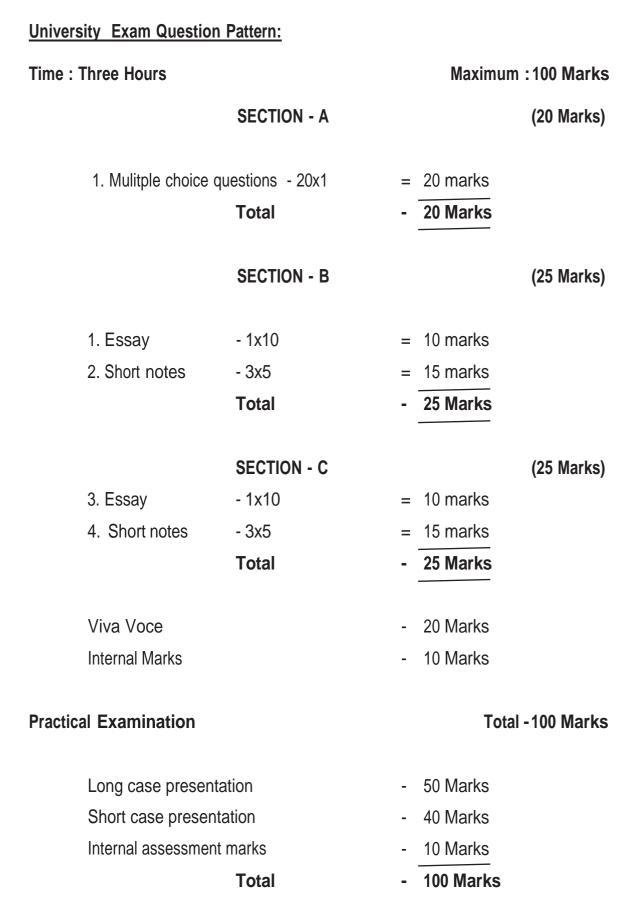
19.Suturing.

20.Resuscitation methods : first aid.

21.Burns.

22.Benign and Malignant lesion of the jaws.







ORAL PATHOLOGY & ORAL MICROBIOLOGY

INTRODUCTION:

A bird's eye view of the different Pathological processes involving the Oral cavity & Oral cavity involvement in Systemic diseases to be brought out.

Inter-relationship between General Medicine & General Surgery & Oral pathology is to be Emphasized.

The Department of Oral & maxillofacial Pathology deals with the First three years of Undergraduate students by imparting the Basics of Developmental, Histological and Clinic pathological & Histopathological aspects of the Oral and Para-Oral Structures.

CURRICULUM & SYLLABUS

ORAL PATHOLOGY & ORAL MICROBIOLOGY

SYLLABUS AIM

To acquaint the student with various diseases so that at the end of one year of study the student should have a good theoretical knowledge of various Ailments, and be practically trained to differentiate Benign and Malignant diseases and be able to decide which patient requires further evaluation.

OBJECTIVES:

At the end of the Oral Pathology Microbiology course, the student should be able to comprehend

1. The different types of pathological processes that involve the Oro facial tissues.

2. The manifestations of common diseases, their diagnosis & correlation with clinical / pathological processes.

3. The oral manifestations of systemic diseases to help in correlating with systemic physical signs & laboratory findings.

4. The underlying biological principles governing treatment of oral diseases.

5. The principles of certain basic aspects of Forensic Odontology.



SKILLS:

- 1. Microscopic study of common lesions affecting oral tissues through microscopic slides and projection slides.
- 2. Study of teeth anomalies/polymorphisms through tooth specimens and plaster casts.
- 3. Microscopic study of different oral micro-organism.
- 4. Basic exercises in Forensic Odontology such as histological methods of age estimation and appearance of teeth in injuries.

