



# MAHE INSTITUTE OF DENTAL SCIENCES & HOSPITAL

Accredited by NAAC with "A+" grade

Recognized by Dental Council of India | Affiliated to Pondicherry Central University

A Unit of Mahe Educational & Charitable NRI trust | Chalakkara, Palur, Mahe- 673310, U.T of Puducherry

Ref. No: MINDS.P.O/120623/02

Date: 12.06.2023

## CIRCULAR

This is to inform that Third Internal Theory Examination (Regular Batch) for I<sup>st</sup>, II<sup>nd</sup>, III<sup>rd</sup> and Final year BDS will be scheduled from 20<sup>th</sup> July, 2023.

Question Paper to be submitted through Email: [examwing@minds.maheedentalcollege.org](mailto:examwing@minds.maheedentalcollege.org), on or before 15.07.2023 without fail. Regular Classes are scheduled as from the Time Table for all the students on the days of Examination.

Last date to update mark list in HMS software on or before 10.06.2023.

Mark list of the same should be submitted at Examination Wing on or before 10.08.2023.

Date	Day	Final BDS	Third BDS	Second BDS	First BDS
20.07.2023	Thursday	Public Health Dentistry	Oral Pathology		
21.07.2023	Friday	Periodontics	General Medicine		
22.07.2023	Saturday	Orthodontics	General Surgery		
24.07.2023	Monday	Oral Medicine and Radiology		General Pathology	Anatomy
25.07.2023	Tuesday	Oral Surgery		Microbiology	Physiology
26.07.2023	Wednesday	Conservative Dentistry		Pharmacology	DAOH
27.07.2023	Thursday	Prosthodontics		Dental Materials	Biochemistry
28.07.2023	Friday	Paedodontics			
<b>Examination Hall:- UG Library</b>					
<b>Time:- 8.00 AM to 11.00AM</b>					

Copy to:

1. Chairman
2. Admin Manager
3. All Dept's
4. Nest MINDS
5. IQAC



*(Handwritten signature)*

Dr. Anil Meluh,  
Principal

Principal  
Mahe Institute of Dental Sciences & Hospital  
MAHE

☎ : 8490 2337406, 2336198, 2336191, 8301046544

✉ : [principal@maheedentalcollege.org](mailto:principal@maheedentalcollege.org) | [administration@maheedentalcollege.org](mailto:administration@maheedentalcollege.org)

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**MAHE INSTITUTE OF DENTAL SCIENCES AND HOSPITAL, MAHE**  
**THIRD INTERNAL REGULAR & FIRST INTERNAL IR - JULY - 2023**  
**INVIGILATION DUTY 04.07.2023**

Date	Year	Subject	LECTURE HALL - II		U G LIBRARY	
			8 TO 9.30	9.30 TO 11	8 TO 9.30	9.30 TO 11
20.07.2023	Final Year	PHD	Mr. Rahmathulla	Dr. Cimny Augustine	Dr. Manju Krishna Dr. Saron R Nair Dr. Aravind Haridas	Mrs. Sona V Dr. Shulaka Dr. Haswini
	Third Year	Oral Pathology				
21.07.2023	Final Year	Periodontics	Dr. Aswin A	D. Teenu Thomas	Dr. Sarath K, Dr. Chytharayya Dr. Dipin P P	Dr. Hemalatha Mr. Rahmathulla Mrs. Jamsheera P K
	Third Year	General Medicine				
22.07.2023	Final Year	Orthodontics	Dr. Nabeel T	Dr. Jitu Jessy Abraham	Dr. Ramesh Dr. Mridhal M U Dr. Vyshnavi R	Dr. Anjali K Dr. Moonas Jahan Dr. Anjana S
	Third Year	General Surgery				
24.07.2023	Final Year	OMR	Dr. Steve Dr. Rani Jayatha	Dr. Rugma Karman Dr. Nabeel T	Dr. Sai Charan Dr. Vishnu Sri Priya Dr. Lino Paul	Dr. Hemalatha Dr. Suhana H S Mrs. Dhanya Rajan
	Second Year	General Pathology				
	First Year	Anatomy				
25.07.2023	Final Year	OMFS	Dr. Nirosha V Dr. Haswini	Dr. Moonas Jahan Dr. Suhana H S	Dr. Megha B Dr. Nabeel T Dr. Mansoor	Dr. Roshan C N Mrs. Anjaly Shrivakumar Dr. Sneha Valsara
	Second Year	Microbiology				
	First Year	Physiology				
26.07.2023	Final Year	Conserv	Dr. Aswin A. Mr. Rahmathulla	Dr. Moonas Jahan Dr. Rugma Karman	Dr. Sai Charan Dr. Vishnu Sri Priya Dr. Nirosha	Dr. Shalaka Mrs. Shyja R Mrs. Jamsheera P K
	Second Year	Pharmacology				
	First Year	DAOH				
27.07.2023	Final Year	Prosthodontics	Dr. Vyshnavi R, Dr. Lino Paul	Dr. Anjana S, Dr. Mansoor	Dr. Dipin P P Dr. Steve Dr. Aravind Haridas	Mr. Rahmathulla, Dr. Nabeel, Dr. Anjaly Sivakumar
	Second Year	Dental Material				
	First Year	Biochemistry				
28.07.2023	Final Year	Paedodontics			Mrs. Sona V Dr. Manas	Mrs. Shyja R Mrs. Dhanya Rajan

The exam will be conducted in Lecture Hall - II from 20th to 22nd July for IR Batch students

From 24.07.2023 to 27.07.2023,

Seating arrangements are as follows:

- Final Years: Regular Batch - UG Library - (60 Students), IR Batch - LH - II - (24 Students)
- Second Years: Roll No: 21DS0201 to 21DS0254 - UG Library - (50 Students)  
Roll No: 20DS0255 to 20DS0277 - LH - II - (21 Students)
- IR Batch - LH - II - (06 Students)
- First Years: Roll No: 01 to 50 - UG Library - (50 Students)  
Roll No: 51 to 68 - LH - II - (18 Students)

**Note:**

1. All Invigilators has to report Principal Office 30 minutes before commencing of Exam
2. It is mandatory to all invigilators to do the Invigilation duty as per schedule.
3. In case of emergency, they can exchange the duty with prior permission from Principal / Vice Principal.
4. All HOD's are informed to permit above mentioned faculty to carry out Examination duty.



*(Signature)*  
**DR ANIL M**  
**PRINCIPAL**

Principal  
 Mahe Institute of Dental Sciences & Hospital  
 MAHE



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A Unit of Mahe Educational & Charitable NRI trust | Chalakkara, Pallor, Mahe- 673310, U.T of Puducherry

Ref. No: MINDS.P.O/280723/01

Date: 28.07.2023

## CIRCULAR

This is to inform that the commencement of third internal Practical Examination for first year BDS Regular batch is scheduled on.

TIME: 8.00 AM TO 12.30 PM				
Subject	02.08.2023	03.08.2023	04.08.2023	05.08.2023
Anatomy	1 to 17	18 to 34	35 to 51	52 to 68
Physiology	18 to 34	35 to 51	52 to 68	1 to 17
DAOH	35 to 51	52 to 68	1 to 17	18 to 34
Biochemistry	52 to 68	1 to 17	18 to 34	35 to 51

\*Kindly note: Regular classes will be continued from 01pm onwards

Dr. Anil Meeth,  
Principal

MAHE Institute of Dental Sciences & Hospital  
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Copy to:

1. Chairman
2. Vice Principal
3. Admin Manager
4. All Depts.
5. IQAC
6. Office

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Ref. No: MINDS.P.O/240423/01

Date: 24.04.2023

## CIRCULAR

This is to inform that Second Internal Theory Examination for I<sup>st</sup>, II<sup>nd</sup>, III<sup>rd</sup> and Final year BDS will be scheduled from 15<sup>th</sup> May, 2023.

Question Paper to be submitted through Email: [examwing@minds@mahedentalcollege.org](mailto:examwing@minds@mahedentalcollege.org), on or before 30.04.2023 without fail. Regular Classes are scheduled as from the Time Table for all the students on the days of Examination.

Mark list of the same should be submitted at Examination Wing on or before 30.05.2023.

Date	Day	Final BDS	Third BDS	Second BDS	First BDS
15.05.2023	Monday	Public Health Dentistry	Oral Pathology		
16.05.2023	Tuesday	Periodontics	General Medicine		
17.05.2023	Wednesday	Orthodontics	General Surgery		
18.05.2023	Thursday	Oral Medicine and Radiology		General Pathology	Anatomy
19.05.2023	Friday	Oral Surgery		Microbiology	Physiology
20.05.2023	Saturday	Conservative Dentistry		Pharmacology	DAOH
22.05.2023	Monday	Prosthodontics		Dental Materials	Biochemistry
23.05.2023	Tuesday	Paedodontics			
<b>Examination Hall:- UG Library</b>					
Time:- 8.00 AM to 11.00AM					

Copy to:

1. Chairman
2. Admin Manager
3. All Dept's
4. Nest MINDS
5. IQAC



  
Dr. Anil Melath

Principal  
Principal

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MAHE INSTITUTE OF DENTAL SCIENCES AND HOSPITAL, MAHE						
FIRST INTERNAL EXAMINATION - REGULAR BATCH - MAY - 2023						
INVIGILATION DUTY 09.05.2023						
Date	Year	Subject	LECTURE HALL - II		U G LIBRARY	
			8 TO 9.30	9.30 TO 11	8 TO 9.30	9.30 TO 11
15.05.2023	Final Year	PHD			Dr. Ashish, Dr. Sreenath R, Dr. Dipin P P	Mrs. Sona V Dr. Shalaka Dr. Haswini
	Third Year	Oral Pathology				
16.05.2023	Final Year	Periodontics			Dr. Manju Krishna Dr. Saron R Nair Dr. Aravind Haridas	Dr. Hemalatha Mr. Rahmathulla Mrs. Jamsheera P K
	Third Year	General Medicine				
17.05.2023	Final Year	Orthodontics			Dr. Ramesh Dr. Mridhul M U Dr. Megha B	Dr. Anjali K Dr. Moonas Jahan Dr. Anjana S
	Third Year	General Surgery				
18.05.2023	Final Year	OMR	Dr. Steve Dr. Nirosha V	Dr. Rugma Kannan Dr. Nabeel T	Dr. Manas, Dr. Mansoor, Dr. Vyshnavi R	Mrs. Sona V Dr. Suhana H S Mrs. Dhanya Rajan
	Second Year	General Pathology				
	First Year	Anatomy				
19.05.2023	Final Year	OMFS	Dr. Rani Jayatha Dr. Haswini	Dr. Roshin C N Dr. Suhana H S	Dr. Hemalatha Dr. Charthannya Dr. Lino Paul	Dr. Dhanya K B Dr. Moonas Jahan Dr. Hamna
	Second Year	Microbiology				
	First Year	Physiology				
20.05.2023	Final Year	Conserv	Dr. Aswin A Mr. Rahmathulla	Dr. Moonas Jahan Dr. Rugma Kannan	Dr. Sai Charan Dr. Vishnu Sri Priya Dr. Nirosha	Dr. Anjali K Dr. Shalaka Mrs. Jamsheera P K
	Second Year	Pharmacology				
	First Year	DAOH				
22.05.2023	Final Year	Prosthodontics	Dr. Vyshnavi R, Dr. Lino Paul	Dr. Anjana S, Dr. Hamna	Dr. Steve Dr. Aravind Haridas Dr. Mansoor	Mr. Rahmathulla, Dr. Nabeel, Dr. Anjali Sivakumar
	Second Year	Dental Material				
	First Year	Biochemistry				
23.05.2023	Final Year	Paedodontics			Dr. Dipin P P, Dr. Haswini	Dr. Anjali K, Ms. Dhanya Rajan

From 18.05.2023 to 22.05.2023 Students seating arrangements are as follows:

- \*Final years: 01 to 50 - Library, 51 to 60 - LH - II
- \*Second years: 1 to 50 - Library, 51 to 76 - LH - II
- \*First years: 01 to 50 - Library, 51 to 68 - LH - II



PRINCIPAL

Principal  
Mahe Institute of Dental Sciences & H  
MAHE





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A Unit of Mahe Educational & Charitable NRI trust | Chulakkara, Pallor, Mahe- 673310, U.T of Puducherry

Ref. No: MINDS.P.O/150523/02

Date: 15.05.2023

## CIRCULAR

This is to inform that the commencement of Second Internal Practical Examination for second year BDS Regular batch is scheduled on

TIME: 8.00 AM TO 12.30 PM			
Subject	25.05.2023	26.05.2023	27.06.2023
Microbiology	I	II	III
Dental Materials	II	III	I
Pre-Clinical Conserve	III	I	II
Subject	05.06.2023	06.06.2023	07.06.2023
General Pathology	I	II	III
Pharmacology	II	III	I
Pre-Clinical Prostho	III	I	II

BATCH I	BATCH II	BATCH III
21DS0200 TO 21DS0228	21DS0229 TO 21DS0252	21DS0253 TO 21DS0277

\*Kindly note: Regular classes will be continued from 01pm onwards

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3. Admin Manager
4. All Depts.
5. IQAC
6. Office

Dr. Anil Melath,  
Principal

Principal  
Mahe Institute of Dental Sciences & Hospital  
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A Unit of Mahe Educational & Charitable NRI trust | Chalakkara, Pallor, Mahe- 673310, U.T of Puducherry

Ref No: MINDS.P.O/240523/1

24.05.2023

## CIRCULAR

This is to inform that Practical Examination for IV<sup>th</sup> year BDS Regular batch is scheduled on the following dates, from 08.00 AM to 01.00 PM.

Department	01.06.2023	02.06.2023	03.06.2023	05.06.2023	06.06.2023	07.06.2023	08.06.2023	09.06.2023
Public Health Dentistry	I	II	III	IV	V	VI	VII	VIII
Periodontics	II	III	IV	V	VI	VII	VIII	I
Orthodontics	III	IV	V	VI	VII	VIII	I	II
OMR	IV	V	VI	VII	VIII	I	II	III
OMFS	V	VI	VII	VIII	I	II	III	IV
Conservative Dentistry	VI	VII	VIII	I	II	III	IV	V
Prosthodontics	VII	VIII	I	II	III	IV	V	VI
Paedodontics	VIII	I	II	III	IV	V	VI	VII
Batch-I	Batch-II	Batch-III	Batch-IV	Batch-V	Batch-VI	Batch-VII	Batch-VIII	
19DS0200 To 19DS0208	19DS0210 To 19DS0223	19DS0225 To 19DS0243	19DS0246 To 19DS0255	19DS0256 To 19DS0265	19DS0266 To 19DS0275	19DS0276 To 19DS0286	19DS0289 To 18DS0267	

PRINCIPAL

Principal  
Mahe Institute of Dental Sciences & Hospital  
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Ref. No: MINDS.P.O/150523/01

Date: 15.05.2023

## CIRCULAR

This is to inform that the commencement of Second internal Practical Examination for first year BDS Regular batch is scheduled on.

TIME: 8.00 AM TO 12.30 PM				
Subject	25.05.2023	26.05.2023	27.05.2023	29.05.2023
Anatomy	1 to 17	18 to 34	35 to 51	52 to 68
Physiology	18 to 34	35 to 51	52 to 68	1 to 17
DAOH	35 to 51	52 to 68	1 to 17	18 to 34
Biochemistry	52 to 68	1 to 17	18 to 34	35 to 51

\*Kindly note regular classes will be continued from 01pm onwards

Copy to:

1. Chairman
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4. All Depts.
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Dr. Anil Melath,  
Principal  
Principal  
Mahe Institute of Dental Sciences & Hospital  
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Ref. No: MINDS.P.O/020223/01

Date: 02.02.2023

## CIRCULAR

This is to inform that First Internal Theory Examination for I<sup>st</sup>, II<sup>nd</sup>, III<sup>rd</sup> and Final year BDS will be scheduled from 06<sup>th</sup> March, 2023.

Question Paper to be submitted through Email: [examwing@minds.mahedentalcollege.org](mailto:examwing@minds.mahedentalcollege.org), on or before 28.02.2023 without fail. Regular Classes are scheduled as from the Time Table for all the students on the days of Examination.

Mark list of the same should be submitted within Seven days of the exam to the Examination Wing.

Date	Day	Final BDS	Third BDS	Second BDS	First BDS
06.03.2023	Monday	Public Health Dentistry		General Pathology	
07.03.2023	Tuesday	Periodontics		Microbiology	
08.03.2023	Wednesday	Orthodontics		Pharmacology	
09.03.2023	Thursday	Oral Medicine and Radiology		Dental Materials	
10.03.2023	Friday	Oral Surgery	Oral Pathology		Anatomy
11.03.2023	Saturday	Conservative Dentistry	General Medicine		Physiology
13.03.2023	Monday	Prosthodontics	General Surgery		DAOH
14.03.2023	Tuesday	Paedodontics			Biochemistry
<b>Examination Hall:-UG Library</b>					
<b>Time:-8.00 AM to 11.00AM</b>					

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Dr. Anil Melath,  
Principal

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MAHE INSTITUTE OF DENTAL SCIENCES AND HOSPITAL, MAHE								
FIRST INTERNAL EXAMINATION - REGULAR BATCH - MARCH - 2023								
INVIGILATION DUTY 20.02.2023								
Date	Year	Subject	LECTURE HALL - I		U G LIBRARY			
			8 TO 9.30	9.30 TO 11	8 TO 9.30	9.30 TO 11		
06.03.2023	4 <sup>th</sup> Year	PHD			Dr. Ramesh Dr. Mridul Dr. Lino Paul	Dr. Hemalatha Dr. Shalaka Mrs. Sona V		
	2 <sup>nd</sup> year	General Pathology			Dr. Aravind Haridas Dr. Steve Dr. Dipin P P	Dr. Rajeswari Dr. Harwini Dr. Arjuna		
07.03.2023	4 <sup>th</sup> Year	Periodontics			Dr. Mansoor Dr. Vyshnavi R Dr. Nirasha V	Dr. Anjali K Dr. Meenaxi Jahan Mrs. Sona V		
	2 <sup>nd</sup> year	Microbiology			Dr. Suresh Dr. Ashish R Dr. Dipin P P	Mr. Gireesh Dr. Adul Dr. Subana H S		
08.03.2023	4 <sup>th</sup> Year	Orthodontics			Dr. Aravind Haridas Dr. Steve	Dr. Ragma Kannan Mr. Rahmathulla	Dr. Nirasha V Dr. Chanthamyn Mrs. Sona V	Dr. Anjali K Dr. Harina Dr. Shalaka
	2 <sup>nd</sup> year	Pharmacology					Dr. Rajeswari Dr. Megha B Dr. Arjuna	Dr. Hemalatha Mr. Gireesh Dr. Meenaxi Jahan
09.03.2023	4 <sup>th</sup> Year	Oral Medicine			Dr. Rani Jayathilak Dr. Harwini	Dr. Reshmi C N Dr. Subana H S	Dr. Sai Charan Dr. Vibha/Sripriya Dr. Lino Paul	Dr. Rajeswari Mr. Gireesh Dr. Adul
	2 <sup>nd</sup> year	Dental Materials						
10.03.2023	4 <sup>th</sup> Year	Oral Surgery			Dr. Anwar A Dr. Manas	Dr. Meenaxi Jahan Dr. Ragma Kannan	Dr. Senthil K Dr. Manas Mr. Rahmathulla	Dr. Anjali K Dr. Ragma Kannan Dr. Harina
	2 <sup>nd</sup> year	Oral Pathology						
	1 <sup>st</sup> year	Anatomy						
11.03.2023	4 <sup>th</sup> year	Conservative Dentistry	Dr. Anwar A Dr. Manas	Dr. Meenaxi Jahan Dr. Ragma Kannan	Dr. Senthil K Dr. Manas Mr. Rahmathulla	Dr. Anjali K Dr. Ragma Kannan Dr. Harina		
	2 <sup>nd</sup> year	General Medicine						
	1 <sup>st</sup> year	Physiology						
12.03.2023	4 <sup>th</sup> year	Prosthodontics	Dr. Anwar A Dr. Manas	Dr. Meenaxi Jahan Dr. Ragma Kannan	Dr. Senthil K Dr. Manas Mr. Rahmathulla	Dr. Anjali K Dr. Ragma Kannan Dr. Harina		
	2 <sup>nd</sup> year	General Surgery						
	1 <sup>st</sup> year	Dental Anatomy						
14.03.2023	4 <sup>th</sup> year	Paedodontics	Dr. Anwar A Dr. Manas	Dr. Meenaxi Jahan Dr. Ragma Kannan	Dr. Senthil K Dr. Manas Mr. Rahmathulla	Dr. Anjali K Dr. Ragma Kannan Dr. Harina		
	1 <sup>st</sup> year	Biochemistry						

From 10.03.2023 to 13.03.2023 Students seating arrangements are as follows:

\*Final years: 01 to 50 - Library, 51 to 60 - LH - I

\*Third years: 1 to 50 - Library, 51 to 95 - LH - I

\*First years: 01 to 45 - Library, 46 to 68 - LH - I

PRINCIPAL

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Ref. No: MINDS.P.O/140323/02

Date: 14.03.2023

## CIRCULAR

This is to inform that the commencement of first internal Practical Examination for first year BDS Regular batch is scheduled on.

TIME: 8.30 AM TO 1.00 PM				
Subject	22.03.2023	23.03.2023	24.03.2023	25.03.2023
Anatomy	1 to 17	18 to 34	35 to 51	52 to 68
Physiology	18 to 34	35 to 51	52 to 68	1 to 17
DAOH	35 to 51	52 to 68	1 to 17	18 to 34
Biochemistry	52 to 68	1 to 17	18 to 34	35 to 51

Copy to:

1. Chairman
2. Vice Principal
3. Admin Manager
4. All Depts.
5. IQAC
6. Office



Dr. Anil Melath,  
Principal  
Principal  
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Ref. No: MINDS.P.O/140323.01

Date: 14.03.2023

## CIRCULAR

This is to inform that the commencement of first internal Practical Examination for second year BDS Regular batch is scheduled on

TIME: 8.00 AM TO 1.00 PM			
Subject	20.03.2023	21.03.2023	22.03.2023
Pharmacology	I	II	III
Microbiology	II	III	I
Pre-Clinical Prosthodontics	III	I	II
Subject	28.03.2023	29.03.2023	30.03.2023
General Pathology	I	II	III
Dental Materials	II	III	I
Pre-Clinical Conservative	III	I	II

BATCH I	BATCH II	BATCH III
21DS0200 TO 21DS0225	21DS0226 TO 21DS0251	21DS0252 TO 21DS0277

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MINDS.P.O/241122/1

24.11.2022

**CIRCULAR**

This is to inform that III<sup>rd</sup> internal Theory Examination for IR batch is scheduled on the following dates.

Question paper to be submitted through E-mail:examwingminds@mahedentalcollege.org on or before 1.12.2022

Regular Classes are scheduled from 11.30 am as per the Time Table for all the students on the days of Examination.

Mark list of the same should be submitted at Principal Office on or before 21.12.2022

Date	Day	Final BDS	3 <sup>rd</sup> BDS	2 <sup>nd</sup> BDS
05.12.2022	Monday	Public Health Dentistry		General Pathology
06.12.2022	Tuesday	Periodontics		Microbiology
07.12.2022	Wednesday	Orthodontics		Pharmacology
08.12.2022	Thursday	Oral Medicine and Radiology		Dental Materials
09.12.2022	Friday	Oral Surgery	Oral Pathology	
10.12.2022	Saturday	Conservative Dentistry	General Medicine	
12.12.2022	Monday	Prosthodontics	General Surgery	
13.12.2022	Tuesday	Paedodontics		
Examination Venue :- UG Library				
Time :- 8.00 AM to 11.00 AM				

Dr. Anil Melath  
PRINCIPAL

Copy to:

- Chairman
- Vice Principal
- All HOD's
- Admin Manager
- IQAC
- MINDS NEST

Principal  
Mahe Institute of Dental Sciences & Hospital  
MAHE

MAHE INSTITUTE OF DENTAL SCIENCES AND HOSPITAL, MAHE					
THIRD INTERNAL - BI BATCH EXAMINATION - DECEMBER - 2022					
01.12.2022					
Date	Year	Strength	Dept	U/G Library	
				8 - 9.30 am	9.30 - 11 am
05.12.2022	Final Year	6	PHD	Dr. Mridul MU	Dr. Ragini Kaman
	Second Year	7	Gen Pathology		
06.12.2022	Final Year	6	Periodontics	Dr. Megha	Dr. Subina H S
	Second Year	7	Microbiology		
07.12.2022	Final Year	6	Orthodontics	Dr. Ramesh	Dr. Muznat John
	Second Year	7	Pharmacology		
08.12.2022	Final Year	6	OMR	Dr. Ashish Ramakrishnan	Dr. Sacha Valsraj
	Second Year	7	Dental Material		
09.12.2022	Final Year	6	OMFS	Dr. Steve Mathew	Dr. Athul Prakash
	Third Year	22	Oral pathology		
10.12.2022	Final Year	6	Conserve	Dr. Aravind Haridas	Dr. Cinity Augustine
	Third Year	22	Gen Medicine		
12.12.2022	Final Year	6	Prosthodontics	Dr. Nirosha V.	Dr. Saranya N K
	Third Year	22	Gen Surgery		
13.12.2022	Final Year	6	Paedodontics	Dr. Dipin P P	Dr. Vysnavi

Exam Time: 08 AM to 11 AM.


  
PRINCIPAL

 MAHE Institute of Dental Sciences & Hospital  
 MAHE



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MINDS.P.O/090922/1

09.09.2022

### CIRCULAR

This is to inform that 2<sup>nd</sup> internal Theory Examination for IR batch is scheduled on the following dates.

Question Paper to be submitted through E.mail, [examwingminds@mahedentalcollege.org](mailto:examwingminds@mahedentalcollege.org) on or before 22.09.2022

Regular Classes are scheduled from 11.30 am as per the Time Table for all the students on the days of Examination.

Mark list of the 1<sup>st</sup> internal Examination should be submitted at Principal Office on or before 08.10.2022.

Date	Day	Final BDS	3 <sup>rd</sup> BDS	2 <sup>nd</sup> BDS
26.09.2022	Monday	Public Health Dentistry		General Pathology
27.09.2022	Tuesday	Periodontics		Microbiology
28.09.2022	Wednesday	Orthodontics		Pharmacology
29.09.2022	Thursday	Oral Medicine and Radiology		Dental Materials
30.09.2022	Friday	Oral Surgery	Oral Pathology	
01.10.2022	Saturday	Conservative Dentistry	General Medicine	
03.10.2022	Monday	Prosthodontics	General Surgery	
05.10.2022	Tuesday	Paedodontics		
Examintaion Venue:-UG Library				
Time:-8.00 AM to 11.00AM				

  
 PRINCIPAL

Copy to:

- o Chairman
- o Vice Principal
- o Concerned Departments
- o Admin Manager
- o Student Cell
- o IQAC



## MAHE INSTITUTE OF DENTAL SCIENCES & HOSPITAL

Affiliated to Pondicherry Central University

Recognized by Dental Council of India

MINDS.P.O/140622/2

14.06.2022

### CIRCULAR

This is to inform that 1<sup>st</sup> Internal Theory Examination for IR batch is scheduled on the following dates.

Question Paper to be submitted through E-mail: [examwingminds@gmail.com](mailto:examwingminds@gmail.com), on or before **04.07.2022**

Regular Classes are scheduled from 11.30 am as per the Time Table for all the students on the days of Examination.

Mark list of the same should be submitted at Principal Office on or before 30.07.2022.

