



# **D Y PATIL DENTAL SCHOOL**

**Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune 412105**

*Affiliated to Maharashtra University of Health Sciences, Nashik*

*Recognized by Dental Council of India*



## **SELF STUDY REPORT (CYCLE 1) 2018-2023**

**CRITERIA: 2:** Teaching and Learning Evaluation

**KEY INDICATOR: 2.5:** Evaluation Process and Reform

**METRIC: 2.5.3:** Reforms in the process and procedure in the conduct of evaluation/examination; including the automation of the examination system

## **EXAMINATION REFORMS**

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## **EXAMINATION PROCEDURES**

**CIRCULARS-DCI AND DEPARTMENT FOR CONDUCTING OF THEORY AND PRACTICAL EXAMINATION**



**भारतीय दन्त परिषद**  
**DENTAL COUNCIL OF INDIA**  
(A STATUTORY BODY CONSTITUTED UNDER THE DENTISTS ACT, 1948)

BY EMAIL/DCI WEBSITE

No.DE.-14-ACADEMIC(MDS)-2021/ 474

Dated the 21<sup>st</sup> May, 2021

**ADVISORY**

To

1. The Principal/Dean of all the Dental Colleges in the Country.
2. The Registrar of all the universities affiliating dental institutions in the country.
3. The Principal Secretary (Medical Education/Health & Family Welfare) of all State/UT Governments,
4. The Directors of Medical Education Departments of all State/UT's.

**Subject: Advisory on holding UG and PG Examination-2021 by the Dental Colleges/Universities and to appoint External Examiner.**

This is regarding the difficulties being faced in conducting the examinations in UG/PG dental courses, due to the prevailing pandemic. Many teachers are unwillingness to be the examiners. Consequently, the final year examination of UG/PG Dental Courses, are being delayed in many dental institutions.

2. Accordingly, the Executive Committee of the DCI, by circulation, on 28.4.2021 has decided that the Colleges/Universities shall conduct their theory examinations for both UG and PG strictly in accordance with the norms prescribed by the DCI without deviating from the existing provisions for the purpose and also maintaining the uniform standard of examination. These theory examinations shall be conducted by such institutions and universities with their due compliance of the advisories, guidelines, instructions, etc. issued by the Government of India, respective State Government and District Administration, from time to time so as to prevent from spreading COVID-19. No specific time frame is prescribed for the examination. The examination shall be conducted at suitable time as and the normalcy in the respective State/District is restored.

3. As per Scheme of clinical and practical BDS Examination, as contemplated/prescribed in the existing Revised BDS Course Regulation, 2007, the practical and clinical examinations should be evaluated by two examiners of which one shall be an external examiner appointed from other universities preferably outside the State. Each candidate should be evaluated by each examiner independently and marks computed at the end of the examination. Similarly, for MDS clinical and practical examination, Regulation 19 of the Dental Council of India, Master of Dental Surgery Course Regulations, 2017, inter-alia, provides for four examiners in each subject. Out of them, two (50%) shall be external examiners and two (50%) shall be internal examiners. Both external examiners shall be from a university other than the affiliating university and one examiner shall be from a university of different State.

4. Since, the Dentistry is clinical and skill oriented profession and involves the patient care, therefore, all the institutions/universities shall make its best efforts to make available the flow of patients to assess the skill and clinical expertise of a student. But, during the clinical and practical examination of the student, the Dental Institution/universities shall comply with all COVID-19 protocols on infection control and patient care. However, certain clinical procedures which load to generate aerosol, can be substituted by using hand instruments, air-motor or micro-motor equipments, but, again with due compliance of the advisories, guidelines, instructions, etc. issued by the Government of India, respective State Government and District Administration, from time to time.

5. Besides, the DCI has decided to permit the examiners as per following options:-

(i) External Examiner(s) to be selected from a different University in the State with their compulsory physical presence at the venue of the examinations.

(ii) In case option (i) above is not possible, one of the two External Examiners to be selected from a different University, who would be physically present at the venue of the examinations and the second External Examiner from another different University outside the State who would participate through video-conferencing.

(iii) If option (ii) is also not possible, both the External Examiners may participate through video-conferencing.

6. Further, the concerned Universities may decide the time and the method of Examination taking into consideration the pandemic situation in their area.

7. Accordingly, all the Universities /State Governments, under their prerogative, after making comprehensive assessment of university location and diversity of the colleges, their level of preparedness, residential status of the students, status of COVID-19 pandemic spread in different regions / state and other factors, shall chart out a plan for the examinations.

Contd..2/-



भारतीय दन्त परिषद  
**DENTAL COUNCIL OF INDIA**  
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-2-

8. However, the respective University / State Govt. may take up the matter with the Dental Council of India only if it considers it absolutely necessary to grant specific relaxation on case to case basis. If any student, Association / Society, Colleges etc. desires to make a representation in this regard, they are hereby advised to make the same to the respective State / University.

This issues with prior approval of the Government of India vide its letter No.V.12025/52/2020-DE [FTS: 8061743] dated 19.5.2021 (copy attached).

Yours faithfully,

Encl.: As above.

*M.L. Meena*  
(M.L. Meena)  
Officiating Secretary  
Dental Council of India

Copy for information to:

The Secretary to the Govt. of India, Ministry of Health & Family Welfare, (Deptt. of Health — PMS Section),  
Nirman Bhawan, Maulana Azad Road, New Delhi — 110 011

Yours faithfully,

*sd*  
(M.L. Meena)  
Officiating Secretary  
Dental Council of India

CC:

✓ 1. ARPM Section - for email and website.

File No.V.12025/52/2020-DE

No. V.12025/52/2020-DE [FTS: 8061743]  
GOVERNMENT OF INDIA  
MINISTRY OF HEALTH & FAMILY WELFARE

Nirman Bhawan, New Delhi.

Dated the 19<sup>th</sup> May, 2021

To

The Officiating Secretary  
Dental Council of India  
Kotla Road, Temple Lane,  
New Delhi-110002

Sub: Advisory on holding UG & PG examination, 2021 by the Dental  
Colleges/Universities and appointment of External Examiners.

Sir,

I am directed to refer to DCI's letter No. DE-22-Academic-2021/361  
dated 03.05.2021 on the subject mentioned above and to say that the draft  
advisory has been approved by this Ministry.

Yours faithfully,

Signature Not Visible  
Digitally signed by KUMAR PRANAV  
Date: 2021.05.19 12:00:39 IST

(Kumar Pranav)

Under Secretary to the Government of India  
Tele: 011-2306 1881

**DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY**

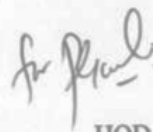
**DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY**

**PAPER SYLE – PRACTICAL**

Total 100 marks (90 marks practical + 10 marks Internal)

Practical 90 marks

- 1) Clinical case exam of child, history taking and diagnosis- 40
- 2) Chair side orals- 25
- 3) Treatment planning- 15
- 4) Clinical work record(Journal) and communication skills- 10



HOD

Department of Pedodontics  
**PROFESSOR & HEAD**  
Dept. of Paediatric & Preventive Dentistry  
D Y Patil Dental School  
D Y Patil Knowledge City  
Charoli (Bk), Via Lohegaon, Pune - 412105.

PAPER SYLE – PRACTICAL

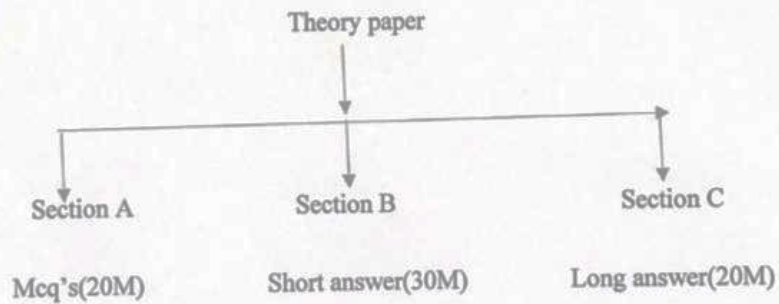
Total 100 marks (70 marks Theory paper + 20 marks from Pratical Viva + Theory internlas)

Three Sections A, B and C

A- Mcq's – 20 marks

B- Short answer – 30 marks

C- Long answer – 20 marks



HOD

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**PROFESSOR & HEAD**  
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D Y Patil Dental School  
D Y Patil Knowledge City  
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DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY

Postgraduate Examination

PAPER SYLE – PRACTICAL

**Day 1**

- A) Case discussion, pulp therapy : pulpectomy on primary molar
- a) Case discussion - 20 marks
  - b) Rubber dam application – 10 marks
  - c) Working length – 10 marks
  - d) Obturation 20 marks
- Total = 70 marks**
- B) Case discussion, crown preparation for stainless steel crown on primary molars and cementation of the same
- a) Case discussion – 10 marks
  - b) Crown preparation – 20 marks
  - c) Crown selection and cementation – 20 marks
- Total = 50 marks**
- C) Case discussion, band adaptation for fixed space maintainer and impression making
- a) Case discussion – 20 marks
  - b) Band adaptation – 20 marks
  - c) Impression – 20 marks
- Total = 60 marks**

**Day 2**

- A) Evaluation of fixed space maintainer and cementation – 20 marks
- B) Viva voice – 80 marks
- C) Pedagogy – 20 marks



**PROFESSOR & HEAD**

Dept. of Paediatric & Preventive Dentistry  
D Y Patil Dental School  
D Y Patil Knowledge City  
Cheraji (Bk), Via Lohegaon, Pune - 412105.

**PAPER SYLE – Theory**

**Paper 1** Applied basic sciences

- a) Long answer question - 2 X 20 = 40 marks
- b) Short answer question – 5 x 7 = 35 marks

**Paper 2** Clinical pediatric dentistry

- c) Long answer question - 2 X 20 = 40 marks
- d) Short answer question – 5 x 7 = 35 marks

**Paper 3** Preventive and community dentistry as applied to pediatric dentistry

- a) Long answer question - 2 X 20 = 40 marks
- b) Short answer question – 5 x 7 = 35 marks

**Paper 4** Essay – 1 X 75 = 75 marks



**PROFESSOR & HEAD**  
Dept. of Paediatric & Preventive Dentistry  
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# DEPARTMENT OF PUBLIC HEALTH DENTISTRY

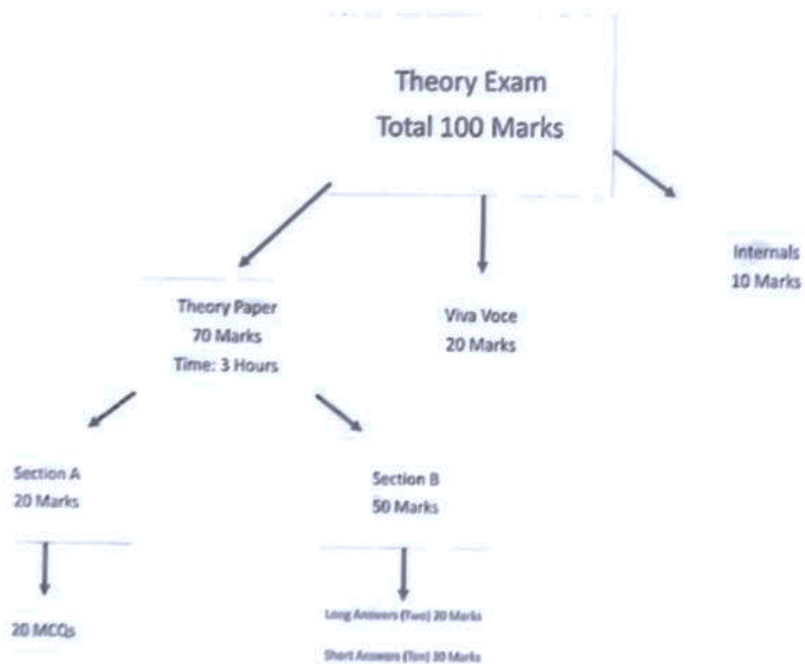
## D Y Patil Dental School Pune Department of Public Health Dentistry Paper Pattern

Theory Exam:

Total 100 Marks: 70 Marks Theory Paper + 20 Marks Viva Voce + 10 Marks Internals

Two sections: A (20 Marks) and B (50 Marks )

- a) Multiple Choice Questions: 20 Questions 1 mark each
- b) Long Answer Questions: 2 Questions 10 marks each
- c) Short Answer Questions: 10 Questions 3 Marks Each

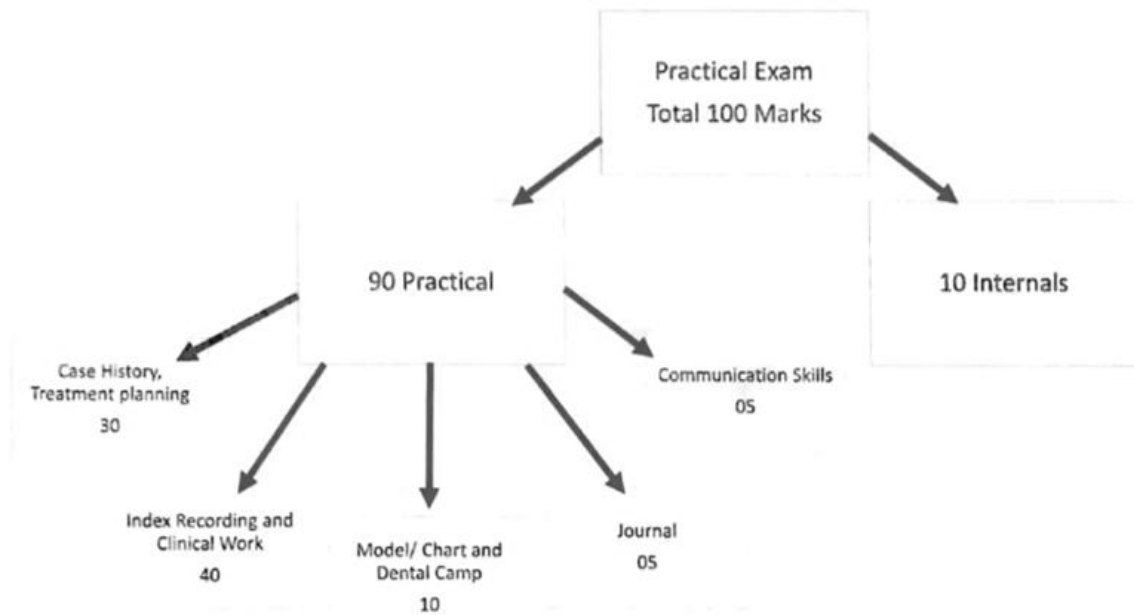


  
PROFESSOR & HEAD  
Dept. of Public Health Dentistry  
D.Y. Patil Dental School  
D.Y. Patil Knowledge City  
Charoli (Bk), Via Lohars - 411 004

**D Y Patil Dental School Pune**  
**Department of Public Health Dentistry**  
**Paper Pattern**

Practical Exam:

Total 100 Marks: 90 Marks Practical Examination + 10 Marks Internals



*KL*  
**PROFESSOR & HEAD**  
Dept. of Public Health Dentistry  
D Y Patil Dental School  
D Y Patil Knowledge City  
Charoli (Bk), Vija 10/10/20, Pune - 411 004

**DEPARTMENT OF ORTHODONTICS AND DENTOFACIAL ORTHOPAEDICS**

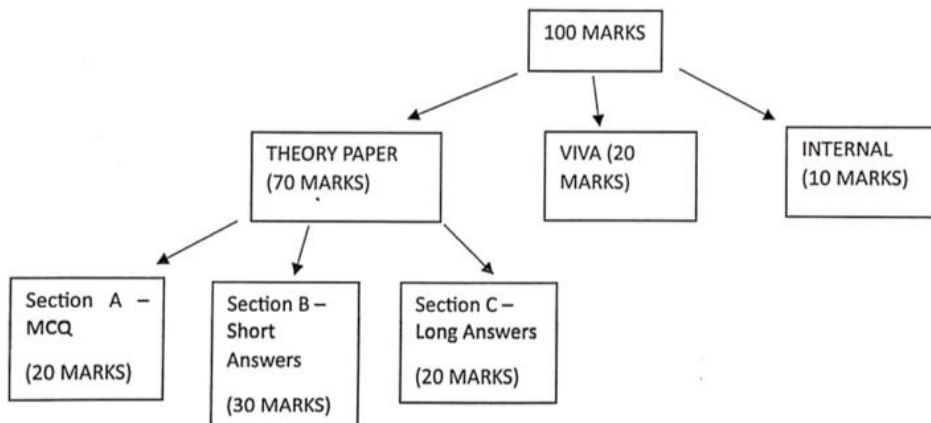
**D. Y. PATIL DENTAL SCHOOL & HOSPITAL, LOHEGAON**

**DEPARTMENT OF ORTHODONTICS & DENTOFACIAL  
ORTHOPEDICS**

**(FOR UNDERGRADUATE STUDENTS)**

THEORY PAPER

TOTAL MARKS: 100

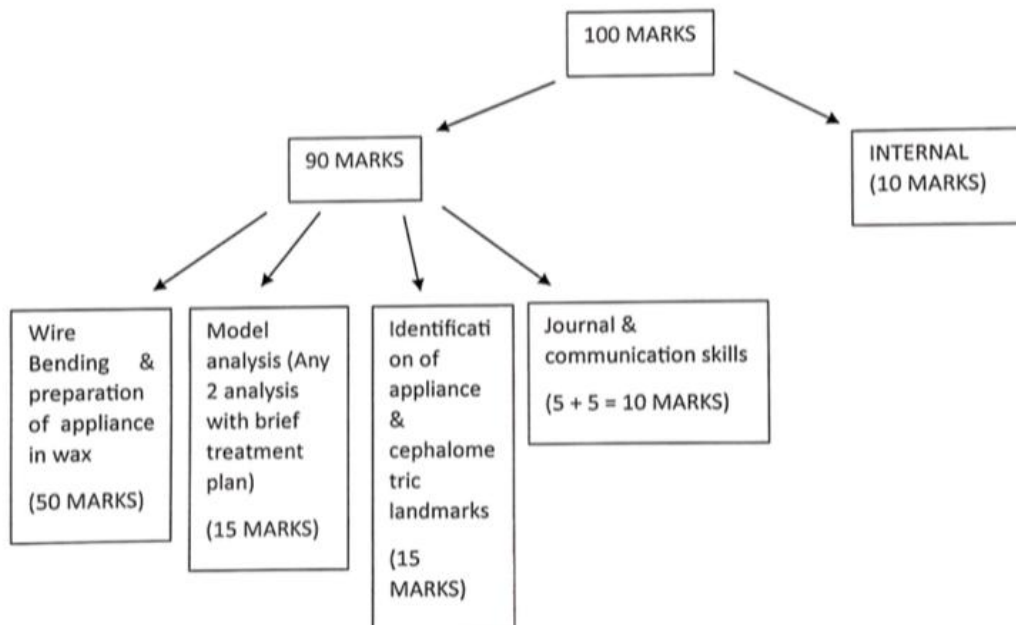


*Sandeep Jetha*  
Dr. Sandeep Jetha  
**PROFESSOR & HEAD**  
H.O.D  
Dept. of Orthodontics  
D.Y. Patil Knowledge City  
D Y Patil Knowledge City  
Tharoli (Bk), Via Lohegaon, Pune - 417105

**D. Y. PATIL DENTAL SCHOOL & HOSPITAL, LOHEGAON**  
**DEPARTMENT OF ORTHODONTICS & DENTOFACIAL**  
**ORTHOPEDICS**  
**(FOR UNDERGRADUATE STUDENTS)**

PRACTICAL PAPER

TOTAL MARKS: 100



*Sandeep*  
**Dr. Sandeep Jetha**  
**PROFESSOR & HEAD**  
Dept. of H.O.D. Orthodontics  
D.Y. Patil Dental School  
D.Y. Patil Dental Hospital  
Chandni Park, Vidya Nagar, Pune - 411 005  
**Dept. of Orthodontics**

**DY Patil Dental School**  
**Department of Orthodontics and Dentofacial Orthopedics**  
**Paper pattern for Post Graduate students**

1. Paper I- Basic Science (100 Marks)  
10 questions for 10 marks each
2. Paper II- Treatment planning and diagnosis (100 Marks)  
2 questions for 25 marks each  
5 questions for 10 marks each
3. Paper III- Clinical Orthodontics (100 Marks)  
2 questions for 25 marks each  
5 questions for 10 marks each
4. Paper IV- Descriptive Analysis (100 Marks)  
2 questions to be solved out of 3 each for 50 Marks

**PROFESSOR & HEAD**  
Dept. of Orthodontics  
D Y Patil Dental School  
D Y Patil Knowledge City  
Kurla (Bk), W. Lohegaon, Pune - 411005



Head of Department

Department of Orthodontics and Dentofacial Orthopedics

# DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY

DY PATIL DENTAL SCHOOL, LOHEGAON, PUNE  
DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY  
UNDER GRADUATE LEVEL

## THEORY EXAM

### 1<sup>ST</sup> AND 2<sup>ND</sup> INTERNAL EXAMINATION

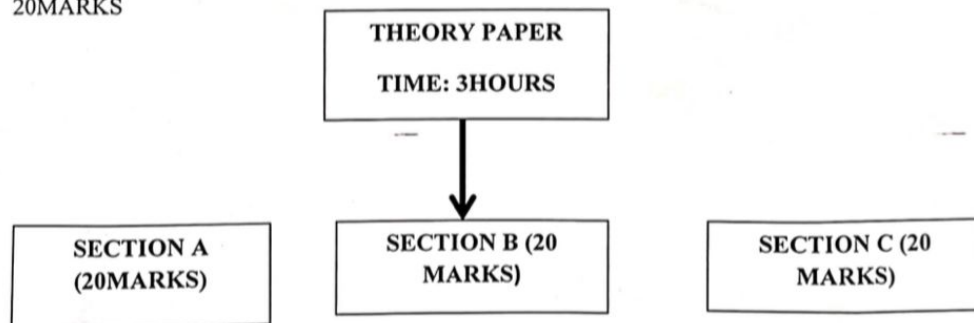
- Total marks 60 (60 marks Theory paper)

Three sections A, B and C

Section A: MCQ'S (20 QUESTIONS: 1MARK EACH) =20 MARKS

Section B: SHORT ANSWER QUESTIONS (10 QUESTIONS: 2MARKS EACH) = 20 MARKS

Section C: LONG ANSWER QUESTIONS (2 QUESTIONS: 10MARKS EACH) = 20MARKS



### 3<sup>RD</sup> INTERNAL EXAMINATION (PRELIMS)

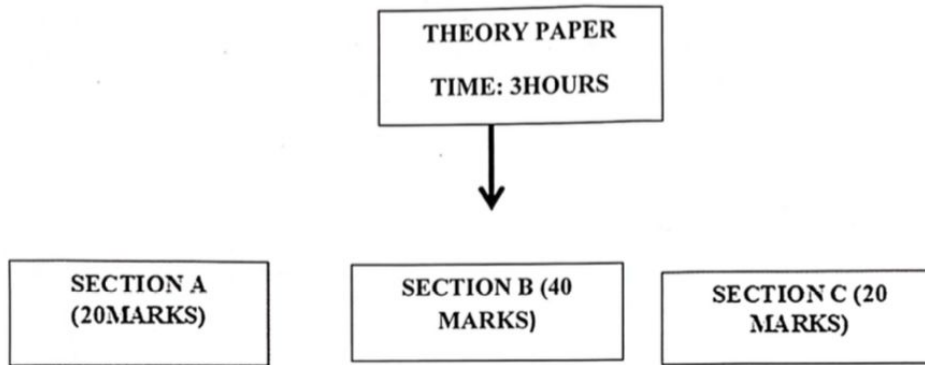
- Total marks 80 (80 marks Theory paper)