THEORY TOPICS

- Developmental disturbances of teeth, jaws and soft tissues of oral & para-oral region
 to developmental disturbances Hereditary, Familial mutation, Hormonal etc. causes to be highlighted.
 - Actional disturbances of teeth Actional hogenesis, clinical features, radiological features & histopathological features as appropriate: The size, shape, number, structure & eruption of teeth & clinical significance of the anomalies to be emphasized.
 - Developmental disturbances of jaws size & shape of the jaws.
 - Capation disturbances of oral & paraoral soft tissues lip & palate clefts, tongue, gingiva, mouth, salivary glands & face.
- 2. Dental Caries :
 - •Applopers; microbiology, clinical features, diagnosis, histopathology, immunology, prevention of dental caries & its squealae.
- 3. Pulp & Periapical Pathology & Osteomyelitis
 - •Apploperation interrelationship, clinical features, microbiology, histopathology & radiological features (as appropriate) of pulp & periapical lesions & osteomyelitis.
 - pf periapical abscess summary of space infections, systemic complications 8 significance.
- 4. Periodontal Diseases:
 - •Applopers; microbiology, clinical features, histopathology & radiological features as appropriate) of gingivitis, gingival enlargements & periodontitis. Basic immunological mechanisms of periodontal disease to be highlighted.
- 5. Microbial infections of oral soft tissues :
 - Aby defense mechanisms including immunological aspects, oral manifestations histopathology and laboratory diagnosis of common bacterial, viral & fungal infection!' namely:
 - Bacterial : Tuberculosis, Syphilis, ANUG & its complications Cancrum oris.
 - Herpes Simplex, Varicella zoster, Measles, Mumps & HIV infection.
 - •Fungal: Candidal infection. Apthous Ulcers.



6. Common non-inflammatory diseases involving the jaws :

•Applopuis clinical features, radiological & laboratory values in diagnosis of: Fibrous dysplasia, Cherubism, OsteogenesisImperfecta, Paget's disease, Cleidocranial dysplasia, Rickets, Achondroplasia, Marfan's syndrome & Down's syndrome.

7. Diseases of TM Joint :

summary of different types of arthritis & other developmental malformations, traumatic injuries & myofacial pain dysfunction syndrome

8. Cysts of the Oral & Paraoral region :

• Chim etiopathogenesis, clinical features, histopathology, laboratory & radiological features (as appropriate) of Odontogenic cysts, Non-Odontogenic cysts, Pseudocysts of jaws & soft tissue cysts of oral & paraoral region.

9. Tumors of the Oral Cavity :

•Ostable of Odontogenic, Non-Odontogenic& Salivary Gland. Tumors. Aetiopathogenesis, clinical features, histopathology, radiological features & laboratory diagnosis (as appropriate) of the following common tumors :-

a) Odontogenic - all lesions.

b) Non-odontogenic

10. Benign and Malignant Epithelial tumors of the oral cavity:

• Papilloma, Keratoacanthoma& Nevi.

a) ORAL PRECANCER CANCER; Epidemiology, aetiology, clinical and histopatholotgical features, TNM classification. Recent advances in diagnosis, management and prevention. b) Biopsy : Types of biopsy, value of biopsy, cytology, histo chemistry & frozen section diagnosis of oral diseases.

Cell Carcinoma, Verrucous Carcinoma, Squamous Cell carcinoma & Malignant Melanoma.

11. Benign and malignant Mesenchymal tumors of the Oral Cavity:

•Forma aggressive fibrous lesions, Lipoma, Haemangioma, Lymphangioma,

- Neurofibroma, Schwannoma, Chondroma, Osteoma& Tori.
- Forcearcoma, Osteosarcoma, Giant cell tumor, Chondrosarcoma, Angiosarcoma
- Kaposi's sarcoma, Lymphomas, Ewing's sarcoma & Other Reticulo-endothelial tumors.

12. Salivary Gland

 Benign Epithelial neoplasms - Pleomorphic Adenoma, Warthin's tumour & Oncocytoma.
 Epithelial neoplasms - Adenoid Cystic Carcinoma, Mucoepidermoid Carcinoma, Acinic Cell Carcinoma & Adenocarcinomas.