Date	Day	Final BDS	3 <sup>rd</sup> BDS	2 <sup>nd</sup> BDS
14.07.2022	Thursday	Public Health Dentistry		General Pathology
15.07.2022	Friday	Periodontics		Microbiology
16.07.2022	Saturday	Orthodontics		Pharmacology
18.07.2022	Monday	Oral Medicine and Radiol ogy		Dental Materials
19.07.2022	Tuesday	Oral Surgery	Oral Pathology	
20.07.2022	Wednesday	Conservative Dentistry	General Medicine	
21.07.2022	Thursday	Prosthodontics	General Surgery	
22.07.2022	Friday	Paedodontics		

Copy to:

Chairman  
Vice Principal  
Concerned Departments  
Admin Manager  
Student Cell  
IQAC



  
DR. ANIL K  
PRINCIPAL  
Principal  
Mahe Institute of Dental Sciences & Hosp  
MAHE





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U.T. of Puducherry. Ph : 0490 2337765

**Department of General Anatomy**  
**Third Internal Examination**  
**1st Year BDS Regular batch 2022-23**

S.No	Reg No	Student Name	Theory				Practical
			Theory Mark	MCQS	Viva	Total Mark	
1.	22BDS01	ABHINAV ANAND	17	9	14	40	35
2.	22BDS02	ADIL MUBARAK	21	14	14	49	40
3.	22BDS03	ADHITHYA JEES	21	11	8	40	32
4.	22BDS04	AKASH A	13	3	10	26	22
5.	22BDS05	AKSHAYA R	7	9		16	0
6.	22BDS06	ALAN SHARON JOHN	22	11	12	45	37
7.	22BDS07	ALISHA P SEBASTIAN	27	12	14	53	35
8.	22BDS08	AMRITHA SUJITH	8	11	8	27	29
9.	22BDS09	ANUPRIYA S NAIR	10	8	8	26	33
10.	22BDS10	ANUSREE A E	9	8	10	27	27
11.	22BDS11	ANZA FATHIMA	1	6	10	17	21
12.	22BDS12	APARNA SINI	16	11	8	35	27
13.	22BDS13	ASMA SHERIN K M	32	11	12	55	39
14.	22BDS14	BHAVISHA MOHAN	18	12	10	40	34
15.	22BDS15	CHANDANA PRASAD	18	7		25	0
16.	22BDS16	CHINJU THRESSA ANTONY	14	10	8	32	29
17.	22BDS17	FAHIMA	23	12	14	49	37
18.	22BDS18	FATHIMA FIDA ABDURAHMAN	18	13	13	44	52
19.	22BDS19	FATHIMA FIDA K	6	6	10	22	41



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			29	12	15	56	42
20.	22BDS20	FATHIMA K T					
21.	22BDS21	FATHIMA RASHEED P A	14	14	11	39	57
22.	22BDS22	FATHIMA S	32	11	14	57	58
23.	22BDS23	FATHIMA SHADALIYA P	4	6	8	18	40
24.	22BDS24	FATHIMATH SHAHAZA	13	8	14	35	41
25.	22BDS25	FATHIMATHUL AMANA P M	17	9	10	36	31
26.	22BDS26	FAYANA RAFI P A	15	5	10	30	29
27.	22BDS27	FIDA SHERIN A M	18	13	17	48	58
28.	22BDS28	FIDHA V	9	13	14	36	58
29.	22BDS29	GOKUL GOPINATH	22	8	8	38	22
30.	22BDS30	HAMDA SHAHZADI	23	12	14	49	51
31.	22BDS31	HARANYA ANEESH	26	9	10	45	34
32.	22BDS32	HINASHREE	33	15	17	65	70
33.	22BDS33	HUSNA UBANA	12	11	5	28	23
34.	22BDS34	KARUNYA LOUIES	18	8	13	39	37
35.	22BDS35	KIRUBHA LOUIES	17	10	10	37	32
36.	22BDS36	KISHOR RAJKUMAR	20	10	15	45	44
37.	22BDS37	LEMI S	22	9	15	46	53
38.	22BDS38	MUFEED MUSTHAF A	38	10	15	63	43
39.	22BDS39	MUHAMMED NABEEH P			12	12	44
40.	22BDS40	MUKESHKUMARAN S	18	7	10	35	41
41.	22BDS41	NAFEESA SUHA	34	22	17	73	68
42.	22BDS42	NAJIYA NASRIN P P	18	10	10	38	39
43.	22BDS43	NANDANA M P	18	10	10	38	42
44.	22BDS44	NANDANA O	20	14	10	44	35
45.	22BDS45	NETHA FAROOK	32	15	14	61	60



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			40	17	19	76	69
46.	22BDS46	NETRA NANDHANA					
47.	22BDS47	P A ALIYA FARHATH	21	11	15	47	59
48.	22BDS48	POOJA SURESH	18	7	10	35	52
49.	22BDS49	POURNNAMY JAYAN	18	11	12	41	47
50.	22BDS50	PUVISHAA	10	9	10	29	49
51.	22BDS51	SAFA	28	14	16	58	67
52.	22BDS52	SAJINIMOL B SAJI	10	8	15	33	33
53.	22BDS53	SANA ANSAR	13	13	17	43	45
54.	22BDS54	SANA FATHIMA V P	17	10	15	42	34
55.	22BDS55	SHADWALA C M	0	0	0	0	0
56.	22BDS56	SHAHANA SHERIN	7	7	15	29	38
57.	22BDS57	SHAMNA SHERIN V K	29	13	15	57	27
58.	22BDS58	SHARON S GEORGE	20	14	15	49	32
59.	22BDS59	SHEZA NOUREEN	17	15	17	49	45
60.	22BDS60	SHIMNA SHERIN	22	9	16	47	48
61.	22BDS61	SNEHA KRISHNA	0	5	2	7	11
62.	22BDS62	SRI GHAYATHRI M G	6	8	12	26	33
63.	22BDS63	SRUTHAKEERTHI S S	15	14	16	45	59
64.	22BDS64	SUDARSANA PRASANTH	23	12	15	50	49
65.	22BDS65	SWATHI UDESH	5	6	10	21	40
66.	22BDS66	THIRUVENKATESWARAN M	4	7	10	21	27
67.	22BDS67	VAISHAKH E V	6	3	17	26	28
68.	22BDS68	VARNA SANTHOSH	7	9	15	31	36

*Signature*

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**Department of Oral Pathology & Microbiology**

**Third Internal Examination**

**Third Year BDS Regular batch 2022-23**

S.no	Student Name	Reg No	Theory				Practical
			Theory Mark	MCQS	Viva	Total	
1	ABHIRAMI.A.B	20DS0201	13	17	12	42	44
2	ADITHYA SAGAR.R.S	20DS0203	24	18	10	52	42
3	ADLA NADEER	20DS0204	25	19	16	60	56
4	AFNA FATHIMA	20DS0205	22	21	14	57	51
5	AKHILA.B	20DS0207	33	20	16	69	50
6	AKHILA SURENDRAN	20DS0208	17	17	13	47	33
7	ALEENA SHAJI	20DS0209	28	18	15	61	50
8	AMAYA ANIL KUMAR	20DS0211	21	19	12	52	50
9	ANURRAGHA PRIYA.K	20DS0212	20	16	14	50	46
10	P.R.APARNA	20DS0265	24	22	14	60	50
11	ARADHANA SIVAKUMAR	20DS0213	11	15	10	36	44
12	ASHITHA.A	20DS0215	25.5	20	15	60.5	46
13	ASWATHY.T.L	20DS0217	19	16	12	47	48
14	ASWINI THARAYIL	20DS0219	17	17	14	48	49
15	ATHIRA.P.NAIR	20DS0220	12	15	10	37	41
16	BALARAMAN.G	20DS0221	15	12	10	37	26
17	BASIM SHAD.K.K	20DS0222	22	16	14	52	48
18	CHAARUMATHY.L	20DS0223	18	14	12	44	42
19	DESMIN JAISON	20DS0225	23	16	14	53	56
20	A.DEVIPRIYA	20DS0200	27	17	14	58	42
21	DHARSHIKA.V	20DS0226	24	20	13	57	50
22	DUA FATHIMA.K.V	20DS0227	17	20	13	50	53
23	FATHIMA.U.M	20DS0231	18	16	13	47	55
24	FATHIMATHU FIZA.K.P	20DS0232	22	20	14	56	52
25	FATHIMATHUL FAHADA	20DS0234	31	20	16	67	56
26	GEETHIKA SAJEEV	20DS0236	25	18	14	57	62
27	GOUTHAM GOKUL.K.V	20DS0237	13	13	12	38	47
28	HANNAH THOMAS	20DS0238	32.5	20	14	66.5	55
29	HENNA.K	20DS0239	31	24	15	70	54
30	HIBA HAMZA	20DS0240	28	22	13	63	50
31	HIBA MUHAMMED	20DS0241	31	17	13	61	53
32	HRIDHYA RAMESH.P	20DS0242	29	14	14	57	52
33	IBTHISAM	20DS0243	28	17	14	59	47
34	IREEN BABU	20DS0244	29	18	14	61	47
35	IRFANA	20DS0245	33	22	14	69	52
36	JENNA PARVEEN	20DS0246	20	19	14	53	52
37	JINCY JOSEPH	20DS0247	33	21	14	68	51
38	KRISHNA PRIYA.K.S	20DS0251	14	17	13	44	60



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39	MADHUVANDHLM	20DS0252	25.5	22	13	60.5	52
40	MIRAN ABDUL KHADER	20DS0253	22.5	16	13	51.5	30
41	MIRDHULA K	20DS0254	31	24	14	69	59
42	MOHANARANGAN ALIAS VIDYADHAR.S	20DS0255	27.5	18	13	58.5	56
43	MUHAMMED ASEEM	20DS0257	7.5	20	13	40.5	16
44	MUHAMMED IJAZ A.P	20DS0258	8	19	13	40	19
45	K.NAGANANDHINI	20DS0248	28.5	20	13	61.5	59
46	NANDHANA R.S	20DS0260	22.5	19	13	54.5	48
47	NAVYA KEERTHI T.K	20DS0261	24	18	13	55	6
48	NEHLA NAJEEB	20DS0262	24.5	20	13	57.5	57
49	NIMA NIHALA.P.K	20DS0263	12.5	13	0	25.5	0
50	PARVATHI A.K	20DS0266	27	19	14	60	48
51	PARVATHY MANOJ	20DS0267	31	19	15	65	45
52	PEMMADI GOVALAKSHMI	20DS0269	24.5	15	14	53.5	31
53	POOJA PATEL P	20DS0271	25.5	19	13	57.5	50
54	P.PRASANNA DEVI	20DS0264	22	19	14	55	52
55	R.PRITHIMA	20DS0272	24	17	13	54	25
56	RAHFA ISMAIL	20DS0273	22	18	12	52	44
57	RAHUL KRISHNA	20DS0274	21.5	15	10	46.5	34
58	RASHA K	20DS0275	26	16	12	54	57
59	RATHESHA.S	20DS0276	25.5	20	14	59.5	54
60	RIDA JAVAD	20DS0277	26.5	22	15	63.5	56
61	RIJI.K.V	20DS0278	25.5	19	15	59.5	50
62	G.ROHITH	20DS0235	19.5	18	11	48.5	34
63	SELVAKANI AMUDHAN.N	20DS0281	26.5	15	10	51.5	17
64	SHAHNA.T	20DS0282	30.5	19	14	63.5	60
65	SHAMEEMA AFRAH	20DS0283	26.5	19	14	59.5	59
66	SHAMIN.R	20DS0284	25	19	15	59	47
67	SHANA	20DS0285	30	19	16	65	49
68	E.SNEHA	20DS0228	17	22	14	53	46
69	SNEHAL SHAJITH	20DS0286	23.5	16	13	52.5	53
70	SONAL K SURESH	20DS0287	21.5	19	15	55.5	54
71	K.SRIVAIDHYA	20DS0249	24	16	11	51	33
72	SRUTHY.K.S	20DS0288	21	8	14	43	30
73	SUHAIL	20DS0289	21.5	15	12	48.5	45
74	SWARNAMALYA.G	20DS0290	22.5	21	13	56.5	45
75	SWATHI.S	20DS0291	19.5	23	10	52.5	54
76	SWETHA.R	20DS0292	22.5	17	10	49.5	46
77	SWETHA.S	20DS0293	25.5	15	10	50.5	46
78	UMMUKULSU.P.K	20DS0294	18.5	15	10	43.5	24
79	S.VENKATESAN	20DS0280	20.5	18	10	48.5	44
80	VISHWA PRIYA.S	20DS0295	28	19	13	60	28
81	YAMUNA.D	20DS0296	15.5	19	13	47.5	30
82	YUVASREE.V	20DS0297	26	22	15	63	47
83	ZAHIRA KHANUM	20DS0298	11	16	12	39	45
84	DAYA KRISHNA.K.M	19DS0220	21	17	14	52	0
85	JANANIE.B	19DS0240	25.5	18	14	57.5	49



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86	KAVYASREE.V	19DS0242	19.5	14	10	43.5	35
87	NAMADHARAK SAI KOTTESWARAN.P.S	19DS0251	25	15	13	53	27
88	RINSHA.K.T	19DS0269	23.5	14	0	37.5	30
89	ABHIRAMI SANTHOSH	19DS0201	21	18	11	50	46
90	ANJU.A.BABU	19DS0211	8	16	0	24	51
91	ANUJA.R	19DS0212	23	15	14	52	40
92	ARCHANA RAJEEV	19DS0215	15	13	10	38	42
93	FABY ASHRAF	19DS0226	13	12	13	38	44
94	JAMAIMA FIROZ	19DS0239	14.5	15	12	41.5	50
95	SHAHADA RASHEED	19DS0280	0	0	0	0	0

for Pot  
*[Signature]*





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**Department of General Anatomy**  
**Second Internal Examination**  
**1st Year BDS Regular batch 2022-23**

S.No	Reg No	Student Name	Theory				Practical
			Theory Mark	MCQS	Viva	Total Mark	
1.	22BDS01	ABHINAV ANAND	26	9	10	45	45
2.	22BDS02	ADIL MUBARAK	21	12	17	50	65
3.	22BDS03	ADHITHYA JEES	26	9	10	45	45
4.	22BDS04	AKASH A	29	6	10	45	45
5.	22BDS05	AKSHAYA R	20	10	17	47	67
6.	22BDS06	ALAN SHARON JOHN	25	7	15	47	57
7.	22BDS07	ALISHA P SEBASTIAN	20	12	15	47	63
8.	22BDS08	AMRITHA SUJITH	21	10	15	46	59
9.	22BDS09	ANUPRIYA S NAIR	20	8	17	45	0
10.	22BDS10	ANUSREE A E	22	12	13	47	57
11.	22BDS11	ANZA FATHIMA	22	10	13	45	47
12.	22BDS12	APARNA SINI	11	6	12	29	45
13.	22BDS13	ASMA SHERIN K M	28	10	14	52	65
14.	22BDS14	BHAVISHA MOHAN	20	11	14	45	53
15.	22BDS15	CHANDANA PRASAD	26	9	13	48	57
16.	22BDS16	CHINJU THRESSA ANTONY	20	11	14	45	55
17.	22BDS17	FAHIMA	20	15	18	53	71
18.	22BDS18	FATHIMA FIDA ABDURAHMAN	23	7	15	45	63
19.	22BDS19	FATHIMA FIDA K.	7	8	10	25	45



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20.	22BDS20	FATHIMA K T	25	10	10	45	45
21.	22BDS21	FATHIMA RASHEED P A	20	14	11	45	51
22.	22BDS22	FATHIMA S	23	11	13	47	63
23.	22BDS23	FATHIMA SHADALIYA P	12	8	13	33	55
24.	22BDS24	FATHIMATH SHAHAZA	23	10	12	45	61
25.	22BDS25	FATHIMATHUL AMANA P M	20	10	15	45	61
26.	22BDS26	FAYANA RAFI P A	26	7	12	45	49
27.	22BDS27	FIDA SHERIN A M	28	4	13	45	63
28.	22BDS28	FIDHA V	27	8	10	45	63
29.	22BDS29	GOKUL GOPINATH	23	8	14	45	61
30.	22BDS30	HAMDA SHAHZADI	25	7	15	47	59
31.	22BDS31	HARANYA ANEESH	24	11	10	45	45
32.	22BDS32	HINASHREE	27	13	16	56	61
33.	22BDS33	HUSNA UBANA	24	9	12	45	57
34.	22BDS34	KARUNYA LOUIES	19	13	14	46	55
35.	22BDS35	KIRUBHA LOUIES	24	8	13	45	45
36.	22BDS36	KISHOR RAJKUMAR	24	9	12	45	51
37.	22BDS37	LEMI S	23	10	14	47	58
38.	22BDS38	MUFEED MUSTHafa	22	8	15	45	63
39.	22BDS39	MUHAMMED NABEEH P	19	12	14	45	51
40.	22BDS40	MUKESHKUMARAN S	25	7	13	45	51
41.	22BDS41	NAFEESA SUHA	31	19	16	66	69
42.	22BDS42	NAJIYA NASRIN P P	23	9	13	45	47
43.	22BDS43	NANDANA M P	25	5	15	45	51
44.	22BDS44	NANDANA O	22	8	15	45	59
45.	22BDS45	NETHA FAROOK	23	7	15	45	61





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			30	17	18	65	75
46.	22BDS46	NETRA NANDHANA					
47.	22BDS47	P A ALIYA FARHATH	21	13	16	50	61
48.	22BDS48	POOJA SURESH	21	8	16	45	61
49.	22BDS49	POURNNAMY JAYAN	22	11	17	50	73
50.	22BDS50	PUVISHAA	21	9	17	47	63
51.	22BDS51	SAFA	25	13	17	55	75
52.	22BDS52	SAJINIMOL B SAJI	23	8	14	45	49
53.	22BDS53	SANA ANSAR	25	8	13	46	60
54.	22BDS54	SANA FATHIMA V P	21	14	13	48	53
55.	22BDS55	SHADWALA C M	23	8	14	45	55
56.	22BDS56	SHAHANA SHERIN	23	8	14	45	53
57.	22BDS57	SHAMNA SHERIN V K	22	10	13	45	55
58.	22BDS58	SHARON S GEORGE	22	10	13	45	51
59.	22BDS59	SHEZA NOUREEN	24	8	13	45	47
60.	22BDS60	SHIMNA SHERIN	26	6	13	45	53
61.	22BDS61	SNEHA KRISHNA				0	0
62.	22BDS62	SRI GHAYATHRI M G	28	5	12	45	45
63.	22BDS63	SRUTHAKEERTHI S S	18	13	15	46	59
64.	22BDS64	SUDARSANA PRASANTH	21	10	15	46	57
65.	22BDS65	SWATHI UDESH	23	5	12	40	45
66.	22BDS66	THIRUVENKATESWARAN M	17	6	12	35	45
67.	22BDS67	VAISHAKH E V	25	7	13	45	51
68.	22BDS68	VARNA SANTHOSH	23	8	14	45	63



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**Department of Oral Pathology & Microbiology**

**Second Internal Examination**

**Third Year BDS Regular batch 2022-23**

S.no	Student Name	Reg No	Theory				Practical
			Theory Mark	MCQS	Viva	Total	
1	ABHIRAMI.A.B	20DS0201	21.00	9.00	11.00	41.00	42.00
2	ADITHYA SAGAR.R.S	20DS0203	22.00	7.00	12.00	41.00	57.00
3	ADLA NADEER	20DS0204	29.00	12.00	15.00	56.00	57.00
4	AFNA FATHIMA	20DS0205	29.50	11.00	0.00	40.50	0.00
5	AKHILA.B	20DS0207	27.50	16.00	15.00	58.50	58.00
6	AKHILA SURENDRAN	20DS0208	25.50	7.00	13.00	45.50	39.00
7	ALEENA SHAJI	20DS0209	27.00	12.00	15.00	54.00	61.00
8	AMAYA ANIL KUMAR	20DS0211	26.00	9.00	15.00	50.00	58.00
9	ANURRAGHA PRIYA.K	20DS0212	29.50	15.00	13.00	57.50	56.00
10	P.R.APARNA	20DS0265	25.50	11.00	15.00	51.50	49.00
11	ARADHANA SIVAKUMAR	20DS0213	17.50	8.00	10.00	35.50	51.00
12	ASHITHA.A	20DS0215	29.00	11.00	14.00	54.00	52.00
13	ASWATHY.T.L	20DS0217	32.00	8.00	12.00	52.00	56.00
14	ASWINI THARAYIL	20DS0219	29.50	9.00	12.00	50.50	56.00
15	ATHIRA.P.NAIR	20DS0220	14.50	13.00	10.00	37.50	54.00
16	BALARAMAN.G	20DS0221	16.50	11.00	10.00	37.50	15.00
17	BASIM SHAD.K.K	20DS0222	24.50	13.00	10.00	47.50	49.00
18	CHAARUMATHY.L	20DS0223	22.00	13.00	12.00	47.00	45.00
19	DESMIN JAISON	20DS0225	19.00	11.00	15.00	45.00	0.00
20	A.DEVIPRIYA	20DS0200	22.00	8.00	12.00	42.00	46.00
21	DHARSHIKA.V	20DS0226	22.00	9.00	12.00	43.00	54.00
22	DUA FATHIMA.K.V	20DS0227	25.00	7.00	17.00	49.00	65.00
23	FATHIMA.U.M	20DS0231	23.00	13.00	10.00	46.00	55.00
24	FATHIMATHU FIZA.K.P	20DS0232	23.00	11.00	13.00	47.00	43.00
25	FATHIMATHUL FAHADA	20DS0234	27.00	15.00	10.00	52.00	68.00
26	GEETHIKA SAJEEV	20DS0236	23.00	13.00	18.00	54.00	66.00
27	GOUTHAM GOKUL.K.V	20DS0237	11.00	8.00	0.00	19.00	0.00
28	HANNAH THOMAS	20DS0238	25.00	13.00	17.00	55.00	68.00
29	HENNA.K	20DS0239	23.00	13.00	15.00	51.00	69.00
30	HIBA HAMZA	20DS0240	31.00	11.00	14.00	56.00	67.00
31	HIBA MUHAMMED	20DS0241	29.00	11.00	10.00	50.00	65.00
32	HRIDHYA RAMESHP	20DS0242	14.00	7.00	14.00	35.00	43.00
33	IBTHISAM	20DS0243	30.50	12.00	12.00	54.50	56.00
34	IREEN BABU	20DS0244			12.00	12.00	45.00
35	IRFANA	20DS0245	33.00	14.00	15.00	62.00	63.00
36	JENNA PARVEEN	20DS0246	18.00	9.00	14.00	41.00	58.00
37	JINCY JOSEPH	20DS0247	30.00	14.00	14.00	58.00	67.00
38	KRISHNA PRIYA.K.S	20DS0251	19.00	5.00	12.00	36.00	62.00

*Handwritten signature and date in red ink.*



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39	MADHUVANDHILM	20DS0252	29.00	9.00	12.00	50.00	60.00
40	MIRAN ABDUL KHADER	20DS0253	23.00	13.00	12.00	48.00	45.00
41	MIRDHULA K	20DS0254	32.00	16.00	13.00	61.00	74.00
42	MOHANARANGAN ALIAS VIDYADHAR.S	20DS0255	31.00	12.00	14.00	57.00	58.00
43	MUHAMMED ASEEM	20DS0257	21.50	11.00	13.00	45.50	21.00
44	MUHAMMED IJAZ.A.P	20DS0258	7.00	9.00	8.00	24.00	15.00
45	K.NAGANANDHINI	20DS0248	29.00	15.00	14.00	58.00	61.00
46	NANDHANA R.S	20DS0260	31.00	10.00	14.00	55.00	55.00
47	NAVYA KEERTHI.T.K	20DS0261	18.50	9.00	12.00	39.50	21.00
48	NEHLA NAJEEB	20DS0262	22.50	11.00	12.00	45.50	64.00
49	NIMA NIHAL.A.P.K	20DS0263	19.00	7.00	12.00	38.00	28.00
50	PARVATHI.A.K	20DS0266	26.00	10.00	12.00	48.00	63.00
51	PARVATHY MANOJ	20DS0267	29.50	12.00	12.00	53.50	61.00
52	PEMMADI GOVALAKSHMI	20DS0269	27.50	9.00	12.00	48.50	56.00
53	POOJA PATEL.P	20DS0271	20.50	9.00	13.00	42.50	56.00
54	P.PRASANNA DEVI	20DS0264	29.00	15.00	16.00	60.00	67.00
55	R.PRITHIMA	20DS0272	25.50	13.00	12.00	50.50	56.00
56	RAHFA ISMAIL	20DS0273	9.50	14.00	12.00	35.50	53.00
57	RAHUL KRISHNA	20DS0274	27.50	10.00	11.00	48.50	45.00
58	RASHA K	20DS0275	31.00	9.00	16.00	56.00	43.00
59	RATHESHA S	20DS0276	32.50	16.00	17.00	65.50	54.00
60	RIDA JAVAD	20DS0277	21.00	15.00	15.00	51.00	65.00
61	RIJK.V	20DS0278	24.50	14.00	10.00	48.50	51.00
62	G.ROHITH	20DS0235	15.00	12.00	14.00	41.00	20.00
63	SELVAKANI AMUDHAN.N	20DS0281	18.50	9.00	12.00	39.50	19.00
64	SHAHNA.T	20DS0282	27.50	11.00	14.00	52.50	56.00
65	SHAMEEMA AFRAH	20DS0283	26.00	14.00	14.00	54.00	54.00
66	SHAMINI.R	20DS0284	22.50	14.00	12.00	48.50	45.00
67	SHANA	20DS0285	25.00	13.00	14.00	52.00	47.00
68	E.SNEHA	20DS0228	23.00	10.00	12.00	45.00	61.00
69	SNEHAL SHAJITH	20DS0286	28.50	13.00	14.00	55.50	71.00
70	SONAL.K.SURESH	20DS0287	24.00	11.00	13.00	48.00	39.00
71	K.SRIVAIDHYA	20DS0249	17.00	9.00	10.00	36.00	30.00
72	SRUTHY.K.S	20DS0288	16.00	9.00	12.00	37.00	13.00
73	SUHAIL	20DS0289	22.50	10.00	13.00	45.50	55.00
74	SWARNAMALYA.G	20DS0290	19.00	11.00	15.00	45.00	47.00
75	SWATHI.S	20DS0291	19.50	13.00	14.00	46.50	52.00
76	SWETHA.R	20DS0292	23.00	11.00	12.00	46.00	47.00
77	SWETHA.S	20DS0293	30.00	11.00	10.00	51.00	48.00
78	UMMUKULSU.P.K	20DS0294	14.50	9.00	10.00	33.50	43.00
79	S.VENKATESAN	20DS0280	24.50	8.00	10.00	42.50	33.00
80	VISHWA PRIYA.S	20DS0295	24.50	14.00	14.00	52.50	51.00
81	YAMUNA.D	20DS0296	17.00	8.00	14.00	39.00	45.00
82	YUVASREE.V	20DS0297	33.00	15.00	13.00	61.00	50.00
83	ZAHIRA KHANUM	20DS0298	13.50	10.00	12.00	35.50	39.00
84	DAYA KRISHNA.K.M	19DS0220	28.00	10.00	14.00	52.00	40.00
85	JANANIE.B	19DS0240	19.00	11.00	12.00	42.00	45.00



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86	KAVYASREE V	19DS0242	17.00	10.00	14.00	41.00	45.00
87	NAMADHARAK SAI KOTTESWARAN P S	19DS0251	22.50	13.00	13.00	48.50	27.00
88	RINSHA K T	19DS0269	23.50	9.00	10.00	42.50	4.00
89	ABHIRAMI SANTHOSH	19DS0201	17.50	10.00	14.00	41.50	51.00
90	ANJU A BABU	19DS0211	29.00	9.00	12.00	50.00	53.00
91	ANUJA R	19DS0212	21.50	11.00	0.00	32.50	0.00
92	ARCHANA RAJEEV	19DS0215	23.00	14.00	11.00	48.00	47.00
93	FABY ASHRAF	19DS0226	15.00	9.00	10.00	34.00	38.00
94	JAMAIMA FIROZ	19DS0239	14.00	11.00	11.00	36.00	40.00
95	SHAHADA RASHEED	19DS0280	20.50	8.00	12.00	40.50	37.00

*For Head*  
*Dr. Reshma*





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**Department of General Anatomy**  
**First Internal Examination**  
**1st Year BDS Regular batch 2022-23**

S.No	Reg No	Student Name	Theory				Practical
			Theory Mark	MCQS	Viva	Total Mark	
1.	22BDS01	ABHINAV ANAND	19	12	14	45	36
2.	22BDS02	ADIL MUBARAK	16	18	16	50	47
3.	22BDS03	ADHITHYA JEES	14	17	12	43	49
4.	22BDS04	AKASH A	7	5	8	20	27
5.	22BDS05	AKSHAYA R	6	7	17	30	63
6.	22BDS06	ALAN SHARON JOHN	16	12	17	45	63
7.	22BDS07	ALISHA P SEBASTIAN	15	12	18	45	54
8.	22BDS08	AMRITHA SUJITH	10	9	15	34	58
9.	22BDS09	ANUPRIYA S NAIR	13	10	17	40	71
10.	22BDS10	ANUSREE A E	10	9	15	34	49
11.	22BDS11	ANZA FATHIMA	15	7	17	39	61
12.	22BDS12	APARNA SINI	17	8	15	40	49
13.	22BDS13	ASMA SHERIN K M	28	16	13	57	50
14.	22BDS14	BHAVISHA MOHAN	13	12	16	41	47
15.	22BDS15	CHANDANA PRASAD	21	13	18	52	65
16.	22BDS16	CHINJU THRESSA ANTONY	17	11	17	45	50
17.	22BDS17	FAHIMA	17	14	18	49	56
18.	22BDS18	FATHIMA FIDA ABDURAHMAN	14	12	14	40	47
19.	22BDS19	FATHIMA FIDA K	16	7	17	40	50



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Sl. No.	Roll No.	Name	1	2	3	4	5
20.	22BDS20	FATHIMA K T	14	10	16	40	45
21.	22BDS21	FATHIMA RASHEED P A	21	10	16	47	47
22.	22BDS22	FATHIMA S	14	15	16	45	59
23.	22BDS23	FATHIMA SHADALIYA P	16	8	16	40	47
24.	22BDS24	FATHIMATH SHAHAZA	17	14	17	48	48
25.	22BDS25	FATHIMATHUL AMANA P M	18	11	16	45	47
26.	22BDS26	FAYANA RAFI P A	12	11	17	40	49
27.	22BDS27	FIDA SHERIN A M	17	15	17	49	56
28.	22BDS28	FIDHA V	22	19	16	57	57
29.	22BDS29	GOKUL GOPINATH	19	9	17	45	49
30.	22BDS30	HAMDA SHAHZADI	18	12	15	45	65
31.	22BDS31	HARANYA ANEESH	17	12	16	45	54
32.	22BDS32	HINASHREE	27	15	17	59	65
33.	22BDS33	HUSNA UBANA	9	14	17	40	58
34.	22BDS34	KARUNYA LOUIES	12	10	14	36	40
35.	22BDS35	KIRUBHA LOUIES	9	6	15	30	47
36.	22BDS36	KISHOR RAJKUMAR	16	15	17	48	56
37.	22BDS37	LEMI S	16	11	18	45	54
38.	22BDS38	MUFEED MUSTHAF A	18	12	16	46	50
39.	22BDS39	MUHAMMED NABEEH P	18	6	16	40	49
40.	22BDS40	MUKESHKUMARAN S	9	10	15	34	49
41.	22BDS41	NAFEESA SUHA	31	13	17	61	54
42.	22BDS42	NAJIYA NASRIN P P	8	7	14	29	45
43.	22BDS43	NANDANA M P	11	9	15	35	45
44.	22BDS44	NANDANA O	19	10	16	45	45