Three sections A, B and C

Section A: MCQ'S (20 QUESTIONS: 1MARK EACH) =20 MARKS

Section B: SHORT ANSWER QUESTIONS (10 QUESTIONS: 4MARKS EACH) = 40 MARKS

Section C: LONG ANSWER QUESTIONS (2 QUESTIONS: 10MARKS EACH) = 20 MARKS



### PRACTICAL EXAM

1<sup>ST</sup> AND 2<sup>ND</sup> INTERNAL EXAMINATION

- Total marks 60 = practical (40) + VIVA (10) + Journals (10)

3<sup>RD</sup> INTERNAL EXAMINATION (PRELIMS)

- Total marks 80 = practical (60) + VIVA (10) + Journals (10)

**Dr. VIKRAM KARANDE**

**HEAD OF ORAL AND MAXILLOFACIAL SURGERY**

PROFESSOR B. HEAD  
Dept. of Oral & Maxillofacial Surgery  
D.Y. Patil Dental School  
D.Y. Patil Knowledge City  
Charoli (Bk), Via Lohagaon, Pune - 412101

# DEPARTMENT OF ORAL PATHOLOGY AND MICROBIOLOGY

D. Y. PATIL DENTAL SCHOOL, LOHEGAON, PUNE  
DEPARTMENT OF ORAL PATHOLOGY AND MICROBIOLOGY  
UNDERGRADUATE LEVEL (1<sup>st</sup> year BDS)

## THEORY EXAM

### 1<sup>ST</sup> AND 2<sup>ND</sup> INTERNAL EXAM

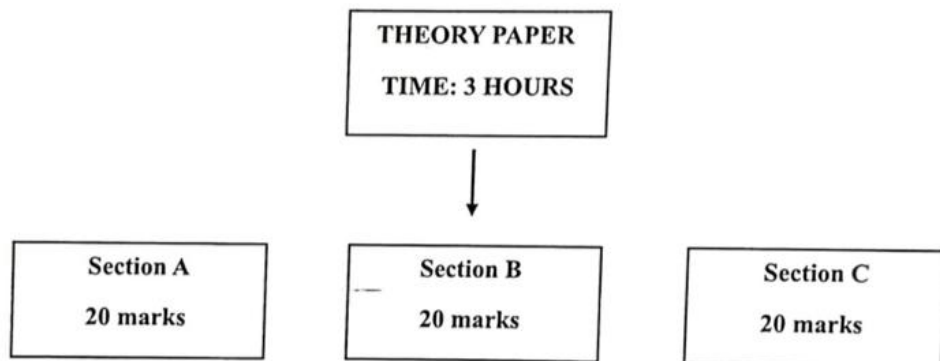
- Total marks 60 (60 marks Theory exam)

Three sections A, B and C

Section A: MCQs (20 questions: 1 mark each) = 20 marks

Section B: Short answer questions (10 questions: 2 marks each) = 20 marks

Section C: Long answer questions (2 questions: 10 marks each) = 20 marks

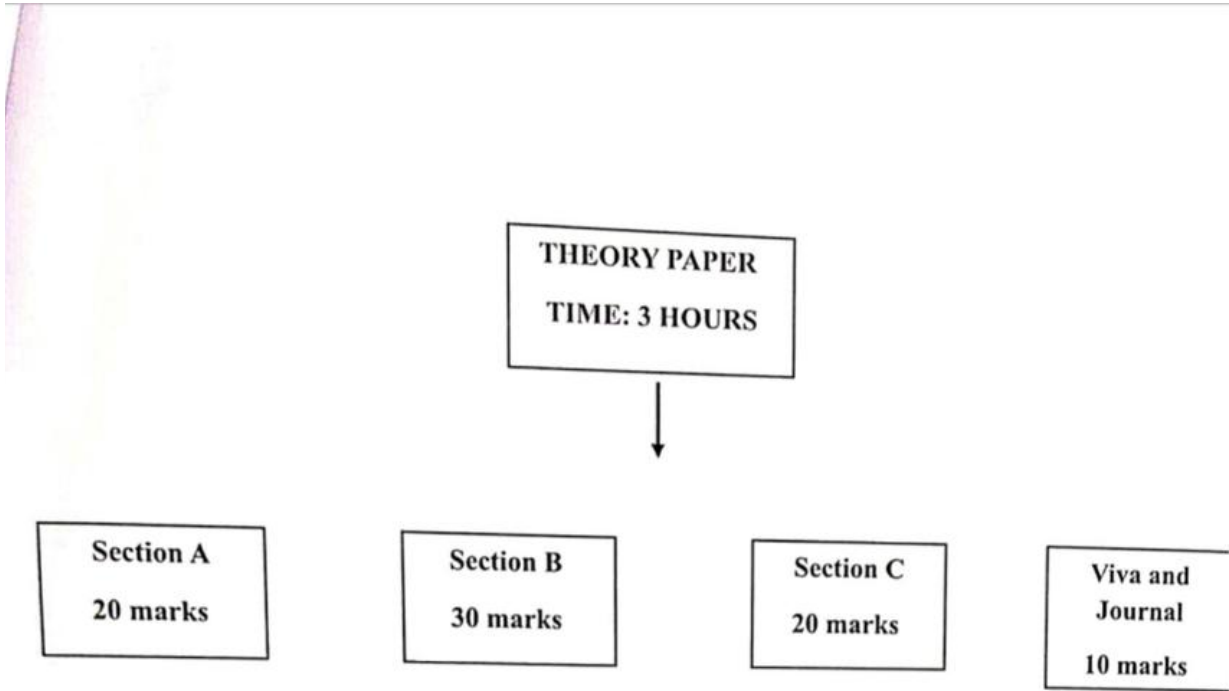


### 3<sup>RD</sup> INTERNAL EXAMINATION (PRELIMS)

- Total marks 80 (80 marks Theory exam)

Three sections A, B and C

- Section A: MCQs (20 questions: 1 mark each) = 20 marks
- Section B: Short answer questions (10 questions: 3 marks each) = 30 marks
- Section C: Long answer questions (2 questions: 10 marks each) = 20 marks
- Viva and Journal = 10 marks




**PRACTICAL EXAMINATION**

**1<sup>ST</sup> AND 2<sup>ND</sup> INTERNAL EXAM**

- Total marks 60
- 20 marks carving
- 40 marks spotters [10 spotters (7 slides + 3 specimens) 4 marks each]

**3<sup>RD</sup> INTERNAL EXAMINATION (PRELIMS)**

- Total marks 80
- 20 marks carving
- 60 marks spotters [12 spotters (7 slides + 5 specimens) 5 marks each]

  
**Dr. Prasad Karande**  
Head of Department  
Oral Pathology and Microbiology

**D. Y. PATIL DENTAL SCHOOL, LOHEGAON, PUNE**  
**DEPARTMENT OF ORAL PATHOLOGY AND MICROBIOLOGY**  
**UNDERGRADUATE LEVEL (3<sup>rd</sup> year BDS)**

**THEORY EXAM**

**1<sup>ST</sup> AND 2<sup>ND</sup> INTERNAL EXAM**

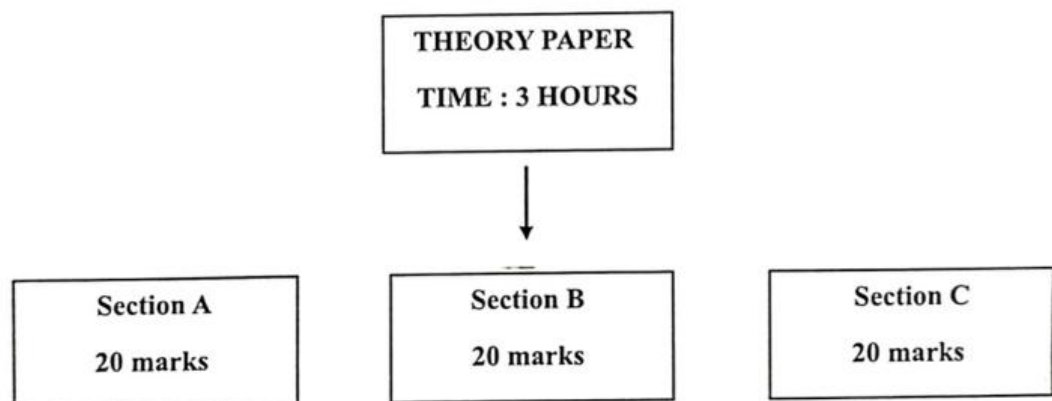
- Total marks 60 (60 marks Theory exam)

Three sections A, B and C

Section A: MCQs (20 questions: 1 marks each) = 20 marks

Section B: Short answer questions (10 questions: 2 marks each) = 20 marks

Section C: Long answer questions ( 2 questions: 10 marks each) = 20 marks

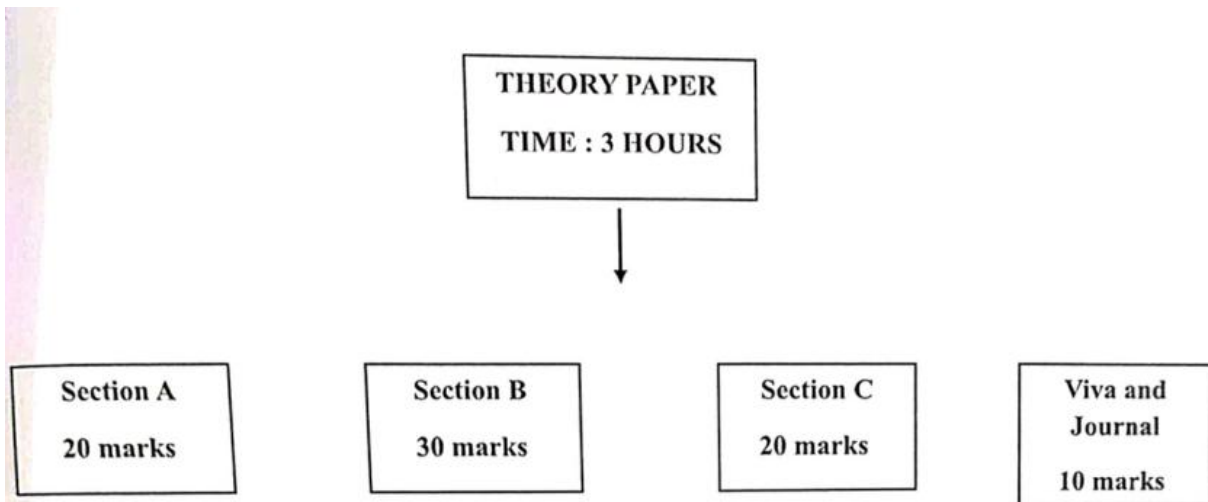


**3<sup>RD</sup> INTERNAL EXAMINATION (PRELIMS)**

- Total marks 80 (80 marks Theory exam)

Three sections A, B and C

- Section A: MCQs (20 questions: 1 marks each) = 20 marks
- Section B: Short answer questions (10 questions: 3 marks each) = 30 marks
- Section C: Long answer questions ( 2 questions: 10 marks each) = 20 marks
- Viva and Journal = 10 marks




**PRACTICAL EXAMINATION**

**1<sup>ST</sup> AND 2<sup>ND</sup> INTERNAL EXAM**

- Total marks 60 [12 spotters (7 slides + 5 specimens) 5 marks each]

**3<sup>RD</sup> INTERNAL EXAMINATION (PRELIMS)**

- Total marks 80 [16 spotters (9 slides + 7 specimens) 5 marks each]

  
**Dr. Prasad Karande**  
Head of Department  
Oral Pathology and Microbiology

**D. Y. PATIL DENTAL SCHOOL, LOHEGAON, PUNE**  
**DEPARTMENT OF ORAL PATHOLOGY AND MICROBIOLOGY**

**Additional Examinations**

3 regular internal examinations are conducted.

Those students who missed any of these regular internal examinations due to medical or genuine reasons, are eligible for additional examinations.

- If 1<sup>st</sup> and 2<sup>nd</sup> Internal examination missed the additional examination is conducted for 60 marks ( converted to 3 marks)

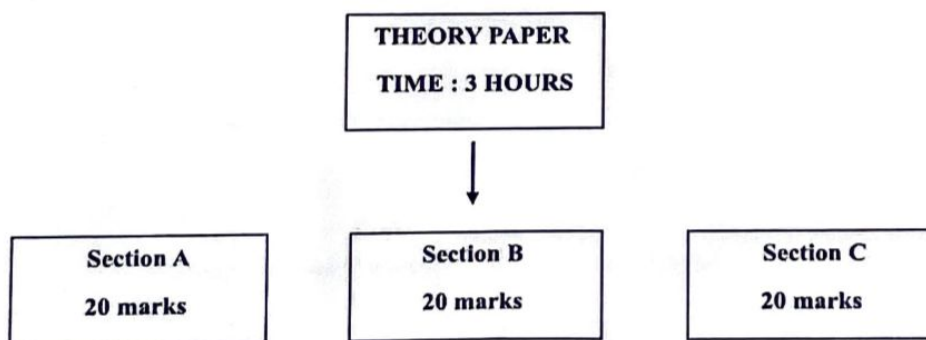
**Paper pattern:**

Three sections A, B and C

Section A: MCQs (20 questions: 1 marks each) = 20 marks

Section B: Short answer questions (10 questions: 2 marks each) = 20 marks

Section C: Long answer questions ( 2 questions: 10 marks each) = 20 marks

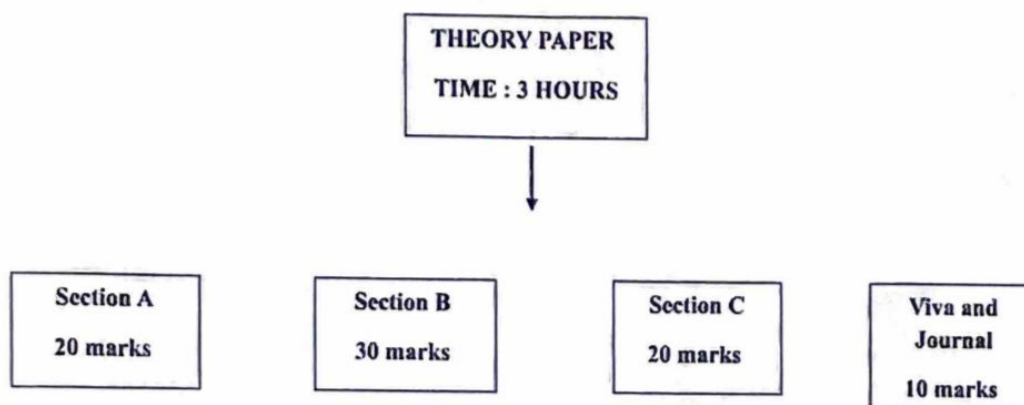


- If prelim exams are missed the additional examination is conducted for 80 marks ( converted to 4 marks)

**Paper pattern:**

Three sections A, B and C

- Section A: MCQs (20 questions: 1 mark each) = 20 marks
- Section B: Short answer questions (10 questions: 3 marks each) = 30 marks
- Section C: Long answer questions ( 2 questions: 10 marks each) = 20 marks
- Viva and Journal = 10 marks



**PRACTICAL EXAMINATION**

**1<sup>ST</sup> AND 2<sup>ND</sup> INTERNAL EXAM**

- Total marks 60 [12 spotters (7 slides + 5 specimens) 5 marks each]

**3<sup>RD</sup> INTERNAL EXAMINATION (PRELIMS)**


- Total marks 80 [16 spotters (9 slides + 7 specimens) 5 marks each]

- Final internal assessment marks are submitted out of 10 marks.

### Betterment examinations

Betterment examinations are conducted for students who have failed in the university examinations and are given a chance to improve internal assessment marks.

1<sup>st</sup> betterment exam = 100 marks }  
2<sup>nd</sup> betterment exam = 100 marks } each converted to 5 marks ( 5+5= 10 marks)

  
Dr. Prasad Karande

Head of Department

Oral Pathology and Microbiology



# DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

DY PATIL DENTAL SCHOOL, LOHEGAON, PUNE  
DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY  
UNDER GRADUATE LEVEL

## THEORY EXAM

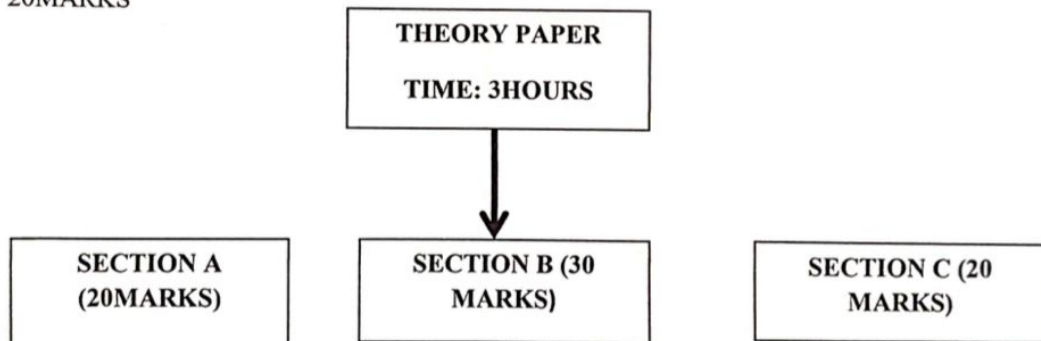
- Total marks 100 (70 marks Theory paper + 20marks Theory viva + 10marks internal exam)

Two sections A & B

Section A: MCQ'S (20 QUESTIONS: 1MARK EACH) =20 MARKS

Section B: SHORT ANSWER QUESTIONS (10 QUESTIONS: 3MARKS EACH) = 30 MARKS

Section C: LONG ANSWER QUESTIONS (2 QUESTIONS: 10MARKS EACH) = 20MARKS



*Dr. Anagha Shete*  
**PROFESSOR & HEAD**  
Dept. Of Oral Medicine & Radiology  
D Y Patil Dental School  
D Y Patil Knowledge City  
Charoli (Bk), Via Lohegaon, Pune - 412105.

**Dr. ANAGHA SHETE**

**HEAD OF ORAL MEDICINE AND RADIOLOGY**

**DY PATIL DENTAL SCHOOL, LOHEGAON, PUNE**  
**DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY**

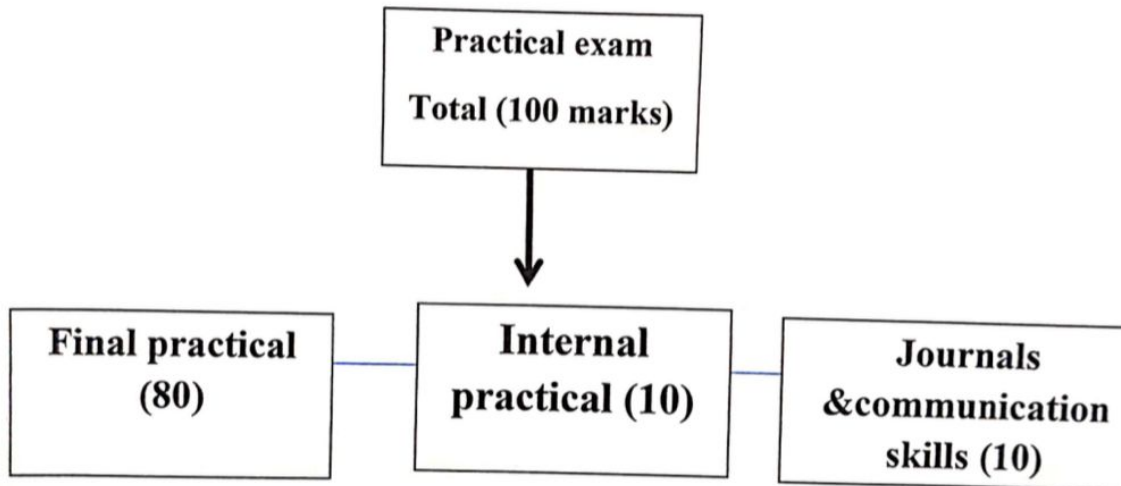
**PRACTICAL EXAM**

- Total marks 100 = Final practical (80) + Internal practical (10) + Journals (10)

Final practical: Spotters (25) + Case history taking (25) + IOPA technique & interpretation (30) = 80 MARKS

Internal practical = 10

Journals & communication skills = 10



*Anagha*  
**PROFESSOR & HEAD**  
Dept. Of Oral Medicine & Radiology  
D Y Patil Dental School  
D Y Patil Knowledge City  
Charoli (Bk), Via Lohegaon, Pune - 412105.