Mneoplastic Salivary Gland Diseases :

- Sialolithiasis, Sialosis, Sialadenitis, Xerostomia&Ptyalism
- 13. Tumors of Disputed Origin Congenital Epulis& Granular Cell Myoblastoma.



- 14. Metastatic tumors Tumors metastasizing to & from oral cavity & the routes of metastasis.
- 15. Traumatic, Reactive & Regressive lesions of Oral Cavity :
 - Signature de la constante de l
 - Radiation effects of oral cavity.
- 16. Physical & Chemical injuries including allergic reactions of the oral cavity.
- 17. Healing of Oral wounds & complications Dry socket.
- Systemic Diseases involving Oral cavity :
 eview & oral manifestations, diagnosis & significance of common Blood, Nutritional, Hormonal & Metabolic diseases of Oral cavity.
- 19. Mucocutaneous Lesions
 - •Atplogress clinical features & histopathology of the following common lesions Erythema Multiforme, Psoriasis, Scleroderma, Ectodermal Dysplasia, Pemphigus & Pemphigoid lesions, Lichen Planus, Lupus Erythematosus, Epidermolysisbullosa& White sponge nevus.,
- 20. Diseases of the Nerves :
 - neuralgias Trigeminal & Glossopharyngeal. Facial nerve paralysis, Causalgia
 - Psychogenic facial pain & Burning mouth syndrome.
- 21. Pigmentation of Oral & Paraoral region & Discolouration of teeth : causes & clinical manifestations.
- 22. Diseases of Maxillary Sinus :
 - •Tamacinjuries to sinus, Sinusitis, Cysts & tumors involving antrum.
- 23. Principles of Basic Forensic Odontology (Pre-clinical Forensic Odontology):
 - Introduction, definition, aims & scope.
 - and ethnic (racial) differences in tooth morphology and histological age estimation
 - Determination of sex , blood groups from buccal mucosa / saliva.
 - •DetaDNAmethods Bite marks, rugae patterns & lip prints.
 - Dental importance of poisons and corrosives.
 - Overview of forensic medicine and toxicology

RECOMMENDED BOOKS

- 1. A Text Book of Oral Pathology
- 2. Oral and maxillofacial pathology
- Shafer, Hine & Levy
- Neville ,Damm, Allen

III BDS- ORAL PATHOLOGY MODEL QUESTION PAPER (PAPER III)

University Exam Question Pattern:

Time : Three Hours				Maximum : 100 Marks		
		SECTION - A		(20 Marks)		
	1. Mulitple choice qu	uestions - 20x1 Total		20 marks 20 Marks		
		SECTION - B		(25 Marks)		
	1. Essay	- 1x10	=	10 marks		
	2. Short notes	- 3x5	=	15 marks		
		Total	-	25 Marks		
		SECTION - C		(25 Marks)		
	3. Essay	- 1x10	=	10 marks		
	4. Short notes	- 3x5	=	15 marks		
		Total	-	25 Marks		
	Viva Voce Internal Marks		-	20 Marks 10 Marks		
Practic	al Examination			Total - 100 Marks		
Slides & spotters (10 slides,5 spotters)		-	90 marks			
(6 marks for each)						
Internal Assessment marks		-	10 marks			
		Total	-	100 Marks		



DENTAL ENGINEERING

INTRODUCTION

Dentistry has always been heavily dependent on equipment and devices to render its high precision services. Dental engineers offer invaluable service in ta dental practice to ensure that the equipment used by a Dentist is in excellent working condition and thereby limiting valuable downtime that may result from equipment failure. Regular servicing will also avoid costly downtime

Students will be trained within a excellent infrastructure including a sophisticated workshop, high-end-equipment, advanced clinical setup which provides an ideal learning atmosphere. The students get guidance from experienced and eminent professionals in dental industry, department heads, dental equipment manufacturer etc.