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45.	22BDS45	NETHA FAROOK	18	16	17	51	58
46.	22BDS46	NETRA NANDHANA	30	19	19	68	61
47.	22BDS47	P A ALIYA FARHATH	18	10	17	45	50
48.	22BDS48	POOJA SURESH	16	14	15	45	49
49.	22BDS49	POURNNAMY JAYAN	18	11	14	43	54
50.	22BDS50	PUVISHAA	9	11	14	34	61
51.	22BDS51	SAFA	25	12	18	55	72
52.	22BDS52	SAJINIMOL B SAJI	18	8	14	40	45
53.	22BDS53	SANA ANSAR			14	14	50
54.	22BDS54	SANA FATHIMA V P	12	5	14	31	50
55.	22BDS55	SHADWALA C M	21	18	17	56	56
56.	22BDS56	SHAHANA SHERIN	19	17	17	53	58
57.	22BDS57	SHAMNA SHERIN V K	20	13	16	49	49
58.	22BDS58	SHARON S GEORGE	15	12	17	44	63
59.	22BDS59	SHEZA NOUREEN	17	14	17	48	50
60.	22BDS60	SHIMNA SHERIN	14	18	15	47	47
61.	22BDS61	SNEHA KRISHNA	0	0	0	0	0
62.	22BDS62	SRI GHAYATHRI M G	3	7	12	22	40
63.	22BDS63	SRUTHAKEERTHI S S	22	15	17	54	58
64.	22BDS64	SUDARSANA PRASANTH	20	19	14	53	54
65.	22BDS65	SWATHI UDESH	6	9	12	27	41
66.	22BDS66	THIRUVENKATESWARAN M	5	5	12	22	52
67.	22BDS67	VAISHAKH E V	2	6	10	18	40
68.	22BDS68	VARNA SANTHOSH	6	4	0	10	0



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**Department of Oral Pathology & Microbiology**

**First Internal Examination**

**Third Year BDS Regular batch 2022-23**

S.no	Student Name	Reg No	Theory				Practical
			Theory Mark	MCQS	Viva	Total	
1	ABHIRAMI.A.B	20DS0201	11	14	10	35	25
2	ADITHYA RAMESH	20DS0202				0	0
3	ADITHYA SAGAR.R.S	20DS0203	17	11	10	38	39
4	ADLA NADEER	20DS0204	17	14	10	41	52
5	AFNA FATHIMA	20DS0205	21	13	14	48	50
6	AKASH.S.BJU	20DS0206				0	0
7	AKHILA.B	20DS0207	23	16	14	53	67
8	AKHILA SURENDRAN	20DS0208	10	12	12	34	37
9	ALEENA SHAJI	20DS0209	27	11	14	52	63
10	AMAYA ANIL KUMAR	20DS0211	20	12	10	42	53
11	ANURRAGHA PRIYA.K	20DS0212	20	12	10	42	36
12	P.R.APARNA	20DS0265	24	12	14	50	36
13	ARADHANA SIVAKUMAR	20DS0213	17	11	12	28	19
14	ASHITHA.A	20DS0215	28	10	10	48	48
15	ASWATHY.T.L	20DS0217	24	10	11	45	31
16	ASWINI THARAYIL	20DS0219	29	14	8	51	51
17	ATHIRA P.NAIR	20DS0220	18	11	8	37	22
18	BALARAMAN.G	20DS0221	9	9	10	28	13
19	BASIM SHAD. K.K	20DS0222	23	9	8	40	18
20	CHAARUMATHY.L	20DS0223	21	7	8	36	25
21	DAISY.C	20DS0224				0	0
22	DESMIN JAISON	20DS0225	21	10	14	45	45
23	A.DEVIPRIYA	20DS0200	18	18	12	48	24
24	DHARSHIKA.V	20DS0226	22	13	10	45	39
25	DUA FATHIMA.K.V	20DS0227	16	13	16	45	31
26	FATHIMA.U.M	20DS0231	17	11	10	38	43
27	FATHIMATHU FIZA.K.P	20DS0232	25	12	10	47	38
28	FATHIMATHU SAFAH	20DS0233					0
29	FATHIMATHUL FAHADA	20DS0234	32	13	14	59	49
30	GEETHIKA SAJEEV	20DS0236	20	14	16	50	21
31	GOUTHAM GOKUL.K.V	20DS0237	5	9	0	14	0
32	HANNAH THOMAS	20DS0238	23	13	16	52	60
33	HENNA.K	20DS0239	27	15	14	56	58
34	HIBA HAMZA	20DS0240	23	13	12	48	63
35	HIBA MUHAMMED	20DS0241	26	13	12	51	56
36	HRIDHYA RAMESH.P	20DS0242	23	13	12	48	25
37	IBTHISAM	20DS0243	28	11	12	51	47
38	IREEN BABU	20DS0244	24	15	13	52	34





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39	IRFANA	20DS0245	34	14	14	62	60
40	JENNA PARVEEN	20DS0246	25	11	12	48	39
41	JINCY JOSEPH	20DS0247	28	15	14	57	52
42	S.KAVIYA PRIYA	20DS0279					
43	KEERTHANA.S	20DS0250					
44	KRISHNA PRIYA.K.S	20DS0251	21	15	10	46	53
45	MADHUVANDHILM	20DS0252	27	8	10	45	45
46	MIRAN ABDUL KHADER	20DS0253	16	13	16	45	29
47	MIRDHULA.K	20DS0254	29	20	16	65	53
48	MOHANARANGAN ALIAS VIDYADHAR.S	20DS0255	25	12	10	47	45
49	MUHAMMED AL SHAMEEL.M	20DS0256				0	0
50	MUHAMMED ASEEM	20DS0257	6	4	10	20	14
51	MUHAMMED IJAZ.A.P	20DS0258	10	11	13	34	20
52	MUHAMMED THAHA ABDUL RAFEEK	20DS0259				0	0
53	K.NAGANANDHINI	20DS0248	30	18	12	60	53
54	NANDHANA.R.S	20DS0260	18	11	12	41	46
55	NAVYA KEERTHI.T.K	20DS0261	16	8	0	24	0
56	NEHLA NAJEEB	20DS0262	19	13	10	42	36
57	NIMA NIHALA.P.K	20DS0263	14	14	8	36	45
58	PARVATHI.A.K	20DS0266	24	13	12	49	56
59	PARVATHY MANOJ	20DS0267	25	12	10	47	37
60	PEMMADI GOVALAKSHMI	20DS0269				0	21
61	PENUMAKA LIZA	20DS0270				0	0
62	POOJA PATEL.P	20DS0271	19	13	13	45	53
63	P.PRASANNA DEVI	20DS0264	20	13	12	45	59
64	R.PRITHIMA	20DS0272	17	8	12	37	47
65	RAHFA ISMAIL	20DS0273	9	9	10	28	37
66	RAHUL KRISHNA	20DS0274	21	16	10	47	37
67	RASHA K	20DS0275	16	11	10	37	32
68	RATHESHA.S	20DS0276	30	19	16	65	51
69	RIDA JAVAD	20DS0277	21	12	12	45	57
70	RIJK.V	20DS0278	22	17	12	51	49
71	G.ROHITH	20DS0235	4	10	6	20	14
72	SELVAKANI AMUDHAN.N	20DS0281			10	10	21
73	SHAHNA.T	20DS0282	20	7	10	37	56
74	SHAMEEMA AFRAH	20DS0283	19	14	12	45	53
75	SHAMINI.R	20DS0284	12	10	10	32	37
76	SHANA	20DS0285	24	14	12	50	50
77	E.SNEHA	20DS0228	14	11	12	37	41
78	SNEHAL SHAJITH	20DS0286	22	13	12	47	45
79	SONAL.K.SURESH	20DS0287	16	12	10	38	22
80	K.SRIVAIIDHYA	20DS0249	20	10	10	40	14
81	SRUTHY.K.S	20DS0288	18	7	12	37	23
82	SUHAIL	20DS0289	21	11	13	45	33
83	SWARNAMALYA.G	20DS0290	10	10	14	34	37



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U.T. of Puducherry. Ph : 0490 2337765

84	SWATHLS	20DS0291	19	16	12	47	45
85	SWETHA.R	20DS0292	17	10	14	41	27
86	SWETHA.S	20DS0293	11	10	8	29	28
87	UMMUKULSU.P.K	20DS0294	8	11	8	27	21
88	S.VENKATESAN	20DS0280	7	7	10	24	18
89	VISHWA PRIYA.S	20DS0295	16	12	12	40	49
90	YAMUNA.D	20DS0296	14	10	14	38	11
91	YUVASREE.V	20DS0297	21	13	11	45	49
92	ZAHIRA KHANUM	20DS0298	3	7	12	22	13
93	DAYA KRISHNA.K.M	19DS0220	24	10	8	42	43
94	JANANIE.B	19DS0240	23	11	8	42	37
95	KAVYASREE.V	19DS0242	13	9	12	34	27
96	NAMADHARAK SAI KOTTESWARAN.P.S	19DS0251	17	9	0	26	0
97	RINSHA.K.T	19DS0269	11	6	0	17	0
98	ABHIRAMI SANTHOSH	19DS0201	11	11	10	32	36
99	ANJU.A.BABU	19DS0211	18	11	12	41	29
100	ANUJA.R	19DS0212	7	5	12	24	28
101	ARCHANA RAJEEV	19DS0215	11	11	10	32	25
102	FABY ASHRAF	19DS0226	16	14	12	42	15
103	MUHAMMED SHAHAS	19DS0249				0	0
104	PRIYADHARRSHINI.C	19DS0261				0	0
105	JAMAIMA FIROZ	19DS0239	19	12	8	39	38
106	SHAHADA RASHEED	19DS0280	5	7	0	12	11

*2nd HOD*  
*P. S. Raju*  
*P. S. Raju*





**DEPARTMENT OF CONSERVATIVE DENTISTRY & ENDODONTICS**

**4<sup>TH</sup> YEAR IR BATCH**

SL.NO	NAME	1 <sup>st</sup> INTERNAL (90)	2 <sup>nd</sup> INTERNAL (90)	3 <sup>RD</sup> INTERNAL (90)
1	Anaga c.p	23	22	32
2	Aswathi P.R	29	13	30
3	Nikhitha	14	17	43
4	Prisalla Mercy	AB	23	33
5	Ramana R	21	24	27
6	Salmanul Farsi	17	20	30

  
Professor & H. O. D  
Department of Conservative & Endodontics  
Mahe Institute of Dental Sciences & Hospital  
Chalakkara, Mahe - 673 330  
Page 1 of 1

MAHE INSTITUTE OF DENTAL SCIENCES & HOSPITAL  
1<sup>st</sup> YEAR BDS - III<sup>rd</sup> INTERNAL ASSESSMENT EXAMINATION JULY - 2023  
HUMAN ANATOMY

TIME : 30 MINUTES

MAX MARK: 25

1. Maxillary Nerve passes through which of the following foramen?  
A. Foramen Ovale  
B. Foramen Rotundum  
C. Foramen Lacerum  
D. Foramen Spinosum
2. Superior root of Ansa Cervicalis is a branch of which of the following nerve?  
A. 9<sup>th</sup>  
B. 10<sup>th</sup>  
C. 11<sup>th</sup>  
D. 12<sup>th</sup>
3. Which of the following nerve runs within the Cavernous Sinus?  
A. 3<sup>rd</sup> Nerve  
B. 4<sup>th</sup> Nerve  
C. 5<sup>th</sup> Nerve  
D. 6<sup>th</sup> Nerve
4. Internal Jugular vein in a continuation of  
A. Subclavian vein  
B. Facial Vein  
C. Cavernous sinus  
D. Sigmoid sinus
5. Posterior continuation of Inferior Temporal line is known as  
A. Zygomatic Arch  
B. Root of Zygoma  
C. Supramastoid Crest  
D. None of The Above
6. Auriculotemporal nerve encircles which of the following artery  
A. Middle Meningial artery  
B. External Carotid artery  
C. Maxillary artery  
D. Superficial temporal artery
7. Which of the following is a branch of 3<sup>rd</sup> Part of Maxillary Artery?  
A. Deep Auricular  
B. Middle Meningeal  
C. Sphenopalatine  
D. Inferior Alveolar
8. Crista Galli gives attachment to which of the following structure?  
A. Diaphragma sellae  
B. Centorium cerebelli  
C. Falx cerebelli  
D. Falxcerebri
9. Floor of the pituitary fossa is related to which of the following structure?  
A. Ethmoidal Air Sinus  
B. Maxillary Air Sinus  
C. Sphenoidal Air Sinus  
D. Cavernous Sinus
10. Ciliary ganglion is topographically related to  
A. Lacrimal Nerve  
B. Optic Nerve  
C. Oculomotor Nerve  
D. Trochlear
11. Submandibular ganglion is topographically related to which of the following nerve?  
A. Inferior alveolar  
B. Lingual  
C. Maxillary  
D. Mandibular
12. Which of the following muscle divides the Submandibular Salivary Gland into 2 parts?  
A. Mylohyoid  
B. Posterior Belly of Diaphragic  
C. Stylohyoid  
D. Hyoglossus

MX 15

17

13. The term "Capacitation" refers to which of the following?

- A. Final maturation of ovum  
B. Formation of zygote  
C. Final maturation of spermatozoa  
D. Capacity for ovulation

14. Which of the following is the normal site of fertilization in the Uterine Tube?

- A. Infundibulum  
B. Intramural part  
C. Ampulla  
D. Isthmus

15. Which of the following nerve supply anterior belly of diaphragm muscle?

- A. Mylohyoid Nerve  
B. Mandibular Nerve  
C. Inferior alveolar Nerve  
D. Facial Nerve

16. Sphenoidal recess in the lateral wall of nose receives the opening of

- A. Maxillary sinus  
B. Sphenoidal sinus  
C. Ethmoidal sinus  
D. Frontal sinus

17. Superior Ophthalmic Vein terminates into which of the following?

- A. Facial vein  
B. Cavernous sinus  
C. Superior sagittal sinus  
D. Inferior sagittal sinus

18. Paralysis of Levator Palpebrae Superioris results in

- A. Exophthalmos  
B. Squint  
C. Nystagmus  
D. Ptosis

19. Acrosomal Cap in Spermatozoa contain the which following enzyme?

- A. Oxytocin  
B. Peroxidase  
C. Hyaluronidase  
D. Dehydrogenase

20. Which of the following structure lies deep to the Pterion?

- A. Middle Meningeal Artery  
B. Accessory Meningeal Artery  
C. Ophthalmic Artery  
D. None of The Above

21. Which of the following Nerve joins the Lingual nerve in the Infratemporal Fossa?

- A. Mylohyoid  
B. Auriculotemporal  
C. Chorda Tympani  
D. Buccal

22. Optic Canal transmits which of the following Artery?

- A. Central Artery of Retina  
B. Internal Carotid  
C. Maxillary  
D. Ophthalmic

23. Epistaxis is a clinical condition referring to which of the following?

- A. Excess Salivation  
B. Excess Bleeding from Nose  
C. Excess Lacrimation  
D. Excess Nasal Secretion

24. Process of Formation of Primitive Streak and Intraembryonic mesoderm is known as?

- A. Ovulation  
B. Gastrulation  
C. Neurulation  
D. Embryogenesis

25. Which of the following is the medial branch of External Carotid Artery?

- A. Lingual  
B. Facial  
C. Occipital  
D. Ascending Pharyngeal

**MAHE INSTITUTE OF DENTAL SCIENCES & HOSPITAL**  
**CHALAKKARA, MAHE**  
**U. T. OF PUDUCHERRY - PIN 673 333**

**INTERNAL ASSESSMENT BOOK**  
**SUBJECT: Anatomy**

Tick Questions Attempted:

Q<sub>1</sub>     Q<sub>2</sub>     Q<sub>3</sub>     Q<sub>4</sub>     Q<sub>5</sub>     Q<sub>6</sub>     Q<sub>7</sub>     Q<sub>8</sub>

Q<sub>1</sub> 9 10

Q<sub>5</sub> 4 5

Q<sub>2</sub> 9 10

Q<sub>6</sub> 4 1/2 5

Q<sub>3</sub> 4 5

Q<sub>7</sub> 4 1/2 5

Q<sub>4</sub> 4 1/2 5

Q<sub>8</sub>   5

  45

No. of Additional

TOTAL

Sheets used.

-nil-

Total in Words

Evaluated by:

Name of the candidate: Neha Nandhana

Reg. No: 46

Signature

Date: 24/7/23

Signature of Invigilator

40  


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45



## SECTION A

### LONG ESSAY

#### D) Temporomandibular joint

(a) it is a type of synovial joint of condylar variety.

(b) The articular surfaces of the Temporo-mandibular joint are:

(i) anterior surface :- it is bounded by articular tubercle, mandibular fossa, tympanic plate

below:- by the head of the mandible  
behind by the sphenopalatine fissure

(c) The TMJ has a total of 4 ligaments out of which two are accessory ligaments.

(i) Fibrous capsule :- it is attached anteriorly to the articular tubercle & per circumference of mandibular fossa

below :- it is attached to the neck of the mandible

(ii) Lateral temporomandibular ligament :- anteriorly it is attached to the articular tubercle & posteriorly it is attached to postero lateral part of the neck of the mandible

(iii) sphenomandibular ligament - which is an accessory ligament originates from the spine of sphenoid & attaches to the Lingula of the mandible. it is also a remembrance of Meckel's cartilage ✓

(iv) stylo-mandibular ligament :- it is also an accessory ligament & it is ~~attached~~ originated from Styloid process & its attached to the angle of mandible. it is formed by the thickening of the deep lamina (deep cervical fascia) ✓

### ⇒ Articular disc

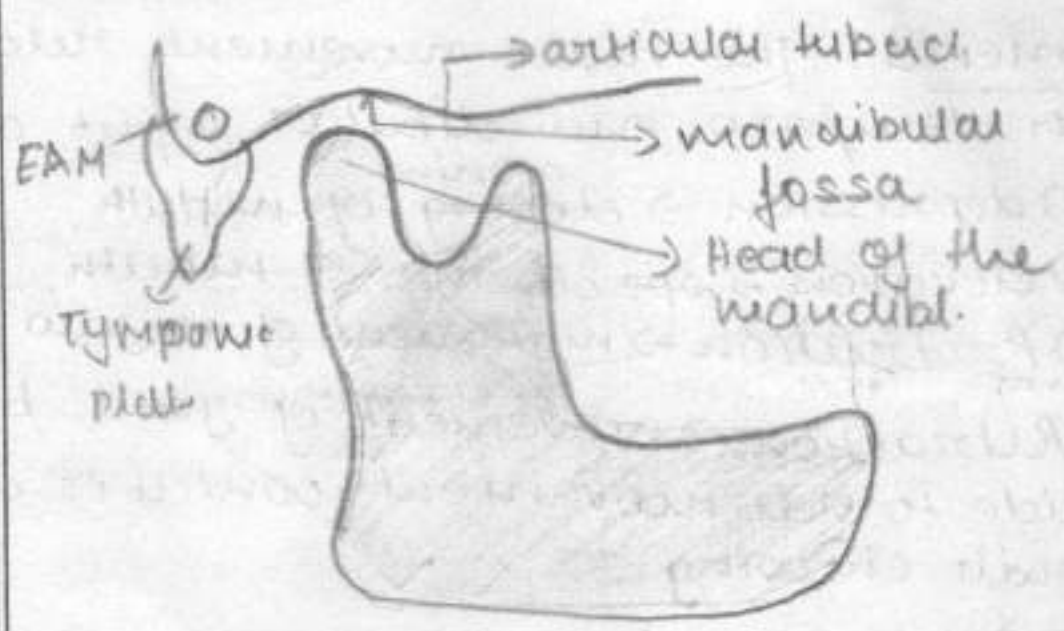
The articular disc is a fibrous disc which divides the TMJ into two compartments ~~ate~~ superior & inferior. Superior compartment helps with gliding whereas inferior compartment helps with both gliding and rotating.

The articular disc has ~~and~~ anterior band, posterior band, intermediate zone, anterior extension & bilaminar region. it is ~~p~~ formed from the degenerated tendon of the lateral Pterygoid muscle



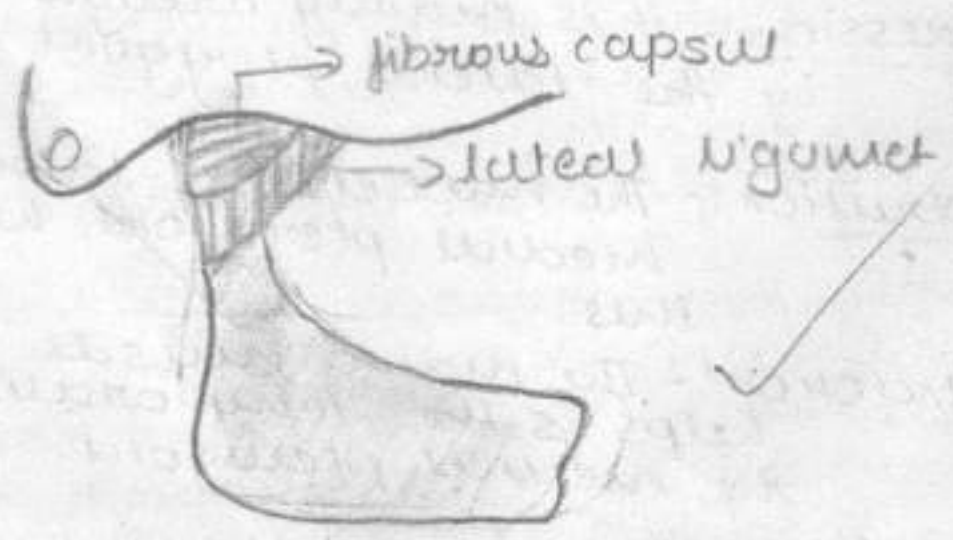
medial pterygoid and the temporalis muscle

articular surface

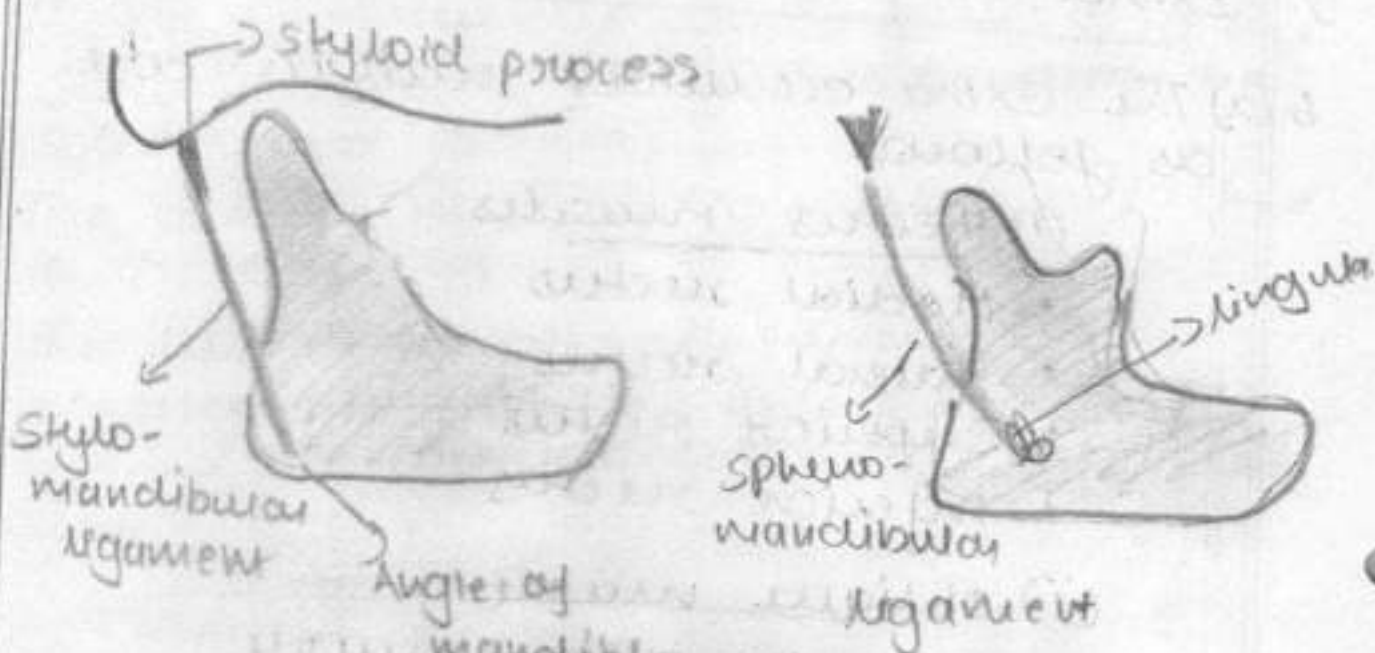


articular surface

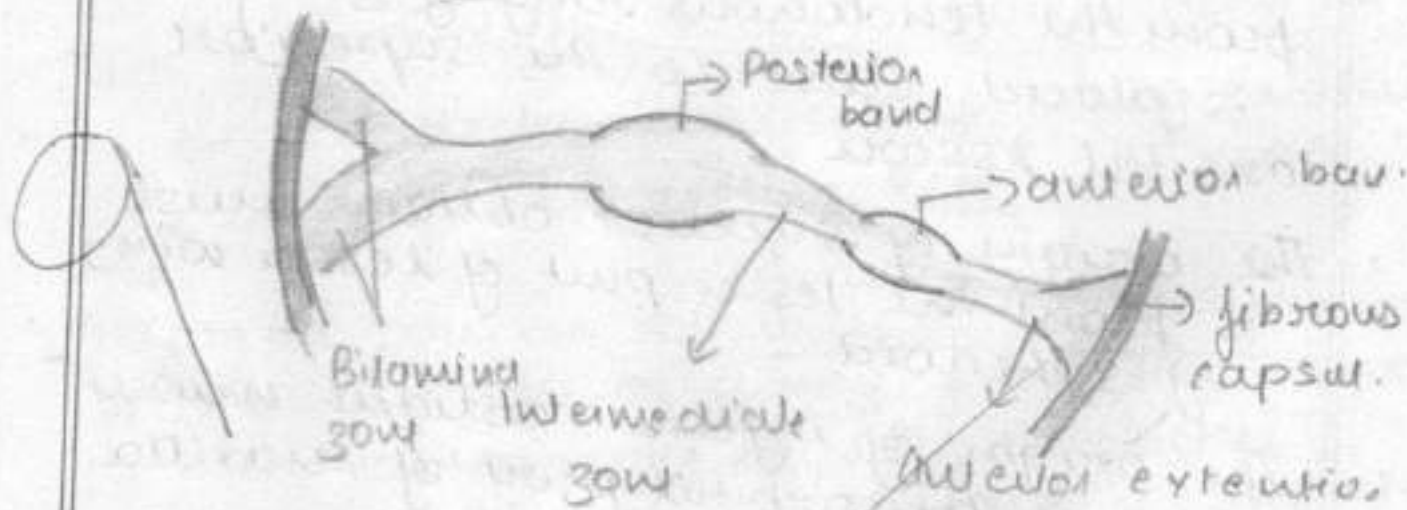
b) Ligament



a) 43



Articular disc:



## 2. Extra ocular muscles

↳ (a) The extra ocular muscles are as follows

### (i) Rectus muscles

- Medial rectus
- Lateral rectus
- Superior rectus
- Inferior rectus

### (ii) Oblique muscle

Superior oblique muscle  
Inferior oblique muscle.

### (iii) Levator palpebrae superioris.

#### ORIGIN

The origin of the 4 recti muscles are from the tendinous ring of zinn which is placed close to the superior orbital fissure

The origin of superior oblique muscle is from the lesser part of lesser wing of sphenoid

The origin of inferior oblique muscle is from the orbital part of maxilla

The levator palpebrae superioris is originated from the upper part of lesser wing of sphenoid.

## INSERTION

- The 4 recti muscles are attached to the Sclera<sup>710</sup> close to the limbus (junction b/w Sclera and cornea)
- The oblique muscles are also attached to the orbit
- The levator palpebrae superioris is attached to the palpebral part of the eyelid to coordinate movement of the eyelid.

(b) Action of these muscles are

- These muscles mainly help in the movement of the eyeball.

(i) for the process of adduction :- (movement of eyeball towards the medial surface or towards the nose) :- mainly done by

Medial rectus ~~with~~ & supporting muscles  
are Superior rectus & inferior rectus.

(ii) for the process of abduction :- towards the lateral surface or away from the nose.  
it is mainly done by lateral rectus & supported by inferior oblique & superior oblique

(iii) process of elevation :- movement of eyeball in the upward direction helped by  
Superior rectus & inferior oblique

(iv) process of depression :- movement of eyeball in a downward direction is helped by inferior rectus and superior oblique.

(iv) Intorsion :- movement of eyeball outward to inward is mainly supported by superior rectus & superior oblique muscle.

(v) Extorsion :- movement of eyeball inward to outward direction is supported by inferior rectus, rectus and inferior oblique muscle.