**Dr. ANAGHA SHETE**

**HEAD OF ORAL MEDICINE AND RADIOLOGY**

# DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

**D .Y . Patil Dental School , Lohegaon , Pune**  
**Department of Conservative Dentistry And Endodontics**  
**Undergraduate level ( SECOND YEAR BDS)**  
**DENTAL MATERIALS**

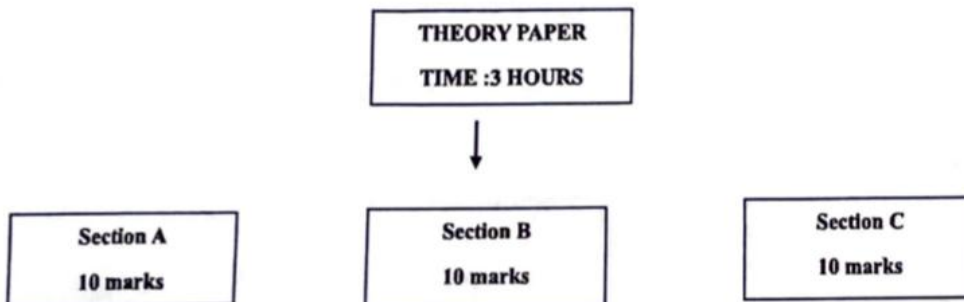
## **THEORY EXAM**

### **1<sup>st</sup> And 2<sup>nd</sup> INTERNAL EXAM**

- Total Marks 30 ( 30 marks Theory exam)

Three sections A , B and C

- Section A: Multiple choice questions (10 questions :1 mark each) =10marks
- Section B: Short answer questions (5 questions: 2 marks each) =10 marks
- Section C: Long answer questions (1 questions :10 marks each) =10 marks

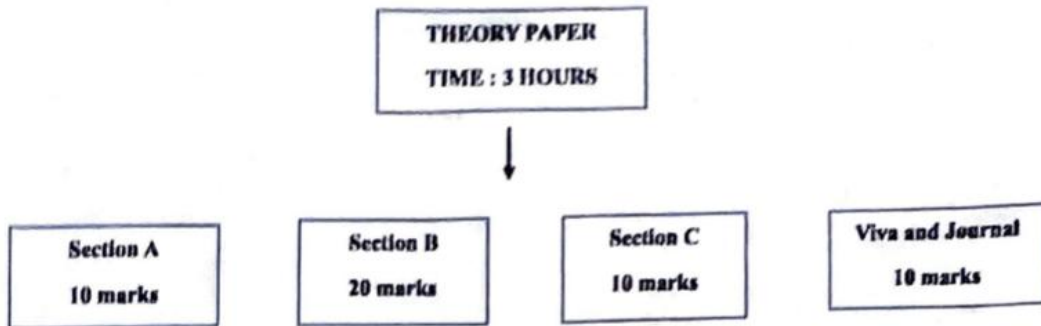


### **3<sup>rd</sup> Internal Examination (Prelims)**

- Total marks 40 ( 40 marks Theory exam )

Three sections A ,B and C

- Section A: Multiple choice questions (10 questions : 1 mark each) =10marks
- Section B: Short answer questions (5 questions: 4 marks each) =20 marks
- Section C: Long answer questions (1 questions :10 marks each) =10 marks
- Viva and Journal =10 marks



**PRACTICAL EXAMINATION**

**1<sup>ST</sup> AND 2<sup>ND</sup> INTERNAL EXAM**

- Total marks 30
- Section A : Spotters (15 marks)
- Section B: Powder /Liquid ratio ( 5 marks) , Final Product (5 marks)
- Section C: Viva and Journal (5 marks )

**3<sup>rd</sup> Internal Examination (Prelims)**

- Total marks 40
- Section A : Spotters (15 marks)
- Section B: Powder /Liquid ratio ( 5 marks) , Final Product (5 marks)
- Section C: Viva and Journal (10 marks )

*Dr. Pradeep Shetty*

Dr .Pradeep Shetty

Head of Department of Conservative

Dentistry and Endodontics  
**PROFESSOR & HEAD**  
Dept. of Conservative Dentistry  
& Endodontics  
D Y Patil Dental School

**D .Y . Patil Dental School , Lohegaon , Pune**  
**Department of Conservative Dentistry And Endodontics**  
**Undergraduate level ( FINAL YEAR BDS)**

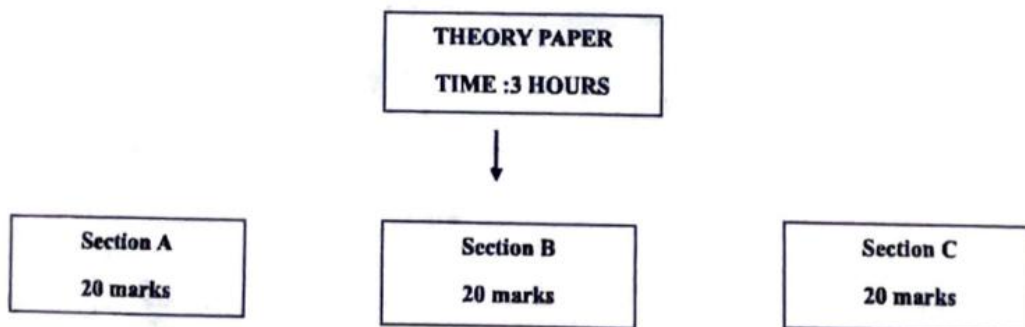
**THEORY EXAM**

**1<sup>st</sup> And 2<sup>nd</sup> INTERNAL EXAM**

- Total Marks 60 ( 60 marks Theory exam)

Three sections A , B and C

- Section A: Multiple choice questions (20 questions :1 mark each) =20marks
- Section B: Short answer questions (10 questions: 2 marks each) =20 marks
- Section C: Long answer questions (2 questions :10 marks each) =20 marks

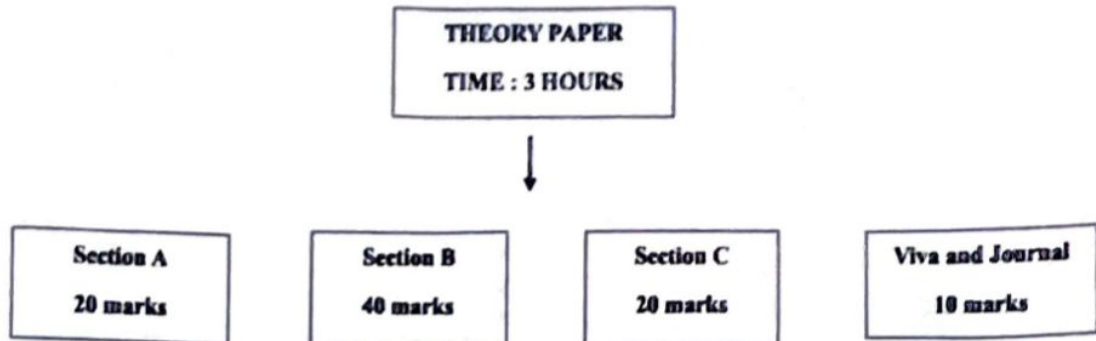


**3<sup>rd</sup> Internal Examination (Prelims)**

- Total marks 80 ( 80 marks Theory exam )

Three sections A ,B and C

- Section A: Multiple choice questions (20 questions : 1 mark each) =20marks
- Section B: Short answer questions (10 questions: 3 marks each) =40 marks
- Section C: Long answer questions (2 questions :10 marks each) =20 marks
- Viva and Journal =10 marks



**PRACTICAL EXAMINATION**

**1<sup>ST</sup> AND 2<sup>ND</sup> INTERNAL EXAM**

- Total marks 60
- Section A : Case History (10 marks)
- Section B: Cavity preparation, Base application, Restoration (30 marks )
- Section C: Viva (20 marks )

**3<sup>rd</sup> Internal Examination (Prelims)**

- Total marks 80
- Section A : Case History (10 marks)
- Section B: Cavity preparation(20 ), Base application(10 M) , Restoration (20 marks )
- Section C: Viva (10 marks )
- Section D: Journal (5 marks) and Spotter (5 marks)

*Dr. Pradeep Shetty*

Dr .Pradeep Shetty

Head of Department of Conservative

Dentistry and Endodontics  
**PROFESSOR & HEAD**

**Dept. of Conservative Dentistry  
& Endodontics**

D Y Patil Dental School

D Y Patil Knowledge

Charoli (Bk), Via Lohegaon, Mumbai - 4012105.

**D Y PATIL DENTAL SCHOOL**  
**Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune – 412105**  
**DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS**  
**PG EXAM PATTERN**

• **I MDS :**

**Paper 1-**

10 questions : 10 marks each  
( Total 100)

• **III MDS :**

**Paper 2 & 3-**

25 marks: 2 questions  
10 marks: 5 questions

**Paper 4-**

50 marks: 2 questions

*Dr. HOD  
Dy*

Head of Department

Department Of Conservative Dentistry And Endodontics

**PROFESSOR & HEAD**

Dept. of Conservative Dentistry  
& Endodontics

D Y Patil Dental School

D Y Patil Knowledge City

Charholi (Bk), Via Lohegaon, Pune - 412105

**D Y PATIL DENTAL SCHOOL**  
**Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412105**

**MARKLIST FOR PRACTICAL AND VIVA**

Centre:- \_\_\_\_\_

Date :- \_\_\_\_/\_\_\_\_/20

Course/Exam :- MDS in Conservative Dentistry & Endodontics

**DISTRIBUTION OF PRACTICAL MARKS**

Particular		Marks	
A	<b>Clinical Exercise I - Random case discussion - (2) -</b> (Diagnosis, Treatment, Planning & Discussion) 10+10 Marks	70	
	Cast core preparation		
	i) Tooth Preparation - 20 Marks		
	ii) Direct Wax Pattern - 10 Marks		
	iii) Casting - 10 Marks		
	iv) Cementation - 05 Marks		
v) Retraction and Elastomeric Impression - 05 Marks			
B	<b>Clinical Exercise II - (Inlay Exercise)</b>	30	
	i) Tooth Preparation for Class II - 20 Marks		
	ii) Fabrication of Indirect Pattern - 10 Marks		
C	<b>Clinical Exercise III - (Molar Endodontic)</b>	100	
	i) Local Anaesthesia and Rubber Dam Application - 20 Marks		
	ii) Access Cavity - 20 Marks		
	iii) Working length determination - 20 Marks		
	iv) Canal Preparation - 20 Marks		
	v) Master Cone Selection - 20 Marks		
D	<b>Viva Voce (A+B)</b>	100 Marks	
	A) i) Viva Voce Examination		75 Marks
	ii) Communication Skill		05 Marks
	B) Pedagogy Exercise		20 Marks
<b>Total Marks</b>		<b>300</b>	

Note: - Scratching or overwriting not allowed.

Seat No.	A	B	C	D	Total
	70 Marks	30 Marks	100 Marks	100 Marks	Max. Marks 300 Min. Marks 150

Sr. No	Name of Examiner	Type of Appointment	Signature With Date
1		Internal (Parent College)	
2		Internal (In State)	
3		External	
4		External	

*Dr. HOD*

Head of Department

Department Of Conservative Dentistry And Endodontics

**PROFESSOR & HEAD**

Dept. of Conservative Dentistry

& Endodontics

D Y Patil Dental School

D Y Patil Knowledge City

# DEPARTMENT OF PROSTHODONTICS AND IMPLANTOLOGY

**D Y PATIL DENTAL SCHOOL**  
**Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune – 412105**  
**DEPARTMENT OF PROSTHODONTICS & IMPLANTOLOGY**

## EXAM MARKS DISTRIBUTION-

<b>1<sup>st</sup> Internal- Theory –</b>	Section A	20 MCQs:	20x1= 20 Marks
	Section B	SAQs:	10x2= 20 Marks
		LAQs:	2x10= 20 Marks
			Total= 60 Marks
<b>Practicals –</b>	Case History:		10 Marks
	Primary Impression:		40 Marks
	Viva:		10 Marks
	Total:		60 Marks
<b>2<sup>nd</sup> Internal- Theory –</b>	Section A	20 MCQs:	20x1= 20 Marks
	Section B	SAQs:	10x2= 20 Marks
		LAQs:	2x10= 20 Marks
			Total= 60 Marks
<b>Practicals –</b>	Case History:		10 Marks
	Secondary Impression:		40 Marks
	Viva:		10 Marks
	Total:		60 Marks
<b>3<sup>rd</sup> Internal- Theory –</b>	Section A	20 MCQs:	20x1= 20 Marks
	Section B	SAQs:	10x4= 40 Marks
		LAQs:	2x10= 20 Marks
			Total= 80 Marks
<b>Practicals –</b>	Case History:		10 Marks
	Special Tray/Record Base:		10 Marks
	Border Molding/Vertical Jar Relation:		25 Marks
	Secondary Impression:		20 Marks
	Journal:		5 Marks
	Viva:		10 Marks
	Total:		80 Marks



Dr Kamal Shigli

Professor & Head

Dept of Prosthodontics & Implantology

Head of Department of Prosthodontics

DY PATIL DENTAL SCHOOL

DY Patil Knowledge City, Charholi

Lohegaon, Pune - 412105


## **PROCESSES INTEGRATING IT/SELF ASSESSMENT**



# Online Assessment Examination of Oral Pathology and microbiology 15/09/2020

swarajashte@gmail.com [Switch account](#)

 Not shared

 Draft saved

\* Indicates required question

Name \*

Swaraj Ashte

Roll no. \*

03



Request edit access



03

Batch \*

Third BDS

1. From the list oral microorganisms, which is primarily responsible for the initiation of dental caries \*

- Streptococcus mutans
- Staphylococcus aureus
- Lactobacilli
- P. Gingivalis
- Other: \_\_\_\_\_

2. Widely accepted theory of dental caries \*

- Proteolytic theory
- Chelation theor
- Acidogenic theory

 [Request edit access](#)





# Online Assessment Examination of Oral Pathology and microbiology 15/09/2020

[Switch account](#)



Not shared



Draft saved

\* Indicates required question

Name \*

Ajmera Krishna

Roll no. \*

1



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6. Basal layer in primordial cyst is arranged in the form of \*

- Tennis racquet
- Picket fence
- Linear
- Irregular
- Other: \_\_\_\_\_

7. Dietary carbohydrate most likely involved in etiology of dental caries in humans is \*

- Dextran
- Sucrose
- Glucose
- Polysaccharides
- Other: \_\_\_\_\_

8. Initiation of dent\*  
upon



[Request edit access](#)

## **CONTINUOUS INTERNAL ASSESSMENT SYSTEM**

DEPARTMENT OF PUBLIC HEALTH DENTISTRY



D Y PATIL GROUP

**D Y PATIL DENTAL SCHOOL**

Dr. D. Y. Patil Knowledge City, Charholi (BK) Via- Lohegaon, Pune- 412105

“HOLISTIC HEALTH”

**Department Of Public Health Dentistry**

PRACTICAL REORD BOOK


**CERTIFICATE**

Mr./Ms. UMMAY KULSUM PAKAWALA

Roll No. 43187 has Attended and Completed all

*The Practicals Recorded in this Journal.*

Date : 20/8/22

  
Signature of The Staff In-charge

  
Signature of The Head of Dept.

Signature of External Examiner

### Case History

NAME: Atul Lakshman Sawade

DATE:

AGE: 41

CASE No:

GENDER: Male

RELIGION: Hindu

MARITAL STATUS: Married

PLACE OF BIRTH: Pune

RESIDENCE IN EARLY CHILDHOOD: Pune

SOURCE OF WATER IN EARLY YEARS OF CHILDHOOD: PMC

EDUCATION: Graduate (BA)

OCCUPATION: Private job

INCOME: ₹18,000/- month

NUMBER OF FAMILY MEMBERS: 4

SOCIO ECONOMIC STATUS: Lower middle  
(modified Kuppuswamy scale 2020)

RESIDENTIAL ADDRESS:  
Kalawat, Lohegaoon road, Pune

CHIEF COMPLAINT: Patient complains of dislodgement of restoration of upper right & left back region of jaw & pain in upper back region of jaw

HISTORY OF PRESENTING ILLNESS: Sharp aggravating pain on biting of solid food since 3 months

MEDICAL HISTORY:

No relevant history

FREQUENCY OF INTAKE OF FOODS THAT CONTAIN SUGAR SHOULD BE LIMITED TO A MAXIMUM OF FOUR TIMES A DAY

DENTAL HISTORY/EXPERIENCE: Amalgam restoration  $\bar{c} \frac{6}{76} \frac{6}{67}$

FAMILY HISTORY: No relevant history

PERSONAL HISTORY:

A. HABITS RELATED TO THE ORAL CAVITY:

	Number	Frequency	Duration
Pan Chewing-	-	-	-
Smoking-	-	-	-
Alcohol-	-	-	-

No relevant habit

B. OTHER HABITS:

	Number	Frequency	Duration
Thumb Sucking-	-	-	-
Tongue Thrusting-	-	-	-
Mouth Breathing-	-	-	-
Nail/Object Biting-	-	-	-
Bruxism-	-	-	-

No relevant habits

C. ORAL HYGIENE PRACTICES:

Type of Tooth Brushing:

Horizontal / Circular / Vertical ✓

Materials Used For Tooth Brushing:

✓  
Tooth Brush and Tooth Paste ✓  
Tooth Brush and Tooth Powder  
Fingers and Indigenous Materials

CARIOGRAM = MODEL PROPOSED BY BRATTHALL D IN 1996 TO ILLUSTRATE THE INTERACTIONS BETWEEN BACTERIA, DIET AND HOST RESPONSE

Frequency of Tooth Brushing:  
Timing of Tooth Brushing:

✓  
Once/Twice Daily  
Once/Twice  
Morning ✓  
Before Bed  
Both

Any Other Oral Hygiene Aids:

**D. DIET HISTORY:**

TYPE OF DIET- Veg

24 HOURS DIET CHART

TIME	DIET
9:00 am	Dats & tea with sugar
12:00 pm	chapatls & rice
5:00 pm	tea with sugar
8:00 pm	chapatl & rice

SUGAR INTAKE:

FREQUENCY- Twice a day  
CONSISTENCY- Liquid  
TIMING OF INTAKE- Throughout the day  
SUGAR SCORE: 10 (5x2)

< 5- Excellent  
> 10- Good  
> 15- Watch Out Zone

COLORIMETRIC SNYDER TEST = CARIES ACTIVITY TEST

GENERAL PHYSICAL EXAMINATION:

BUILT-  
WEIGHT= 79 kg  
HEIGHT= 5-8 feet  
BODY MASS INDEX=

GAIT- Normal

POSTURE- erect

PULSE- 77 beats/min

TEMPERATURE- Afebrile

ANAEMIA- Not seen

ICTERUS- Not seen

CYANOSIS- Not seen

EXTRA-ORAL EXAMINATION:

FACIAL SYMMETRY- Relatively symmetrical

TEMPEROMANDIBULAR JOINT- Bilaterally synchronous with no deviation & no clicking sound

LYMPH NODES- Non palpable

INTRA-ORAL EXAMINATION:

I. SOFT TISSUE EXAMINATION:

LABIAL MUCOSA- Normal

BUCCAL MUCOSA- Normal

TONGUE- Normal

PALATE- Normal

FLOOR OF THE MOUTH- Normal

SWAB TEST= EVALUATING CARIES ACTIVITY IN VERY YOUNG CHILDREN

GINGIVA:

COLOR- local pink  
SIZE- Normal  
SHAPE/CONTOUR- scalloping  
CONSISTENCY- firm & resilient  
SURFACE TEXTURE- stippling present  
POSITION- AT CEJ  
BLEEDING ON PROBING- Not seen

PERIODONTAL EXAMINATION:

PERIODONTAL POCKETS- Not seen  
FURCATION INVOLVEMENT- Not seen  
TOOTH MOBILITY- Not seen

II. HARD TISSUE EXAMINATION:

NUMBER OF TEETH PRESENT- 28

TEETH PRESENT-  $\begin{array}{r|l} 7 & 6 & 5 & 4 & 3 & 2 & 1 & 1 & 2 & 3 & 4 & 5 & 6 & 7 \\ \hline 7 & 6 & 5 & 4 & 3 & 2 & 1 & 1 & 2 & 3 & 4 & 5 & 6 & 7 \end{array}$

TEETH CLINICALLY ABSENT-  $\begin{array}{r|l} 8 & 8 \\ \hline 8 & 8 \end{array}$

DENTAL CARIES-  $\begin{array}{r|l} 6 & 56 \\ \hline 6 & 56 \end{array}$

TENDERNESS ON PERCUSSION- Negative

FILLED TEETH-  $\begin{array}{r|l} 6 & 6 \\ \hline 7 & 6 & 6 & 7 \end{array}$

FRACTURED TEETH- Not seen

FLUOROSIS / ENAMEL HYPOPLASIA- Not seen

ORA TEST = DEVELOPED BY ROSENBERG ET AL IN 1989 FOR ESTIMATING ORAL MICROBIAL LEVELS

MALOCCLUSION- class I Angle's malocclusion

WASTING DISEASES-

Attrition: Not seen  
Abrasion: Not seen  
Erosion: Not seen

TRAUMA FROM OCCLUSION- Not seen

ANY PROSTHESIS- Not seen

STAINS AND CALCULUS- Not seen

PROVISIONAL DIAGNOSIS:

1) Dental caries  $\bar{c}$  25  
2) chronic irreversible pulpitis  $\bar{c}$   $\frac{6}{6}$

INVESTIGATIONS:

IOPA  $\bar{c}$   $\frac{6}{56}$

DIAGNOSIS: 1) Dental caries  $\bar{c}$   $\frac{15}{5}$

2) chronic irreversible pulpitis  $\bar{c}$   $\frac{6}{6}$

TREATMENT PLAN:

EMERGENCY TREATMENT:

LEVELS OF PREVENTION

1. PRIMARY

A. Health Promotion: modified bass technique  
Time - 2-3min  
mouth wash + floss

B. Specific Protection: oral prophylaxis

SPECIFIC PLAQUE HYPOTHESIS = LOESCHE, 1976

2. SECONDARY:

Restoration  $\bar{c} \frac{+5}{-}$

A. Early Diagnosis & Prompt Treatment:

Root Restoration  $\bar{c} \frac{+5}{-}$

3. TERTIARY:

A. Disability Limitation:

Root canal treatment  $\bar{c} \frac{6}{6}$

B. Rehabilitation:

Crown  $\bar{c} \frac{6}{6}$

PERIODIC RECALL AND CHECK UP

After 3 months

*[Handwritten signature]*

ECOLOGICAL PLAQUE HYPOTHESIS = MARSH 1991

DEPARTMENT OF HUMAN ORAL ANATOMY AND HISTOLOGY



D Y PATIL GROUP

**D Y PATIL DENTAL SCHOOL**

Dr. D. Y. Patil Knowledge City, Charholi (BK) Via- Lohegaon, Pune- 412105

**DEPARTMENT OF HUMAN  
ORAL ANATOMY & HISTOLOGY**

NAME : Pranjal Sandip Londhe

Roll No.: 45

Unit. Examination No.: 128492



D Y PATIL GROUP

## D Y PATIL DENTAL SCHOOL

Dr. D. Y. Patil Knowledge City, Charholi (BK) Via- Lohegaon, Pune- 412105

# CERTIFICATE

*This is to certify That*

*Mr./Ms. : Pranjali Sandip Londhe*

*Exam Seat No.*

*has Attended and completed all the practicals Recorded in this journal*

*for the academic Year 20.22.....to 20.23.....*

Date 11/9/23

*P. S. J.*  
BATCH IN-CHARGE



*[Signature]*  
PROFESSOR & H.O.D.