CURRICULUM AMD SYLLABUS

- Dental chairs Parts and function
- Suction apparatus
- Dental hand piece
- Scalers
- Compressors
- Dental stools
- Ergonomics
- Sterilization equipments
- Various X ray systems
- Recent advancements



<u>Dental Chair</u>

- 1. Introduction To Dental Chairs
- 2. History Of Dental Chair
- 3. Types Of Dental Chair
- 4. Parts Of Dental Chair
- 5. Function And Operation Of Parts
- 6. How To Choose An Ideal Dental Chair
- 7. Functioning Of Parts Of Dental Chair- Demonstration
- 8. Conclusion

Suction Units

- I. Introduction About Suction Units
- II. Importance Of Having A Clear Workfield.
- III. Rationale Behind Use Of Suction Apparatus
- IV. Parts Of Dental Suction Unit
- V. Types Of Suction System
- VI. Motorized And Pneumatic Suction Unit
- VII. How Does Dental Suction Unit Work?
- VIII. Importance Of Dental Suction Unit?
 - IX. How To Choose A Right Suction Equipment?
 - X. Preventive Maintanance .

Dental Handpiece

- 1) Introduction
- 2) Classification Of Speed
- 3) Difference Between Airotor And Micromotor
- 4) Evolution And Types Of Handpieces
- 5) Parts And Mechanics Involved Handpiece
- 6) Demonstration Of Parts Involved
- 7) Types Of Bearings Used
- 8) Applications Of Handpiece Based On Its Speed
- 9) Oiling And Maintanence Of Handpiece
- 10) Conclusion



Scalers:

- 4.1 Introduction
- 4.2 Mechanism Of Action Of Power Scalers
- 4.3 Parts Of An Ultrasonic Scaler
- 4.4 Type And Benefit Of Power Instruments
- 4.5 Tip Designs 4.6 Clinical Outcomes Of Power-Driven Instruments
- 4.7 Special Considerations 4.8 Principles Of Instrumentation
- 4.9 Advantages
- 4.10 Disadvantages
- 4.11 Indications
- 4.12 Contra Indications

Dental Compressor

- Dental Unit Design
- What Is Dental Compressor
- Why Is A Dental Compressor Important?
- Types
- How They Function
- Picking A Dental Compressor Factors To Consider
- Parts Of Compressor
- Dental Regulations
- Benefits
- Where To Install
- Smart Technology For Future Planning
- Literature Evidences
- Maintainance

Dental stools

History Evolution Types Recent advances

Maintenance

41



Ergonomics

- **1.** Introduction
- 2. Application Of Ergonomics
- 3. Ergonomic Risk Factors In Dentistry
- 4. Msds
- 5. Carpal Tunnel Syndrome (Cts)
- 6. Myofascial Pain Disorder (Mpd)
- 7. Application Of Ergonomics

Sterilisation and Equipments

- Definition
- instruments Washing
- Sterilisation cycle
- Methods of Sterilisation in Dentistry
- Autoclave , its parts, Mechanism of action usage

X-Ray Machines

- 1. Types Of Commonly Used X-Ray Machines
- 2. Differences Between Ac And Dc Dental X-Ray Unit
- 3. Parts Of Dental X-Ray Machine
- a. Dental X-Ray Tube
 - B. Position Indicating Device /Cone
 - C. Circuit Board And Timer
- 4. Dental X-Ray Unit With Radiovisiography (Rvg)
- 5. Various Dimensions Of Sensor
- 6. Advantages Of Digital Imaging
- 7. Types Of Sensors
- 8. X-Ray Holders
- 9. Radio Hazard Label
- 10. Aerb Protocol As Per Clinical Establishment Act
- 11. Amc And Its Benefits

Cbct In Brief And Its Advantages:



RECENT ADVANCES

- Laser
- Piezo
- Photobiomodulation
- Loupes
- Microscpes
- CAD-CAM
- BIO PRINTING