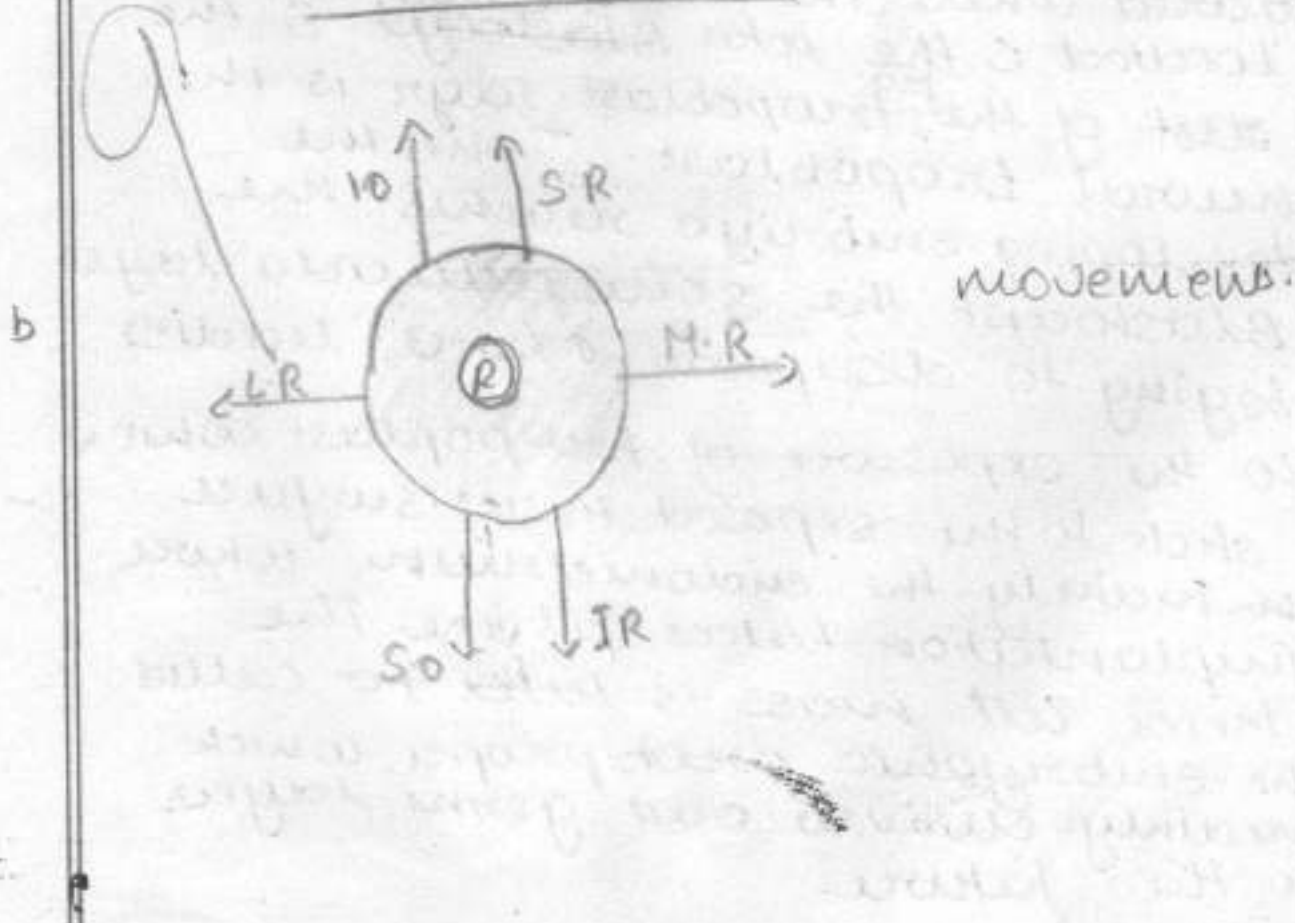
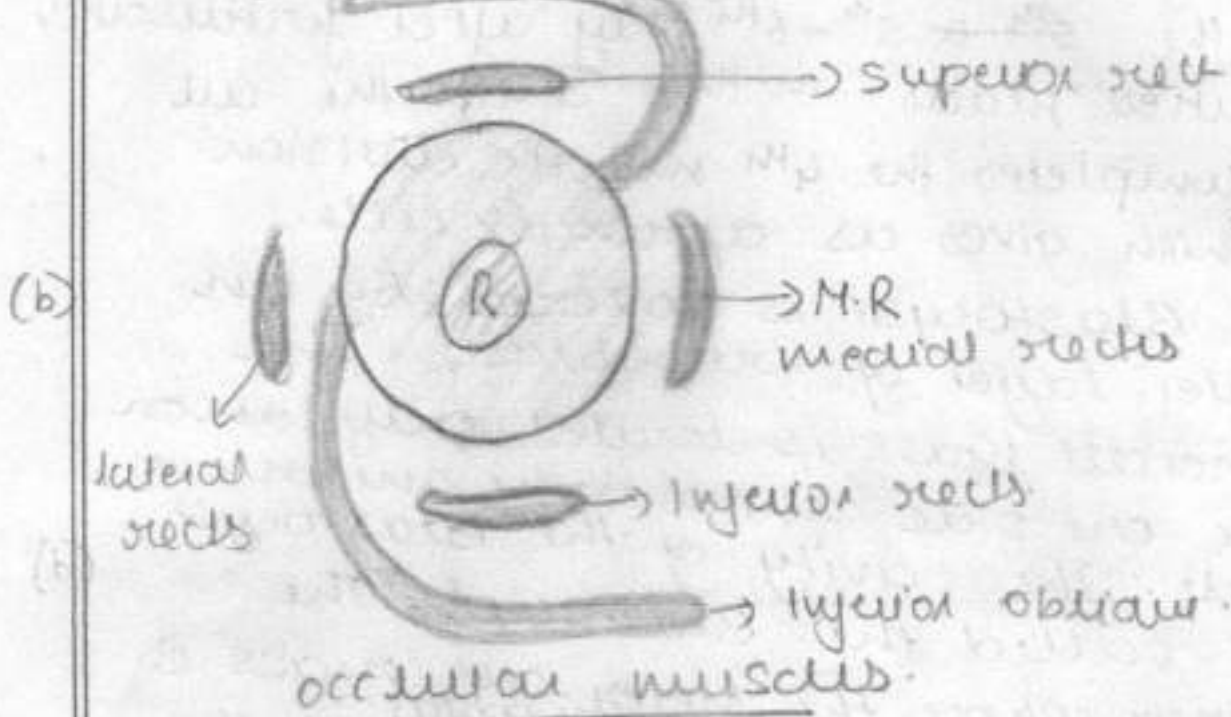
### (c) Nerve Supply :-

• The superior oblique muscle is mainly supplied by the 4<sup>th</sup> cranial nerve the trochlear nerve.

• The lateral rectus is supplied by the 6<sup>th</sup> cranial nerve the abducent nerve.

• and rest of the muscles are supplied by 3<sup>rd</sup> cranial nerve oculomotor nerve.

(d) clinical significance - Bells palsy, when the 3rd cranial nerve loses its function to maintain eyelid open  
 obtrusory appearance → superior oblique

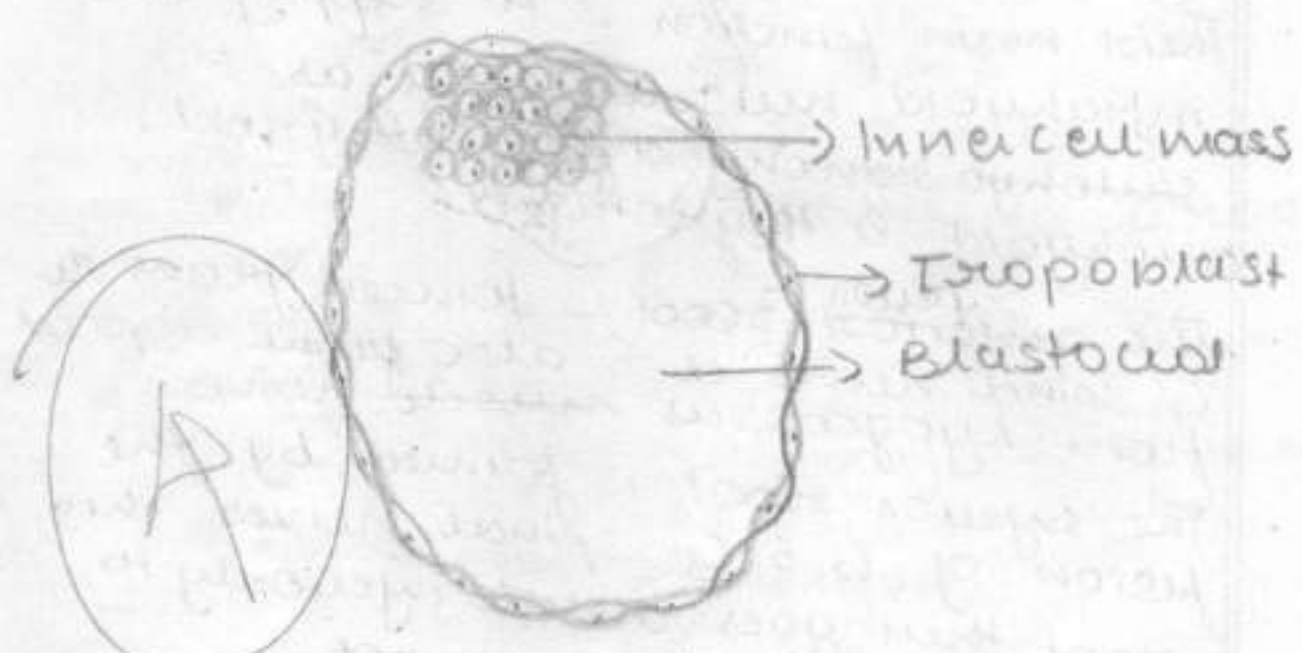


## SECTION B

### Short answers

- 3) Blastocyst:- This structure is formed during the cleavage stage. during the ~~5<sup>th</sup>~~ 5<sup>th</sup>-6<sup>th</sup> day after fertilisation, takes place. in this stage the cell completes the 4<sup>th</sup> mitotic division which gives us approx 64 cells.

The Blastocyst is covered by an outer layer of tropoblast. The inner cell mass is located only on one side which is the embryonic pole. The cavity of the Blastocyst is called the Blastocoel. The area where the inner cell mass is located is the polar ~~Blastocyst~~ <sup>tropoblast</sup> & the rest of the <sup>but</sup> tropoblast layer is the mural tropoblast. As the developing embryo reaches the Blastocyst the zona pellucida layer begins to disappear & hence leading to the exposure of tropoblast which sticks to the exposed tissue surface mainly the endometrium where implantation takes place. The inner cell mass is later called the embryonic ~~protoproper~~ <sup>proper</sup> which mainly derives our germ layers in the future.



Blastocyst.



#### 4. Ansa cervicalis

• They are thin nerve loop embedded on the anterior surface of the carotid sheath.

• The ansa cervicalis are formed by two roots the superior root & the inferior root.

• Their main function is to supply the infrahyoid muscles such as :-  
sternohyoid, sternothyroid, omohyoid & thyrohyoid.

• The ~~anterior~~ <sup>superior</sup> root is formed from the 'C1' spinal nerves & also ~~from~~ a part from hypoglossus ~~nerve~~.

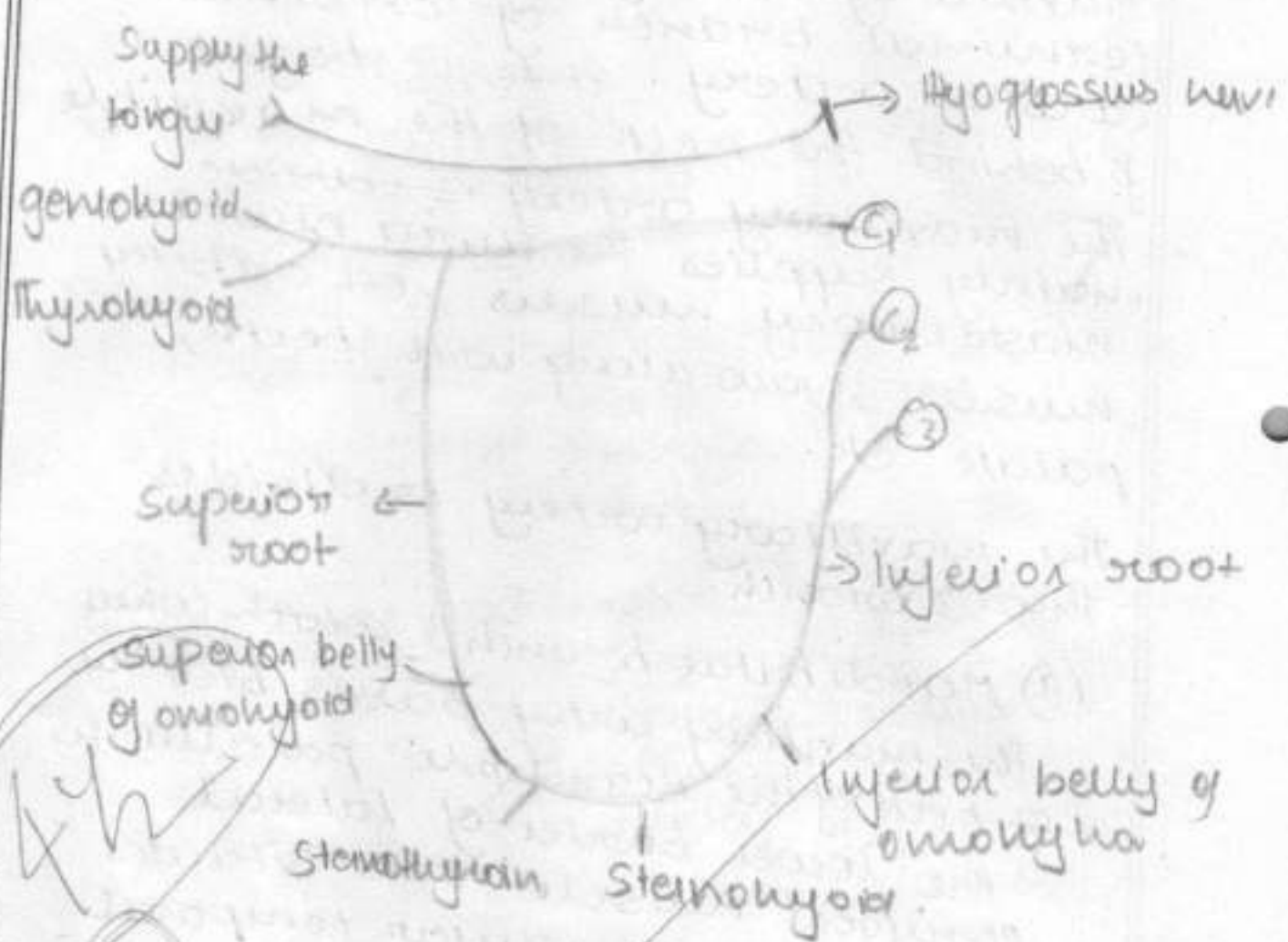
• The inferior root is formed by the fusion of C2 & C3 spinal nerves this root then goes antero inferiorly to join with the superior root.

• The inferior root gives supply to :-  
inferior belly of digastric

• The superior root gives supply to  
superior belly of digastric

• The ansa cervicalis supply :- sternohyoid & sternothyroid muscles.

• The thyrohyoid & geniohyoid & Supplied separately by the C1 branch.



Ansa cervicalis

Handwritten scribbles and a signature-like mark.

### (5) Maxillary artery

Maxillary artery is the largest terminal branch of External carotid artery. & it begins behind the neck of the mandible.

The maxillary artery is ~~divided~~ mainly supplies the dura mater, masticatory muscles, orbital muscles, jaw along with teeth, palate etc.

The maxillary artery is divided into 3 branches.

(a) Mandibular branch :- Both when the maxillary artery passes b/w the st neck of the mandible parallel to the lower border of lateral pterygoid muscle. it is situated below the auricular temporal.

(b) pterygoid branch :- The maxillary artery passes upwards & proceeds on till the superficial part of the lateral pterygoid muscle.

(c) pterygopalatine branch :- The maxillary artery passes b/w the two heads of lateral pterygoid and then passes into pterygopalatine fissure & then to pterygopalatine fossa.

The maxillary branch mainly consist of 5 sub-branches.

- Deep auricular.
- Anterior tympanic.
- Middle meningeal
- Accessory meningeal
- Inferior alveolar.

⇒ Pterygoid part :-

- Masseteric
- deep temporal
- pterygoid
- Buccal

⇒ pterygopalatine part :-

- Posterior superior alveolar.
- Infraorbital
- Greater palatine
- Pharyngeal
- Artery of sphenopalatine.

⇒ (i) deep auricular : passes through the foramen of the floor of ext/external acoustic meatus & mainly supplies the skin over EAM & the outer tympanic membrane.

(ii) Anterior tympanic : passes through pterygofacial fissure supplies the inner memb. of tympanic membran.

(iii) Middle meningeal : passes through foramen spinosum supply most of bone & meninges & also 6<sup>th</sup> & 7<sup>th</sup> cranial nerves - middle ear.

- (iv) Accessory meningeal :- Through foramen ovale & supply extradural of lateral pterygoid.
- (v) Inferior alveolar :- passes through mandibular foramen & supply lower 8 teeth
- (vi) Masseteric :- supply the masseteric mus.
- (vii) deep temporal :- supply temporalis
- (viii) pterygoid :- supply lateral & medial pterygoid
- (ix) Buccal :- supply the wall of the Buccal cavity
- (x) Posterior superior alveolar :- passes the alveolar canal in the maxillary process, supplies molars & premolars, maxillary sinus
- (xi) Inframaxillary :- Infraorbital & mainly supply the upper incisors & canines.
- (xii) Greater palatine :- passes through the greater palatine canal & supply soft palate, palatine gland, tonsil etc.
- (xiii) Pharyngeal :- passes through the pharyngeal canal & supply lining anterior border of nose, pharynx, auditory tube, tonsil etc.

1) Sphenopalatine :- through sphenopalatine foramen  
is mainly supplies the medial &  
lateral wall of the nose & the  
nasal sinus also called as  
artery of epitearixis,,  
leaf

### Styloid apparatus :-

The styloid process and the structures  
attached to it together is called styloid  
apparatus.

it is a bony projection of the temporal  
bone which can move forward & medial  
Mainly there are 3 muscles & 2 ligaments  
attached to the styloid process

The muscles attached are :- Stylohyoid,  
Stylopharyngeal, Styloglossus.

The ligaments attached are the stylo-  
mandibular ligament & the Stylohyoid  
ligament

~~The mus origin~~ - The stylohyoid muscle &  
~~origin of s~~ ligament originate from the  
1st branchial arch

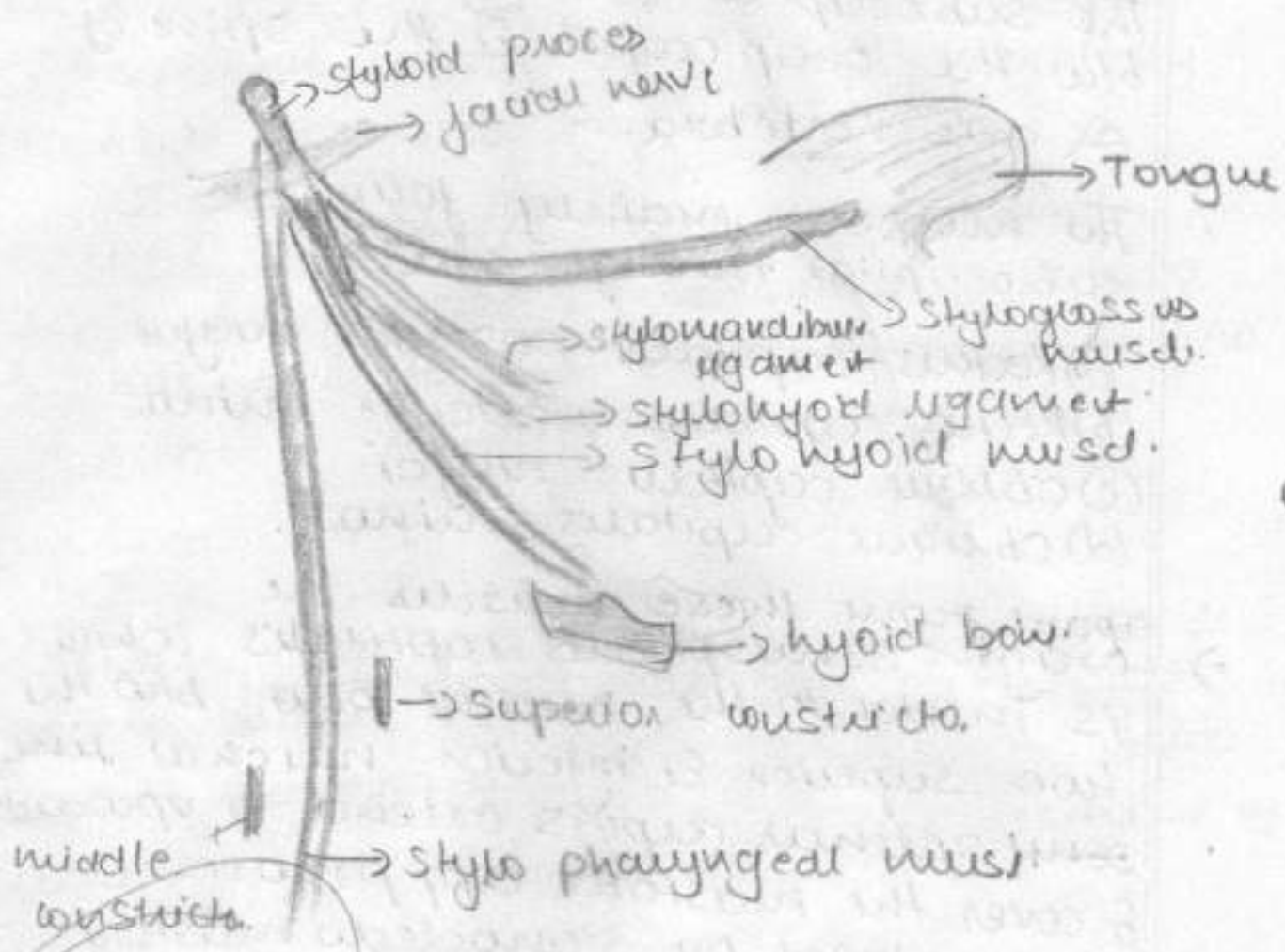
~~The sty~~

• The stylopharyngeal is derived  
from 2nd pharyngeal arch

• The Styloglossus is derived from :- occipital  
myotomes

origin

- The styloglossus muscle is attached originating from the anterior border of styloid apparatus & gets inserted to lateral side of wall of tongue.
- The stylohyoid originates from the posterior border of styloid apparatus & gets attached to lesser cornua of the hyoid bone.
- Stylo pharyngeal muscle originates from lateral part of styloid process & attached to the pharyngeal wall.
- The stylohyoid ligament originates from tip of styloid process.
- where as the stylomandibular ligament originates from lateral surface of styloid process & inserts to lingula of mandible.
- The facial nerve & the External carotid artery pass transversely through the process.



Styloid apparatus

Rectus capitis posterior major  
 origin is from the spinous process of C2  
 and is from the spinous process of C2  
 and is from the spinous process of C2  
 and is from the spinous process of C2



## 1) Suboccipital triangle

The suboccipital triangle is present b/w the occiput & the spine of axis vertebra.

The muscles mainly found in suboccipital triangle are

- (a) Rectus capitis posterior major
- (b) Rectus capitis posterior minor
- (c) Oblique capitis major
- (d) Oblique capitis minor.

apart from these muscles the ~~origin~~ semispinalis capitis which is inserted to the medial part b/w the two superior & inferior nuchal line semispinalis capitis extend & upward & cover the mastoid app process & is overlapped by sternocleidomastoid. longissimus capitis: goes vertically upward & lie deep to the mastoid process. also the trapezius muscle is present origin & insertion.

(i) Rectus capitis posterior major: origin is from the spine of axis & attachment to the lateral part below the inferior nuchal line & supplies by dorsal branches of C<sub>1</sub> or suboccipital artery.

- (ii) Rectus capitis posterior minor :- originates from the process of atlas & inserted to the medial part below the lower nuchal line & supplied by dorsal ramus of C<sub>1</sub>.
- (iii) Obliquus capitis major :- starts originates from transverse process of atlas & is inserted to the ~~the~~ medial table superior & inferior nuchal line supplied by dorsal ramus of C<sub>1</sub>.
- (iv) Obliquus capitis minor :- originates from spine of axis and terminates at the transverse process of atlas. supplied by dorsal ramus of C<sub>1</sub>.

### Borders

→ Superiorly :- formed the obliquus capitis major

Set anteriorly :- formed by rectus capitis posterior major & minor.

Inferiorly :- formed by the obliquus capitis minor.

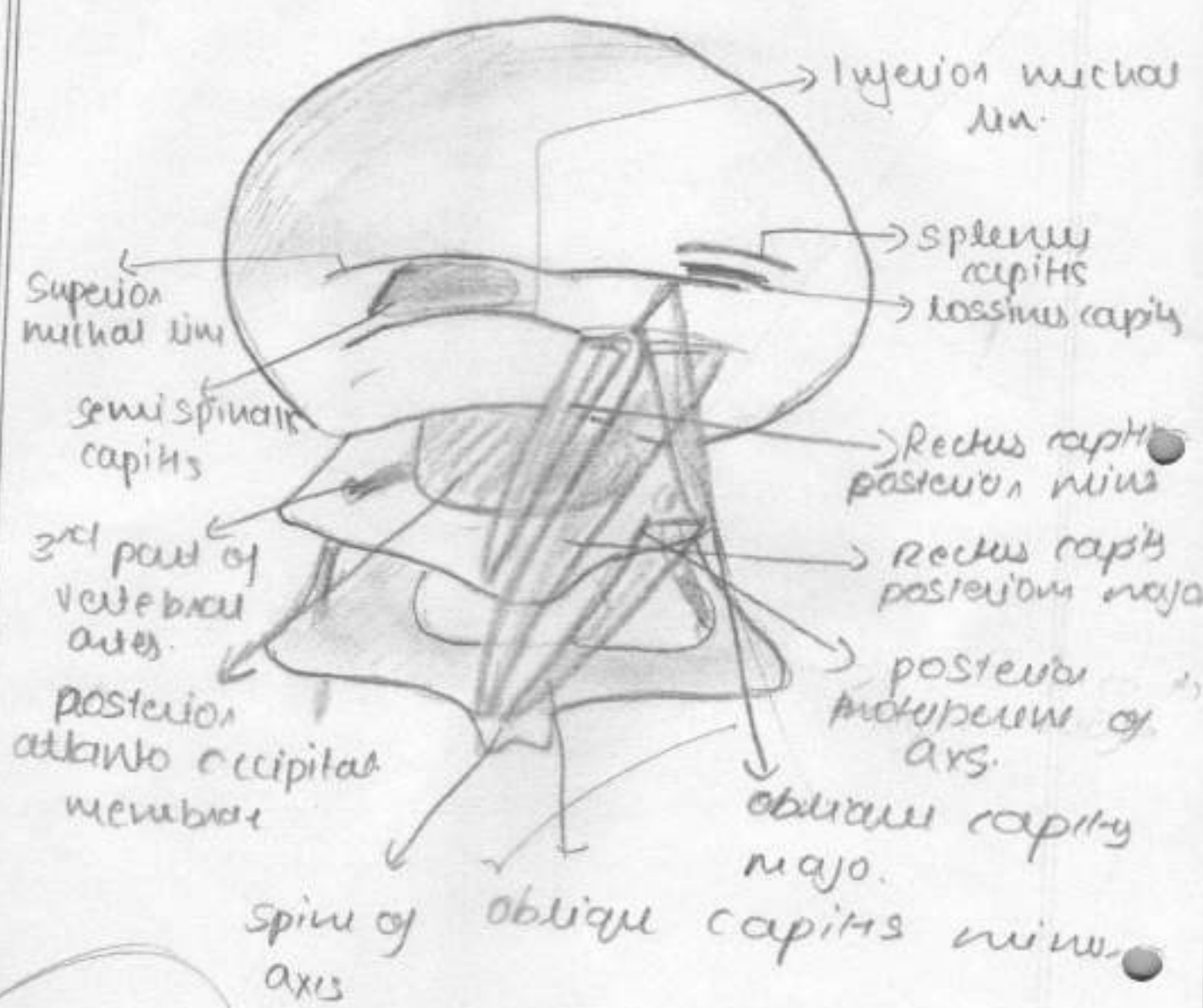
Floor :- floor is formed by the posterior occipito-atlanto membrane & transverse process of atlas vertebra

Roof :- is formed by skin which is very thick.