DEPT. OF DENTAL ANATOMY &  
DENTAL HISTOLOGY

# INDEX

## Department of Human oral Anatomy & Histology

SR.NO	DATE	TITLE	PAGE	GRADE	SIGN
①	31/3/23	Oral Mucous membrane			} P hon
		Gingiva			
		Hard palate			
		Buccal Mucosa			
		Soft palate			
		Vermillion zone			
		Circumvallate papillae			
		Taste buds			
		Filiform papillae			
		Fungiform papillae			
②	31/3/23	Development of Tooth			} P hon
		Bud stage			
		Cap stage			
		Early bell stage			
		Late bell stage			
③	31/3/23	Enamel			} P hon
		Neonatal lines			
		Enamel rods (Transverse section)			
		Striae of Retzius			
		Ghosted enamel			
		Enamel rods (longitudinal section)			

# INDEX

## Department of Human oral Anatomy & Histology

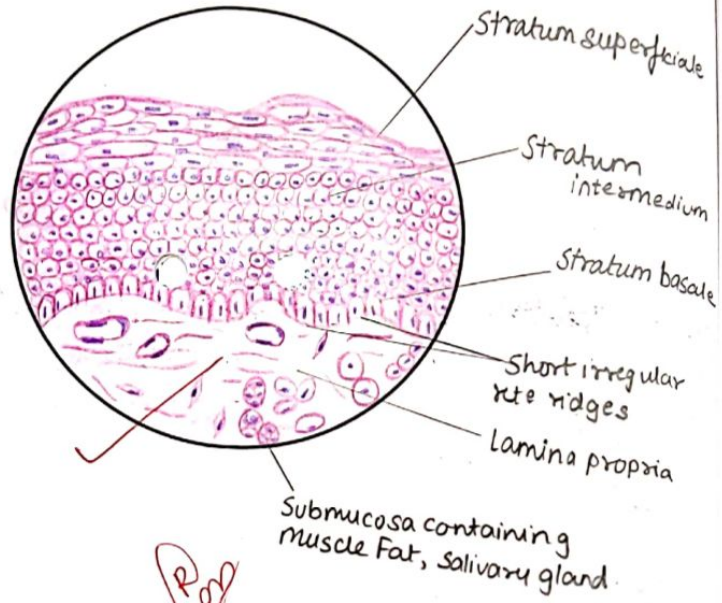
SR.NO	DATE	TITLE	PAGE	GRADE	SIGN
4		Dentin :-			
		1) Sclerotic dentin			P 202
		2) Dead tracts			
		3) Interglobular dentin			
		4) Dentinoenamel function )			
		5) S-shaped dentinal tubules			
		6) Transverse section of dentin			
5		Cementum :-			
		1) cellular cementum			P 202
		2) Pines granular layer			
		3) Acellular cementum			
		4) CEJ Gap			
		5) CEJ overlapped			
		6) CEJ edge to edge			
6		Bone :-			
		Compact bone			P 202
		Spongy bone			
		Osteoclast, Osteoblast, Osteocytes			
		Chondrocytes			

# INDEX

## Department of Human oral Anatomy & Histology

SR.NO	DATE	TITLE	PAGE	GRADE	SIGN
7		Pulp:-			}
		Pulp at center			
		Pulp at periphery			
		Histology of Pulp			
		Pulp stones			
8		PDL:-			}
		Apical gap of fibres			
		Interradicular fibres			
		Horizontal and oblique gap of fibres			
		Transeptal fibres			
9		Stains:- H & E stain			}
		Mallory stain, Van			
		Giesson stain, PAS stain,			
		Masson Trichome stain			
10		Ground section of Tooth			}
		Decalcified section of Tooth			
11		Salivary glands			}
		Serous salivary gland			
		Mucous salivary gland			
		Mixed salivary glands			
12		Maxillary Sinus			

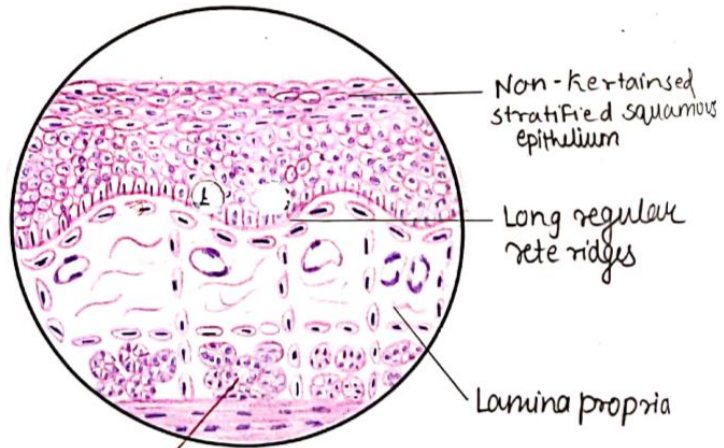
3) Buccal Mucosa



*Pop*

Staff signature:

4) Soft palate









*Pop*

Staff signature:




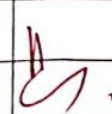

# INDEX

Department of oral Anatomy Histology, Physiology & Embryology

SR.NO	DATE	TITLE	PAGE	GRADE	SIGN
1	23/1/23	To reproduce a block of 2x1x1 cm <sup>2</sup> out of given wax block.		B+	
2.	10/2/23	To reproduce a cone of 2x1 cm <sup>2</sup> out of a given wax block		B	
3.	20/3/23	Reproducing the morphology of permanent maxillary central incisor a) RIGHT b) LEFT		B B	
4.	24/3/23	To study morphology of permanent maxillary lateral incisor a) RIGHT b) Left		B B	
5.	29/3/23	To study morphology of Permanent mandibular central incisor a) Right b) Left		B B	
6.	29/3/23	To study morphology of Permanent mandibular lateral incisor a) Right b) Left		B B	







# INDEX


Department of oral Anatomy Histology, Physiology & Embryology

SR.NO	DATE	TITLE	PAGE	GRADE	SIGN
7.	11/7/23	To study morphology of Permanent maxillary canine			
		a) Right		B[LATE]	
		b) Left.		B[LATE]	
8.	11/7/23	To study morphology of permanent mandibular canine			
		a) Right		B[LATE]	
		b) Left.		B[LATE]	
9.		To study morphology of permanent maxillary 1st Premolar.			
	7/6/23	a) right		B	
	9/6/23	b) left.		B	
10.		To study morphology of permanent mandibular 1st Premolar.			
	19/6/23	a) right		B +	
	19/6/23	b) left		B +	

# INDEX

Department of oral Anatomy Histology, Physiology & Embryology

SR.NO	DATE	TITLE	PAGE	GRADE	SIGN
11		To study morphology of permanent maxillary			
	14/6/23	2nd Premolar a) right		B	
	14/6/23	b) left		B	
12		To study morphology of permanent mandibular			
	26/6/23	2nd premolar a) right		B++	
	26/6/23	b) left.		B++	
13		To study morphology of permanent maxillary			
	30/8/23	1st molar : right		B++	
	15/9/23	left		B++	
14.		To study morphology of Permanent maxillary and			
	1/9/23	molar : right		B++	
	25/9/23	left		B+	
15.		To study morphology of Permanent mandibular 1st			
	4/10/23	molar : right:		B+	
	27/9/23	left.		B+	
16.		To study morphology of Permanent mandibular			
	23/9/23	2nd molar : right:		B	
		left:		B	

SR.NO	DATE	TITLE	GRADE	SIGNATURE
17	4/10/23	To study morphology of Permanent maxillary and mandibular 3 <sup>rd</sup> molars.		

## PERMANENT MAXILLARY

### FIRST MOLAR:

Aim: To reproduce morphology of permanent maxillary 1<sup>st</sup> molar of given specific dimension out of wax block.

#### Introduction:

- The permanent maxillary 1<sup>st</sup> molar is the longest & strongest maxillary tooth.
- Have large crown with four well-developed cusps, mesiobuccal, distobuccal, mesiolingual & distolingual.

#### Function:

- mastication and communication.
- Key's of occlusion.
- Help in maintaining vertical height of an individual.

#### Tooth Numbering system:

- Universal system - 6, 14
- Zsigmondy palmer system 6716
- FDI system, 16, 26

Odontometric data: length of crown = 7.5 mm

- length of root

(a) mesio buccal = 12.9 mm

(b) disto buccal = 12.2 mm

(c) palatal = 13.7 mm.

- mesio distal width of crown = 10 mm.

- mesio distal width of crown at cervix = 8 mm.

- buccolingual width of crown = 11mm
- buccolingual width of crown at cervical = 10mm.

#### Chronological data:

- First evidence of calcification → at birth.
- enamel completion - 3-4 yrs.
- eruption - 6 years
- Root completion - 9-10 years.

#### Aspect:

##### □ Buccal Aspect:

- Outline → trapezoidal with small uneven side present cervically.
- mesial outline: nearly straight, tilt the contact area at junction of occlusal & middle third.
- Distal aspect concave tilt the contact area at middle third.
- Occlusal outline: mesio buccal cusp is broader shorter and less sharp than distobuccal cusp.

##### □ Lingual Aspect:

- lingual convergence
- mesial outline: nearly straight & cont. with mesial slope of mesio lingual cusp.
- distal outline: is convex & forms semicircle with distal slope.
- occlusal outline: mesio lingual cusp is the longest cusp, disto lingual cusp is spherical.
- conical outline: slightly convex towards the root.

## → ANATOMICAL LANDMARKS

- convex lingual surface.
- cusp of Carabelli is 60% of lingual surface of  
→ the mesiolingual cusp.

## □ MESIAL ASPECT:

- Geometric outline - trapezoidal.
- convex at cervical 1/3rd denoting cervical ridge.
- convex at middle 1/3rd denoting the terminator of buccal developmental groove.
- convex with least of curvature at middle 1/3rd.
- lingual outline dips towards to illustrate the tubercle

## □ Distal aspect: The general outline is similar to that of mesial aspect. but buccolingual measurement is more mesially than distally due to the tilt of the buccal side of crown.

- Distal marginal ridge is located more cervically so that we can see part of occlusal surface.
- The cervical line curvature is zero.
- all 3 roots are visible.
- Distobuccal root is smallest one.

## □ Occlusal aspect: geometrical outline: rhomboidal.

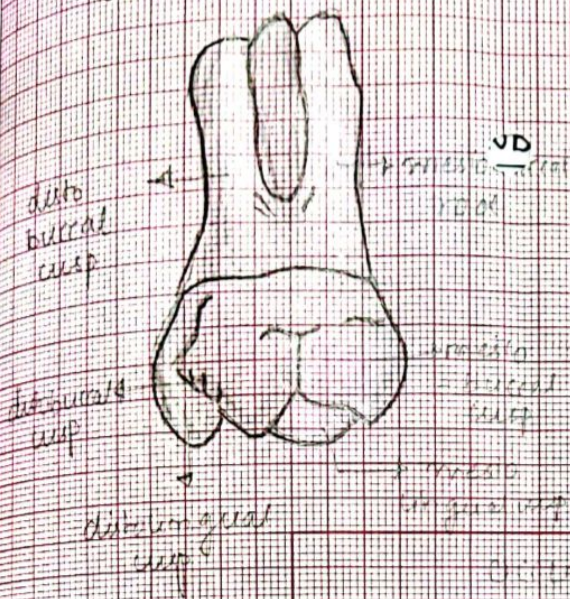
anatomical landmarks: elevations: 4 cusps with 4 triangular ridges & fossa.

- oblique ridge between mesiolingual & distobuccal cusp
- mesial & distal marginal ridge.
- depression: 2 major fossa (central & distal)  
2 minor fossa (mesial & distal)

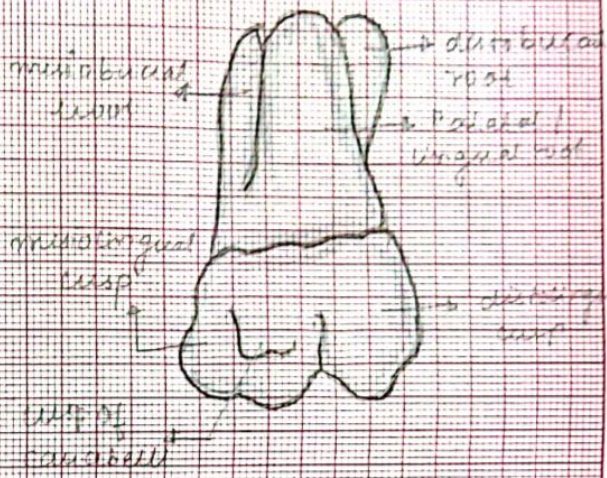
## TRAITS:

- Class traits: Incisors and canine together form anterior teeth.
  - Premolars are called Bicuspids.
  - 2nd molar has 4 cusps.
  - presence of 3 roots → 2 buccal, 1 palatal.
  - presence of ridges → oblique & transverse.
  
- Type trait: 2nd molar is smaller than 1st molar.
  - 1st molar is broader than 2nd molar.
  - 2nd molar crown is tipped distally on root trunk.
  - Presence of buccal groove & pit in maxillary 2nd molar.
  - crown is distally tilted - more prominent in 2nd molar than 1st.
  
- Sex traits: In deciduous 1st molar there is presence of cusp of Carabelli which is not present in permanent 1st molar.
  - roots are placed very wide to accommodate permanent dentition & in permanent, 1st molar root are narrow.
  - Presence of oblique ridge in deciduous molar & also in permanent maxillary 1st molar.
  
- Arch traits: In maxillary 1st molar crown is wider labiolingually than mesiodistally & in mandibular 1st molar crown is wider mesiodistally than labiolingually.
  - crown is not tilted in maxillary 1st molar, crown is tilted in mandibular 1st molar.

LABIAL



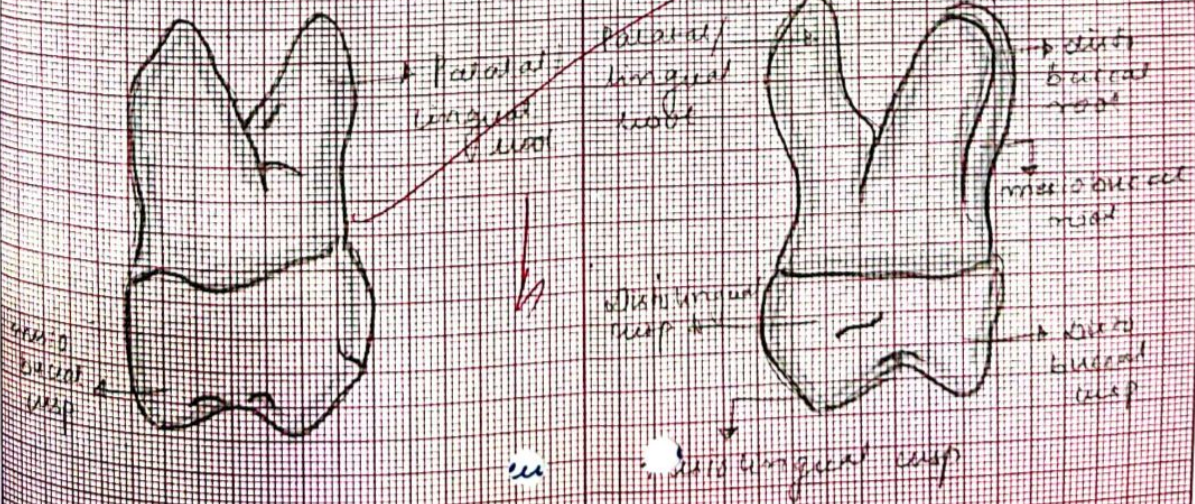
LINGUAL



MESIAL



DISTAL





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**JOURNAL OF  
ORTHODONTICS & DENTOFACIAL  
ORTHOPEDICS**

**CERTIFICATE**

Mr./Ms. Mrunali Gopal Bari.

Roll No. 04 has Attended and Completed all

The Practicals Recorded in this Journal.

Date: 24/07/23

Signature of The Staff In-charge

Signature of The Head of Dept.

Signature of External Examiner

**INDEX**                      ROLL NO :- 04  
**CLINICAL & PRACTICALS IN ORTHODONTICS**

SR NO	DATE	PRE CLINICAL WORKS DONE	GRADE	SIGN
1		<b>Basic wire bending exercise gauge</b>		
		a. Straightening of wires		
	16/02/21	19 gauge	(A) (A)	<i>[Signature]</i>
	17/11/21	21 gauge	(A) (A)	<i>[Signature]</i>
	15/12/21	b. Bending of a equilateral triangle	(B <sup>+</sup> )	<i>[Signature]</i>
	16/12/21	c. Bending of rectangle	(B <sup>++</sup> )	<i>[Signature]</i>
	15/12/21	d. Bending of square	(B <sup>+</sup> )	<i>[Signature]</i>
	17/12/21	e. Bending of circle	(B <sup>+</sup> )	<i>[Signature]</i>
	07/04/22 16/11/22	f. Bending of a U. V.	(A) (A) (B <sup>+</sup> )	<i>[Signature]</i>
2		<b>Construction of Clasps</b>		
		a. 3/4 clasp (C-clasp)		
	16/11/22	Maxillary arch	(A) (A)	<i>[Signature]</i>
	17/11/22	Mandibular arch	(B <sup>+</sup> ) (B)	<i>[Signature]</i>
		b. Full clasp (Jackson's Clasp)		
	17/11/22	Maxillary arch	(A) (A)	<i>[Signature]</i>
	19/11/22	Mandibular arch	(B) (A)	<i>[Signature]</i>
		c. Adam's Clasp		
	Maxillary arch	(A) (A)	<i>[Signature]</i>	
	Mandibular arch	(A) (A)	<i>[Signature]</i>	
3		<b>Construction of Springs</b>		
	21/11/22	a. Finger Spring	(A) (A)	<i>[Signature]</i>
	23/11/22	b. Double Cantilever Spring (Z-spring)	(B) (A)	<i>[Signature]</i>
		<b>Construction of Canine retractors</b>		
		a. U - Loop Canine retractor		
4		Maxillary arch	(A) (A)	<i>[Signature]</i>
		Mandibular arch	(A) (B)	<i>[Signature]</i>
		b. Helical Canine retractor		

**INDEX**

ROLL NO :- \_\_\_\_\_

**CLINICAL & PRACTICALS IN ORTHODONTICS**

SR NO	DATE	PRE CLINICAL WORKS DONE	GRADE	SIGN
		Maxillary arch	(A) (B)	PP PP
		Mandibular arch	(A) (B)	PP PP
		b. Buccal (self-supported) canine retractor	(A) (B)	PP PP
		d. Palatal canine retractor	(A) (A)	PP PP
		<b>Labial Bow</b>		
		<small>Short Long</small> <small>Grade Sign</small>		
5	06/04/23	Maxillary arch	(A)	PP
		Mandibular arch	(A)	PP
6		<b>Making upper Alginate impression</b>	(B)	PP
7		<b>Making lower Alginate impression</b>	(B)	PP
8		<b>Study model preparation</b>		
		<b>Model Analysis</b>		
		a. Pont's analysis	}	
9		b. Ashley Howe's analysis		PP
		c. Carey's analysis		
		d. Bolton's analysis		
		e. Moyer's Mixed Dentition Analysis		
10		<b>Case History</b>	(A)	PP
11		<b>Case discussion</b>	(B)	PP
		<b>Cephalometric Tracings</b>		
		a. Down's Analysis	(A)	PP
		b. Steiner's Analysis		
		c. Tweed's Analysis		
13		<b>Coffin spring on upper arch Gauge 1 mm</b>		
14		<b>Appliance construction in Acrylic</b>		
		a. Upper Hawley's Appliance		
		b. Lower Hawley's Appliance		
		c. Upper Habit breaking Appliance		



## Exercise 07.

Aim : To prepare an U series, V series and a UV series from a 19 gauge wire

Procedure :

- Prepare a UV Series of U of height 1 cm and V of height 1 cm leaving a gap between each V and each U of 1 cm.
- Take a 19 gauge wire of 9 inches & make it straight.
- Now mark at 1 cm & give a bend at  $90^\circ$  Now at approx 0.7 mm start giving a slight bend using plier till the height of U reached 1 cm.
- Now again repeat this procedure to make 5 'U' with 1 cm gap in between each 'U'
- For V series, mark at 1 cm and give a bend and v should be of 1 cm height, so give bend accordingly.
- In this way 5 V's are prepared with 1 cm gap in between each V.
- check the plane on glass slab.
- For UV series make U & v alternately and check the plane on glass slab.

## Model Analysis - 1

- Case No. : Jyoti Pawar.
- Analysis of Model Separately.

### I. Individual Tooth Analysis.

10	11	C	7	8	7.8	9	9	7	8	7	C	11	10
7	6	5	4	3	2	1	1	2	3	4	5	6	7
7	6	5	4	3	2	1	1	2	3	4	5	6	7
10	11.5	C	7	7	6.5	C	C	6.5	7	7	6.5	12	11

### II. Analysis of whole arch.

Particulars	Maxillary	Mandibular
Total Tooth material (IM to IM)	96.6 mm	89 mm
Sum of Incisors	32.6 mm	25 mm
Arch Symmetry	Symmetrical	Symmetrical
Arch Shape	U Shape	V
Mid line	Accurate	Accurate
Curve of spee	-	2 mm
Palatal depth	19 mm	-
Crowding	-	-
Spacing	-	7 mm

Analysis of models in occlusion.

Model Particulars	Right	Left
Angle's Molar Relation	Class I	Class I
Canine Relation	Class I	Class II
Incisor Relation	Class I	Class I
Proclination	$(5-2) = 3$	$(4-2) = 2$
Overjet	5	4
overbite	2	2
Midline	accurate	accurate
Crossbite	-	-

Diagnosis

Angle's Class I Malocclusion with proclined upper & lower incisors and spacing in both arches.

III. Indices.

A. Pont's Index.

Arch width in premolar region. =  $32 \times \frac{100}{80} = 40$   
 Arch width in molar region. =  $32 \times \frac{100}{64} = 50$

Region	Actual	Calculated	Difference
Premolar	38	40	2
Molar	49	50	1

Inference : As measured value is less than calculated expansion is needed.

8 Ashley Howe's Index.

$$\text{PMBAW \% Formula} : \frac{42}{96} \times 100 = 43.75$$

Inference : Borderline Case.

b.  $\text{PMBAW} < \text{PMD}$ .

$$43.75 < 45 \quad \text{Expansion Not Possible.}$$

2 For Mandibular Arch.

A. Nance & Carey's Index.

Linear Dimension	Brass wire Calculated	Difference.
66.5	65	1.5

Inference : Non - Extraction case.

3 Inter Arch Analysis : Bolton's

$$\text{Anterior Ratio} = \frac{\text{Man 6T} \times 100}{\text{Max 6T}} = \frac{39 \times 100}{48.5} = 80.41$$

overa Anterior ratio  $\geq 77.2$

$$\therefore \text{corrected Anterior ratio} = \frac{77.2 \times 48.5}{100} = 37.44.$$

$$\text{Overall ratio} = \frac{\text{Man 12T} \times 100}{\text{Max 12T}} = \frac{91.3 \times 96}{100} = 92.7$$

Overall ratio  $> 91.3$

$$\therefore \text{Corrected Overall ratio} = \frac{91.3 \times 96}{100} = 89.64$$

### Inference

Overall Mandibular excess =  $89 - 87.64 = 1.64$

Anterior Mandibular excess =  $39 - 37.44 = 1.56$

### • Analysis of Space

#### Maxillary Arch

#### • Space Required

Sr.No	Condition to Correct	Amount (mm)
1	Proclination = $3 \times 2$	6
2	Crowding	-
3	Anterior Rotation	-
4	Impacted	6
5	other	-
	Total	12

#### • Space Available

Sr.No	Particulars	Amount (mm)
1	Existing interdental space	$3+1+2+2 = 7$
2	Expansion	
3	correction of retroclined teeth.	
4	Extraction	9
5	Distalization	
6	extraction of supernumerary teeth	
7	Interproximal stripping.	
	Total	16
	$16 - 12 = 4$ Available	

b. Mandibular Arch.

• Space Required.