III BDS- DENTAL ENGINEERING MODEL QUESTION PAPER (PAPER IV)

Theory paper (total) Internals = 70 marks = 30 marks

Total

= 100 marks

Section A	Essay
	2x10=20 marks
Section B	Short notes
	10x5=50 marks
Internal Assessment	30marks
Total	100 marks
Pass criteria	50/100 marks



DEPARTMENT OF ORAL MEDICINE & RADIOLOGY

COURSE CONTENTS

Introduction to oral medicine,

Definition of Ulcer, swelling, cyst, Vesicle, Bulla

Dental caries and its sequelae.

Case History taking, Basic interpretation of radiographs using Bisecting angle technique.

WORK QUOTA (CLINICAL WORK QUOTA III YR BDS)

CLINICAL PATIENT WORK	RADIOLOGY
CASE HISTORY TAKING – 5 Nos	IOPA using Bisecting angle technique – 5 nos

NOTES : In case of completion of the prescribed quota the students will be allowed to proceed with final year .Practical evaluation done based on OSCE Method (minimum 1) during the second posting.

REFERENCE BOOKS :

1.ORAL DIAGNOSIS,ORAL MEDICINE

a) Burkit- oral medicine -J.B.Lippincott company.

b) Coleman – Principles of oral diagnosis – Mosby year book.

c) Jones – oral manifestations of systemic diseases-W.B.Saunders company.

d) Mitchell - oral diagnosis and treatment.

e) Kerr- oral diagnosis.

f) Miller-oral diagnosis and treatment.

g) Hutchinson – clinical methods.

h) oral pathology – shafers.

i) Sonis.S.T.Fazio.R.C and Fang.L- Principles and Practice of oral medicine.

ORAL RADIOLOGY

- a) White and Goaz- Oral radiology-Mosby year book.
- b) Erich Whaites- Dental radiology.
- c) Weahmann-Dental radiology-C.V.Mosby company.
- d) Stafne Oral Roentgenographic diagnosis W.B.Saunders co.

FORENSIC ODONTOLOGY

- a) Derek H.Clark- Practical Forensic odontology- Butterworth- Heinemann(1992)
- b) C. Michael Bowers, Gray Bell- Manual of Forensic odontology Forensic Pr(1995)



DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY

COURSE CONTENTS

- Introduction on Exodontia-Definition & Principles
- Sterilization and Asepsis protocol
- Local Anaesthesia Definition, indications, complications, composition, side effects, mechanism of action, techniques, complications and its management
- Diagnosis and management of medically compromised patients during exodontia
- · Management of Emergencies in dental office

APPLIED ANATOMY

- Causes of facial pain and its management
- Management of complications of Exodontia Slippage of root into maxillary sinus
- Pterygomandibular & submandibular or sublingual space exploration

WORK QUOTA (CLINICAL WORK QUOTA III YR BDS)

PRE CLINICAL WORK	CLINICAL PATIENT WORK
 Suturing exercise in pillow Video demonstration of LA technique,sterilization & asepsis Assignmemts on topics : Anatomy of Maxilla Anatomy of Mandible Facial nerve Trigeminal nerve Suturing techniques & principles Exodontia- principles,indications, Complications,landmarks and techniques 	 Administarion of local infiltration techniques under supervision Extraction of mobile tooth under supervision

REFERENCE BOOKS :

1. TEXT BOOK OF LOCALANAESTHESIA-**MALAMED**

- 2. TEXT BOOK OF ORALAND MAXILLOFACIAL SURGERY-NEELIMA ANIL MALIK
- 3. TEXT BOOK OF MEDICAL EMERGENCIES IN DENTAL OFFICE- MALAMED
- 4. TEXT BOOK MINOR ORAL SURGERY GEOFFREY L HOWE