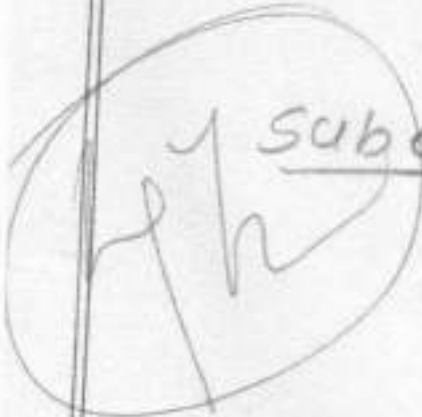
- platysma (superficial fascia) with occipital ~~artery~~ 3<sup>rd</sup> occipital vein.
- deep fascia +
- Splenius capitalis, ~~Splen~~ semispinalis occipitalis, longissimus capitis, trapezius, sternocleidomastoid muscles are also present

Contents :- 3<sup>rd</sup> ~~part~~ part of vertebral artery

- Suboccipital <sup>muscle</sup> → dorsal ramus of C<sub>1</sub>



Suboccipital triangle



TIME : 25 MINUTES

46

17

1. Which of the following is an example for Holocrine Gland?  
A. Sweat Gland  
B. Intestinal Glands  
C. Sebaceous Gland  
D. Mammary Gland
2. Which of the following is an example for Simple Tubular Gland?  
A. Gastric Gland  
B. Parotid Gland  
C. Goblet Cell  
D. Lacrimal Gland
3. The apical part of a Serous Acinar Cell contains which of the following substance?  
A. Mucinogen Granules  
B. Zymogen Granules  
C. Serous Demilunes  
D. Keratohyalin Granules
4. When does the Anterior Fontanelle of the skull ossifies after birth?  
A. 6 Months  
B. 18 Months  
C. 12 Months  
D. 24 Months
5. Metopic Suture if present is found in which of the following bone?  
A. Parietal  
B. Nasal  
C. Temporal  
D. None of the above
6. Which of the following foramen transmits Middle Meningeal Artery?  
A. Ovale  
B. Lacerum  
C. Spinosum  
D. Stylomastoid
7. Which of the following forms the superior boundary of the Suprameatal Triangle?  
A. Superior Temporal Line  
B. Mastoid Process  
C. External Acoustic Meatus  
D. None of the above
8. Which of the following is an example for Pneumatic Bone?  
A. Patella  
B. Zygomatic  
C. Maxilla  
D. Parietal
9. External Nasal Nerve which supplies the dorsum of nose is derived from which nerve?  
A. Ophthalmic  
B. Mandibular  
C. Maxillary  
D. Infraorbital
10. Transverse Facial Artery is a branch of which of the following artery?  
A. Facial  
B. Maxillary  
C. Superficial Temporal  
D. External Carotid
11. Facial Vein Terminates by joining with which of the following vein?  
A. External Jugular Vein  
B. Angular Vein  
C. Anterior Division of Retromandibular Vein  
D. Superficial Temporal Vein
12. All are correct regarding the symptoms of Facial Palsy except  
A. Loss of wrinkles on the forehead on the affected side  
B. Loss of production of saliva on the affected side  
C. Inability to close the eye on the affected side  
D. Loss of nasolabial fold on the affected side

13. Anterior Lacrimal Crest is a feature of which of the following bone??
- A. Frontal Process of Maxilla ~~C. Lacrimal~~  
 B. Nasal Process of Frontal Bone D. Nasal Bone
14. Which of the following tributary of the facial vein is connected to Pterygoid Venous Plexus?
- A. Superior Labial Vein C. Transverse Facial Vein  
 B. Emissary Vein D. None of the Above
15. Which of the following muscle is attached to the base of the Mandible?
- A. Posterior belly of Digastric ~~C. Platysma~~  
 B. Sternocleidomastoid D. Buccinator
16. Common facial vein normally terminates in the following vein
- A. External Jugular Vein ~~C. Internal Jugular Vein~~  
 B. Transverse Facial Vein D. Retromandibular Vein
17. Investing layer of deep cervical fascia forms fibrous pulley for the following muscle
- A. Stylohyoid ~~C. Omohyoid~~  
 B. Trapezius D. Sternocleidomastoid
18. Diploic Veins are valveless venous channels found in the
- A. Scalp ~~C. Face~~  
 B. Skull Bones D. Side of the Neck
19. Pre-tracheal fascia splits and encloses the following
- A. Submandibular Gland C. Suprascapular Space  
 B. Thyroid Gland D. Suprasternal Space
20. Zygomaticofacial nerve is derived from which of the following nerve?
- A. Facial Nerve ~~C. Maxillary Nerve~~  
 B. Ophthalmic Nerve D. Mandibular Nerve
21. Which of the following statement is TRUE regarding the Carotid Sheath
- A. Encloses the External Jugular Vein C. Encloses Vagus Nerve  
 B. Encloses Sympathetic Chain D. Encloses Ansa Cervicalis
22. The muscle attached to medial part of superior nuchal line is
- A. Trapezius C. Ligamentum Nuchae  
 B. Sternomastoid ~~D. Occipital Belly~~
23. Cervical branch of the facial nerve supplies which of the following muscle
- A. Buccinator ~~C. Platysma~~  
 B. Orbicularis Oris D. Skin of neck
24. Torticollis is a clinical condition associated with following muscle
- A. Buccinator C. Platysma  
 B. Sternocleidomastoid D. Occipitofrontalis
25. Which of the following artery is not a content of the Carotid Triangle?
- A. Lingual C. Occipital  
 B. Facial ~~D. Superficial Temporal~~

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**U. T. OF PUDUCHERRY - PIN 673 333**

**INTERNAL ASSESSMENT BOOK**  
**SUBJECT:**

Tick Questions Attempted :

Q<sub>1</sub>     Q<sub>2</sub>     Q<sub>3</sub>     Q<sub>4</sub>     Q<sub>5</sub>     Q<sub>6</sub>     Q<sub>7</sub>     Q<sub>8</sub>

Q<sub>1</sub>  10

Q<sub>5</sub>  5

Q<sub>2</sub>  10

Q<sub>6</sub>  5

Q<sub>3</sub>  5

Q<sub>7</sub>  5

Q<sub>4</sub>  5

Q<sub>8</sub>  5

30  
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45

No. of Additional

**TOTAL**

45

Sheets used.

- Nil -

Total in Words

Evaluated by:

Name of the candidate: *Netra Nandhana*

Reg. No: *46*

*A. S. S.*

## Section A

long essay

### Anatomy of Scalp

Definition The scalp is the outer most covering of the cranial vault & it has 5 layers.

~~(a) layers of scalp~~

~~it main~~

(b) boundaries of scalp

Anteriorly - it extends from the frontalis to the upper eyelid.

Posteriorly - it extends upto external occipital protuberance or more precise superior nuchal line.

Laterally - it extends upto superior temporal lines

(b) layers of the scalp

it mainly has 5 layers:



all nerves.

v) Pericranium : it is the inner most layer of the scalp. it is more on the skull surface but are tightly bound to the suture points forming pockets.

d) Clinical anatomy

The loose areolar layer is called the dangerous area of the scalp as they have emissary veins.

If there is an injury at this layer there would be large loss of blood & also this blood will descend down to the eyelids of the eye giving it a Black eye appearance.

as mentioned above the blood vessels in this area don't have vasoconstrictor property hence would lead to

large amount of blood loss.

On the layer of scalp some times there may be a non cancerous swelling which is called subacute cyst which is caused by trauma or blockage of ~~ducts~~ of sebaceous ducts.

in the avascular layer as if there is an injection due to injury it would be carried by the emissary vein to internal cranial area which leads to thrombosis which can be very dangerous

#### EXTRA:

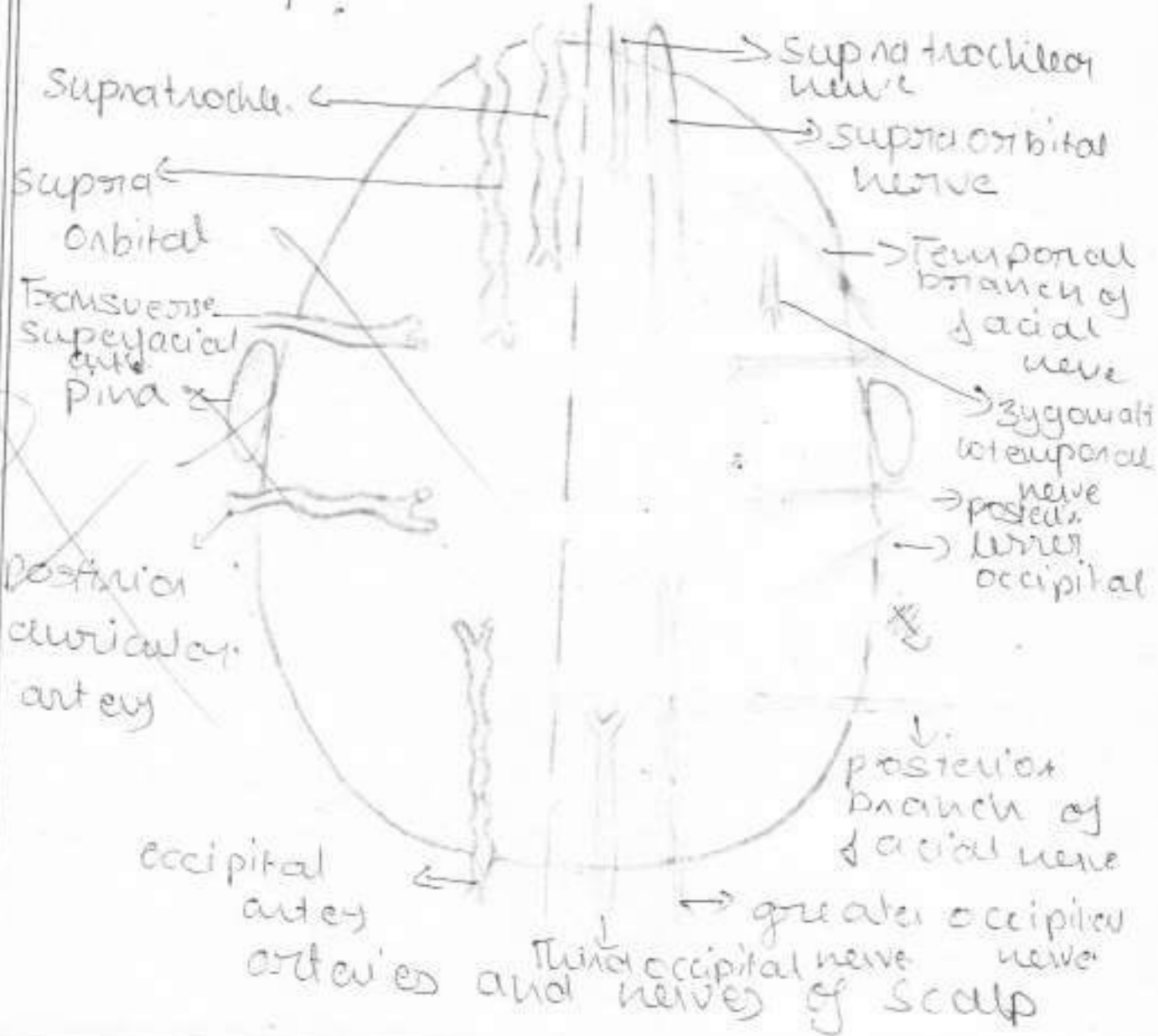
⇒ arteries and nerves of the scalp

⇒ There are 5 major arteries in the scalp

- (i) supraorbital artery
  - (ii) supraorbital artery
  - (iii) transverse superficial artery
  - (iv) posterior auricular artery
  - (v) occipital artery
- } → Inter  
} catotid  
artery
- } Extra  
} cere  
artery

⇒ There are 10 nerves in total in scalp

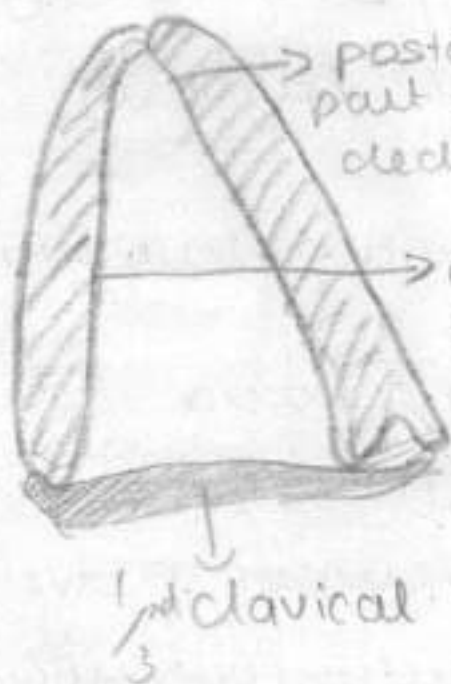
- (i) Supra orbital
- (ii) Supratrochlear
- (iii) Temporal branch of facial nerve
- (iv) zygomaticotemporal nerve.
- (v) anterior auricular temporal nerve
- (vi) <sup>posterior</sup> posterior auricular nerve.
- (vii) lesser occipital nerve
- (viii) posterior branch of facial nerve.
- (ix) greater occipital nerve
- (x) third occipital nerve.



## 2) Posterior Triangle of the neck:

- (a) The posterior triangle of the neck is mainly formed by two muscles :- (i) Sternocleidomastoid  
(ii) Trapezius.

Boundaries :- Anterior :- posterior part of sternocleidomastoid



posterior :- anterior body of Trapezius

Base :-  $\frac{1}{3}$ rd of the clavicle

apex :- superior nuchal line (external occipital protuberance)

(b) structures forming the boundary  
we have

- (i) sternocleidomastoid.  $\rightarrow$  Anterior
- (ii) Trapezius  $\rightarrow$  posterior
- (iii) Base :-  $\frac{1}{3}$ rd of clavicle

(iv) Floor :- The floor is formed by the following

- (a) semispinalis cervicalis
- (b) splenius cervicalis
- (c) levator scapulae
- (d) scalenus medius

(v) Roof :- The roof is made by  
• outermost layer of skin

(i) superficial fascia - platysma

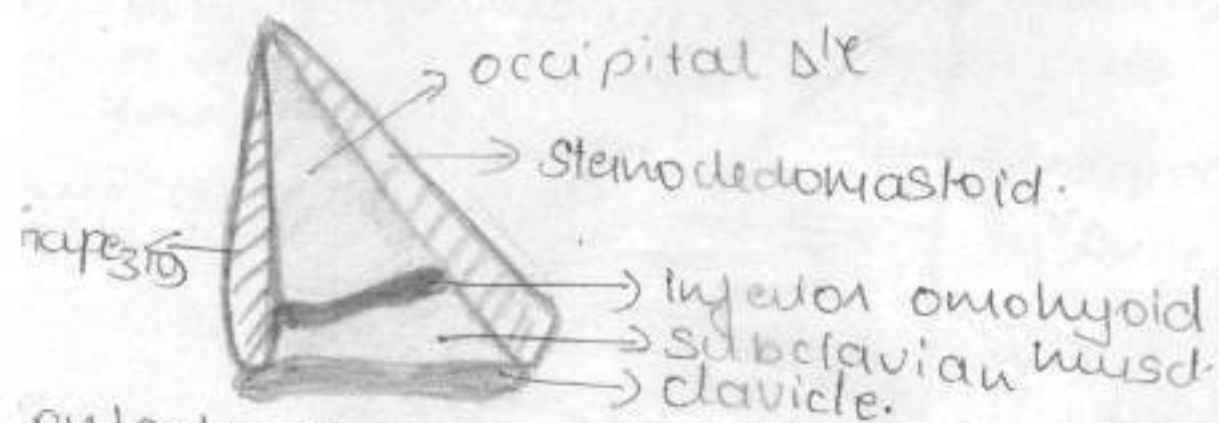
(ii) deep cervical fascia

- lesser occipital nerve
- greater auricular nerve
- transverse cutaneous nerve
- transverse occipital nerve
- accessory spinal nerve
- supraclavicular vein.

The posterior triangle is subdivided into two halves because of the inferior omohyoid muscle

- (i) occipital triangle
- (ii) subclavian triangle

occipital triangle is relatively ~~to~~ larger than compared to subclavian  $\Delta$ le.



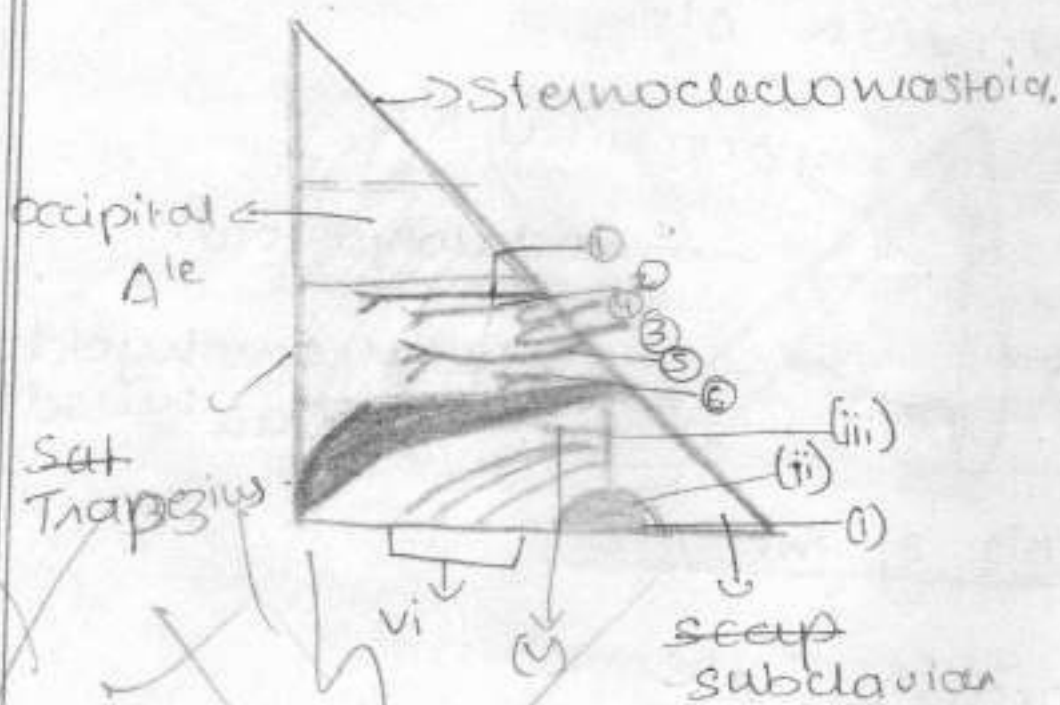
contents of the  $\Delta$ le

(i) occipital  $\Delta$ le

- (a) lesser occipital nerve
- (b) accessory spinal nerve
- (c) Transverse cutaneous "
- (d) Greater circular "
- (e) Superficial clavical nerve.
- (f) dorsal scapula nerve

(ii) Subclavian Δle has

- (i) subclavian ~~vein~~ <sup>vein</sup>
- (ii) subclavian artery
- (iii) External jugular vein
- (iv) Greater auricular vein
- (v) Transverse cutaneous vein
- (vi) Branchial plexus



- ① Lesser occipital
- ② Accessory spinal
- ③ Transverse cutaneous
- ④ Greater auricular
- ⑤ Superficial clavicular nerve
- ⑥ Dorsal scapular nerve

## Section B

### Facial artery

They are derived from the external carotid artery.

They loop around the mandible & then pierce into the deep cervical fascia

Their course is upward & forward. 1.25cm from the angle of mouth.

They are highly tortuous

They mainly branch into :- superior labial

• Superior labial

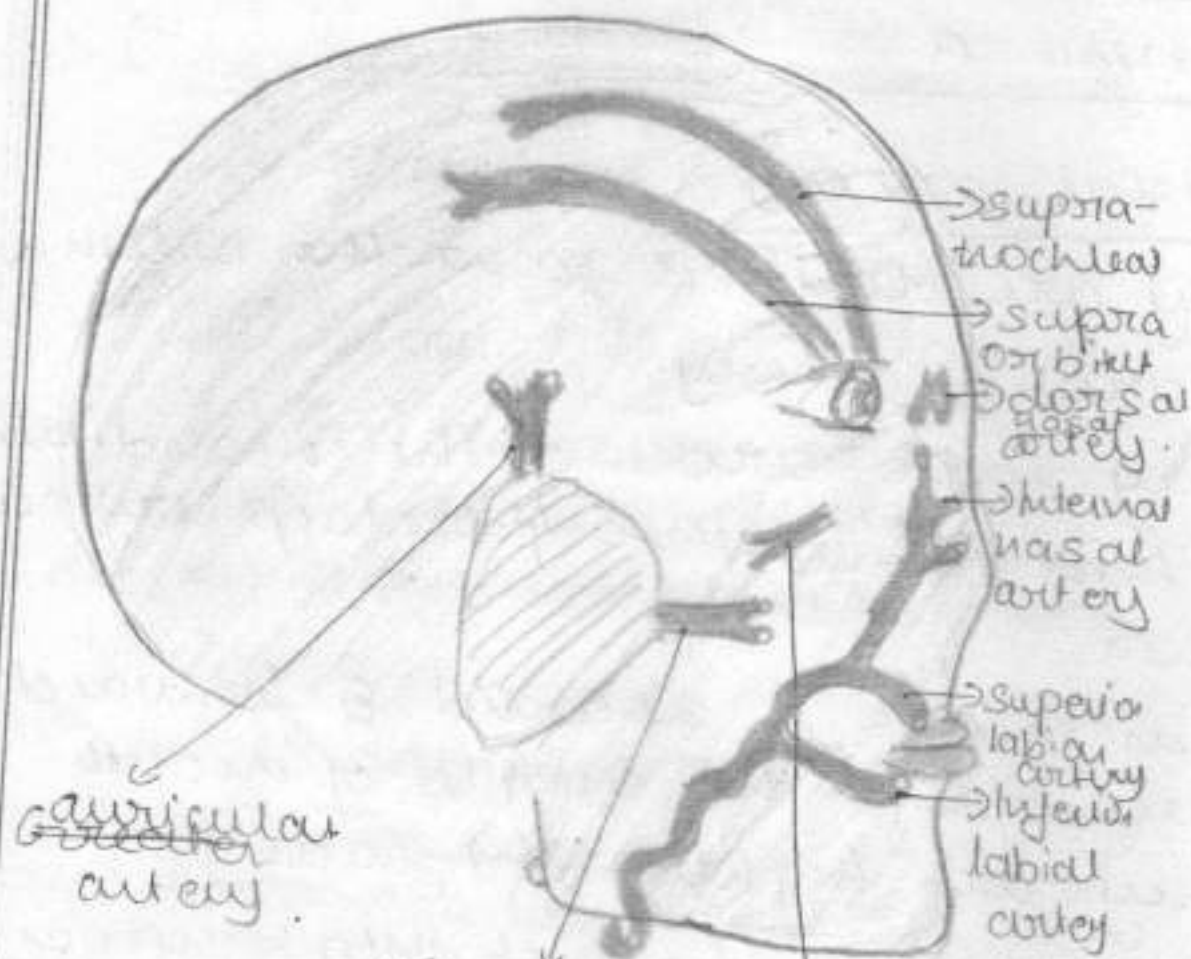
• Inferior nasal

These are also called anterior ~~terminal~~ branches

posterior branches are maxillary & unnamed

They terminate after supply the artery to the labial & shows anastomoses with the ophthalmic arteries which are supra orbital & supra trochlear artery





Transverse facial artery  
 Zygomaticotemporal artery  
 Facial artery

## Lacrimal apparatus.

The lacrimal glands are useful for production of lacrimal fluid or tears.

The lacrimal apparatus mainly consist of

- a) lacrimal gland
- b) lacrimal ducts
- c) conjunctival lacrimal sac
- d) lacrimal punctum
- e) canalicula.
- f) nasolacrimal duct

The lacrimal gland is a serous gland. It is J shaped & has two parts.

anterior orbital & posterior palpebral

~~approx 12 ducts per~~

The anterior orbital & palpebral part are separated by levator palpebrae superioris which is a detrusor.

post 12 ducts open into the eyelid which mainly secrete fluid into conjunctival sac which is evenly spread it by blinking

The lacrimal punctum which is present in both the eye lid is usually round long & it followed by

lacrimal canaliculi which opens into the ~~the~~ lacrimal sac on the same time

lacrimal sac is bald on top but it forms nasolacrimal duct below →

This ~~is~~ nasolacrimal duct ~~over~~ opens into the inferior meatus of the nose

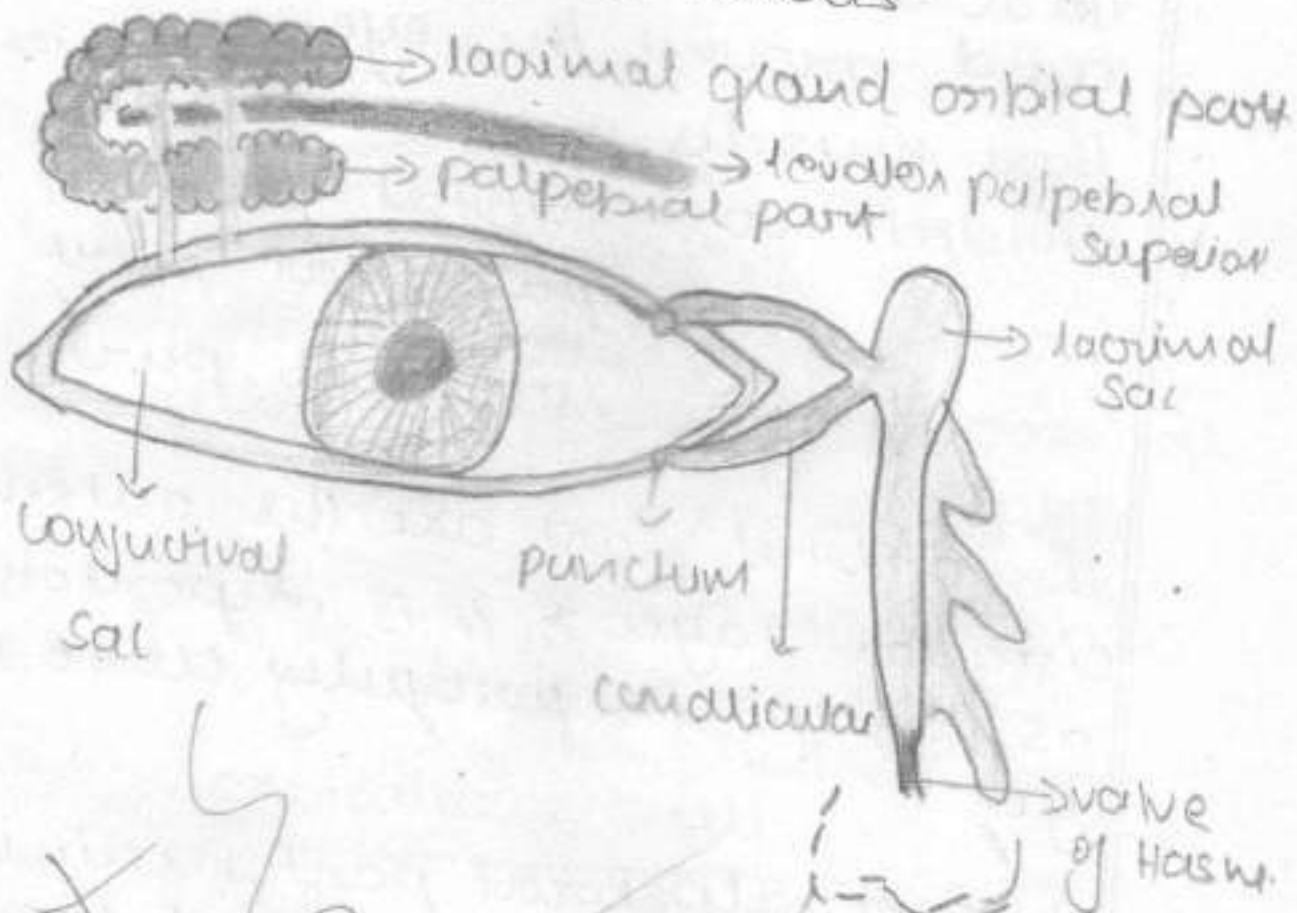
Here we have valve of Hasner which is a ~~the~~ membranous folding found on the nasolacrimal duct.

⇒ Additional point

lacrimal gland are situated in lacrimal fossa

& lacrimal sac in lacrimal groove  
epiphora → ~~the~~ uncontrolled flow of lacrimal fluid

orbicularis occipitalis muscle  
 There are circular muscles



lacrimal apparatus

exterior meatus of nose

## c) orbicularis oculi - Muscle

These are circular muscles found around the eye.

These muscles are mainly divided into :- orbital part

palpebral part

lacrimal part



The orbital part are the outermost circular layer & it is important as it helps to forcefully close the eye

The ~~per~~palpebral part mainly form the eyelid & this helps for slow ~~cont~~ to close the eye gently esp. during sleep

The lacrimal part is not clearly seen in the ~~at~~ anterior side & present on the posterior part & mainly help for the stimulation of lacrimal gland.