Sr.No	Condition to Correct	Amount
1	Proclination	2
2	Crowding	-
3	Impacted	-
4	Curve of Spee	2
5	Other	-
	Total	4

• Space Available

Sr.No	Particulars	Amount
1	Existing interdental space	6
2	Correction of retroclined teeth	
3	extraction	
4	Distalization	
5	extraction of supernumerary	
6	Other / IPR.	
7	Total	6
8	$6 - 4 = 2 \text{ mm}$ - Available	

Treatment Plan.

1. Pre-orthodontic phase.

- Scaling & polishing

- Fillings

## 2. Orthodontic Phase

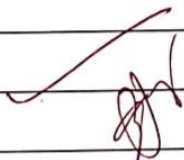
Phase		Appliance
I	Expansion / IPR	Jack screw Quad Helix
II	Levelling & Alignment	Labial bow ✓ Adam's 'Z' Spring
III	Canine retraction	Helical canine ✓ retractor
IV	Incisor retraction	Labial bow ✓ Adams clasp
V	Finishing & Detailing	Labial bow ✓ Adam's clasp

## 3. Post orthodontic phase

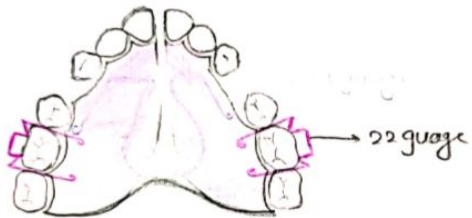
- Scaling & polishing
- Desensitizing toothpaste
- Oral hygiene instruction
- Follow ups

## 4. Retention appliance

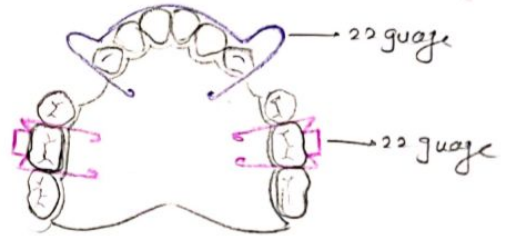
Hawley's Appliance.



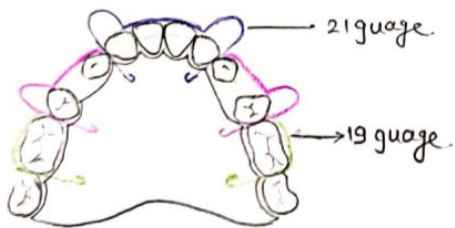
Extraction



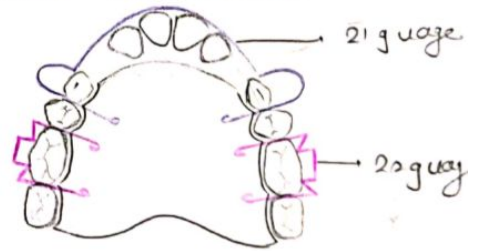
Leveling & Aligning



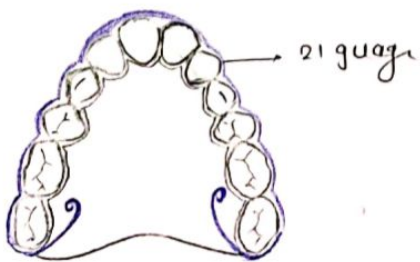
Canine retraction.



Incisor retraction.



Retention.



## 2 Steiner's Analysis

	variable	Mean	Acquired.	Interpretation
A. Skeletal				
1.	SNA angle	82	88	Prognathic Maxilla class II malocclusion
2.	SNB angle	80	89	Prognathic mandible class III malocclusion.
3.	ANB angle	2°	3°	class II
4.	occlusal plane angle	14.5	7°	Horizontal growth pattern.
5.	Mandibular plane angle	82	15°	Horizontal growth pattern.
B. Dental.				
1.	Upper incisor - NA	4 mm	5 mm	Proclined upper incisor
2.	Upper incisor - NA	22°	32°	Angles class II div I malocclusion
3.	Lower incisor - NB	25°	51°	Proclined lower inci sor.
4.	Lower incisor - NB (At Lineax).			
5.	Interincisal angle	131°	102°	class II div I malocclusion.



DEPARTMENT OF PEDODONTICS AND PREVENTIVE  
DENTISTRY



D Y PATIL GROUP

**D Y PATIL DENTAL SCHOOL**

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**JOURNAL OF PAEDODONTICS AND  
PREVENTIVE DENTISTRY**

**CERTIFICATE**

This is to certify that Sakshi Sandip Lonkar  
Roll No. 35 has Attended and Completed all The  
Practical Recorded in PAEDODONTICS AND PREVENTIVE DENTISTRY in  
the Year 2023-24

Name : Sakshi Sandip Lonkar

MUHS University Seat No.: 49586

Examination Centre : D.Y. Patil Dental School, Pune *H.K. Kade*

Date of Practical Examination : \_\_\_\_\_

Signature of the Head  
Of the Department

*H.K. Kade*  
Signatures of the Staff

## INDEX

Sr. No	Date	Title of the Topic	Signature of the Staff
1.		Difference between primary & permanent teeth.	}
2.		Tooth numbering system.	
3.		Aims & objectives of Pediatric Dentistry	
4.		Development of occlusion	
5.		GFC	}
6.		Fluorides	
7.		Pit & fissure sealants	
8.		Dental Indices	}
9.		Local Anesthesia	
10.		Pediatric Exodontia.	
11.			
12.			

## EXAMINATION FORM

Name of the Patient : Siddharth Thorat

Age : 7 years Gender : male OPD No. 81548

Address : Sant Nagar, Lohegaon, Pune

Chief Complaint : - patient complains of decayed teeth in upper front region of jaw since 1-2 years

No. of teeth Present : 20

(i) FDI Notation :  $\begin{array}{cccccccc} & & & \text{RP} & & \text{21} \downarrow & \text{RP} & & \downarrow \\ 55 & 54 & 53 & \textcircled{62} & 51 & 61 & \textcircled{62} & 63 & 64 & 65 & 26 \\ 85 & 84 & 83 & 82 & 81 & 71 & 72 & 73 & 74 & 75 \end{array}$

(ii) Zsigmondy & Palmer Notation:

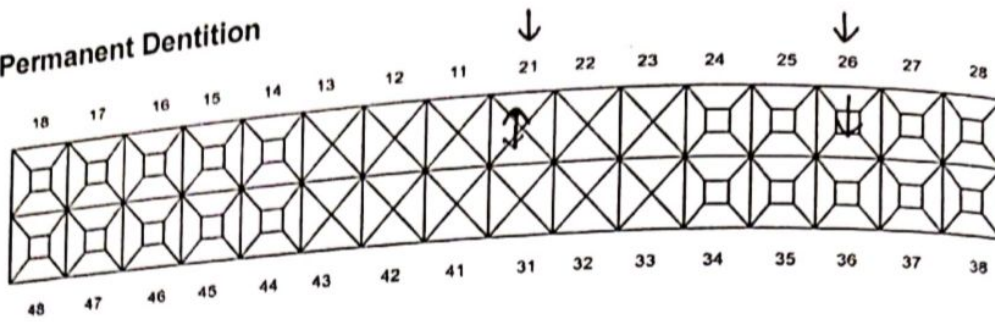
$\begin{array}{cccc|cccc} & & & \text{RP} & & \text{RP} & & & & & \\ E & D & C & \textcircled{B} & A & A & \textcircled{B} & C & D & E & \\ \hline E & D & C & B & A & A & B & C & D & E & \end{array}$

Dental Age: 7-8 years

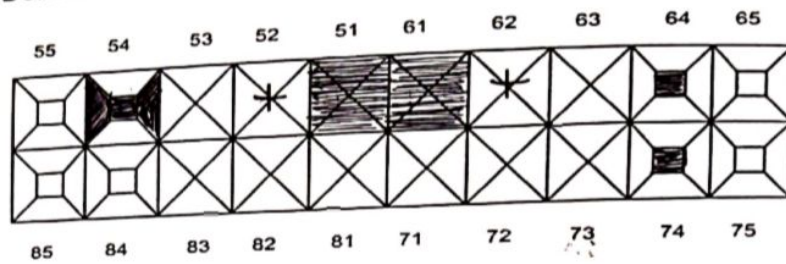
Occlusion :	Left	Right
Primary molar relation	mesial step	mesial step
Permanent molar relation	—	—
Canine relation	class I	class I
Anterior relation	—	—

Other(S)

### Permanent Dentition



### Primary Dentition



■ Caries

↑ Erupting

● Filling / Restoration

+ Root Piece

□ Missing

# Fractured

### Provisional Diagnosis :

- ① Grossly carious teeth  $\bar{c}$  51, 61
- ② Root pieces  $\bar{c}$  52, 62
- ③ Deep mesioocclusodistal caries  $\bar{c}$  54
- ④ Deep occlusal caries  $\bar{c}$  64, 74

Seen.  
A. Chakraborty  
17/3/22

## CASE HISTORY

Date : 1

Name of the Student : Sakshi Lonkar OPD No. 10710

Teacher: Dr. Pritesh Case History No. 01

### PATIENT'S INFORMATION :

- 1) Name : Abhinav mutkar
- 2) Nick Name : Abhi
- 3) Date of Birth : 6/3/2012
- 4) Age: 10 years
- 5) Gender : male
- 6) Address : 205 B , Shobha park , Alandi road  
Vidyanagar khadki East Pune 03
- 7) Telephone No : 8275712280
- 8) Mother tongue : Marathi
- 9) Name of the accompanying person :

PARENTS	FATHER	MOTHER
a) Name	<u>Atul mutkar</u>	<u>vidya mutkar</u>
b) Occupation	<u>Private Job</u>	<u>House wife</u>
c) Education	<u>B.com</u>	<u>BSc</u>
d) Income	<u>15-20 k /month</u>	<u>-</u>

- 10) Paediatrician/ Family Physician's Name & Contact No.

**CHIEF COMPLAINT :** [ Origin/ Onset/Duration/Progress/Nature of Pain/ H/o Present illness/ Aggravating Factors/ Relieving Factors]

cc - Patient complains of pain in upper & lower back region of jaw since 2 weeks.

TOPIC - Pt was well before 2 weeks then experienced pain in upper & lower back region of jaw. Pain was throbbing not radiating, localised & relieved by its own

2) **HISTORY :**

i) **FAMILY HISTORY**

1) **Past Medical History : NRH**

- Premature / Full term ~~NRH~~ full term
  - Birth Weight : full kg
  - H/o Hypoxia/ Cyanosis/Jaundice :
  - H/o Medication :
  - H/o allergy :
  - H/o illness and hospitalization
- } NRH
- Immunization Status : vaccination up to date

2) **Past dental History :**

- Dental Visits : -
- Dental Treatment -



**IV) ORAL HYGIENE MAINTENANCE**

- 1) Whether child brushes himself/herself : *himself*
- 2) Since when: *2 year*
- 3) How many times: *once a day*
- 4) Which tooth paste (fluoridated/Non fluoridated) *fluoridated*
- 5) How often does he/she change his/ her tooth brush: *3 months*

**V) Trauma to teeth and supporting tissues :**

- 1) When :
  - 2) Where:
  - 3) How:
  - 4) If fracture, (?)
- } *no abnormality detected.*

**VI) ORAL HABITS ( Duration/Frequency/ Intensity)**

- 1) Tongue Thrusting :
  - 2) Thumb sucking:
  - 3) Lip/Nail Biting
  - 4) Mouth Breathing:
  - 5) Bruxism:
  - 6) Any other ;
- } *NRH*
- } *NRH*

## VII) BEHAVIORAL RATING SCALE :

- 1) Frankl's Behavior Rating Scale: *Positive (+)*

### 3) EXAMINATION :

#### 1) GENERAL

- Height : 4.8'
- Weight: 32 Kg
- Somatotype: mesomorphic
- Gait: bipedal phase 2
- Skin :
- Nails: } NAD
- Hair: }

#### 2) HEAD, NECK & FACE

- Symmetry: Bilaterally symmetrical
- Profile: - convex
- TMJ: - Bilaterally symmetrical.
- Lips: Potentially incompetent
- Lymph nodes : Palpable / non Palpable  Tender / Non Tender

### INTRA- ORAL

- 1) Oral hygiene status : fair
- 2) Deposits:
  - Hard : No
  - Soft (+) present



2) Mixed / Permanent Dentition

- Overjet :
- Overbite : } ↑sed overjet overbite
- Deepbite :
- Crossbite :
- Any other Findings :

F) Teeth restored ( Material used)

G) Dental Caries :  $\bar{c}$  65, 75

H) Fractured tooth : -

Classification :

I) Developmental defects : —

J) Discoloration of tooth : —

K) Mobility : Grade II mobility  $\bar{c}$  65, 55

L) Pulp :

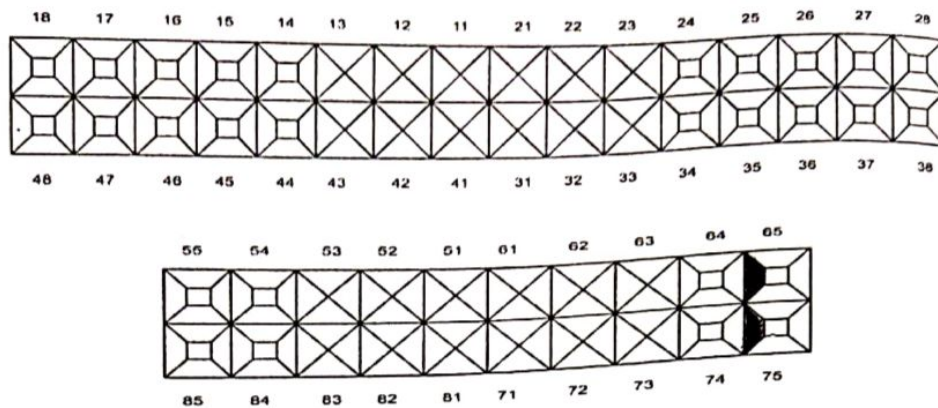
A) Not exposed ✓

B) Exposed

M) Missing teeth : -

DMFT/ Deft :

$$\begin{aligned} dmft &= d - 2 \\ t &= 2 \end{aligned}$$



■ Caries

↑ Erupting

● Filling / Restoration

+ Root Piece

□ Missing

# Fractured

AREA OF CHIEF COMPLAINT :

$\bar{c} 65, 75$

PROVISIONAL DIAGNOSIS :

mesial corner  $\bar{c} 65, 75$

INVESTIGATION

- Radiograph (IOPA Bitewing OPG) —
- Vitality —
- Model Analysis : ✓

- Photographs :
- Routine blood examinations (Hb, BT, CT)
- Any other

#### RADIOGRAPHIC INTERPRETATION —

#### FINAL DIAGNOSIS :

mesial caries E 65, 75  
(Grade II mobility)

#### TREATMENT PLAN :

1) Emergency Treatment :

2) Planned Treatment :

a) Preparatory & Preventive Phases:

1) Oral Prophylaxis: Patient is advised for proper brushing twice a day

2) Topical Fluoride Application: Recommended

3) Pit & fissure sealant : recommended

$\bar{c}$  16, 26, 36, 46

4) Dietary Counseling : Reduce sugar intake  
- Take protein rich diet

b) Restorative Phase/ Endodontic Treatment ;

Restoration  $\bar{c}$  65, 75

c) Surgical Phase :

d) Orthodontic Phase : —

e) Recall :

Recall after 15 days



Signature of Teacher

DEPARTMENT OF ORAL AND MAXILLOFACIAL PATHOLOGY



D Y PATIL GROUP

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Dr. D. Y. Patil Knowledge City, Charholi (BK) Via- Lohegaon, Pune- 412105

**Department of  
Oral & Maxillofacial Pathology**

**CERTIFICATE**

This is certify that Mr. /Ms. : AISHWARYA · PANIKER

Roll No. 46 has Attended and Completed all

the Practicals Recorded in ORAL & MAXILLOFACIAL PATHOLOGY

in the Year 2022 - 23

Date : 06 | 09 | 2023

Batch In-Charge







Date: 06 | 09 | 2023




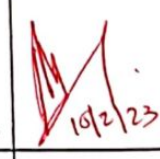


Professor & Head of Department



7/11/24  
10/11/24  
10/11/24

# INDEX

Practical no.	Date	Title of the practical	Signature of the staff
1.	27/5/23	<b>BENIGN TUMOURS OF EPITHELIAL TISSUE ORIGIN</b> a. Squamous papilloma    b) compound nevus c) junctional nevus    d) Intradermal nevus	
2.	15/3/23	<b>PREMALIGNANT LESIONS / CONDITIONS OF EPITHELIAL TISSUE ORIGIN</b> a. Epithelial dysplasia b. Carcinoma in situ c. Oral submucous fibrosis	
3.	24/5/23	<b>MALIGNANT TUMOURS OF EPITHELIAL TISSUE ORIGIN</b> a. Basal cell carcinoma b. Well-differentiated squamous cell carcinoma c. Verrucous carcinoma    d) malignant melanoma	
4.	31/5/23	<b>BENIGN TUMOURS OF CONNECTIVE TISSUE ORIGIN</b> a. Fibroma b. Peripheral giant cell granuloma c. Central giant cell granuloma d. Lipoma e. Capillary hemangioma f. Cavernous hemangioma g. Lymphangioma h. Oostoma    e) Pyogenic granuloma j) schwannoma    neurilemmoma	
5.	6/9/23	<b>MALIGNANT TUMOURS OF CONNECTIVE TISSUE ORIGIN</b> a. Fibrosarcoma b. Ewing's sarcoma c. Non-Hodgkin's lymphoma d. Burkitt's lymphoma e. Hodgkins lymphoma	
6.	17/5/23	<b>SALIVARY GLAND TUMOURS</b> a. Pleomorphic adenoma b. Warthin's tumour c. Mucoepidermoid carcinoma d. Adenoid cystic carcinoma	

Practical no.	Date	Title of the practical	Signature of the staff
7.	22/2/23 26/4/23	<b>CYSTS AND TUMOURS</b> 55 a. Dentigerous cyst b. Odontogenic keratocyst c. Calcifying odontogenic cyst d. Radicular cyst <i>Granular cyst, Aneurysmal bone c.</i> e. Follicular Ameloblastoma f. Plexiform Ameloblastoma g. Granular cell Ameloblastoma h. Acanthomatous Ameloblastoma i. Calcifying epithelial Odontogenic tumour j. Adenomatoid Odontogenic tumour k. Ameloblastic fibroma <i>Squamous b. tumor</i> l. Compound composite odontome m. Complex composite odontome n. Odontogenic fibroma <i>Desmoplastic ameloblastoma</i> o. Odontogenic myxoma <i>Unilocytic A. Basal cell Ameloblastoma</i>	 
8.	1/2/23	<b>DENTAL CARIES</b> 88 a. Pit and fissure caries b. Smooth surface caries c. Root caries d. Dentinal caries	
9.	10/2/23	<b>DISEASES OF PULP AND PERIAPICAL TISSUES</b> a. Acute pulpitis b. Chronic hyperplastic pulpitis c. Periapical Granuloma d. Osteomyelitis e. Pulp abscess f. cholesterol clefts	
10.	22/2/23	<b>CYSTS OF SALIVARY GLAND</b> a. Mucocele - extravasation phenomenon b. Mucocele - retention phenomenon	
11.	24/7/23	<b>REGRESSIVE ALTERATIONS OF TEETH</b> a. Attrition b. Abrasion c. Erosion d. True Denticles e. False Denticles f. Internal resorption g. Hypercementosis h. Cementicles	

Practical no.	Date	Title of the practical	Signature of the staff
12.	3/8/23	<b>DISEASES OF BONE</b> a. Fibrous dysplasia ✓ b. Paget's disease ✓ c. cherubism ✓ d. cementifying fibroma.	<i>Abul.</i>
13.	7/6/23	<b>DISEASES OF SKIN</b> a. Lichen planus ✓ b. Pemphigus ✓ c. Pemphigoid	<i>Abul.</i>

## \* MALIGNANT TUMOURS OF EPITHELIAL TISSUE 16 ORIGIN \*

### Squamous Cell Carcinoma

- It is defined as malignant epithelial neoplasm exhibiting squamous differentiation as characterized by formation of keratin and/or presence of intercellular bridges.
- most common malignant neoplasm of oral cavity.
- may occur at any intraoral site.

### Etiology:

1. Tobacco
2. Betel nut / Areca nut
3. Alcohol
4. viruses - HPV, EBV
5. Diet: deficiency of vit A and C
6. Family history
7. Immune deficiency
8. UV light
9. chronic irritation.

### Clinical presentation:

- Exophytic (mass forming fungating, papillary)
- Endophytic (invasive, leucoplakia, ulcerated)
- Leucoplakic
- Erythroplakic
- Leukoerythroplakic

• Pathogenesis:

Multi-step changes



changes occur in gene that control:  
cell cycle, cell survival, cell motility,  
angiogenesis.



Abnormal cell



clonal expansion



Lesion.

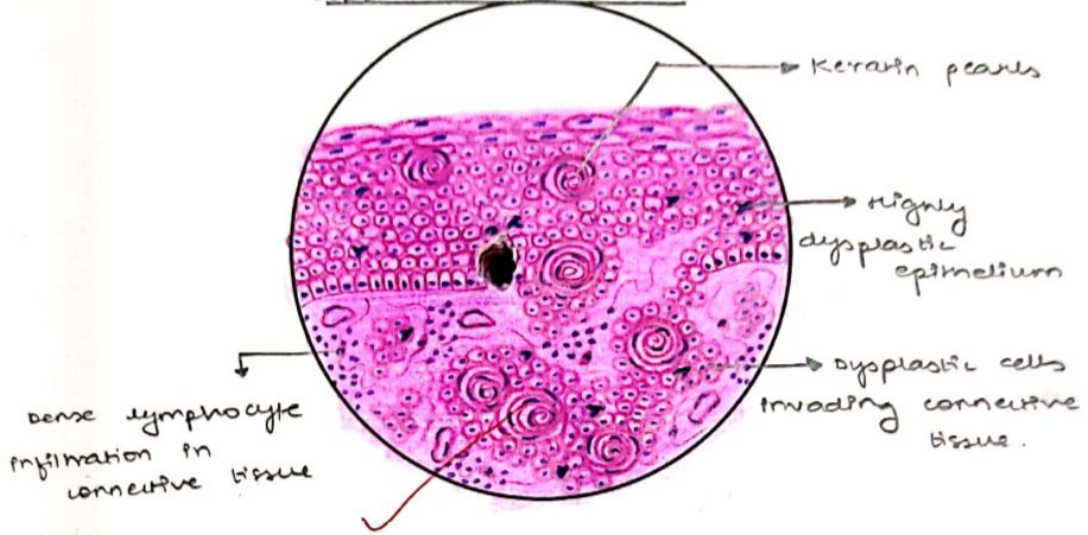
• Histopathology:

They are classified based on anaplastic features, resemblances to squamous epithelium and production of keratin

1) Well differentiated squamous cell carcinoma.