DEPARTMENT OF PERIODONTOLOGY



COURSE CONTENTS

- Introduction to periodontics
- Basic periodontal tissues: Gingiva Periodontal ligament Cementum Alveolar bone
- Age changes in periodontium
- Classification of periodontal diseases
- Sterilisation and disinfection
- Dental plaque
- Dental Calculus
- Plaque control
- Periodontal Instruments and Instrumentation

WORK QUOTA (CLINICAL WORK QUOTA III YR BDS)

- Case Sheet Recording- 5 Nos
- Patient Education & Motivation-5 Nos
- Hand Scaling- 5 Nos

Other works:

- Assignments / Group Discussions
- Introduction to OSCE
- Tests
- Clinical discussion / viva on Periodontal Instrumentation followed by demonstration of Hand scaling
- Case sheet discussion

NOTE:

Attendance of 80% is mandatory - Aggregate of Third year and final year attendance will be considered for the final exam.

RECOMMENDED TEXT BOOK

Newman and Carranza's clinical Periodontology- Third South Asia Edition.

REFERENCE BOOKS

Atlas of cosmetic and reconstructive surgery 3rd edition - Edward S.Cohen A clinical atlas of periodontal surgery 4th edition- Naoshi Sato Textbook of clinical periodontology and implant dentistry 6th edition – Jan Lindhe



DEPARTMENT OF CONSERVATIVE DENTISTRY & ENDODONTICS

COURSE CONTENTS

- Introduction, Nomenclature Nomenclature of dentition,
- Principles of cavity preparation
- Dental caries, Treatment planning for operative dentistry
- Gnathological concepts of restoration, Armamentarium for cavity preparation
- Control of operating field , Amalgam restoration , Pulp protection
- Recent cavity modification of amalgam restorations
- Vitality tests, diagnosis and treatment planning and preparation of case sheet

APPLIED DENTAL MATERIALS :

- · Biological considerations, evaluation, clinical application and adverse effects of
- Dental cements, zinc oxide eugenol cements, zinc phosphate cements, polycaboxylates, glass ionomer cements, silicate cement, calcium hydroxides and varnishes
- Dental amalgam, technical considerations, mercury toxicity and mercury hygiene
- Composite, dentin bonding agents,
- Chemical and light curing composites
- Rubberbase impression materials,
- Noble and non-noble metal alloys
- Investment and die materials
- Inlay casting waxes, Dental porcelain, Aesthetic dentistry

WORK QUOTA (CLINICAL WORK QUOTA III YR BDS)

DUMMY WORK			CLINICAL PATIENT WORK	
CLASS I RESTORATIONS (AMALGAM)			CLASS RESTORATIONS	PULP
		(minimum)	CAPPING	
MAXILLARY MOLAR	CONSERVATIVE	1		
MAXILLARY MOLAR	CONVENTIONAL	1	10-15	
MANDIBULAR MOLAR	CONSERVATIVE	1		
MANDIBULAR MOLAR	CONVENTIONAL	1		

NOTES: In case of prior completion of the prescribed quota the students will be allowed to proceed with the final year preclinical work (class II restorations). Practical evaluation done based on OSCE method (minimum 1) during the second posting.

REFERENCE BOOKS CONSERVATIVE DENTISTRY;

- Textbook of art and science of operative dentistry sturdevant's 5th edition
- Textbook of operative dentistry nishagarg, amitgarg ed edition =Textbook of operative dentistry vimalsikri 3"1 edition

APPLIED DENTAL MATERIALS:

35 =Textbook of dental materials - Philips Anusavice



DEPARTMENT OF ORTHODONTICS & DENTOFACIAL ORTHOPAEDICS

COURSE CONTENTS

- Introduction to Orthodontics
- History of Orthodontics
- Growth and development
- Development of dentition and occlusion
- Functional development
- Occlusion: Basic concept
- Classification of Malocclusion
- Etiology of Malocclusion
- Habits
- Epidemiology of Malocclusion
- Orthodontic diagnosis
- -Cephalometrics
- Skeletal maturity indicators
- -Model Analysis
- Biology of tooth movement
- Hechanism of tooth movement
- -Anchorage
- Age factor in Orthodontics
- Hethod of gaining space