## 7) Investing layer of deep cervical fascia

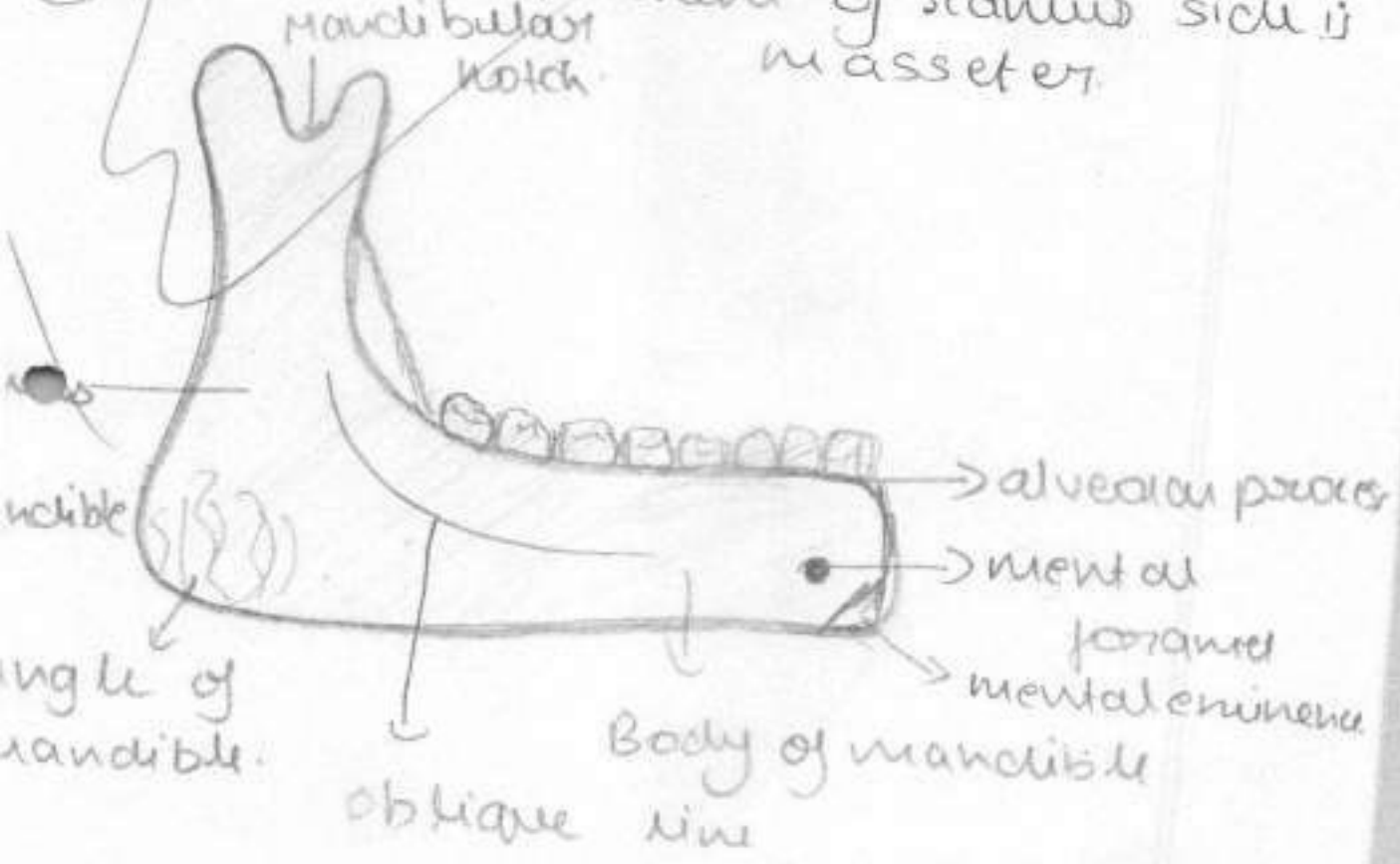
- Investing layer is the outermost covering of the deep cervical fascia. it act as a collar enclosing the glands, muscles, spaces etc.
- it mainly encloses 2 muscles the sternocleidomastoid & trapezius
- it also enclose two glands :- parotid & submandibular gland.
- it also enclose subclavicular & subscapular spaces.
- it encloses the other deep facial layers, :- pretracheal, prevertebral, carotid sheath etc.
- it encloses major artery  $\rightarrow$  common carotid artery, major vein :- internal jugular vein major nerve - vagus nerve.

# Ramus of Mandible

The mandible has 2 parts the ramus & the body of mandible. The ramus is relatively smooth it has an oblique line passing through it.

The angle of the mandible is relatively rough & it's where the stylomandibular ligament is attached.

The muscle attachment of ramus side is masseter.



MAHE INSTITUTE OF DENTAL SCIENCES & HOSPITAL1<sup>st</sup> YEAR BDS - 1<sup>st</sup> INTERNAL ASSESSMENT EXAMINATION MARCH - 2023HUMAN ANATOMY

TIME : 25 MINUTES

MAX MARK: 25

SECTION MCQ

1. In anatomical position what is the position of the palmar surface of the hand?  
 A. Facing outward  
 B. Facing forward  
 C. Facing backward  
 D. Facing inward
2. Which of the following plane divide the body into anterior and posterior parts?  
 A. Sagittal plane  
 B. Median plane  
 C. Coronal plane  
 D. Transverse plane
3. Which of the following cell organelle contains proteolytic enzyme?  
 A. Ribosome  
 B. Nucleolus  
 C. Peroxisome  
 D. Lysosome
4. Which of the cell organelle serves as a primary packaging area for molecules?  
 A. Centrioles  
 B. Golgi apparatus  
 C. Mitochondria  
 D. Plastids
5. Functionally simple columnar epithelium has the following function  
 A. Secretory  
 B. Absorptive  
 C. Both A and B  
 D. Gaseous exchange
6. Which of the following is an example for pseudostratified columnar epithelium?  
 A. Esophagus  
 B. Intestine  
 C. Urinary bladder  
 D. None of the above
7. Which one of the following is an example for stratified cuboidal epithelium?  
 A. Epidermis  
 B. Oral mucosa  
 C. Bronchioles  
 D. Ductus of glands
8. Which of the following is an example for dense irregular connective tissue?  
 A. Dermis of skin  
 B. Aponeurosis of muscle  
 C. Tendon of muscle  
 D. Ligaments of joints
9. Which connective tissue cell has its nucleus with a cartwheel appearance?  
 A. Mast cell  
 B. Plasma cell  
 C. Fibroblast  
 D. Pigment cell
10. Which type of cartilage present in epiglottis?  
 A. Hyaline  
 B. Fibrocartilage  
 C. Elastic  
 D. A & B
11. Which of the following statement is TRUE about white fibrocartilage?  
 A. Perichondrium is absent  
 B. Matrix is homogeneous  
 C. Ground substance is absent  
 D. Lacunae is absent

13

25



12. Regarding the structure of compact bone, following are correct EXCEPT

- A. Haversian canals are surrounded by Circumferential lamellae
- B. Haversian canals are interconnected by Volkmann's canal
- C. Interstitial lamellae are seen between Haversian systems
- D. Canaliculi contain cytoplasmic extension of Osteocytes

13. Which of the following bone cells that tear down and remodel the bone?

- A. Osteoblast
- B. Osteocyte
- C. Osteoclast
- D. A & B

14. Intercalated disc in the cardiac muscle fiber is a modified

- A. Cell junction
- B. Cytoplasmic process
- C. Dark band
- D. Perimysium

15. Histologically skeletal muscle tissue is referred as

- A. Unicellular & uninucleated
- B. Multicellular & uninucleated
- C. Unicellular & multinucleated
- D. Multicellular & multinucleated

16. A bundle of nerve fibres is surrounded by:

- A. Epineurium
- B. Endoneurium
- C. Perineurium
- D. Neurilemma

17. Myelin sheath in the central nervous system is produced by

- A. Microglia
- B. Oligodendrocyte
- C. Schwann cell
- D. Astrocyte

18. All are the features of sympathetic ganglion except:

- A. Large multipolar neurons
- B. Satellite cells are fewer in number
- C. Eccentrically placed nucleus
- D. Neurons are found in groups

19. Which of the following feature is TRUE for the Muscular Arteries?

- A. More smooth muscle in the tunica media
- B. Absence of Internal Elastic Lamina
- C. Blood vessels in the tunica adventitia
- D. Tunica adventitia is the thickest layer

20. Hassall's corpuscles are the characteristic feature of

- A. Tonsil
- B. Spleen
- C. Thymus
- D. Lymph Node

21. The Supporting system in the lymphatic organs is made of

- A. Collagen Fibers
- B. Elastic Fibers
- C. Epithelial Cells
- D. Reticular Fibers

22. Which of the following statement is TRUE regarding the Lymph Node?

- A. Scattered Lymphocytes
- B. Medullary cords in the medulla
- C. Absence of Subscapular Sinus
- D. Afferent lymph vessels leave the hilum

23. Which of the following skin layer contain Melanocytes?

- A. Stratum basale
- B. Stratum lucidum
- C. Stratum spinosum
- D. Hypodermis

24. The macrophages found in the skin are

- A. Merkel cell
- B. Langerhans cell
- C. Prickle cell
- D. Melanocytes

25. Which of the layer of skin is also known as Stratum Germinativum?

- A. Stratum lucidum
- B. Stratum corneum
- C. Stratum spinosum
- D. Stratum basale

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**INTERNAL ASSESSMENT BOOK**  
**SUBJECT: HUMAN ANATOMY**

Tick Questions Attempted :

Q<sub>1</sub>     Q<sub>2</sub>     Q<sub>3</sub>     Q<sub>4</sub>     Q<sub>5</sub>     Q<sub>6</sub>     Q<sub>7</sub>     Q<sub>8</sub>

Q<sub>1</sub>  10

*Sum*

Q<sub>2</sub>  5

Q<sub>3</sub>  10

Q<sub>4</sub>  5

Q<sub>5</sub>  5

Q<sub>6</sub>  5

Q<sub>7</sub>  5

Q<sub>8</sub>  5

30 1/2  
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45

No. of Additional

TOTAL

Sheets used.

45

Total in Words

Evaluated by:

*Sum*  


Name of the candidate : *Nafesa Sebra*

Reg. No: *41*

Signature *[Signature]*

Date: *10/03/2023*

*Sum*  
*10/3/23*  
 Signature of Invigilator

HUMAN ANATOMY

Section A (Long Essay)

1) a) Simple epithelium are the one or two layers of the cell that line the ~~out~~ surface of the body and line the luminal surface ~~area~~ tubular cavities of the body. They are very cellular with less intercellular spaces.

- Functions :-
- (i) Protection
  - (ii) Absorption
  - (iii) Secretion
  - (iv) Exchange.

b) Classification of simple epithelium :-

The epithelium may be made of one layer of cell called as simple epithelium or made of two or more layers of cell called as multilayered epithelium or stratified epithelium.

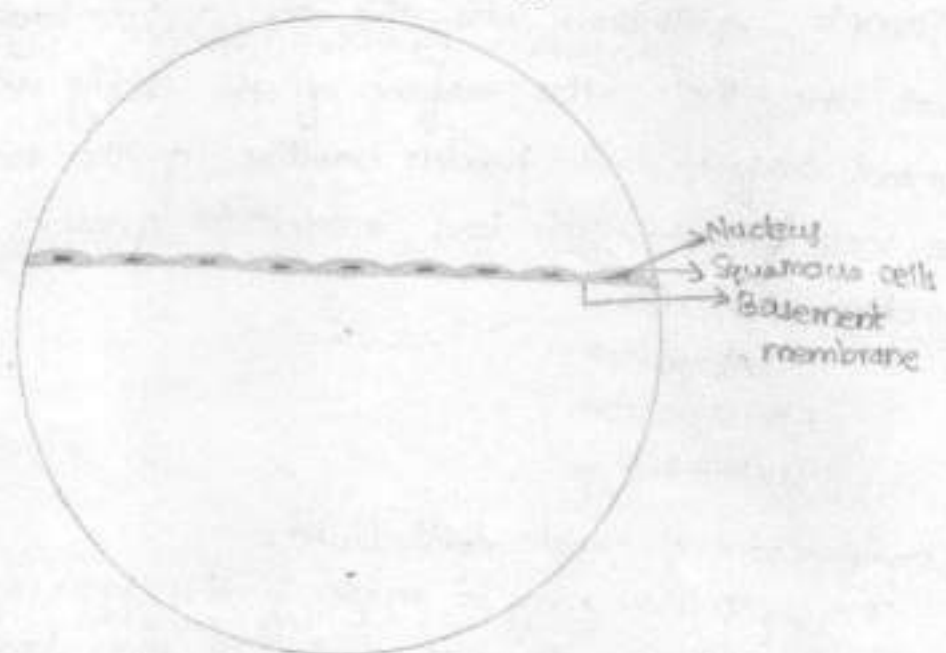
Based on the shape of the cells they are further classified as :-

(i) Simple <sup>squamous</sup> Epithelium :- These are made up of single layer of cells. In sectional view they appear as flattened cells with their height being very much less than the width. They have flattened nucleus. In surface view they appear as polygonal cells.

- LOCATION :-
- (i) They are found in the alveoli of lungs.
  - (ii) Found in the pleura, ~~periothe~~ pericostium, called as endothelium, mesothelium.
  - (iii) Found inside the heart called as endocardium and in the blood vessels called as endothelium.

(iv) Also found in renal tubule of kidney.

FUNCTION :- They help in transport of gases, filtration of fluids and diffusion of substances.

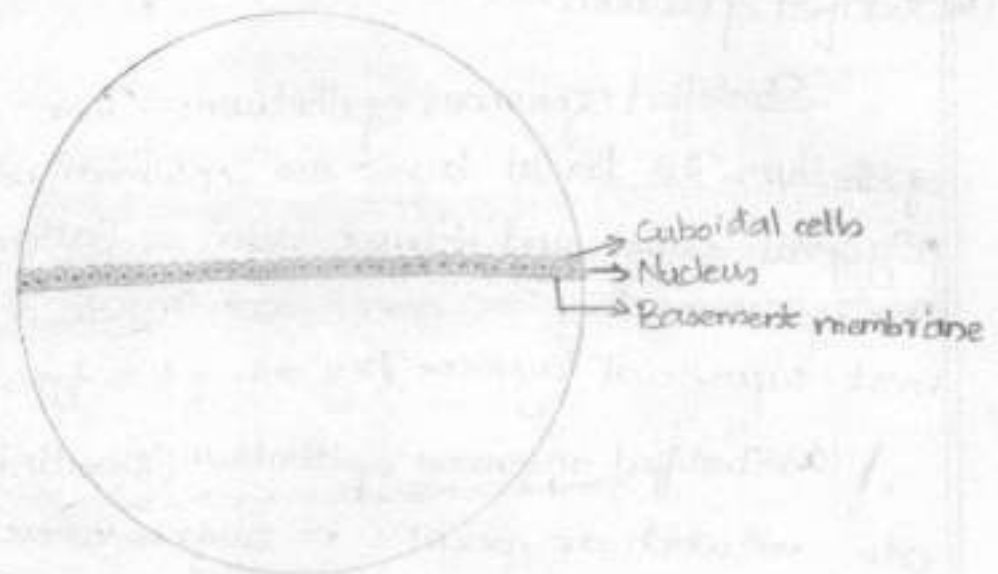


(ii) Simple cuboidal epithelium :- In sectional view these epithelial cells appear as cuboidal with height and width almost same. In surface view they appear as hexagonal. They have rounded nuclei.

LOCATION :- (i) They are found in follicles of thyroid gland, choroid plexus, in the eyelids.

(ii) cuboidal brush border epithelium is found in the proximal convoluted tubule of the kidney.

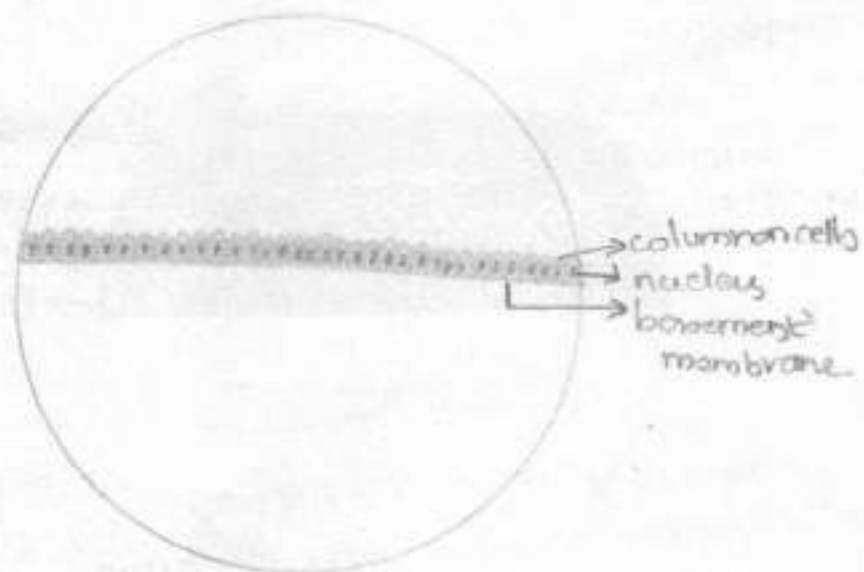
FUNCTION :- They are secretory and absorptive in nature.



(iii) Simple Columnar Epithelium:- In sectional view these ~~epithelium~~ ~~are~~ cells appear as their height being very much greater compared to the width. In surface view these appear as rectangular cells. They are elongated oval nuclei towards the base of the cell. Nuclei being on the same level as that on the adjacent cells.

LOCATION :- They are found in the mucous membrane of stomach and small intestine.

FUNCTION :- They are secretory in nature.



## (iv) Stratified epithelium:-

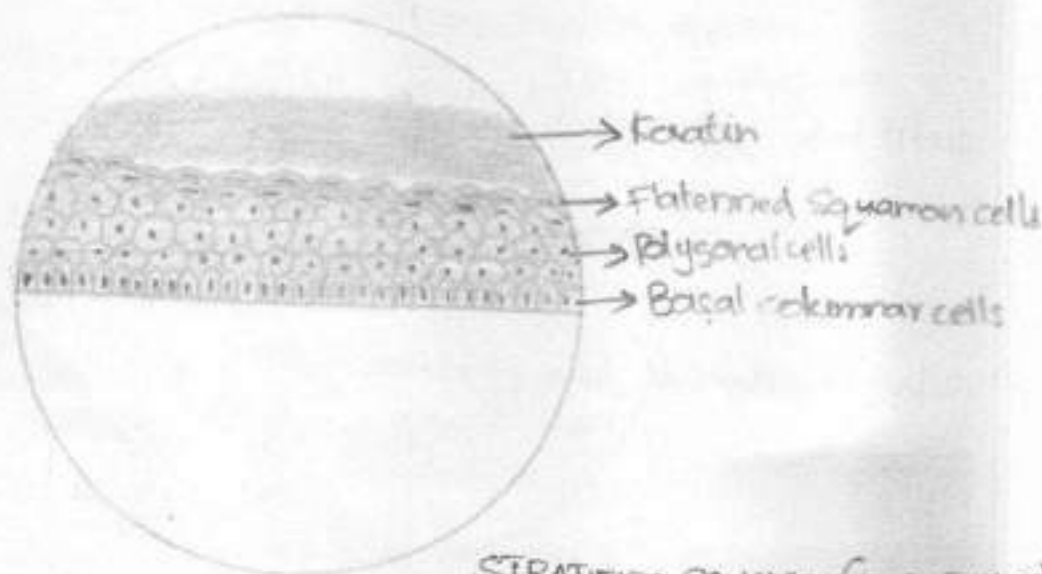
**Stratified squamous epithelium:-** These are multilayered epithelium. The basal layers are columnar cells with middle polygonal cells and topmost layer is flattened squamous cells. The epithelium they are named according to the shape of cells in most superficial layers. They are of two types:-

(a) **Stratified squamous epithelium (Keratinized):-** They are cells which are present in surfaces where it remains dry. The cells are non-living and nuclei is dead so make a layer called keratin. Eg:- In the skin.

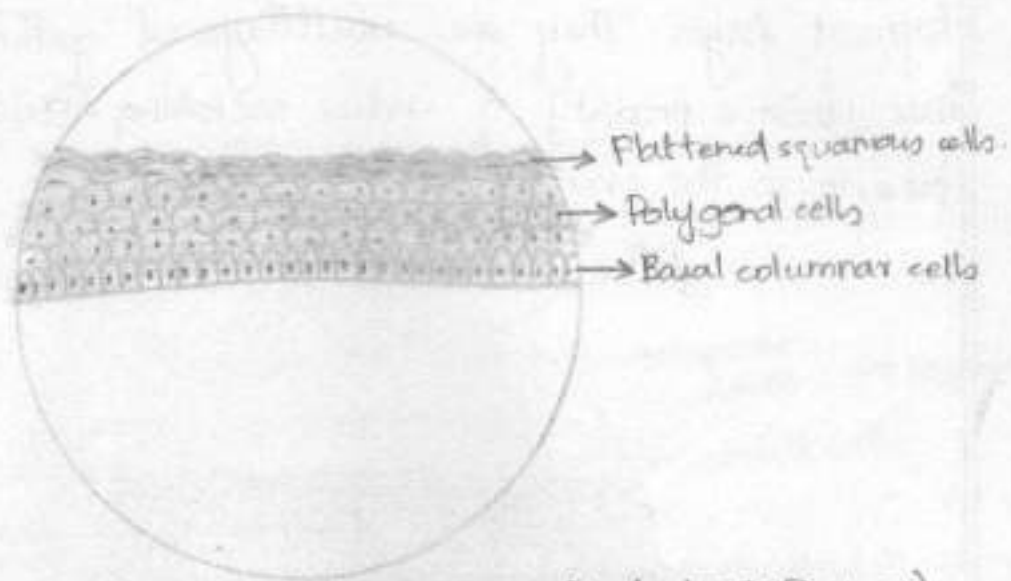
(b) **Stratified squamous epithelium (non-keratinized):** they are cells which are present in ~~dry~~ moist surfaces. The cells are living and nuclei is also present. Eg:- In the oesophagus, pharynx.

FUNCTIONS :- \* It gives protection.

\* Keratin prevents dehydration of underlying tissue.

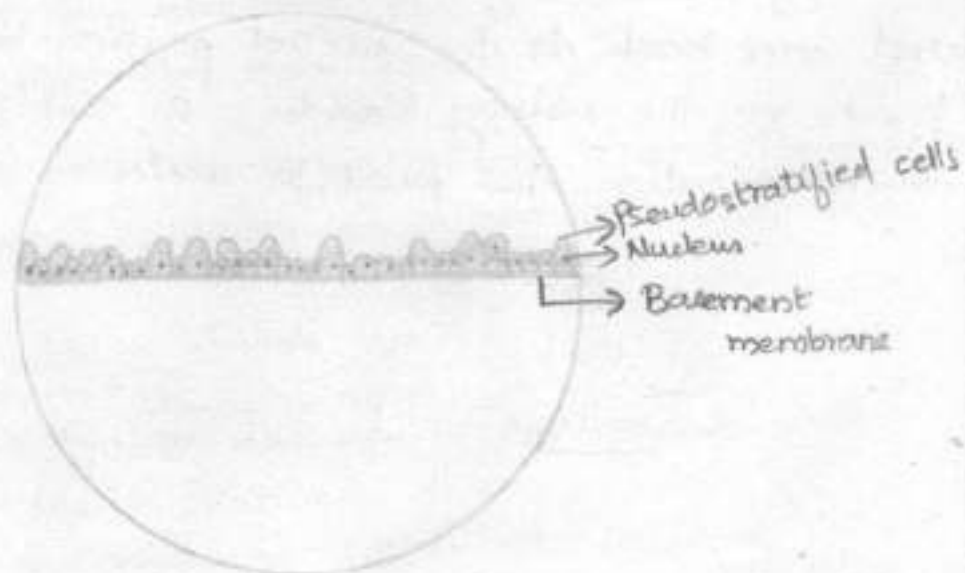


STRATIFIED SQUAMOUS (KERATINIZED)



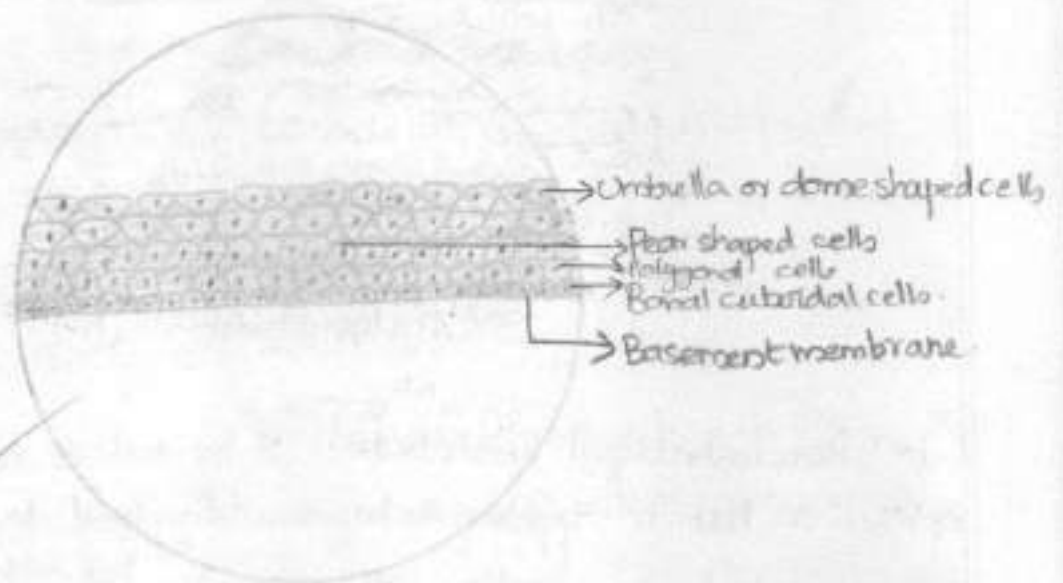
STRATIFIED SQUAMOUS (NON-KERATINIZED).

(v) Pseudostratified epithelium:- It is not a multilayered epithelium but it appears to be multilayered because of the presence of different types of cells with varying heights and width. Some may be tall and thick, some may be short and flattened. Actually it is a simple epithelium.



Transitional epithelium:- These are made of five to six layers of cell thickness. The basal cells are cuboidal with

polygonal middle cells and umbrella shaped in the topmost layer. They are multilayered epithelium. They have unique property of undue stretching. So, they are present in the urinary bladder, ureter.

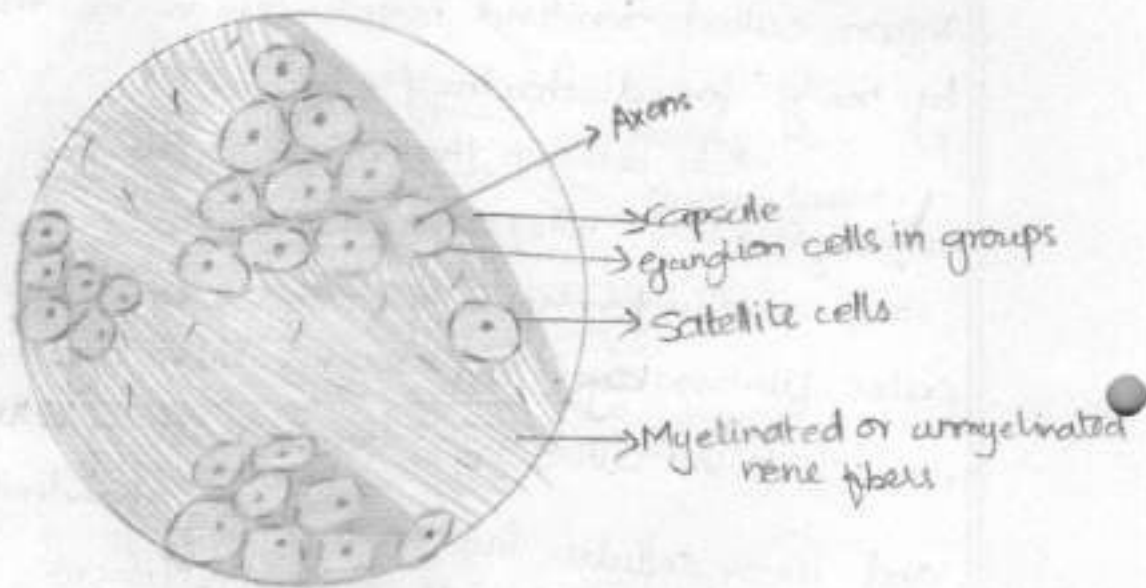


d). Transitional epithelium has unique property of undue stretching without any changes in its structure. They stretch and come back to the original position. So they are present in the urinary bladder so that it can stretch during urination. Also present in ureter.



## Section-B (Short Answer)

### 1) Spinal Ganglion:



- \* It is also called as sensory ganglion.
- \* It is located in dorsal root of spinal.
- \* They have thick connective capsule.
- \* Pseudounipolar cells are large seen in groups.
- \* Scattered cells ~~scattered~~ <sup>found</sup> between the myelinated and unmyelinated nerve fibers.
- \* Satellite cells are largely present around the ~~sc~~ cells which help in faster conduction and insulation.

### 2) Hyaline Cartilage:

- \* Hyaline cartilage is transparent with homogenous bluish matrix.
- \* Chondrocytes lie in the lacunae in the group of 2-6 cells called cell nests.
- \* Matrix is basophilic due to the presence of

peptidoglycans and they have

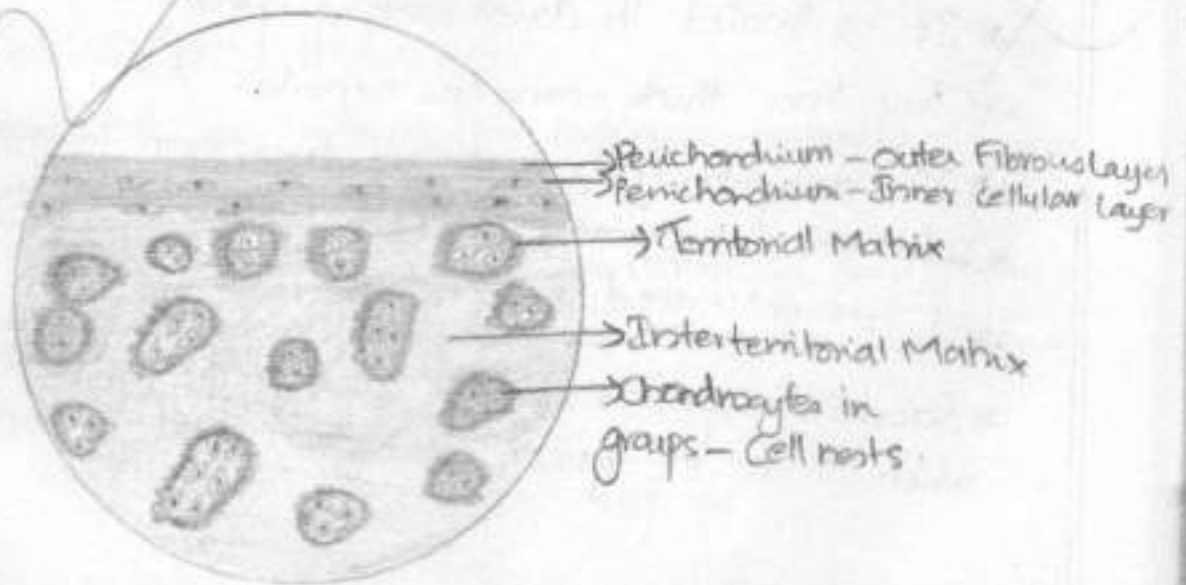
~~\* Newly~~

\* Chondrocytes are surrounded by dark staining region called territorial matrix. This is the matrix formed by newly formed chondrocytes.