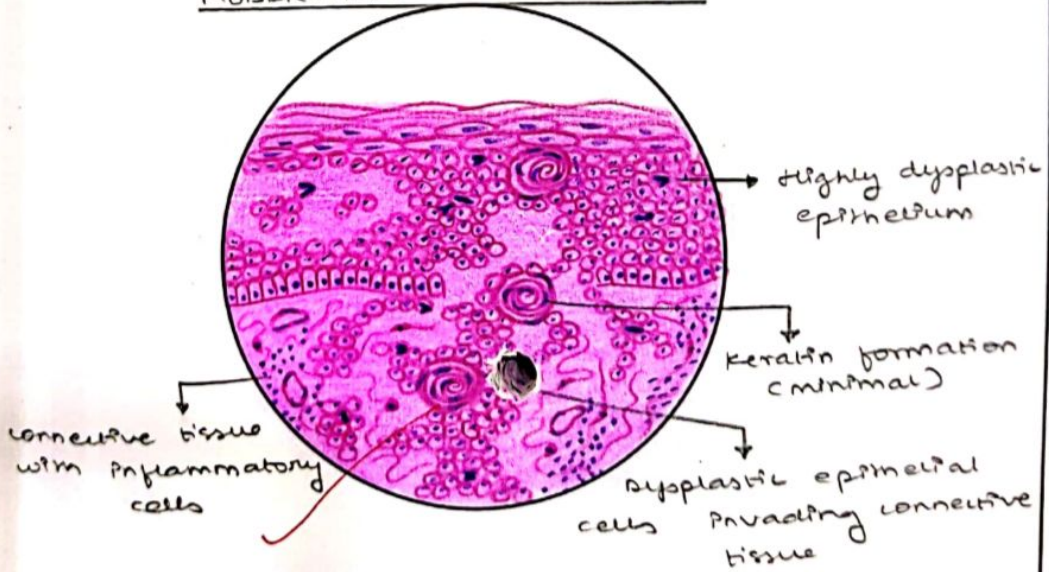
- sheets and nests of cells with origin from squamous epithelium.
- these cells are large and hyperchromatic
- mitotic figures may be seen but are not numerous
- numerous epithelial / keratin pearls of varying sizes are seen

SQUAMOUS CELL CARCINOMA  
WELL DIFFERENTIATED



Staff signature:

SQUAMOUS CELL CARCINOMA  
MODERATELY DIFFERENTIATED



Staff signature:

- ii) Moderately differentiated squamous cell carcinoma
- cells lose certain features so that their resemblance to squamous epithelium is less pronounced
  - shape of the cells and their arrangement may be altered.
  - Greater number of mitotic figures are seen.
  - Keratin pearl formation decreases.

- iii) Poorly differentiated squamous cell carcinoma.
- cells bear very little resemblance to their cell of origin
  - cells show lack of cohesiveness and are extremely vagarious
  - Anaplastic features increases
  - Mild / no keratin pearl formation is seen

## \* Hypercementosis

- It is a non neoplastic condition which is characterized by excessive deposition of cementum on the root surface.
- Also known as Cementum hyperplasia
- Regarded as regressive change of teeth and most commonly involves nearly the entire root area.

### Etiology

- Inflammation about a tooth
- Tooth repair
- Esthetic deformations

### Clinical Features:

No significant clinical signs and symptoms unless periapical inflammation is present.

### Radiographic Features:

- Thickening and apparent blunting of the roots are seen in periapical radiograph.
- The roots lose their typical 'sharpened' or 'spiked' appearance and exhibit rounding of the apex.

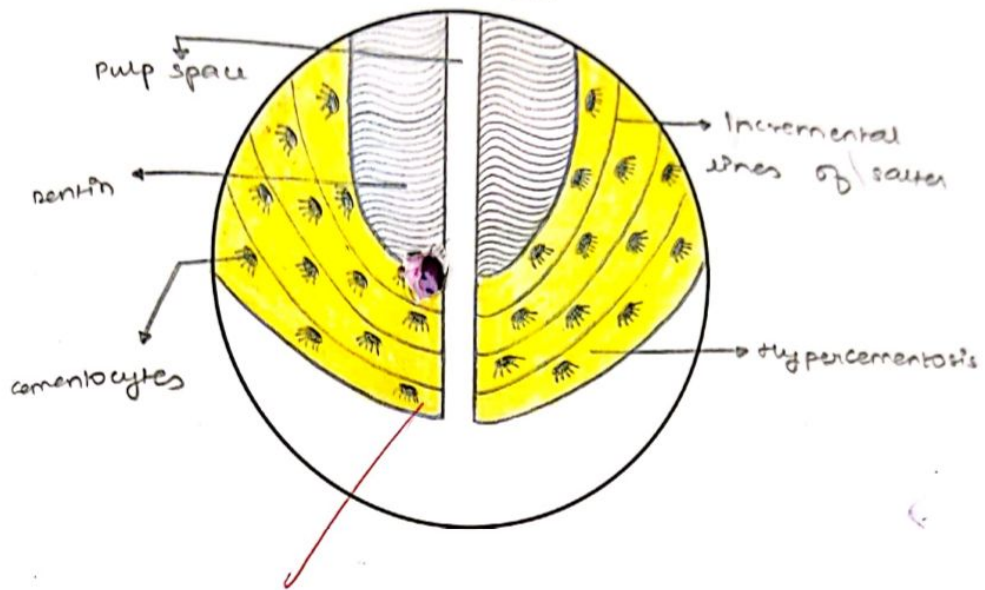
### Histological Features:

- Excessive amount of secondary or cellular cementum deposited over thin layer of primary acellular cementum
- Cementum arranged in concentric layers around the root and shows numerous resting lines.

## \* Cementicles

- cementicles are small foci of calcified tissues, not necessarily true cementum, which lies free in the periodontal ligament of lateral and apical root area.
- The calcified bodies may occur in the periodontal ligament, not all of which has morphological characteristics of cementum.
- the most common manner in which cementicles develop is by calcification of rests of epithelial cells in PDL as a result of degenerative change. these bodies enlarge by further deposition of calcium salts in the adjacent surrounding connective tissue.
- the pattern of calcification often gives the appearance of circular lamellated structure. cementicles may arise from focal calcifications of connective tissue between Sharpey's bundles with no apparent central nuclei.
- the calcification occurs as small round or oval globules of calcium salts.
- small spindles of cementum arise from the root surface i.e. cemental tears on fragments of bone detached from the alveolar plate.

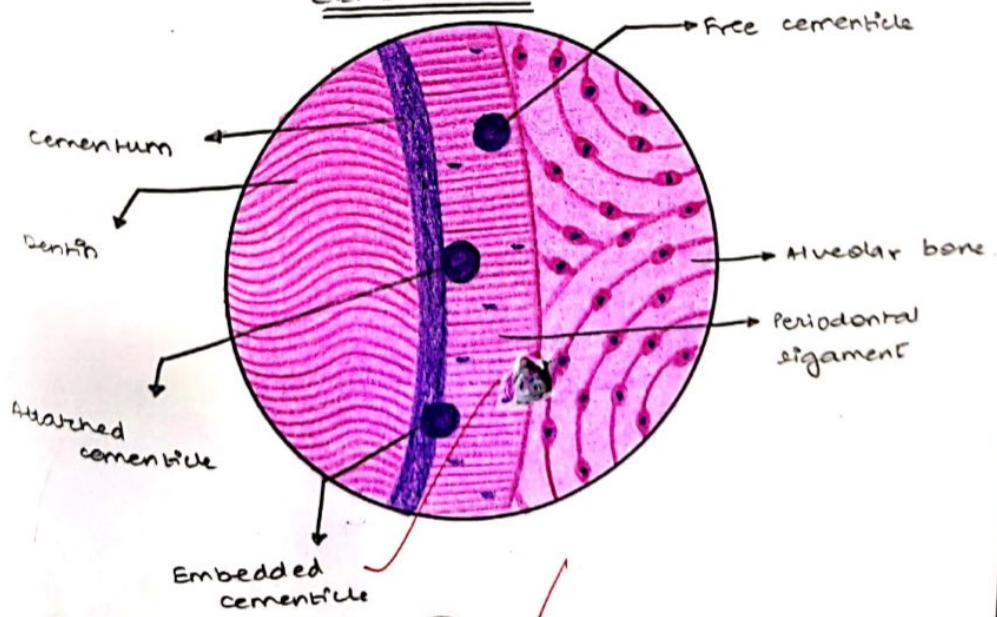
HYPERCEMENTOSIS



*Ref*

Staff signature:

CEMENTICLES



*Ref*

Staff signature:

## DEPARTMENT OF PHYSIOLOGY



D Y PATIL GROUP

### D Y PATIL DENTAL SCHOOL

Dr. D. Y. Patil Knowledge City, Charholi (BK), Via - Lohegaon, Pune - 412 105

## DEPARTMENT OF PHYSIOLOGY

### CERTIFICATE

This is certify that Mr. / Ms. Divya Suresh Patil  
has satisfactorily carried out the laboratory work in Physiology as  
prescribed by the **Maharashtra University of Health Sciences, Nashik**, for  
1<sup>st</sup> BDS Practical Examination in General Human Physiology.

Term	Remarks	Sign of Teacher in-charge	Date
I	Complete	<u>Adw</u>	6/2/18
II	Complete	<u>Adw</u>	3/4/18.

External Examiner: Gpv

Date: - 3/7/18

Gpv  
23.4.18  
HEAD OF DEPT. PHYSIOLOGY.  
D.Y.PATIL DENTAL SCHOOL  
D.Y.PATIL KNOWLEDGE CITY,  
VIA CHAROLI (BK.) LOHEGAON,  
PUNE - 412105  
Department of Physiology

Expt. No.	Title	Page No.	Date	Sign
	General rules and instructions	1		
	Normal values and useful data	2		
<b>Section I - Hematology</b>				
1	The Microscope	6	18-9-17	✓
2	Collection of Blood	10	18-9-17	✓
3	Estimation of Haemoglobin	13	10-10-17	✓
4	Total WBC count	17	29/11/17	✓
5	RBC Count	25	20/12/17	✓
6	Differential Leucocyte count (DLC)	31	28/12/17	✓
7	Determination of Blood Group	39	3/10/17	✓
8	Determination of Bleeding Time & Clotting Time	43	1-11-17	✓
9	Estimation of ESR & PCV (LD)	45	26-2-18	✓
<b>Section II - Clinical &amp; Human Physiology</b>				
10	Introduction to Clinical Examination	52	24-1-18	✓
11	Clinical Examination of Arterial Pulse	57	23-11-17	✓
12	Determination of Arterial Blood Pressure	61	6-12-17	✓
13	Clinical Examination of Respiratory System	65	20-2-18	✓
14	Clinical Examination of Cardiovascular System	72	24-1-18	✓
15	Spirometry	77	20-2-18	✓
16	Artificial Respiration	84	26-2-18	✓
17	Electrocardiography	91	17-1-18	✓
<b>Section III - Experimental Physiology</b>				
18	Study of Instruments	96		
19	Simple Muscle Curve	100		
20	Effect of various strengths of stimuli on skeletal muscle	102		
21	Effect of load on skeletal muscle	103		
22	Genesis of tetanus	105		
23	Phenomenon of fatigue	107		

EXPT. NO. 8

DATE: 1-Nov-17

## DETERMINATION OF BLEEDING TIME (BT) AND CLOTTING TIME (CT)

**Aim:** - To determine bleeding time and coagulation time

**Bleeding time:**-By Duke's method

**Material:** - Cotton & spirit, lancet, piece of filter paper, wrist watch

**Procedure:-**

- ❖ With usual aseptic precautions take a bold prick. Do not squeeze the blood out when a puncture is made. Note the time of prick.
- ❖ With a strip of filter paper, blot off the drop of blood every 30 sec. Record the blots in series along this strip of filter paper and count them. Subsequently observe that the size of the blood drop gradually diminishes until it ceases to ooze from the puncture i.e. no further staining of the filter paper occurs. Note the time.
- ❖ The time interval, between pricking of the finger and cessation of oozing, denotes the bleeding time.

**Normal bleeding time:** -Average: 3 mins.

**Range:** 2 - 5 minutes.

**Observations:** - My bleeding time is .....2.....minutes .....30.....sec.

**Coagulation Time:**-By Wright's method / Capillary glass tube method.

**Material:** - Capillary tube having 1 mm bore and 10 cm length, cotton and spirit, lancet, wrist watch.

**Procedure:-**

- ❖ With usual aseptic precautions take a bold prick. When a puncture is made note the time.
- ❖ Wipe off first drop. Hold the capillary tube horizontally in the next drop. The tube will be filled with blood by capillary action.
- ❖ After the first minute, break off sections (about 1 cm at a time) of the tube once every 30 seconds. At first the blood column breaks clearly, but when coagulation occurs, fine fibrin thread is formed between the broken ends. When the fibrin thread appears, note the time.
- ❖ Time interval, between pricking of the finger and first appearance of the fibrin thread, denotes the coagulation time.

Normal coagulation time: Average: 4 minutes

Range: 3-8 minutes.

Observation: My coagulation time is.....5..... minutes.....0.....sec.

### Questions and Answers

Q.1 What are the mechanisms of hemostasis?

Ans. Hemostatic mechanisms are

- i) Vascular spasm
- ii) Platelet plug formation
- iii) Coagulation

Q.2 Name the conditions in which bleeding time is prolonged.

Ans. In Thrombocytopenic purpura, bleeding time is prolonged. It is also prolonged in vascular purpura.

Q.3 Name the conditions in which coagulation time is prolonged.

Ans. Coagulation time is prolonged in the following diseases-

Disease	Deficiency
Vitamin K deficiency & Liver diseases -hepatitis, cirrhosis	Factor II (Prothrombin) VII, IX and X
Classical Hemophilia (Hemophilia A)	Smaller component of Factor VIII
Christmas disease	Factor IX

Q. 4. Why coagulation time is more than bleeding

Ans. Process of coagulation is biochemical process which involves interaction of coagulation factors. This process takes more time than mechanical processes like vascular spasm. Therefore, coagulation time is more than bleeding time.

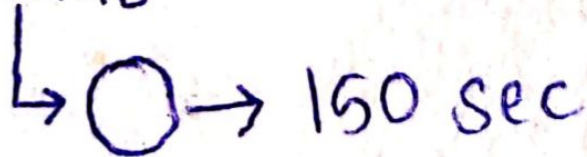
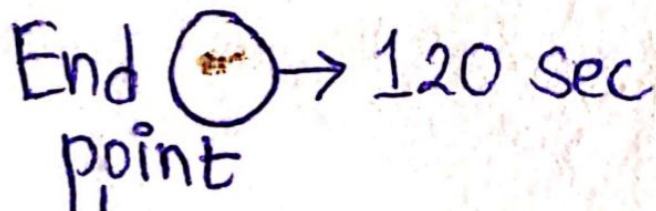
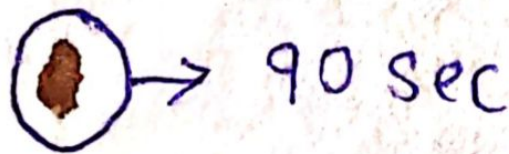
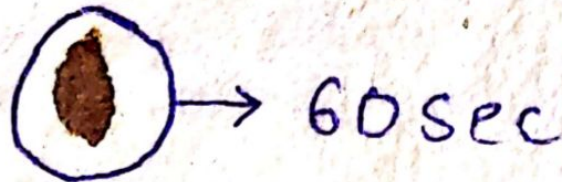
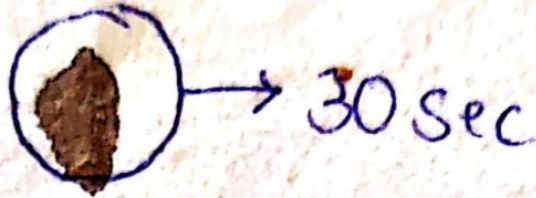
Q. 5. Name the different laboratory anticoagulants and state their mode of action.

Ans. Calcium chelating agents, namely - EDTA, oxalates and citrates combine with  $Ca^{++}$  and decrease ionic  $Ca^{++}$  levels.

Other methods  $\rightarrow$  IVY's method (BT)  
(now BT is done = 5 min)  
latest  $\Rightarrow$  Prothrombin time  
[PTT]

*Also*  
*13/12*

Divya Suresh Patil - 67



Bleeding time = 2 min  
30 sec

True  
|||

EXPT. No. 3.

DATE: 10-10-17

## ESTIMATION OF HAEMOGLOBIN CONTENT OF BLOOD

Aim: -To determine Hemoglobin (Hb) content of your own blood.

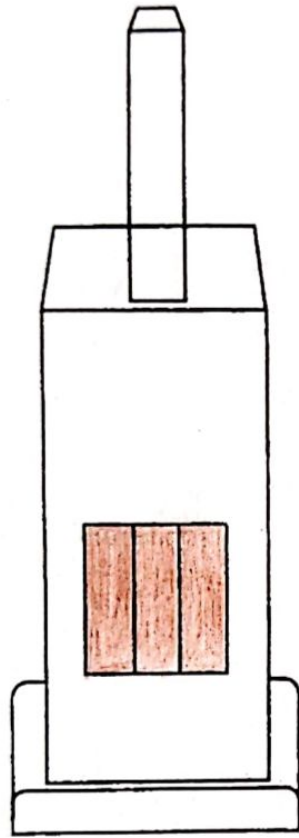
### Material: -

Sahli's Comparator, Hb pipette, stirrer, Hb tube, cotton, spirit, lancet, N/10HCl and glass-distilled water.

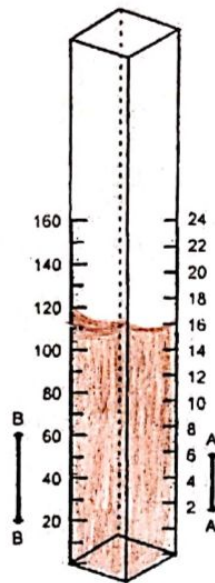
### Procedure:

- ❖ Take N / 10 HCl upto the mark '20' on the percentage scale of the Hb tube.
- ❖ Prick the fingertip under all aseptic precautions and draw blood into the Hb pipette upto the mark 20 cu.mm. Wipe the excess blood from the tip of the pipette. 20  $\mu$ l .
- ❖ Transfer the blood to the graduated tube immediately. Mix it thoroughly with N / 10 HCl by rinsing the pipette repeatedly avoiding frothing.
- ❖ Wait for 10 minutes. The clear brown colour obtained is due to the formation of acid haematin.
- ❖ Add distilled water drop by drop. Stir the mixture with a stirrer avoiding frothing.
- ❖ Carry out the dilution till the colour of the mixture matches with the brown colour of the standard plates in the comparator.
- ❖ Matching should be done against day light when the plane surface of the tube is facing you and after moving stirrer up.
- ❖ Read the result on the graduated tube in gms per 100 ml of blood (gms %).  
In this method, 100% = 14.5gms of Hb / 100 ml of blood.  
Different instruments have different values for 100% Hb.

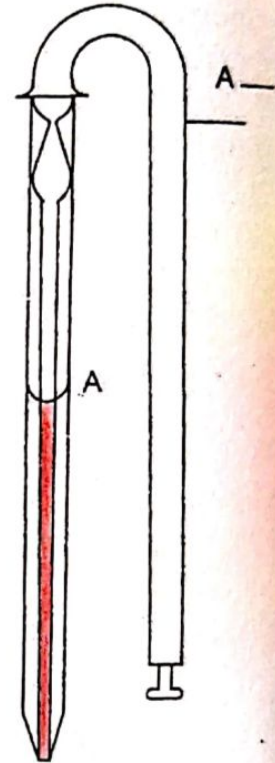
## SAHLI'S HAEMOGLOBINOMETER



HAEMOGLOBINOMETER  
TUBE



HAEMOGLOBIN  
PIPETTE



**Observations:-**

- 1) Hb content- ..... 16 ..... gms / 100 ml of blood.
- 2) Oxygen carrying capacity- 21.44 ml / 100 ml of blood. 1.34
- 3) Iron content- ..... 53.44 ..... mg / 100 ml of blood. 3.34

## Questions and Answers

Q. 1. What are the other methods of estimation of Hb? Which one is the best? Why?

Ans. There are two methods to estimate Haemoglobin.

A) Indirect colorimetric methods: - In these methods, Hb and is converted into a derivative having a definite tinge of colour, e.g.

i) Tallquist's methods - Hb is converted into oxy Hb.

ii) Haldane's methods - Hb is converted into carboxy Hb.

iii) Cyanmethemoglobin method - Hb is converted into cyanmeth Hb.

B) Direct estimation methods:-

i) Van Slyke's method - O<sub>2</sub> Carrying capacity is estimated.

ii) Iron estimation.

iii) Spectrophotometry .

Direct estimation methods are good. Of all indirect methods Cyanmeth Hb is the best, in this method about 90% of Hb existing in all forms is converted to titrable compound.

Q. 2. What are the advantages and disadvantages of Sahli's method and what are the possible errors.

Ans. Advantages: - Easy and inexpensive, also fairly accurate.

Disadvantage: - i) Day light is required.

ii) Time consuming as colour has to be matched with Standard.

The possible errors in this method are,

i) Personal error in matching.

ii) Instrumental error - fading of colour strips (Standard) in Comparator.

iii) Pipette error - formation of air bubbles while sucking the blood.

Q. 3. What is the significance of Hb estimation?

Ans. Hb estimation is useful in diagnosis of anaemia.

Q. 4. In Sahli's method can you use H<sub>2</sub>SO<sub>4</sub> or HNO<sub>3</sub> instead of HCl?

Ans. We cannot use H<sub>2</sub>SO<sub>4</sub> or HNO<sub>3</sub> instead of HCl because they lead to formation of an unstable compound and precipitation respectively.

Q. 5. Why do you take glass distilled water and not copper distilled water for dilution?

Ans. Copper distilled water contains copper ions which will interfere with colour matching and therefore lead to error. Tap water is never used because of impurities.

Q.6. Can you use less or more of N/10HCl than up to mark 10? Why do you have to wait for 10 min. after adding blood to N/10 HCl?

Ans. We cannot use less or more of N/10HCl than upto mark 10, as the instrument is standardized for taking HCl upto 10 mark and this is minimum essential amount required to form acid haematin from 20 cmm of blood. Also within 10 min, 95% off final color of acid haematin is attained. Most of Hb is converted to acid haematin within 10 minutes.

Q.7. What are physiological variations affecting Hb concentration of blood?

Ans. i) Age ii) Sex iii) Pregnancy iv) Mountain dwellers → ↑

*New born ↑ M > F*

Q.8. What are the functions of Hb in the blood?

Ans. Functions of Hb are,

- i) Transport of Oxygen to various tissues from lungs.
- ii) Transport of Carbon dioxide from various tissues to lungs.
- iii) Constitutes one of the important buffers.

Q.9. At what stage of development of RBC Hb synthesis begins.

Ans. Intermediate normoblast stage.