WORK QUOTA (CLINICAL WORK QUOTA III YR BDS)



Model preparation	6 No
Basic Wire lending	1 No
Straightening of wire 3	1 No
inch Square 2.5cm x	1 No
2.5cm Rectangle	1 No
2.5cm x 5cm Triangle	1 No
2.5cm x2.5cm Circle	1 No
2.5cm in radius	1 No
3UV loops	1 No
5uv loops	
Clasps	1 Pair
³ ⁄ ₄ clasp mesial &	1 Pair
distal Jackson's	1 Pair
clasp Triangular	1 Pair
clasp Adam's	1 Pair
clasp	1 No
Modified Adam's clasp Labial Bows Short Labial bow Long Labial bow Springs	1 No 1 Pair 1 Pair
Finger spring	1 Pair
Single Cantilever spring	1 Pair
Double Cantilever spring	1 Pair
U loop canine retractor	1 Pair
Helical loop canine retractor	1 Pair
Buccal canine retractor	1 Pair
Palatal canine reatractor	1 Pair
Coffiin Spring	1 No

Other Works:

- Daily Discussions
- · Class Assignment
- End posting viva

Notes:

In case of not completing the prescribed quota the students will not be allowed to proceed with the final year clinical work.

Reference books:

- Contemporary Orthodontics William R. Proffit
- Orthodontics for Dental Students White & Gardiner
- Handbook of Orthodontics Moyers
- Orthodontic principles and Practice Graber
- Designs, Construction and Use of Removable Orthodontic Appliances – C.Philip Adam
- Clinical Orthodontics : Vol 1 & 2 Salzmann
- Handbook of Orthodontics Martyn T Cobourne



DEPARTMENT OF PAEDODONTICS & PREVENTIVE DENTISTRY

COURSE CONTENTS

- Introduction to Pedodontics .
- Dental Notation, Chronology of Primary and Permanent teeth. Morphology of Primary and Permanent teeth. •
- •
- Case History Taking. •
- Radiographic Examination. •
- Cavity Preparation in Primary Teeth. •
- Antibiotics and Analgesics •
- Pit and Fissure Sealants •
- Indices •
- Local Anesthesia •
- Dental caries and Early Childhood Caries •
- Oral habits •
- Malocclusion and Management •
- Development of Occlusion •
- Behavior Management
- Infant Oral Health Care •
- Fluorides •
- **Restorative Materials** •
- Pulp Pathology
- Setting up a Pediatric Dental Clinic •
- Gingival and Periodontal Diseases in Children •
- Dental Emergencies in Child and their Management •

WORK QUOTA (CLINICAL WORK QUOTA III YR BDS)

Dummy Work	Clinical Patient Work
 Typhodont exercises in Primary teeth - 6 Removable functional space maintainer o C-clasp o Labial bow Oral screen Hawley's appliance o Adams clasp o Labial bow o Tongue crib Inclined plane 	FDI - 20 Short case sheet - 3

Other Works:

- Daily Discussions
- Class Assignment
- End posting viva
- Pedagogy -1

Notes:

In case of not completing the prescribed quota the students will not be allowed to proceed with the final year clinical work.

Reference books:

Textbook of Pediatric Dentistry - Nikhil Marwah - 5th Edition.



DEPARTMENT OF PROSTHODONTICS & CROWN AND BRIDGE

COURSE CONTENTS

- Introduction and terminology
- Classification of partially edentulous arches
- Diagnosis and treatment planning
- Biomechanics of RPD
- Surveying
- Principles of designing
- Component:
 - o Major and minor connector
 - o Rests and rest seats
 - o Direct and indirect retainers
 - o Denture base and teeth
- Mouth preparation
- Impression making
- Occlusion in RPD
- Special considerations for distal extension
- Lab procedures
 - Introduction to FPD
 - Principles of tooth preparation

WORK QUOTA (CLINICAL WORK QUOTA III YR BDS)

- Kennedy's class I & class IV RPD fabrication-2
- Removable Partial dentures
 -5(minimum)

NOTE: In case of prior completion of the prescribed quota the students will be allowed to proceed with the final year preclinical work.