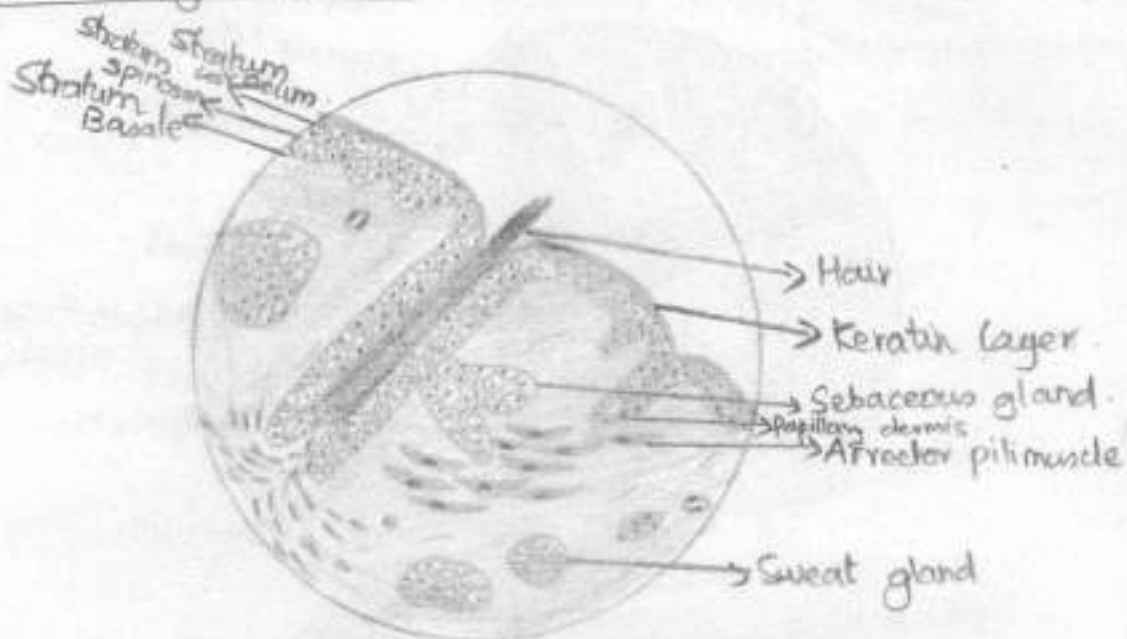
\* In between the cell nests the pale staining matrix is called interterritorial matrix.

\* Perichondrium is present as two layers - outer fibrous layer and inner cellular layers.

\* The outer fibrous layer consist of collagen fibres and inner cellular layer consists of chondrocytes responsible for the appositional growth of the cartilage.



### 3) Structure of Thin skin:-



\* It is made of three layers:-

- (i) Stratum basale:- The deepest layer, where cell proliferation takes place, made of columnar cells.
- (ii) Stratum spinosum:- layers of polygonal cells tightly attached.
- (iii) Stratum corneum:- Has thin layer of keratin.

\* Epidermis consists of keratinocytes, and non keratinocytes.

\* Dermis has papillary dermis and reticular dermis.

⇒ Papillary dermis is project into the epidermis to form papilla.

⇒ Reticular dermis is made up of collagen fibers.

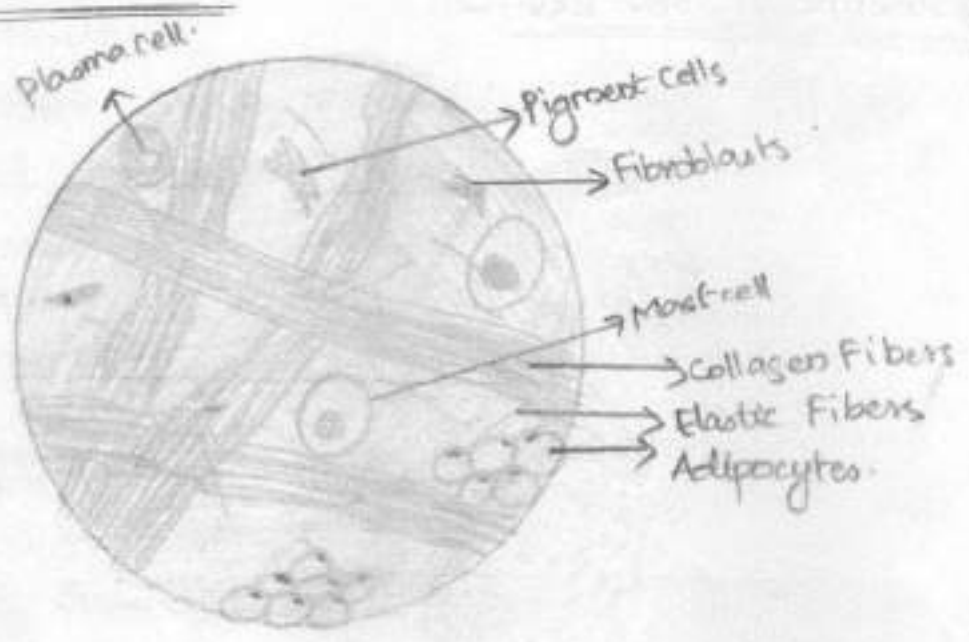
\* Sweat gland is present.

\* Hair follicle - It is present. Epidermis invaginate into the dermis forming a cyst for hair follicles.

\* Sebaceous glands are also seen near to the hair follicle.

\* Arrector pili muscle - seen arranged obliquely near the hair follicle.

4) Connective Tissue cells:-



\* Fibroblasts:- These are numerous in number. They are associated with the formation of fibres of the connective tissue, mainly collagen fibres. They are large, less no. of nucleoli is present.

\* Adipocytes:-  
• They synthesize and store fat.  
• nucleus is flattened and pushed to periphery.  
• The each cell is large fat globule.  
• The cytoplasm gives a thin ring like signet.  
• The cytoplasm forms a thin ring giving a signet ring appearance.

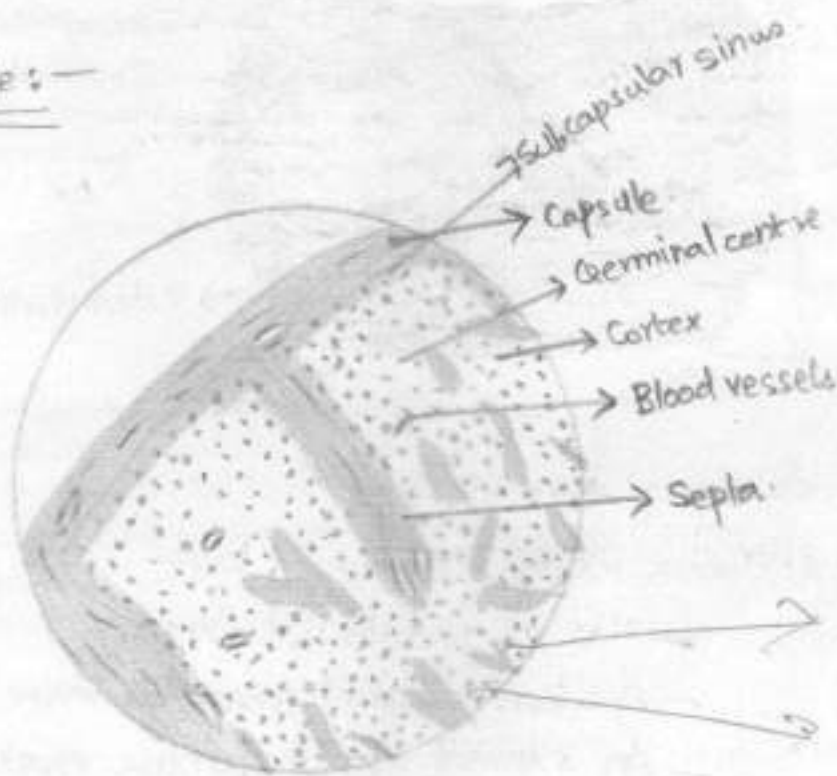
\* Lymphocytes:- They are the immune giving cells of the body. They are primary cells in the defense mechanism. They are B lymphocytes and T-lymphocytes.

\* Pigment cells:- They can be easily distinguished from the others because they are the only ones having brown pigment in the cells.

\* Collagen fibres:- They are the most abundant. They are wavy, in bundles. Individuals do not branch.

\* Elastic fibres:- They are less abundant than collagen. Run singly. Individuals branch, bundles do not branch.

5)  
2) Lymph Node:-



\* A thick capsule surrounds the lymph.

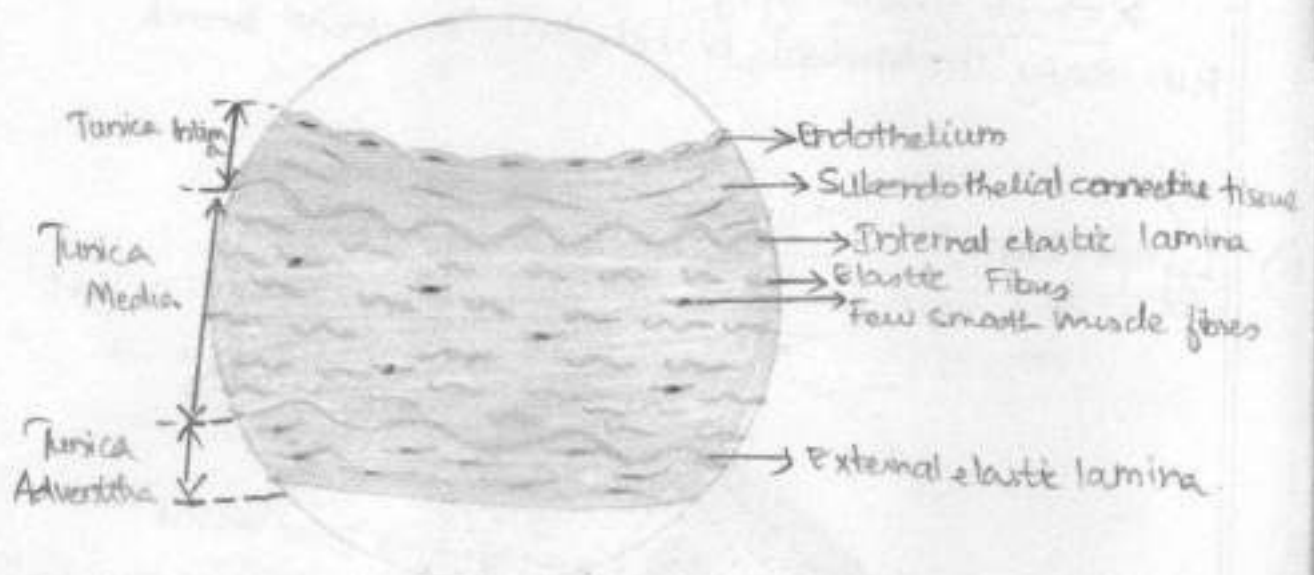
\* There is an empty space beneath the capsule known as subcapsular sinus.

\* Lymph aggregate as lymph follicles. There is an Each lymph node has an outer cortex and inner medulla.

\* Outer cortex is densely packed by lymphocytes with a pale staining region called as germinal center which is also surrounded by lymphocytes.

\* Inner medulla consists of lymph nodes branching and anastomosing with each other.

## 6) Elastic Artery:-



It is made up of three layers:-

\* (i) Tunica intima - Innermost layer.

- Has an endothelial lining.

- A subendothelial connective tissue

- An internal elastic lamina made of elastic

fibres in the form of fenestrated membranes. It is not so prominent.

(ii) Tunica Media:- Middle layer

- Has elastic fibres abundantly.

- Few smooth muscle fibres can also be seen.

- External elastic lamina is also seen.

(iii) Tunica Adventitia:- Outermost layer.

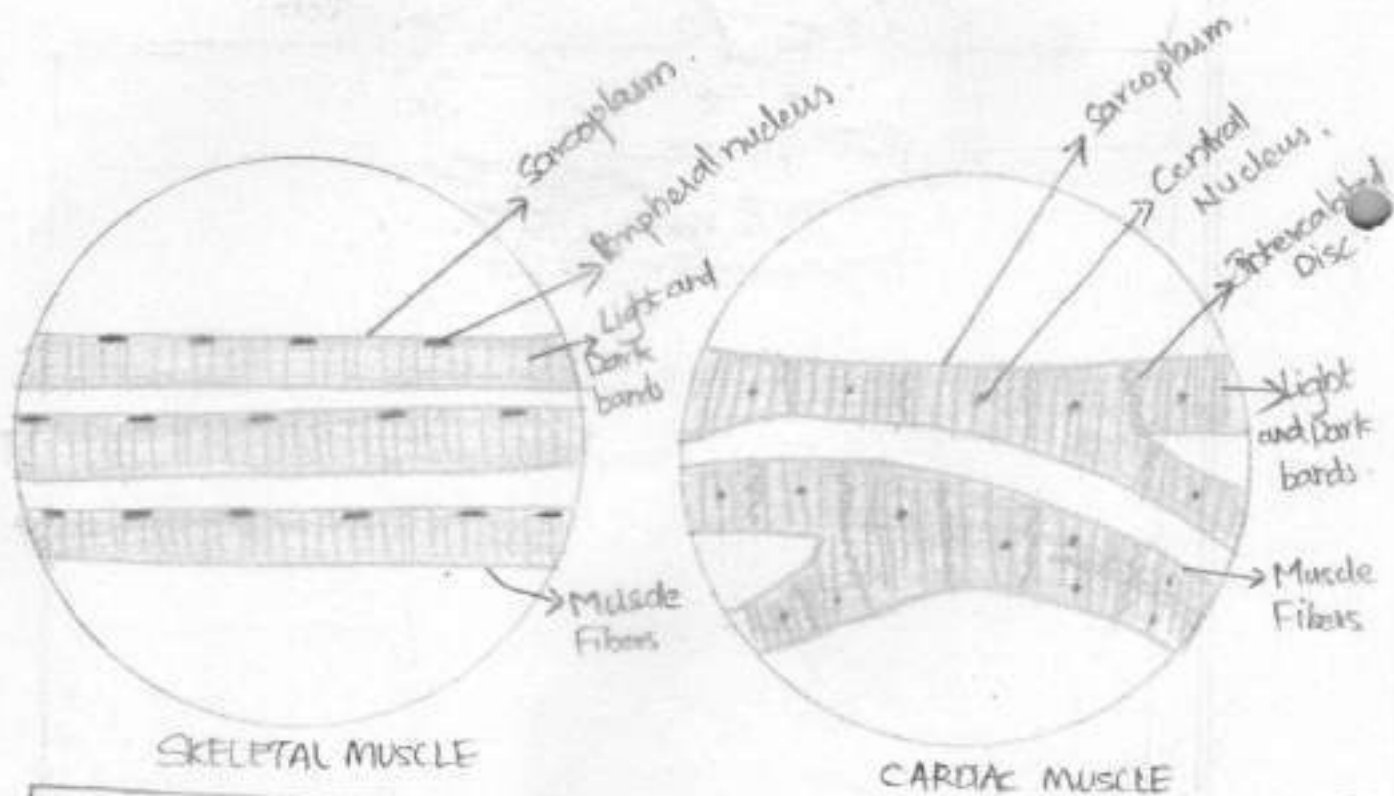
- Has external

- made

- It has abundant amount of collagen fibres.

\* Eg:- In the Aorta.

The elastic artery because of the presence of elastic fibres along their wall they can contract and recoil and conduct blood vessels to different arteries.



	Skeletal Muscle	Cardiac Muscle
Location	Close association with skeleton, bones.	<del>Closely</del> as They are muscles of the heart.
Striations	Present	Present
control	Voluntary	Involuntary
Nerve fibers	Somatic	Autonomic
Nuclei	Single, flattened at the periphery	Single, oval at the centre
Intercalated Disc	Absent	Present.
Branching	Does not branch	It branches.

*Rathesha*

16  
25

Time: 30 Min

1. The most common tumor occurring in oral cavity is  
a. Lipoma  b. Fibroma c. Adenoma d. Papilloma
2. Lack of differentiation is a feature of  
 a. Anaplasia b. Metaplasia c. Dysplasia d. Hyperplasia
3. Bleeding time is prolonged in  
a. Factor VIII deficiency  b. Christmas factor deficiency c. Vonwillebrand factor deficiency  
d. Vitamin k deficiency
4. Which one of the following benign lesions resembles squamous cell carcinoma clinically and microscopically?  
a. Verruca vulgaris b. Keratoacanthoma  c. Squamous acanthoma d. Leukoedema
5. Which amongst the following is a common clinical presentation of squamous cell carcinoma?  
a. Soft, fluctuant swelling b. Hard swelling with egg shell crackling  
 c. Chronic, non-healing ulcer with indurated margins d. Multiple, vesicles and bullae
6. A hemangioma can be best classified as  
a. Hamartoma  b. Choristoma c. Neoplasm d. Cyst
7. Which amongst the following is not a cause of macroglossia?  
a. Hemangioma b. Lymphangioma c. Down's syndrome  d. Leukemia
8. Lentigo maligna, acral lentiginous and mucosal lentiginous are forms of which of the following neoplasm  
a. Oral melanocytic nevus b. Adenosquamous carcinoma c. Nasopharyngeal carcinoma  
 d. Malignant melanoma
9. Adenoid cystic carcinoma is also known as  
a. Cylindroma  b. Pindborg tumor c. Warthin's tumor d. Pleomorphic adenoma
10. Most common salivary gland tumor is  
a. Pleomorphic adenoma  b. Adenoid cystic carcinoma c. Epidermoid carcinoma d. Acinic cell carcinoma
11. Adenolymphoma refers to  
 a. Adenocarcinoma b. Adenocystic carcinoma c. Warthin's tumour d. Pleomorphic adenoma
12. The stigmata of congenital syphilis include  
a. Saber shins b. Interstitial keratitis c. Eighth nerve deafness  d. All of the above
13. Antischkow cells seen in histological section of  
a. Pemphigus b. Aphthous ulcer  c. Leukoplakia d. Lichen planus
14. Hansens disease is another name of  
 a. Leprosy b. TB c. Mumps d. Scarlet fever
15. Ray fungus is an infection caused  
a. Fungi b. Virus c. Protozoan  d. Bacteria
16. Id reaction is associated with  
a. Aphthous ulcer  b. Herpetic stomatitis c. Syphilis d. Candidiasis



17. what is the critical pH of dental caries

- a. 3.5 b. 2.5  c. 5.5 d. 4.5

18. Sulphur granules are of diagnostic value in

- a. Histoplasmosis  b. Actinomycosis c. Lead sulfide tissue deposits d. Scrofula

19. The most likely diagnosis in a 23 year old, mentally alert, dwarf male with disproportionate arm and leg to body growth, prominent forehead and retruded maxilla

- a. Acromegaly b. Cretinism  c. Achondroplasia d. Marfan's disease

20. A normal clot retraction time, which is independent of coagulation time is indicative of a normal number of circulating

- a. Platelets b. Monocytes c. Neutrophils d. Lymphocytes

21. Feature of multiple bone radiolucencies, hypercalcemia, hypophosphatemia, loss of lamina dura gives clue for diagnosis of

- a. Acromegaly b. Hypothyroidism  c. Multiple myeloma d. Hyperthyroidism

22. Oral cytological smears are of no value in the diagnosis of oral cancer

- a. Herpes zoster  b. Lipoma c. Recurrent intra oral herpes simplex d. Primary herpes simplex virus

23. With which variation in coronal morphology is dense evagination associated

- a. Peg shaped lateral  b. Shovel shaped incisor c. Dilaceration d. Distomolar

24. The base of invagination of crown /root in dens invaginatus contains

- a. Dystrophic dentin  b. Dystrophic enamel c. Dystrophic cementum d. Necrotic pulp tissue

25. Which bone disorder should be considered for differential diagnosis in case of a finding of generalized hypercementosis

- a. Fibrous dysplasia  b. Ostitis deformans c. Osteopetrosis d. Osteogenesis imperfecta

MAHE INSTITUTE OF DENTAL SCIENCES & HOSPITAL  
CHALAKKARA, MAHE  
U. T. of PUDUCHERRY - PIN 673 333

INTERNAL ASSESSMENT BOOK  
SUBJECT: ORAL PATHOLOGY

*Rathesh*

Tick Questions Attempted:

Q<sub>1</sub>  Q<sub>2</sub>  Q<sub>3</sub>  Q<sub>4</sub>  Q<sub>5</sub>  Q<sub>6</sub>  Q<sub>7</sub>  Q<sub>8</sub>

Q<sub>1</sub>  10

Q<sub>2</sub>  10

Q<sub>3</sub>  5

Q<sub>4</sub>  5

Q<sub>5</sub>  5

Q<sub>6</sub>  5

Q<sub>7</sub>  5

Q<sub>8</sub>  5

No. of Additional sheets used.

TOTAL

Total in Words

Evaluated by:

*[Signature]*

Name of the candidate: RATHESHA S

Reg. No: 20DS0276

Signature *Rathesh*

Date: 15/05/2023

*[Signature]*  
Signature of Invigilator

2.

According to WHO, 2012 classification;

Benign epithelial salivary gland tumor;

adenomas

- (i) pleomorphic adenoma
- (ii) myoepithelioma
- (iii) oncocytoma
- (iv) Basal cell adenoma
- (v) sebaceous adenoma
- (vi) canalicular adenoma.

papillomas

- (i) Ductal papilloma
- (ii) Inverted Ductal pa
- (iii) Intraductal papi
- (iv) Sialoadeno papilli

Malignant epithelial salivary gland tumor;

- (i) Adenocystic carcinoma
- (ii) Acinic cell carcinoma
- (iii) secretory cell carcinoma
- (iv) polymorphous carcinoma
- (v) carcinoma ex pleomorphic adenoma
- (vi) Myoepithelial carcinoma
- (vii) Epithelial - myoepithelial carcinoma
- (viii) Basal cell carcinoma
- (ix) sebaceous carcinoma
- (x) Adenocarcinoma (NOS)
- (xi) lymph epithelial carcinoma.

Non epithelial salivary gland tumor;

- (i) sclerosing polycystic variant
- (ii) Intraductal hyperplasia

Tumor like lesions ;

- (i) oncocytoma
- (ii) mikulicz disease / syndrome
- (iii) salivary duct tumor.

### • clinical feature

- occurrence - 4 - 5 decades of life
- predilection - slight male predilection
- site - parotid gland, palate (especially hard palate), buccal mucosa, minor salivary gland.
- Asymptomatic in initial stages
- patient <sup>usually</sup> complains of slow growing swelling of lower jaw, difficulty in eating, talking.
- clinically: it is firm, palpable mass presenting in floor of mouth.

### • Treatment:

- Biopsy for diagnostic purpose.
- surgical excision.
- chemotherapy, radiotherapy.

1. Fibroosseous lesions are group of disease in which normal bone undergoes fibrous changes, and subsequent bone deposition.

Fibroosseous lesions are;

- (i) osteogenesis imperfecta
- (ii) fibrous dysplasia
- (iii) paget's disease
- (iv) cleidocranial dysplasia
- (v) osteopetrosis
- (vi) Ankylosis of jaw
- (vii) Apert's syndrome.

(iv) Sjogren's syndrome .

(v) Necrotising Metaplasia .

### Adenoid cystic carcinoma

- It is malignant epithelial tumor of salivary gland
  - It is second most common tumor of salivary gland
  - It has characteristic "swiss cheese pattern" appearance
  - affects parotid gland & minor salivary glands
- Histogenesis / pathogenesis
- Basal cell / progenitor cell theory
  - Pluripotent unicellular reserve cell theory
  - Semipluripotent Bicellular reserve cell theory
  - multicellular theory
  - Batsakis postulates
- Histology
- encapsulated or partial encapsulation with connective tissue stroma & epithelial component arranged within the stroma in islands or cords or sheets
  - cystic spaces are formed
  - ductal cells showing marked features like hyperchromatic nucleus
  - Hyalinization of cells seen
  - Acinar cell proliferation

## Fibrous dysplasia

→ disease of bone in which there is marked resorption, and deposition of osseous matrix.

→ Types

(i) polyostotic fibrous dysplasia

(ii) monostotic fibrous dysplasia

→ Polyostotic - involvement of more than one bone in any part of the body.  
eg. skull, vertebrae, femur, tibia, jaw

→ monostotic - involvement of one bone.  
eg. either mandible or maxilla etc.

→ Multiple bone involvement, café au-lait spots are clinically indicating McCune Albright syndrome

→ Jaffe-Lichstein syndrome ; polyostotic fibrous dysplasia with café au-lait spots & endocrine disturbance  
Lichtenstein

→ cells usually involved are osteoclast, melanocytes, endocrine cells.

→ Genetic mutation of RUNX2 gene results in abnormal functioning of these cells.

## Radiographic features

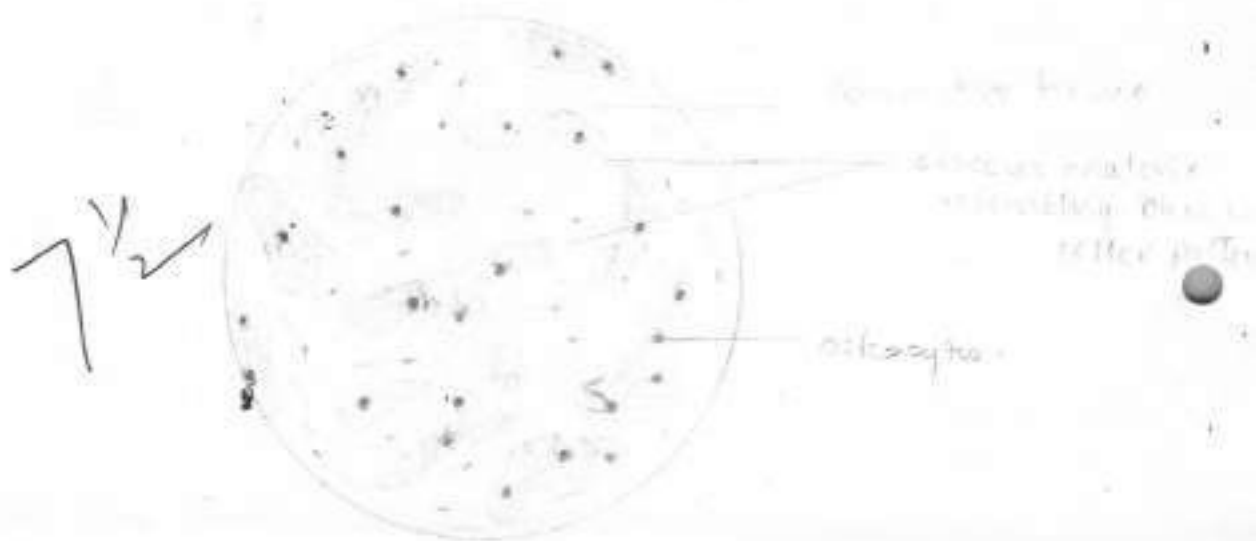
→ multiple radiolucencies and radiopacities.

→ resting & reversal line present showing time to time deposition of bony matrix.

## Histology

- "Chinese letter pattern" appearance.
- No rimming of osteoclast around the osseous matrix.

## FIBROUS DYSPLASIA



## Diagnosis

- serum alkaline phosphatase are normal
- Radiographs, serum  $Ca^{++}$  level raised. (Normal  $Ca^{++}$  9-11 mg)

## Treatment

- No specific treatment.

### 3. Iron deficiency anemia;

Anemia is defined as a condition in which there are reduced levels of hemoglobin in the blood.

Normal Range ;

- For female : 12-14 mg/dL
- For male : 14-16 mg/dL
- For infants ;  $>23$  mg/dL

According to the severity of Anemia it can be classified as;

- Mild - 6-8 mg/dL
- Moderate -  $\geq 6$  mg/dL
- Severe -  $<4$  mg/dL

Etiology for Anemia are ;

- (i) Acute or chronic Bleeding
- (ii) Chronic infections
- (iii) Bone marrow disorders
  - ↓ Acquired
  - ↓ Inherited
- (iv) Metabolic disorders
- (v) Gaucher's disease
- (vi) Hypersplenism
- (vii) G6PD deficiency (enzyme deficiencies)
- (viii) Aplastic anemia
- (ix) Nutritional deficiencies
  - ↳ Iron (IDA)
  - ↳ Anemia of chronic disease (ACD)
  - ↳ cobalamin
  - ↳ folate.
- (x) Leukemias & malignancies
- (xi) Hemolytic anemia



## Iron deficiency Anemia

- Most prevalent anemia in India.
- Affects female extremely than males.
- 90% of the Indian population is anemia.

→ Microcytic hypochromic type;

Initially cell <sup>(RBC)</sup> reduces in size and then marked increase in the central pallor → visible for hypochromia



→ Clinical presentations;

• patient complains of

(i) palpitation

(ii) fatigue

(iii) Breathlessness

} classic features

- Signs - paleness seen in lower palpebral fissure.
- pallor of fingers, toes, nailbeds etc.
- 'koilonychia' - spoon shaped nails.
- "Plummer Vinson syndrome" is usually associated with this type of Anemia -
  - ↳ web like growth in oesophagus
  - ↳ glossitis
  - ↳ Angular cheilitis
- PICCA - person have unusual cravings for chalk piece, ice cube etc.

## Diagnosis

stage 1 - Iron depletion

stage 2 - deterioration phase

stage 3 - Iron deficiency Anemia

stage 1 - check for serum Iron (Fe)

stage 2 - check for serum Iron, ferritin & transferrin levels -

stage 3 - Decreased levels of all these

## Peripheral Blood picture

1. MCH } markedly ↓.  
2. MCHC }  
3. MCV }

4. RDW - decreased; classic sign of Iron deficiency anemia..

4. Paget's disease also known as osteitis deformans.

→ Disease of Bone, in which increased activity of osteoclast cells.