*Also  
13/12*

DEPARTMENT OF PERIODONTOLOGY



**D Y PATIL GROUP**

**D Y PATIL DENTAL SCHOOL**

Dr. D. Y. Patil Knowledge City, Charholi (BK) Via - Lohegaon, Pune - 412105

**DEPARTMENT OF PERIODONTOLOGY**

**AND**

**ORAL IMPLANTOLOGY**

Year :

Name : Samruddhi Rajesh Mhetre

Roll No. : 09

Univ. Examination No.: 40616






Date

Signature of In -Charge




Signature of HOD

**Demonstrations**

**III B.D.S.**




Sr. No.	Date	Topic	Staff Signature
1.	13/4/22	Principle of instrumentation	
2.	13/4/22	Principle of instrumentation	
3.	18/4/22	Instrument	
4.	18/4/22	Probe	
5.	21/4/22	Chemical plaque control	

**III B.D.S.**





Sr. No.	Date	Topic	Staff Signature
1.	17/8/22	Instrument Revision	
2.	19/8/22	Principle of instrumentation	
3.	22/8/22	Mechanical plaque control	
4.			
5.			





**Demonstrations**





**IV B.D.S.**

<b>Sr. No.</b>	<b>Date</b>	<b>Topic</b>	<b>Staff Signature</b>
1.	8/3/23	Case History (Page 2)	
2.	9/3/23	Case History (Page 3)	
3.	11/3/23	Case History (Page 415)	
4.			
5.			

**WORK DONE**

Sr.No	Date	O.P.D.No	Name of work Done	Grade	Staff Signature
1.	10/3/23	121162	Full mouth hand scaling and polishing done.		
2.	11/3/23	121371	Full mouth hand scaling and polishing done.		
3.	3/7/23	128194	Full mouth hand scaling and polishing done.		
4.	6/7/23	131747	Full mouth hand scaling and polishing done.		

Sr.No	Date	O.P.D.No	Name of work Done	Grade	Staff Signature
5.	7/7/23	131752	Full mouth hand scaling and polishing done.		
6.	12/7/23	1319868	Full mouth gross hand scaling and polishing done.		
7.	13/7/23	132391	Full mouth gross hand scaling and Polishing done.		
8.	15/7/23	132620	Full mouth gross hand scaling and Polishing done.		

Sr.No	Date	O.P.D.No	Name of work Done	Grade	Staff Signature
9.	15/7/23	132629	Full mouth gross hand scaling and Polishing done.		
10.	19/7/23	98467	Full mouth gross hand scaling and Polishing done.		
11.	21/7/23	101832	Full mouth gross hand scaling and Polishing done.		
12.	22/7/23	133397	Full mouth gross hand scaling and Polishing done.		

## CASE HISTORY

Sr. No.: ①

Year :

Patient's Name : Nikita Sote

O.P.D. No.: 126163

Age : 20 yrs

Date : 9/5/23

Sex : Female

Occupation : Housewife

Address: Ganesh Nagar, Wagholi,  
Pune

Income:

### Chief Complaint :

Patient complains of unclear teeth since 2-3 months.

### History of present illness :

Patient was apparently asymptomatic 2-3 months ago then he experienced white soft deposits on tooth surface that gradually increased over 3 months.

### Past Dental History :

No Relevant History

### Past Medical History :

No Relevant History

### Family History :

No Relevant History

QJ  
11/5/23

Personal History: Mixed diet

Oral hygiene habits:

Brushing → Horizontal and vertical  
- toothbrush and paste

Other habits: - once a day.

No Relevant History

Extra Oral Examination:

Symmetry of face: Grossly bilateral symmetrical

Lips: competent

Lymph Nodes: non-palpable

T.M.Joint: no deviation  
no clicking sound

Intra Oral Examination:

Halitosis:

Oral Mucous Membrane: Normal

Tongue: Normal

Palate: Normal

Gingiva :

	Region	Colour	Contour	Consistency	Surface Texture	Size	Bleeding On Probing	Exudation
MAXILLARY	Anterior	coral pink	Scalloping with knife edge.	Firm and resilient	stippling present	Normal	absent	absent
	Posterior	coral pink	Scalloping with knife edge	Firm and resilient	stippling present	Normal	absent	absent
MANDIBULAR	Anterior	coral pink	Scalloping with knife edge	Firm and resilient	stippling present	Normal	Present	absent
	Posterior	coral pink	Scalloping with knife edge	Firm and resilient	stippling present	Normal	absent	absent

Mucogingival Problems :

Frenal Attachment :

Upper : Gingival

Lower : Gingival

Width of attached Gingiva :

✓  
Adequate/Inadequate

Tension Test Negative

**Periodontal Pockets :**

									F											
									H											
								mm	TLA	mm										
							1-2	RBC	1-2											
X	X	X	X	X	X	X	X	RBC	X	X	X	X	X	X	X	X	X	X	X	X
								RBC												
								TLA												
								F												

									F											
									H											
									TLA											
									RBC											
X	X	X	X	X	X	X	X	RBC	X	X	X	X	X	X	X	X	X	X	X	X
								RBC												
								Class	Class	Class	Class									
							I	I	I	I										
								TLA												
								F												

**F- Furcation Involvement,**

**M- Mobility**

**TLA- Total loss of attachment,  $\bar{c}$   $\frac{11}{11}$  (1-2mm)**

**REC- Recession,  $\bar{c}$   $\frac{21}{13}$  (Class I)**

**PKT-Pocket**

Examination of Teeth :

7	6	5	4	3	2	1		1	2	3	4	5	6	7
7	6	5	4	3	2	1		1	2	3	4	5	6	7

Teeth Present ; 28

Wasting Diseases : Attrition / Abrasion / Erosion

(  $\frac{2}{1}$  ) ( - ) ( - )

Carious Teeth : Absent

Restored Teeth: Absent

Faulty Restoration : Absent

Pathologic Migration: Absent

Drifting: absent

Proximal Contacts : Tight

Food Impaction : absent

Occlusion : class I malocclusion

Fremitus Test : Negative

Teeth Deposits : Plaque : + Calculus ++ Stains +

Hypersensitivity: absent

Etiological Factors :

Local :

Primary : plaque

Secondary : calculus , Faulty brushing technique

Systemic : ,

Investigations :

Laboratory : BT, CT

Radiographic :

Diagnosis : chronic generalized marginal gingivitis with  
chronic localized periodontitis  $\bar{c} = \frac{11}{21/13}$

Prognosis :

Overall: fair

Individual: fair

## Treatment Plan

### Preliminary/ Emergency Treatment ;

Non - Surgical

### Phase I: Diet Counselling.

- Full mouth scaling
- Demonstrate brushing technique - modified bass technique and Flossing technique
- chemical plaque control - 0.2 % Chlorhexidine

### Phase II: Surgical phase

Root coverage procedure  $\bar{z} \frac{21}{13}$

### Phase III:

Restorative phase

### Phase IV: Maintenance phase

checking for calculus

checking for gingival condition

(class A recall - 6 months to 1 year).

# INDICES

## 1. Simplified Oral Hygiene Index (Greene & Vermillion 1964):

<u>DI-S</u>		
1	0	1
0	1	0

$3/6 = 0.5$

<u>CI-S</u>		
1	1	1
1	1	1

$6/6 = 1$

OHIS Score Per Person:

1.5

Oral Hygiene Status :      Good /      Fair      /      Poor

## 2. Plaque Index (Turesky- Gilmore Glickman, 1970)

☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒

Plaque Score Per Person :

## 3. Gingival Index (Loe and Silness 1963)

☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒

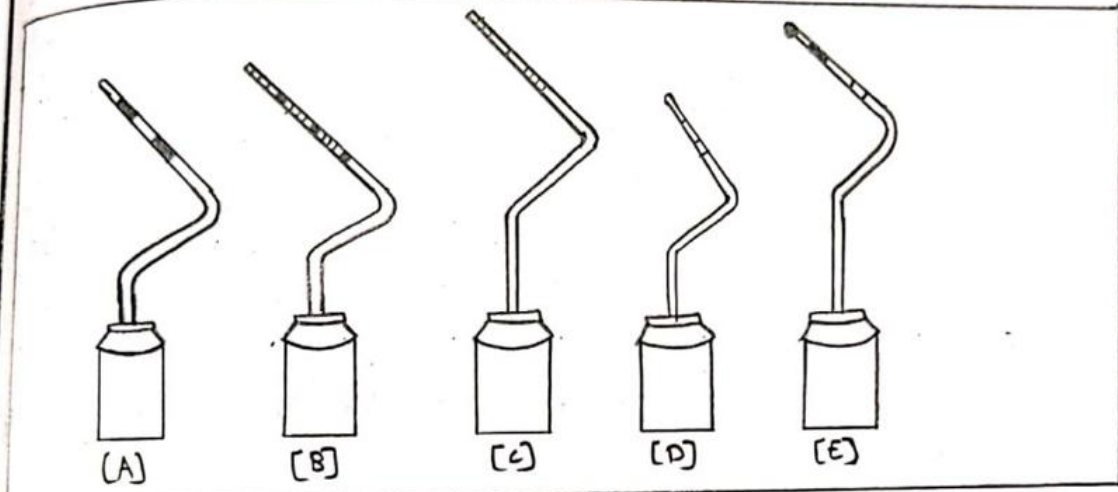
Gingival Score Per Person :

## Tutorials

### Periodontal Probes

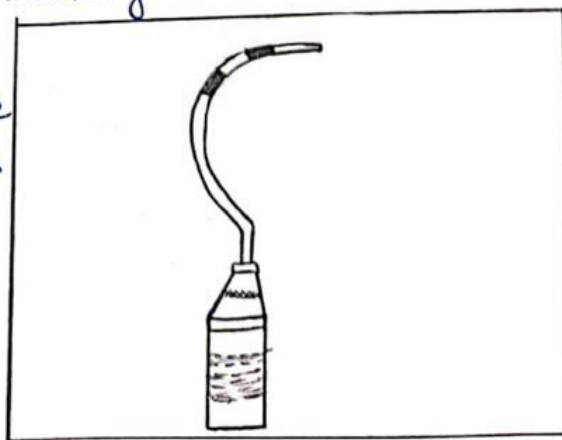
- Periodontal probes are used to measure the depth of the pockets and to determine their configuration.
- The typical probe is tapered, rod like instrument calibrated in millimeters, with round and blunt tip.

#### Types of Periodontal Probes.



- A] Marquis color coded probe :-  
Calibrations are in 3 mm sections.
- B] University of North Carolina - 15 probe  
a 15 mm long probe with millimeter markings at each millimeter and color coding at the 5, 10 and 15 mm.
- C] University of Michigan "0" probe with -  
williams markings at 1, 2, 3, 5, 7, 8, 9 and 10 mm.
- D] Michigan "0" Probe with markings at 3, 6 and 8 mm.
- E] WHO Probe -

It has 0.5 mm ball at the tip and millimeter markings at 3.5, 8.5 and 11.5 mm and color coding from 3.5 to 5.5 mm.



## Tutorials

Nabers' probe :-

For detection of furcation areas with color coded markings at 3, 6, 9 and 12 mm.

Classification of probes (Generations) :-

- 1) First generation probes :- conventional and hand held probes (WHO probe, Nabers probe).
- 2) Second generation probes :- Pressure-sensitive probe.
- 3) Third generation probes :- Computerized probes - (Florida probe, Foster miller probe).
- 4) Fourth generation probes :- Three dimensional probes.
- 5) Fifth generation probes :- Ultrasonographic probes (Ultrasonographic US probes).

## Classification of Periodontal Instruments

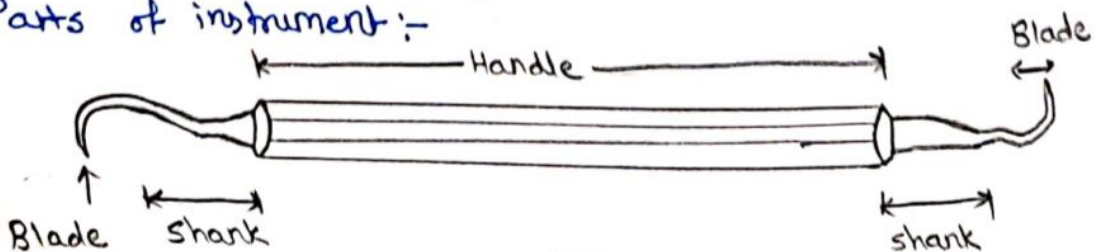
• Introduction -

Periodontal instruments are designed for specific purposes such as removing calculus, planing root surfaces, wetting the gingiva and removing diseased tissue.

• Classification of periodontal instruments :-

- 1) Periodontal Probes (to locate, measure, mark pockets)
- 2) Explorers (to locate calculus deposits and caries)
- 3) Scaling, root planing and curettage instruments these are classified as -
  - a) sickle scalars
  - b) curettes
  - c) Hoe, chisels, file scalars
  - d) Ultrasonic & sonic instruments.
- 4) Periodontal endoscopes.
- 5) Cleansing and polishing instruments.

• Parts of instrument :-



DEPARTMENT OF PROSTHODONTICS CROWN AND BRIDGE AND  
IMPLANTOLOGY



DY PATIL GROUP

**DY PATIL DENTAL SCHOOL**

Dr. D. Y. Patil Knowledge City, Charholi (BK) Via- Lohegaon, Pune- 412105

DEPARTMENT OF PROSTHODONTICS  
CROWN AND BRIDGE & IMPLANTOLOGY

**CERTIFICATE**

THIS IS TO CERTIFY THAT:

MS/MR.....Samruddhi Mhetre.....  
Roll No. ....09..... (III B.D.S.)                      Year 20..... to 20.....  
Roll No. ....09..... (III B.D.S.)                      Year 20..... to 20.....

HAS COMPLETED SATISFACTORILY  
THE CLINICAL B.D.S. PRACTICAL PROGRAM IN PROSTHODONTICS  
AS PRESCRIBED BY THE MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES

  
(INSTRUCTOR IN-CHARGE, III B.D.S.)

(HEAD OF DEPARTMENT)

  
(INSTRUCTOR IN-CHARGE, IV B.D.S.)

  
11/01/2024  
(HEAD OF DEPARTMENT)

Date ...13/1/24.....

UNIVERSITY ROLL NO.
<u>40616</u>

Head of Department of Prosthodontics  
DY PATIL DENTAL SCHOOL  
Date  
DY Patil Knowledge City, Charholi  
Lohegaon, Pune - 412105



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DEPARTMENT OF PROSTHODONTICS  
CROWN AND BRIDGE & IMPLANTOLOGY

*BM*  
13/11/24

INTERNAL EXAMINER

*Singh*  
13/11/24

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INTERNAL EXAMINER

EXTERNAL EXAMINER

UNIVERSITY ROLL NO.

INTERNAL EXAMINER

EXTERNAL EXAMINER

UNIVERSITY ROLL NO.

OPD No. 2023/113388

Date 20/3/23

Department of Prosthodontics  
DY Patil Dental School, Lohegaon  
Pune

**Case Record**  
**Complete Denture Therapy**

I. Name of the Student : Samruddhi Mhetre

Roll No. : 09

**Patient Data**

Name : Ranjana Pawase

Age : 56

Sex : Female

Address : Pune - Sangamner

Phone No : 9561621040

Occupation : House wife

II. Chief Complaint Patient complains of missing teeth. since 1 year.

III. Systemic Status No relevant History

Medications if any No relevant History

IV. Personal History No relevant History

Diet :

Habits: None

V. Dental History

I. History of Dental Extraction

a) Maxillary:

Reason for extraction - pulpal/perio/trauma

Sequence of extraction - Anterior then posterior

Duration of extraction - 3-4 months before

b) Mandibular:

Reason for extraction - pulpal/perio/trauma

Sequence of extraction - Anterior then Posterior

Duration of extraction - 2-3 months before

ii. Number and type of previous denture New

Type	Maxillary	Mandibular	Duration

iii. Earlier denture experience :

iv. Evaluation of previous denture :

v. Pre extraction Records :

VI. Mental Attitude (House Classification) *philosophical*

VII. Extra Oral Examination

i. Facial form *class I Normal*  
Outline for : Square/Tapering/Sq.tapering/Ovoid ✓  
Profile : Straight/Convex/Concave ✓

ii. Lips(Static Position)

a) Length : Short/Medium/ Long ✓

b) Thickness: *Thin*

c) Support : Adequately supported / Unsupported ✓

d) Mobility : Normal / Reduced mobility/Paralysis ✓

e) Commissure:

iii. Temporomandibular joint

a) Tenderness : *Absent*

b) Mouth opening : *Normal*

c) Deviation *Absent*

d) Clicking/Creptus : *Absent*

c) Any other :

iv. Neuromuscular evaluation

a) Speech : Normal / Affected

b) Co-ordination : Excellent / Fair / Poor

**VII. Intra Oral Examination**

i. Arch form : Square / Tapering / Sq. tapering / Ovoid

ii. Residual Ridge Form (Atwood's classification)

Maxillary : High ridge

Mandibular : High ridge

iii. Inter arch space : Ideal / Excessive / Insufficient

iv. Ridge Parallelism : Class I / Class II / Class III

v. Ridge Relation : Class I / Class II / Class III

vi. Soft Palate : Class I / Class II / Class III

vii. Palatal Sensitivity : Presence / Absence of gagging

**ix. Mucose Condition** : Healthy / Inflamed / Pathologic

x. Attachment

Frenal : Maxillary *muosal*  
: Mandibular *muosal*

xi. Saliva

Quality : Serous Mucous  
Quality : Adequate / Inadequate

xii. Tongue

Size : Normal / Enlarged  
Quality : Normal / Retracted

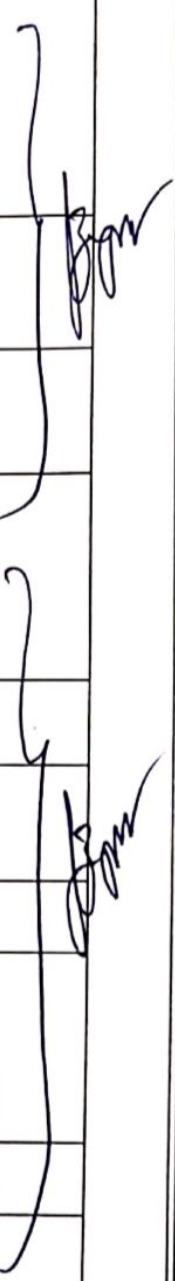
**ix. Investigation**


**x. Treatment Plan**

A. Surgical / Non Surgical Preparation of tissues/ Systemic / Local


treatment : *complete denture prosthesis*

B. Clinical Step and Laboratory Procedures , Materials, and Techniques used:

No.	Step	Date	material/ Technique	Sign
1.	Primary Impression : Maxillary Mandibular	20/3/23	Primary Impression of both arches using Impression compound Technique - mucostatic impression technique	
2.	Primary cast preparation	20/3/23	Primary cast using dental plaster using two pour technique	
3.	Custom tray fabrication	21/3/23	Custom tray using cold cure with dough method	
4.	Final Impression: Maxillary Mandibular	25/3/23	Final impression of both maxillary & mandibular arch using ZOE impression paste.	
5.	Master Cast	25/3/23	master cast using dental stone using two pour technique.	
6.	preparation of Wax occlusal rims	27/3/23	Preparation of wax occlusal rims using modelling wax.	
7.	Jaw relation record	5/4/23	Jaw relation recorded.	
8.	Transfer of sealed Jaw relation record to the articulator	5/4/23	Articulation done using dental plaster.	
9.	Selection of teeth	6/4/23	Selection of acrylic teeth done.	
10.	Teeth arrangement	10/4/23	Teeth arrangement using acrylic teeth in class I arrangement.	

11.	Try-in and Verification of jaw relation record	12/4/23	Try-in - done	
12.	Preparation of mould, wax elimination, processing	16/4/23	Dental plaster used for flasking & heat cure used for Packing. Technique short curing cycle.	
13.	trimming, recovery of the denture, finishing and polishing	18/4/23	Finishing & Polishing using Pumice stone & buffing.	
14.	Denture insertion	20/5/23	Denture insertion done & instruction given	
15.	Recall checkup			

Accomplishment : Satisfactory / Unsatisfactory



Patient's Signature :



Staff Incharge Signature:

HOD Signature

OPD No. 2022/36837  
Date 22/8/22

Department of Prosthodontics  
DY Patil Dental School, Lohegaon  
Pune

Case Record  
Removable Partial Denture Therapy

I. Name of the Student : Samruddhi Mhetre

Roll No. : 10

I. Patient Data

Name : Jayashree Adhav

Age : 46

Sex : Female

Address : Charoli, Pune

Phone No : 8055928721

Occupation : Housewife

II. Chief Complaint Patient complains of missing teeth in lower Right Anterior region of jaw since 15 days.

HOP I :- Extraction due to trauma since 1 month.