REFERENCE BOOKS:

REMOVABLE PARTIAL DENTURE:

- 1. Stewart's clinical removable partial prosthodontics- Rodney D. Phoenix.
- 2. McCracken's Removable partial Prosthodontics-Alan B Carr.
- 3. A clinical guide to removable partial denture design- J C Devenport.

FIXED PARTIAL DENTURE:

1. Fundamentals of fixed prosthodontics- Herbert T Shillingburg.



DEPARTMENT OF PUBLIC HEALTH DENTISTRY

COURSE CONTENT

- Introduction to Dentistry
- Biostatistics
- Research Methodology
- Public Health
- Dental Public Health
- Preventive Dentistry
- Social Sciences

CLINICAL TRAINING PROGRAMME

- 1. Case Sheet
- 2. Indices-Discussion
 - A. Oral Hygiene Assessment
 - **Oral Hygiene Index**
 - Oral Hygiene Index Simplified
 - Plaque Index
- B. Dental Caries
 - DMFT/DMFS
- C. Gingival and Periodontal Health Assessment Gingival Index
 - Russell's Periodontal Index
- D. Fluorosis Index
 - Dean's Fluorosis Index –Original
 - Dean's Fluorosis Index Modified Criteria
- 3. W.H.O- Oral Health Assessment Form (1997)& (2013)
- 4. Preventive Procedures
 - 1. A Traumatic Restorative Technique-ART
 - 2. Pit & Fissure Sealants
 - 3. Acidulated Phosphate Fluoride Gel Application
 - 4. Preventive Resin Restoration (PRR)

ASSESSMENT

- End posting viva
- LIST OF BOOKS
- 1. Name: Parks Textbook of Preventive and Social Medicine
 - a. Author: K.PARK
 - b. Publisher:Banarsidass Bhanot Publishers
 - c. Edition: 26^{TH} Edition
- 2. Name: Essentials of Public Health Dentistry
 - a. Author: Soben Peter
 - b. Publisher: Arya Medi Publishing House Pvt, Ltd Edition: 7th ny.

III BDS MASTER TIME TABLE – 2024

DAY/DATE	8:30 – 9:30 AM	9:30– 10:30 AM	10:45 -11:45 AM	11:45 -1:15 PM	2:00 – 3:30 PM
MONDAY	CONSERVATIVE DENTISTRY	ORAL PATHOLOGY	ORAL PATHOLOGY	CLINICAL POSTING	ORAL PATHOLOGY PRAC
TUESDAY	PERIODONTOLOGY/ PEDODONTICS (2 ND TUES)	ORAL MEDICINE/ PROSTHODONTICS (2 ND TUES)	\ ORAL PATHOLOGY	CLINICAL POSTING	ORAL PATHOLOGY PRAC
WEDNESDAY	GENERAL MEDICINE	GENERAL SURGERY	GENERAL MEDICINE PRAC	GENERAL MEDICINE PRAC	CLINICAL POSTING
THURSDAY	GENERAL SURGERY	GENERAL MEDICINE	GENERAL SURGERY PRAC	GENERAL SURGERY PRAC	CLINICAL POSTING
FRIDAY	ORTHODONTICS	ORAL SURGERY	CLINICAL POSTING/ DENTAL ENGINEERING (3 RD FRIDAY)	CLINICAL POSTING/ DENTAL ENGINEERING (3 RD FRIDAY)	CLINICAL POSTING
SATURDAY	PEDODONTICS	PROSTHODONTICS	CLINICAL POSTING/ DENTAL ENGINEERING (3 RD FRIDAY)	CLINICAL POSTING	MENTOR MENTEE MEETING