→ Types:

- monostotic

- polyostotic

→ Affects elderly person.

→ Male predilection.

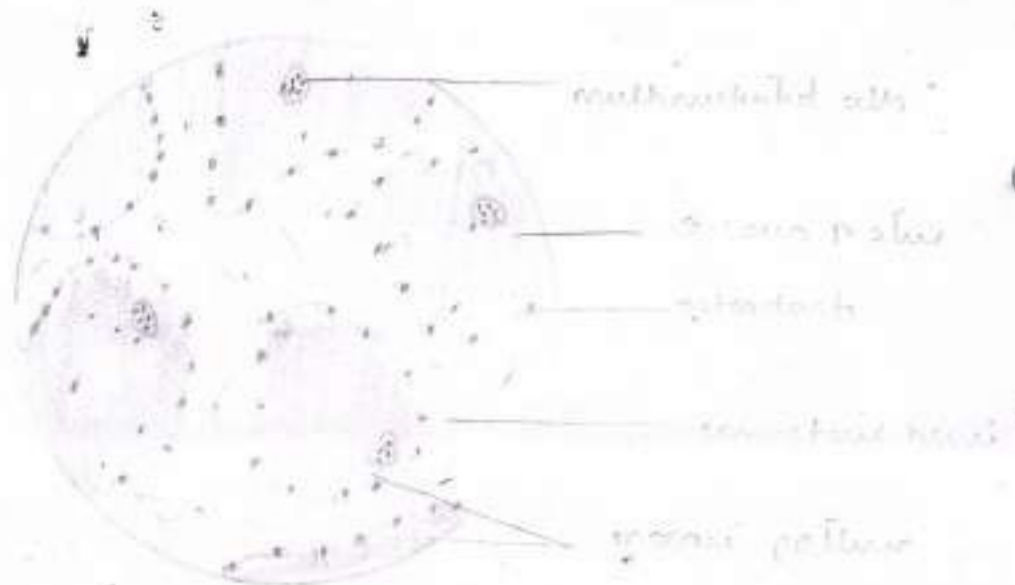
## Radiographic feature

- Cotton wool appearance.

Histology - Radiopacity & radiolucencies present.

- Sclerotic rim of osteoclasts.

- Jigsaw puzzle pattern or mosaic pattern.



## Differential Diagnosis

(i) osteosarcoma

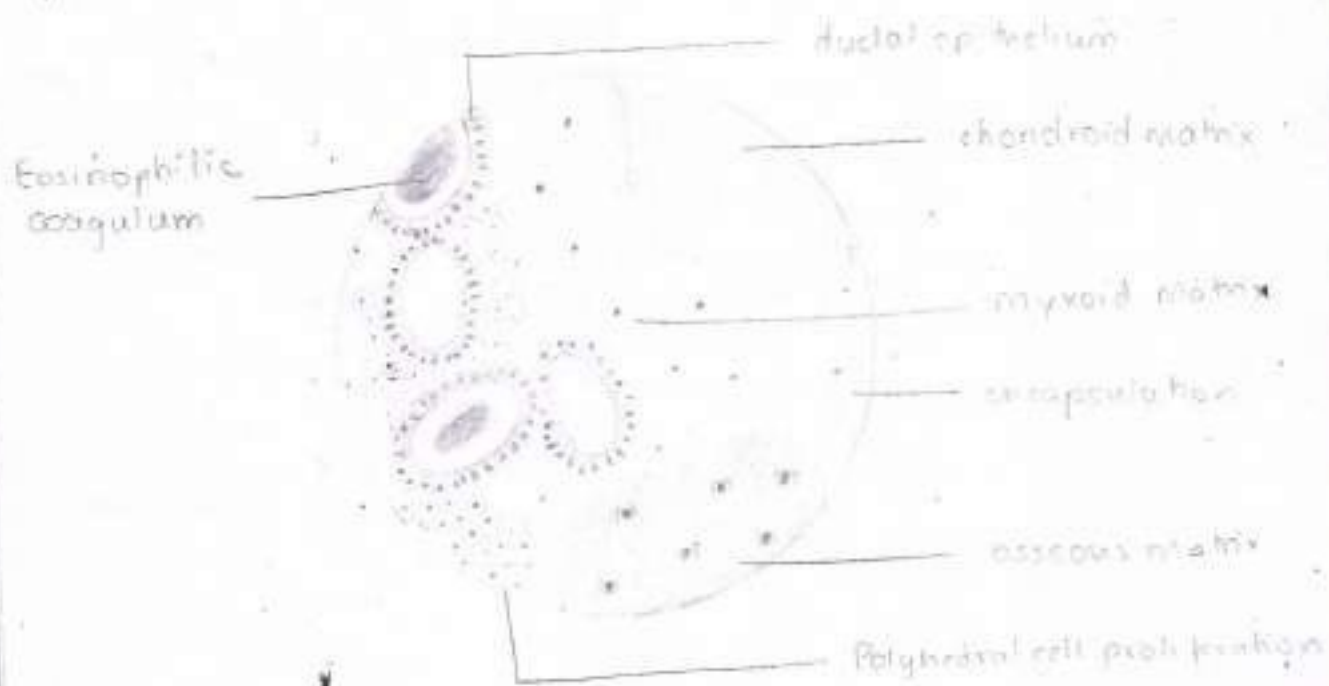
(ii) Sarcomas.

(iii) Hyperparathyroidism.

## Treatment

No treatment  
specific.

8. Pleomorphic adenoma. (Mixed tumor) - mutation of (PLAG1 gene)



- also known as mixed tumor, endothelioma, enclavoma
- affect parotid gland & other minor glands
- Histology -

- Encapsulated partially or completely.
- Two component : epithelial - ductal cells

connective tissue / mesenchymal - chondroid, osseous, myxoid.

→ clinical stages

- (i) predominantly cellular
- (ii) Equally myxoid & cellular
- (iii) predominantly myxoid
- (iv) Extremely cellular.

- Gross specimen - round ovoid mass usually encapsulated  
firm w consistency  
- pinkish → Brownish colour appearance

## Treatment

- Superficial lobe involved - partial / superficial parotidectomy
- deeper parts involved - Total parotidectomy
- Facial Nerve is identified & isolated during the procedure to avoid later complications
- X-ray radiation is no use in pleomorphic adenoma (Radiation - resistant)

3/2

## clinical presentation

- slow~~ing~~ growing swelling
- Intermittent in growth
- Fluctuant mass

metastasis / malignant transformation;

carcinoma ex pleomorphic adenoma<sup>no</sup>

7. Wasting disease of oral cavity are

- (i) Attrition
- (ii) Abrasion
- (iii) Abfraction
- (iv) Erosion

## Attrition

→ It is a physiological wearing away of tooth structure.

→ Age related disease

As Age increases Attrition increases.

→ Pathological attrition

(i) Abnormal occlusion

(ii) Parafunctional habits - (bruxisms) -

(iii) Structural defects (Enamel hypoplasias) -

→ clinical features -

→ occlusal facet formed

→ incisal edges, shiny, smooth, polished

→ sharp edges with enamel

→ Reverse cusps seen



→ Treatment removing the cause.

(i) use of night guards.

(ii) correction of occlusion.

(iii) permanent restorations, splints, veneer crowns (structural defects).

### Abrasion

Tooth surface loss due to use of foreign abrasives; incorrect brushing habits.

Clinically,

→ Tooth surface becomes saucer shaped especially seen in the cervical portion.

→ Abnormal incorrect brushing habits causes abrasion.

→ use of hard brushes, Tooth paste containing more abrasive.

→ In right handed individual, left arch teeth is usual affected & vice versa.

### → Treatment

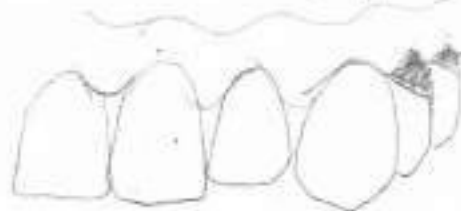
- 1) Teaching / Educating proper brushing habits  
Fones; in case of children  
Modified Bass method; adults  
(helps in vestibular / sulcular cleaning as t.o.d)  
Bass Roll method → ~~Hor~~ Exaggerated horizontal → see brushing strokes
- 2) GIC (V class) restoration  
(high releasing GIC are recommended)  
- Type 7 GIC.
- 3) use of soft bristle brushes.

### iii. Abfraction

loss of surface enamel due to abnormal masticatory forces.

#### Types of forces

- static force
  - loading force - chewing.
- wedge shaped enamel surface.
- usually pt. complains of sensitivity / pain while having food.
- microleakage → pain. can also cause



sharp angles  
wedge shaped  
defect at cervical 2nd of  
tooth.

## iv Erosion

chemical dissolution of tooth surface.

### Factors

#### Intrinsic

- 1) Chronic alcoholism
- 2) GERD - gastro-oesophageal Reflux disease
- 3) Morning sickness - Pregnancy

#### Extrinsic

- 1) Consumption of acidic Beverages
- 2) Drugs like vitc, Aspirin (salicylic acid) etc

→ discoloured enamel with stains



→ Interoxymetric acids

#### Treatment

- use of desensitizing agents
- Fluoride toothpaste
- Having Beverages during meal rather than in b/w meals.



5. Oral Thrush - oral candidiasis

caused by - *C. Albicans* - yeast like fungi

→ white - yellowish plaque like deposition seen on the oral mucosa, Tongue (palate etc)

→ Scaptable lesion → differentiate it from other peroral lesions

→ Affects immuno compromised individual.

Risk factors

1. Patient under drugs
2. HIV patient & malnourished
3. Chronic Infective state
4. Salivary gland disorders
- 5 - Xerostomia
6. poor oral hygiene
7. poor socio economic background

Microscopy

- Mycelium & hyphal growth with budding type
- +ve for mucicarmine, PAS staining
- Sabourdi dextrose agar growth (+ve)



Differential Diagnosis

- functional keratosis
- Leucoplakia
- Leukoplakia
- linea alba
- white sponge Nevus
- Leukedema

## Treatment

- Topical antifungal antibiotic - Nystatin - 2/1
- Clotrimazole tabs.
- Azole group drugs are often preferred.
- Maintaining oral hygiene is essential.

3/2



# MAHE INSTITUTE OF DENTAL SCIENCES & HOSPITAL

CHALAKKARA, MAHE  
U. T. of PUDUCHERRY - PIN 673 310

INTERNAL ASSESSMENT BOOK

SUBJECT: CONSERVATIVE DENTISTRY & ENDO DONTICS

Tick Questions Attempted:

Q<sub>1</sub>  Q<sub>2</sub>  Q<sub>3</sub>  Q<sub>4</sub>  Q<sub>5</sub>  Q<sub>6</sub>  Q<sub>7</sub>  Q<sub>8</sub>

Q<sub>1</sub>  10

Q<sub>5</sub>  5

Q<sub>2</sub>  10

Q<sub>6</sub>  5

Q<sub>3</sub>  5

Q<sub>7</sub>  5

Q<sub>4</sub>  5

Q<sub>8</sub>  5

No. of Additional sheets used.

TOTAL

45

Total in Words

Evaluated by:

Name of the candidate : ANAGIHA CP

Reg. No : 18DS0207

Signature

Date: 01/01/22

Signature of Invigilator

## 2. DENTAL CARIES

Dental caries is a irreversible multifactorial disease caused by demineralization of inorganic components and destruction of organic component of tooth.

It is multifactorial disease;

The factors contributing the formation of dental caries are;

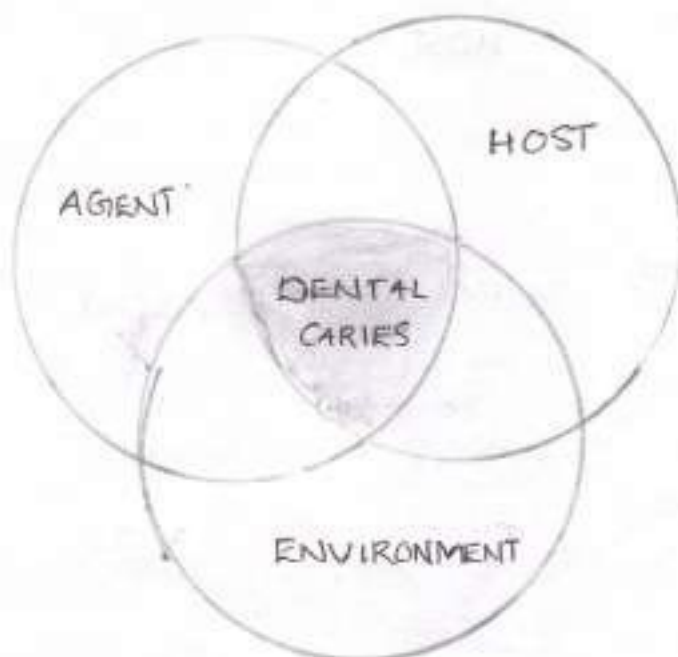
Diet

Biofilm

Host factors

Saliva.

Key's triad of Dental caries



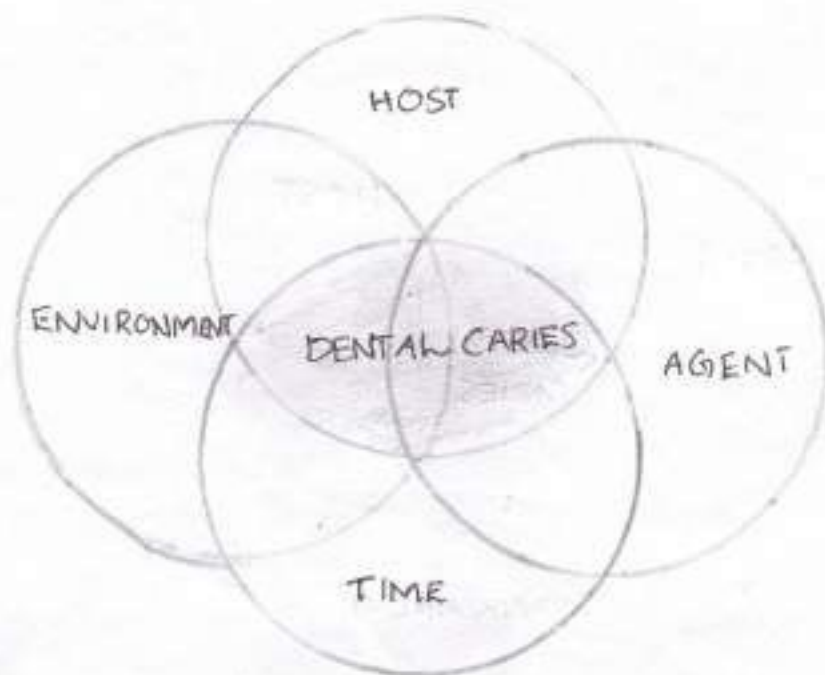
Keys triad represents the etiology of dental caries, Here 3 factors are contributing the formation of dental caries.

1. Host
2. Agent
3. Environment

Host is the teeth, Agent may be the microorganisms. Environment may be external or internal.

### Modification of keys triad

Keys ~~triad~~ triad is modified by adding a 4<sup>th</sup> factor, that is time.



Microbial agents causing dental caries are, Lactobacillus, Streptococcus, Actinomyces, Staphylococcus etc.

Diet is an important factor in the formation of dental caries. High carbohydrate rich diet is a predisposing factor of dental caries.

### Formation of Dental caries

Deep pit and fissures of tooth



Entrapment of food



Acid produced by the bacteria



Fermentation of food by bacteria



Deminerlization of the tooth

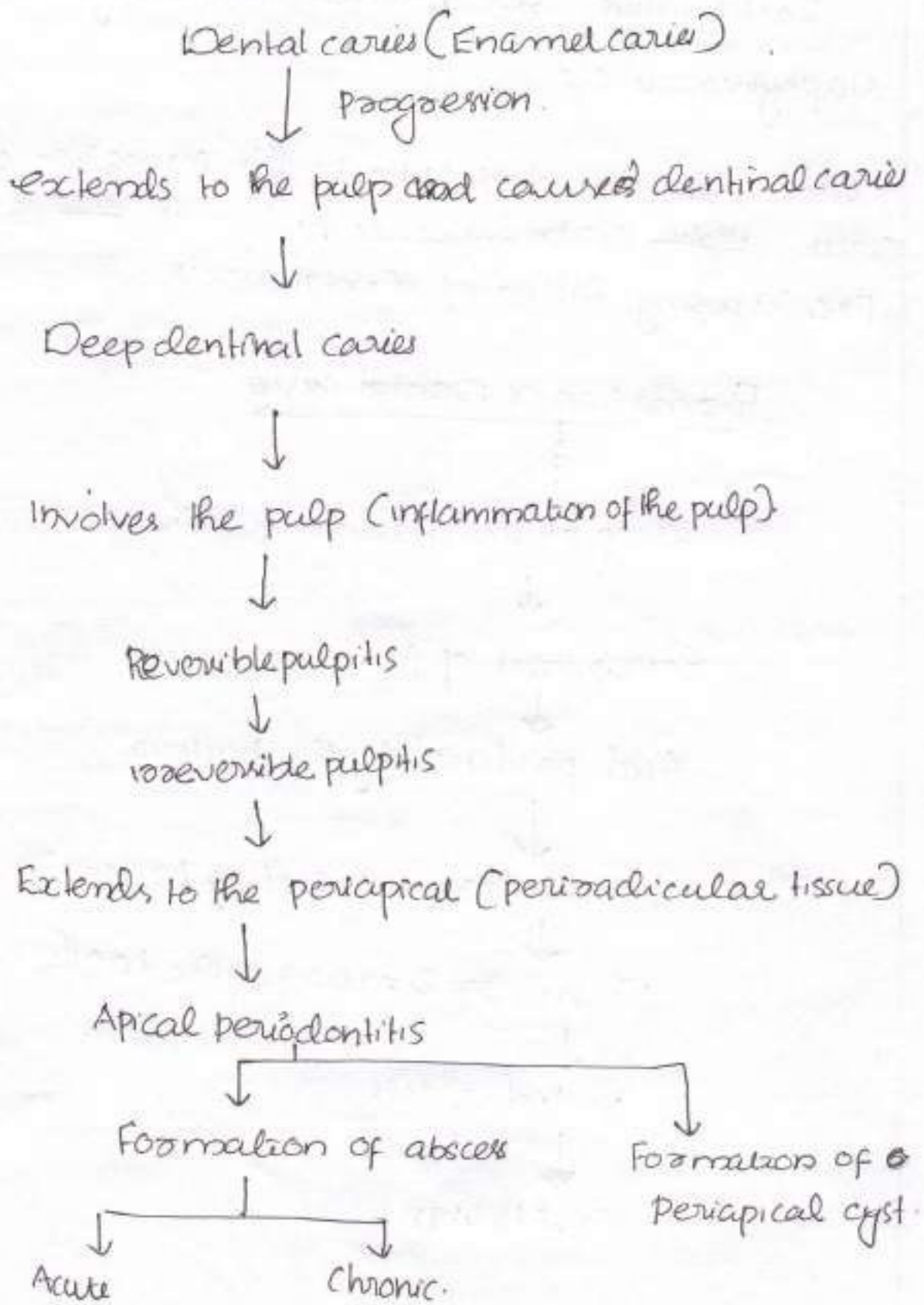


Initial caries



Cavitation.

## Sequelae of dental caries



## Diagnosis of dental caries

- clinical examination.
- Radiographic examination

### Clinical examination

clinical examination of dental caries is done by running an explorer through carious surface of the tooth.

If seen as a soft, ~~dis~~ and discoloured debris and a catch or resistance is present.

### Radiographic examination

Radiographic techniques used for the detection of dental caries are;

- Intraoral Periapical radiograph
- Bitewing radiograph
- Occlusal radiograph

On radiographic examination,

Dental caries appears as a radiolucent structure.

If the radiolucency is involving only in the enamel.  
It is enamel caries.

If the radiolucency is involving <sup>enamel</sup> dentin and pulp  
It represents. pulpal diseases like Reversible pulpitis irreversible pulpitis.



If a periapical radiolucency is present it represents the periapical (pericapical) disease

Clinically reversible pulpitis and apical periodontitis is differentiated by doing tender on percussion  
Tender on percussion is positive in apical periodontitis  
Tender on percussion is negative in pulpitis.

---

#### 7. Differential Diagnosis of periapical radiolucency

Periapical radiolucency reveals the periapical diseases,

→ Apical periodontitis, periapical abscess, periapical cyst.

Radiographic features of Apical periodontitis are,

- Radiolucency involving periapical region
- Widening of periodontal ligament
- Increasing the periodontal ligament space
- Loss of <sup>continuity of</sup> lamina dura.

Radiographic features of periapical abscess are,

- diffused radiolucency
- diffused margins.
- 

Radiographic features of periapical cyst

- Well defined radiolucency
- Rounded margins
- 2cm in size.

---

## 5. Gingival Marginal Trimmer

Gingival marginal trimmer (GIMT) is a hand cutting instrument. used for the class II cavity preparations.

~~Hand cutting~~ ~~instrument~~, ~~used for~~  
GIMT.

It is used for beveling of enamel,  
rounding of axiopulpal line angles.

## 1. TRAUMATIC INJURIES TO THE TOOTH

Traumatic injuries of the tooth are non carious tooth lesion ~~due to the~~ occurs due to the trauma, and other fracture.

Examples are,

Fractured tooth,

Aulsion

Intoxusion

Extoxusion

Attrition

Abraction

### Classification

#### Ellis's classification

class I → Fracture involving enamel

class II → Fracture involving enamel and dentin.

class III → Fracture involving enamel, dentin and pulp

class IV → Fracture of crown with out the fracture of root.

class V → Fracture of the root.

class VI → Fracture of crown and root.

## Etiology

- mechanical trauma
- Road traffic accidents
- iatrogenic causes (during cavity preparation).

## Avulsed tooth (Avulsion)

Avulsion is the displacement of the full tooth from the alveolar socket due to trauma.

Fractured tooth, is managed by restorative methods.

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### 3. Endo-emergencies

Emergency access opening.

# MAHE INSTITUTE OF DENTAL SCIENCES & HOSPITAL

CHALAKKARA, MAHE  
UT OF PUDUCHERRY - PIN 673 333

INTERNAL ASSESSMENT BOOK

SUBJECT: *Conservative dentistry and endodontics*

Tick Questions Attempted :

Q<sub>1</sub>

Q<sub>2</sub>

Q<sub>3</sub>

Q<sub>4</sub>

Q<sub>5</sub>

Q<sub>6</sub>

Q<sub>7</sub>

Q<sub>8</sub>

Q<sub>1</sub>  10

Q<sub>5</sub>  5

Q<sub>2</sub>  10

Q<sub>6</sub>  5

Q<sub>3</sub>  5

Q<sub>7</sub>  5

Q<sub>4</sub>  5

Q<sub>8</sub>  5

No. of Additional  
Sheets used.

TOTAL

45

Total in Words *Seventeen.*

Evaluated by:

*Dr. Ashish*

Name of the candidate: *Aswathy - P.R.*

Reg. No: *18DS0217*

Signature

Date: *10/12/22*

*MAH*  
*10/12/22*

Signature of Invigilator

## Section - A

2

### Root Canal Obturation.

#### Obturation

Definition : Obturation is defined as the sealing and filling of cleaned and shaped roots using a sealer and filler materials.

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#### Various techniques of root canal obturation.

- Cold lateral condensation technique.
- Warm Vertical obturation
- Warm lateral obturation technique
- Thermoplasticized obturation technique.
- Thermafoll obturation technique.

## Cold lateral technique.

- Isolation and <sup>drying</sup> clearing the canal with a paper cone.
- Insertion of a master cone
- Check for 'TUG BACK'
- Evaluate the master cone which should be 1mm above the working length.
- Inserting the accessory cone along the master cone.
- Not Rotating the tip of the cone using 2 fingers
- Lateral Compaction. - lateral movement of them.
- The other cones are introduced until the obturation of the canal takes place.
- Periapical radiography is checked.

## Thermoplastic obturation technique

### Principle :

- Obturation done with the hand gun
- A syringe of which outside has gutta percha pellets is present.
- Appropriate needle size should be selected.

### Procedure :

- Isolation
- drying with paper Cone.
- Heating of the gutta percha will allow the material to flow
- Material is injected to the apex area.
- using plunger it is condensed.



Remaining obturatory area is filled with heating of the gutta percha

temperature -  $60^{\circ}\text{C}$

and filling the obturatory canal.

Gutta percha will be in the beta phase, white on cooling.

Composition : Gutta percha - matrix (40%)

Zinc oxide layer - filler.

Heavy metal substitutes

Plasticizer or waxes or resins

Heating of the gutta percha pellets which is in

a flowable state and is injected into the

canal surface and is sealed with an appropriate

filling material.

## Section - B

### ③ Root Canal irrigants

- i) NaOCl Sodium hypochlorite
- ii) EDTA Ethylenediamine tetraacetic acid
- iii) Chlorhexidine digluconate.

3 1/2

Newer irrigant material

- Electrochemically activated irrigants
- Ruddle's solution
- Photoactivated irrigants

~~Quaternary~~

Thermodischarge

Q-mox

Thermodischarge

Electronic acid

## Herbal irrigants

- Tephala
- Turmeric
- Allium Sativum
- Ginger

## Sodium hypochlorite

0.5% NaOCl - Dakin's Solution

Irrigant aims:

- To remove debris and other remaining tissues
- To remove smear layer.

## Sodium hypochlorite

Principle: Release of hydrochlorous and hydrochlorite ion.

MTAD

## EDTA

- Ethylenediamine tetra acetic acid.

17% of EDTA is used.

Chlorhexidine digluconate 2%

Consists of Hexamethylene chain.

It is used as both irrigant and medicament.

Ruddle's solution is a newer irrigant.

A mix - Detergent (Tween 80) is used.

Sodium hypochlorite is the most commonly used.

Due to the formation of toxic hypochlorous acid, hypochlorite can be used as an effluent irrigant which acts on any debris & it is removed.

It will also remove smear layer.

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## Step back techniques

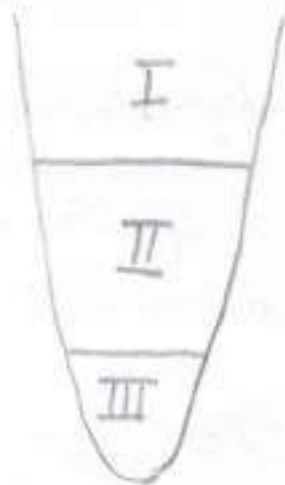
Various techniques of cleaning and shaping.

- Step back technique
- Step down technique
- Hybrid technique

### Step back technique

Starts the cleaning and shapings from the apical region followed by middle third and the coronal third.

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Coronal third

middle third

Apical third.

Procedure starts with

- Circumferential filling in the Apical 3<sup>rd</sup> followed by middle.
- Reaming in the coronal third.

The debris or any other remaining tissue should not irritate apical foramen.

- Apical foramen should be as short as possible.
- Should not cause any damage to the apical foramen.

Instruments : Hand instruments

Circumferential filling - ~~banding~~

## ⑥ Dentin hypersensitivity

~~Cause~~ etiology :

- Attrition
- mobility
- Abrasion
- ~~Excessive~~ Excessive grinding habit

Stimulus

↓  
Flow of the liquid into the open dentinal tubules.

↓  
Activation of A fibers

↓  
Pain

Clinical features :

- Severe Pain
- Sensitivity such to hot or cold or hot foods.
- Shoddy pain
- Difficult in eating, chewing.

③

## Management of hypersensitivity

- Use of potassium nitrate toothpaste
- Devoid of any habits which cause further attrition of teeth.

eg: Individuals with excessive grinding habits (Clenching).

- Correction of occlusion
- Any old restoration with high points which interfere with the occlusion.
- Clawing of the dentinal ~~the~~ tubules which are exposed.



8

## Rubber dam isolation

### Indications

- In any single tooth restoration
- In prep preparations
- Helps in protecting the adjacent tooth structures
- Usability of the working site.
- Visualization
- Prevents the operator from impurities which may interfere the process.
- Resists the salivary flow to the working site.
- Visualization of the working site
- Comfortable to the patient

### Disadvantages

may be uncomfortable to patients.

1/2

(4)

Intra Canal medicaments.

- Chlorhexidine & Digluconate 2%

which is used as both irrigant and as

Intra Canal medicaments

(1/2)

- Calcium hydrochloride

Acts while it attaches to the Calcium ions of the dentine.

hydrochloride ions strike

## Section - A

### ① Glass Ionomer Cement.

#### Properties of GIC

- Good bonding property
- Biocompatible
- Ease of manipulation.
- Non-irritant material
- Non-toxic to the patient.
- Excellent adhesive property
- ~~Can~~ used as good bonding agent
- ~~cheap~~ Relatively not expensive
- Good strength.

#### Manipulation of GIC

- Plastic Spatula
- ~~Mixing paper~~
- Powder and liquid which is suspended in separate bottle

- GIC is available as powder and liquid in separate bottles.

- Suspension of powder and liquid into the mixing pad in the ratio of 2:1

- Using spatula the powder is divided into small ~~increments~~ increments

- Mixing of powder and liquid is done in a cupping

~~cupping~~ and sliding motion.

- Adding small increments and mixing according to the type to be used.

Type I - luting  
Type II - Restorative

For Type I luting the mixing should be done should be checked as stringy while the mix is lifted up.

For restorative purpose the mix should be in thick consistency.

## Modification of GIC

Resin modified glass ionomer cement.  
metal induced glass ionomer cement.