III. Systemic Status  
No Relevant History

Medications if any

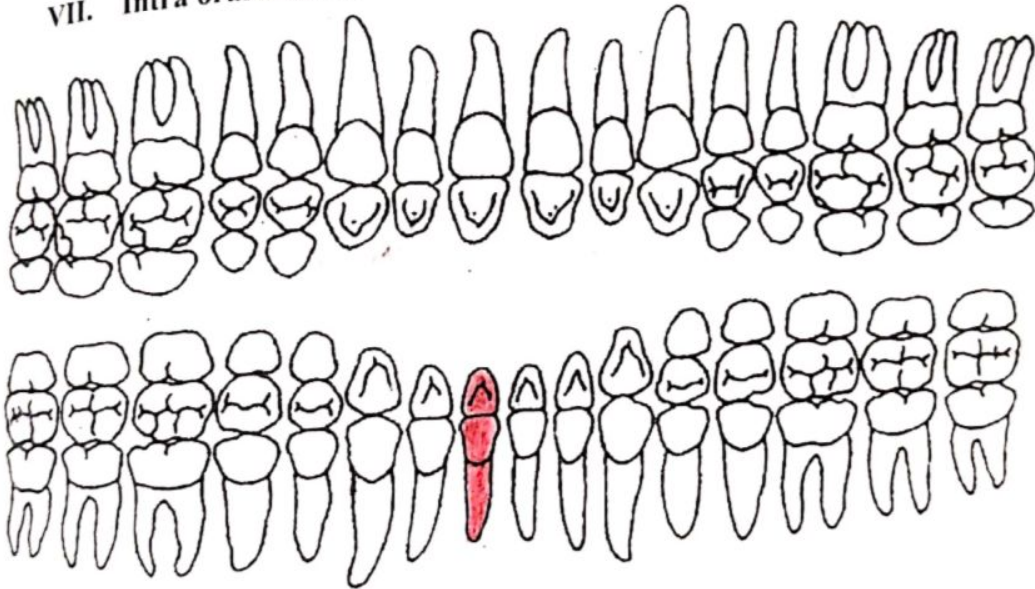
IV. Dental History

Extraction  $\bar{1}$  (due to trauma)

V. Mental Attitude Philosophical - stable & well-oriented.  
• General Examination :- Gait - Normal  
Diet / Nutritional status :- Healthy (mixed diet)  
Construction :- Well built

VI. Temporomandibular Joint Examination :  
No clicking sound present.

VII. Intra oral Examination



Missing : Red  
Root Canal Therapy : Blue  
Restoration : Light Blue  
Root Pieces : Brown  
Crowns / F.P.D : Green  
Plaque/ Calculus / Stains : Yellow  
Caries : Black  
Impacted teeth : Light green

Any other relevant findings : No Relevant History

VIII. Investigations:

IX. Diagnostic Casts :

- a. Occlusion : *Class I*
- b. Occlusal Plane :
- c. Supraeruptions :
- d. Drifting :
- e. Interarch Space :

X. Kennedy's Classification :

	Maxillary	Mandibular
Initial		<i>Class IV</i>
Final		<i>Class IV</i>

XI. Surveying of the Diagnostic Cast : -

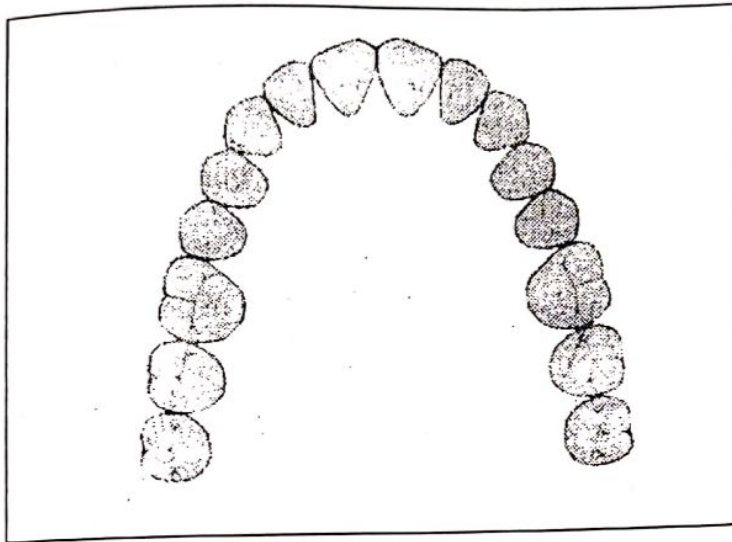
- a. Retentive undercuts :
- b. Guiding Planes :
- c. Tripod points :
- d. Interferences :

XI. Radiographic evaluation of Abutment teeth : -

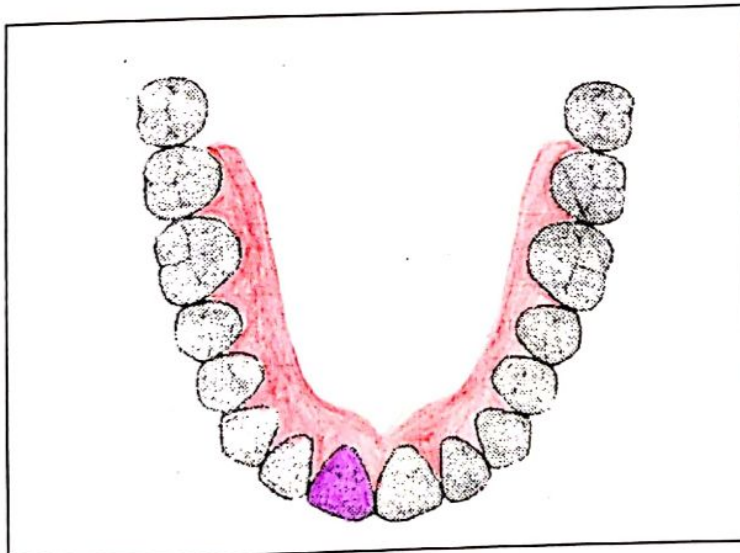
- a. Crown / root ratio :
- b. PDL space :
- c. Quality of bone :
- d. Root anatomy :
- e. Infections/furcation involvement :

**XIII. Treatment Plan for Definitive Partial Denture.**

**Maxillary :  
Treatment Plan**



**Mandibular :  
Treatment Plan**



XIV. Treatment Plan for Interim Partial Denture :

Clinical Step and Laboratory Procedures , Materials, and Techniques used:

No.	Step	Date	Material / Technique	Sign	Grade	Sign
1.	Diagnostic Impression : Maxillary Mandibular	22/8/22	Making of Preliminary impression of both maxillary & mandibular Arch using Alginate i.e. Irreversible hydrocolloid.			<i>Mad</i>
2.	Diagnostic cast Working cast fabrication	22/8/22	Primary cast fabrication dental stone by 2 pour technique.			<i>Mad</i>
3.	Custom tray fabrication (if required)					
4.	Final Impression: Maxillary Mandibular					
5.	Working cast fabrication					
6.	Surveying					
7.	Blockout of working cast	10/9/22	Modelling wax			<i>Mad</i>
8.	Jaw relation record (if required)	10/9/22	Bite registration done using modelling wax			
9.	Transfer of sealed jaw					

	relation record to the articulator				
10.	Selection of teeth	19/9/22	Selection of Acrylic Teeth using adjacent teeth		
11.	Teeth arrangement				
12.	Try - in and verification of jaw relation record	19/9/22	Cold cure, Acrylic Teeth. Try in done		
13.	Preparation of mould, wax elimination, processing		Flasking with dental plaster, wearing with dental stone, packing with heat cure acrylic resin & curing done with short cycle. 2 mould compression technique		
14.	Trimming, recovery of the denture, finishing and polishing	17/11/22	Recovery done. Trimming, Finishing & Polishing done.		
15.	Denture insertion	17/11/22	Denture insertion & Post instruction given.		
16.	Recall checkup				

Accomplishment: Satisfactory / Unsatisfactory

*Alhew*  
Patient's Signature

Staff Incharge Signature:

*[Handwritten Signature]*

HOD Signature

DEPARTMENT OF BIOCHEMISTRY



D Y PATIL GROUP

**D Y PATIL DENTAL SCHOOL**

Dr. D. Y. Patil Knowledge City, Charholi (BK), Via - Lohegaon, Pune - 412 105

**DEPARTMENT OF  
BIOCHEMISTRY**

**CERTIFICATE**

Mr. ~~MS~~ PRANAV AGHAY

Roll No. 03 has Attended and Completed all

The Practicals Recorded in this Journal.

Date: 9/12/21

Term I complete and

*ambhajanis*  
9/12/21  
Signature of the Head

HEAD OF DEPT. BIOCHEMISTRY,  
D.Y.PATIL DENTAL SCHOOL  
D.Y.PATIL KNOWLEDGE CITY,  
VIA CHAROLI (BK.) LOHEGAON,  
PUNE : 411102

*Examined*

Term II - complete

*IBande*  
9/12/2021

Signature of the Staff

*38203/2021*


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15/03/23

Test	Observation	Inference
1. Molisch's Test		
2ml OS + 2 drops of 1% alcoholic $\alpha$ naphthol solution Mix. Add 2ml conc. $H_2SO_4$ slowly from inside of test tube	Purple ring at the junction of two fluids	It is a general test for carbohydrates. $H_2SO_4$ dehydrates the sugar to form furfural which reacts with $\alpha$ -naphthol to give purple coloured ring
Control: 2ml water + 1% alcoholic $\alpha$ naphthol solution. Mix. Add 2ml conc. $H_2SO_4$ slowly from inside of test tube.	Green ring at the junction of two fluids	Negative Molisch's Test Conc. $H_2SO_4$ reacts with alcoholic $\alpha$ naphthol to give green coloured ring.
2. Fehling's Test		
2ml Fehling's reagent (1 ml of Fehling A + 1 ml of Fehling B) + 2ml of OS Mix and Boil	Red precipitate	Fehling A and B solutions are kept separately to prevent deterioration. Na-K tartarate is added in the reagent to prevent precipitation of cupric hydroxide by forming soluble slightly dissociated complex with cupric ions $CuSO_4$ & KOH react to form $Cu(OH)_2$ . $Cu(OH)_2$ from the reagent reduced by $Cu_2O$ at high temp. Strong alkali used
Composition of Fehling's reagent:		
Fehling A = 7% $CuSO_4$ solution		
Fehling B = Potassium hydroxide + Sodium potassium tartarate		

Test	Observation	
3. Benedict's Test	Colour of ppt & sugar conc in gm:	It is a very sensitive test. Sodium citrate prevents precipitation of cuprous hydroxide. Sodium carbonate is a weak alkali. So stepwise controlled reduction is observed giving different coloured ppt. depending on conc. of sugar. So this test can be used semi quantitatively for detection of reducing sugar.
Take 5ml of Benedict's reagent. Add 8 drops of O.S. Boil for two minutes. Cool and observe the colour of precipitate	a. Green ppt: 0.5 to 1% (+)	
Composition of Benedict's reagent:	b. Yellow ppt. 1 to 1.5% (++)	
Copper sulphate, sodium carbonate, sodium citrate	c. Orange ppt 1.5 to 2% (+++)	
	d. Brick red ppt. 2 or more % (++++)	
4. Barfoed's Test	Scanty red ppt observed	The acidity makes it a weaker oxidising agent. Therefore only monosaccharides will reduce cuprous ions. (If heating is prolonged disaccharides may be hydrolysed & resulting monosaccharides will give the test positive). Distinguishing test between disaccharides and monosaccharides.
2 ml Barfoed's reagent + 2 ml O.S. Boils for two minutes. Allow it to cool		
Composition of Barfoed's reagent:		
Cuprous acetate and acetic acid.		

Test	Observations	Inference
<p>5. Osazone Test</p> <p>5ml OS + 3ml osazone mixture Mix &amp; keep it in boiling water bath for 10 minutes.</p> <p>Osazone for monosaccharides are formed at boiling temp. Yellow ppt. is formed. Observe shape of crystal formed under microscope</p> <p>Composition of osazone mixture: Phenylhydrazine HCl, sodium acetate, acetic acid</p>	<p>Broom shaped osazone of glucose &amp; fructose</p> 	<p>When sugar is treated with phenylhydrazine hydrochloride in an acidic medium at 100°C a series of reaction takes place resulting in the formation of osazone of respective sugar. The reaction involves the first and second carbon atoms of the sugar, since glucose &amp; fructose differ only with respect to first &amp; second carbon. This is nullified &amp; become structurally same. They form same shaped osazone.</p>
<p>6. Selivanoff's Test</p> <p>3ml of Selivanoff's reagent + 5 drops of OS. Boil for 30 seconds</p> <p>Composition of Selivanoff's reagent: Resorcinol, conc. HCl.</p>	<p>Red colour develops which deepens on standing</p>	<p>Conc. HCl dehydrates fructose to form furfural, which reacts with resorcinol to form red coloured complex. Selivanoff's test is used to differentiate between glucose and fructose. Ketoses (fructose) give this rapidly while Aldoses (glucose) may give on prolonged heating</p>

Test	Glucose	Fructose
1. Molisch's Test	✓	✓
2. Fehling's Test	✓	✓
3. Benedict's Test	✓	✓
4. Barfoed's Test	✓	✓
5. Osazone Test	✓	✓
6. Selivanoff's Test	X	✓

Glucose and Galactose contain aldehyde as potentially active group whereas Fructose contain ketone group. The reducing properties of these sugars are due to presence of free aldehyde or free ketone group.

### Chemical tests

Based on reducing property

Based on furfural formation

Alkaline medium

Mild Acidic Medium

1. Fehling's test

1. Barfoed's test

2. Benedict's test

With  $H_2SO_4$

With HCl

1. Molisch's Test

1. Selivanoff's Test.

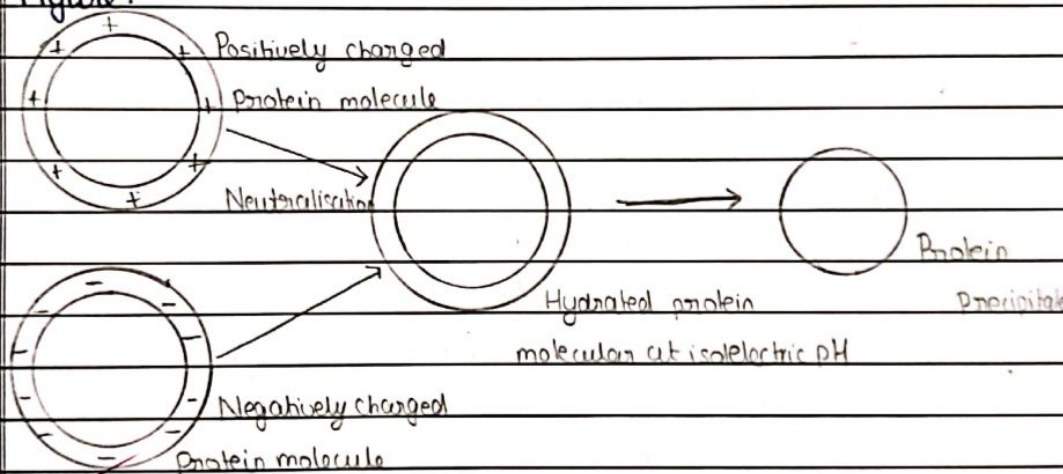
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29/03/23

## Precipitation Reaction of Proteins

Proteins are biopolymers of  $\alpha$  amino acids having larger molecular weight and form colloidal solutions. Proteins can be precipitated either by removal of water layer (dehydration), denaturation, adjusting the isoelectric pH or by neutralisation of charge present on protein molecule.

### Mechanism of precipitation of protein.

Figure:



Test	Observation	Inference
1. Precipitation by strong mineral acids (Heller's test)		
2ml of concentrated nitric acid + 1ml of OS from the side of test tube	White ring at the junction of two fluids	Conc. mineral acids like $\text{HNO}_3$ , $\text{H}_2\text{SO}_4$ etc cause denaturation of protein

Test	Observation	Inference
2. Precipitation by heavy metal salts: 2ml of O.S + 2 drops of sodium carbonate solution + 3 drops of Lead acetate sol	White precipitate	In alkaline medium the proteins acquire a negative charge. This is neutralised by the positive charge of heavy <sup>metals</sup> <del>materials</del> like lead acetate, ferric chloride etc. causes precipitation. Insoluble metal proteinates are formed.
3. Precipitation by Alkaloidal reagents:		
i) 5 drops of O.S + 2 ml of 20% Sulphosalicylic acid	White precipitate	In acidic medium protein acquire positive charge.
ii) 3ml of O.S + 5 drops of trichloroacetic acid	White precipitate	The alkaloidal reagent having negative charge precipitates the protein by neutralisation.
Other alkaloidal reagents: Phosphotungstic acid and Esbach's reagent.		
4. Precipitation by alcohol: 3ml of O.S + 1ml absolute alcohol	White precipitate	Conc. salt solution causes precipitation of proteins leading to its precipitation.

Test	Observation	Inference
<p>5. Precipitation by Ammonium Sulphate:</p> <p>3ml O.S + Solid ammonium sulphate powder till the solution gets saturated.</p>	White precipitate	Concentrated salt solution causes precipitation of proteins by dehydration.
<p>6. Precipitation by Heat coagulation:</p> <p>Take 5ml of O.S → boil the upper portion of the solution, add 2 drops of 1% acetic acid. Boil again</p>	<p>Lower layer serves as control which remains clear.</p> <p>Coagulum develops</p>	<p>Acetic acid brings pH of solution closer to isoelectric pH. At this pH proteins have least solubility due to thermal coagulation, proteins lose charge &amp; get precipitated by denaturation.</p> <p>Coagulation process is irreversible</p>

~~Aswika~~  
29/03/23

### Clinical Significance:

1. Sulphosalicylic acid test: Detection of albumin in urine and CSF
2. Trichloroacetic acid test: Preparation of protein free filtrate from serum in quantitative estimations such as Serum Inorganic phosphate.
3. Precipitation by Ammonium sulphate: Differential fractionation of Plasma protein eg: Albumin and Globulin.

DENTAL MATERIAL SCIENCE



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Dr. D. Y. Patil Knowledge City, Charholi (BK) Via- Lohegaon, Pune- 412105

FIRST AND SECOND YEAR B.D.S

**DENTAL MATERIAL SCIENCE**

RECORD BOOK

**CERTIFICATE**

Mr./Ms. : Chavan Gayatri Bryameshwar

Roll No. 37032 has Attended and Completed all

the Practicals Recorded in this Journal.

Date : 18/10/23

Head of Department of Prosthodontics  
DY PATIL DENTAL SCHOOL  
DY Patil Knowledge City, Charholi  
Lohegaon, Pune-412105

Signature of The Head of Dept.

*AK 18/10/23*  
*DY 18/10/23*  
Signature of The Staff In-charge  
DEPARTMENT OF PROSTHODONTICS : DMS

*Call/24*  
Signature of The External Examiner



D Y PATIL GROUP

## D Y PATIL DENTAL SCHOOL

Dr. D. Y. Patil Knowledge City, Charholi (BK) Via- Lohegaon, Pune- 412105

FIRST AND SECOND YEAR B.D.S

## DENTAL MATERIAL SCIENCE

RECORD BOOK

*Boor 9/1/23*  
INTERNAL EXAMINER

*a/1/23*  
EXTERNAL EXAMINER

UNIVERSITY ROLL NO.

37032

INTERNAL EXAMINER

EXTERNAL EXAMINER

UNIVERSITY ROLL NO.

37032

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WORK DONE

Sr.No.	Manipulation	Remarks	Signature
1.	manipulation of type II Gypsum product (Dental plaster) - Initial setting time - 4 min 10 sec. Final setting time - 14 min	(A)	<del>S/O</del>
2.	manipulation of type III Gypsum product (Dental stone) Initial setting time - 12 min Final setting time - 17 sec	(A)	<del>S/O</del>
3.	manipulation of impression compound to make impression	(BHT)	} <del>S/O</del>
4.	manipulation of type II Gypsum product using NaCl (salt) as an accelerator Initial setting time 1 min 7 sec. Final sett - 7 min 20 sec.	(A)	
5.	manipulation of type II Gypsum product using NaCl as a retarder Initial time - 14 min 1 sec. Final setting time - 32 min 7 sec.	(A)	<del>S/O</del>
6.	manipulation of type III Gypsum product using NaCl as accelerate. Initial setting time 4 min 5 sec.	(BHT)	} <del>S/O</del>
7.	Final setting time - 4 min. manipulation of zinc oxide Eugenol - 01 impression paste Initial - 3 min 2 sec. Final - 9 min 30 sec.	(A)	

## WORK DONE

Sr.No.	Manipulation	Remarks	Signature
	manipulation of irreversible Hydrocolloid	A	<del>SW</del>
	-Alginate powder setting time - 2 min or sec.		
	manipulation of zinc oxide Eugenol impression paste	A	<del>SW</del>
	using water (2 drops) as an accelerator		
	Initial setting time - 9 min & 2	A	<del>SW</del>
	Final setting time - 3 min / 72		
	manipulation of zinc oxide Eugenol - Impression		
	paste using vaseline as a retarder. Initial setting	A	<del>SW</del>
	time - 9 min 40 sec		
	Final setting time - 13 min 7 sec.		

DEPARTMENT OF CONSERVATIVE DENTISTRY, ENDODONTICS AND  
ESTHETIC DENTISTRY



D Y PATIL GROUP

**D Y PATIL DENTAL SCHOOL**

Dr. D. Y. Patil Knowledge City, Charholi (BK), Via - Lohegaon, Pune - 412 105

**THIRD AND FOURTH YEAR B.D.S**

DEPARTMENT OF  
CONSERVATIVE DENTISTRY,  
ENDODONTICS & ESTHETIC DENTISTRY

**CLINICAL RECORD BOOK**

NAME: Sakshi . S. Ambatkar .

ROLL NO: (01) BATCH: A

YEAR: 2022 - 2023

MUHS Seat No: \_\_\_\_\_

External Examiner's signature: (Signature) 5.23

Internal Examiner's signature: (Signature)



D Y PATIL GROUP

## D Y PATIL DENTAL SCHOOL

Dr. D. Y. Patil Knowledge City, Charholi (BK), Via - Lohegaon, Pune - 412 105

DEPARTMENT OF CONSERVATIVE DENTISTRY,  
ENDODONTICS AND ESTHETIC DENTISTRY

# CLINICAL RECORD BOOK

## CERTIFICATE

This is certify that Mr./Ms. Sakshi. S. Ambekar.

Examination No. \_\_\_\_\_ has  
successfully completed all the exercises in Pre-Clinical Conservative  
Dentistry And Endodontics as per the Maharashtra University of Health  
Sciences requirements for third and fourth year B.D.S course

**INCHARGE**

Department of Conservative Dentistry  
Endodontics and Esthetic Dentistry

**PROFESSOR & HEAD**  
Dept. of Conservative Dentistry  
& Endodontics

D Y Patil Dental School

**PROFESSOR & H.O.D.**

Department of Conservative Dentistry  
Endodontics and Esthetic Dentistry

DATE: \_\_\_\_\_

DATE: 22/03/23

# D Y Patil Dental School

## INDEX OF ACCOMPLISHMENTS

Sr. No.	Name	Work Done	
		III Year	IV Year
1.	Diagnosis and treatment planning in Conservative Dentistry: Case Records		
2.	Class I Dental amalgam Restorations	01 (ONE)	02 (TWO)
3.	Class II Dental amalgam Restorations	00 (ZERO)	05 (FIVE)
4.	Esthetic Restorations		
5.	Inlay Restorations		
6.	Post Endodontic Restorations		
7.	Surgical Endodontic Treatment		
8.	Special Case Records		

 12/6/23

**INCHARGE**

Department of Conservative Dentistry.  
Endodontics and Esthetic Dentistry.

DATE: \_\_\_\_\_



**PROFESSOR & H.O.D.**

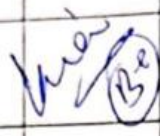
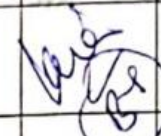
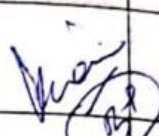


Department of Conservative Dentistry.  
Endodontics and Esthetic Dentistry.


DATE: \_\_\_\_\_

# DENTAL AMALGAM RESTORATIONS

Date	Tooth No.	Tooth Preparation		Pulp Protection/ Base and Matricing		Restoration		Total (30)
		Marks (15)	Sign	Marks (5)	Sign	Marks (10)	Sign	
03/02/22	36	<del>15/20</del>	<del>9/3/22</del>		<del>15/3/22</del>		<del>15/3/22</del>	
29/09/22	36	14/20	17/	5/10	Brachi maam	14/20	15/9/22	
01/10/22	46	15/20	Brachi maam	7/10	11/10/22	15/20	11/10/22	

# DENTAL AMALGAM RESTORATIONS

Date	Tooth No.	Tooth Preparation		Pulp Protection/ Base and Matricing		Restoration		Total (30)
		Marks (15)	Sign	Marks (5)	Sign	Marks (10)	Sign	
24/09/22	24							
03/10/22	47	<del>15/20</del>	<del>4/10/22</del>	<del>8/20</del>	<del>4/10/22</del>	<del>15/20</del>	<del>4/10/22</del>	
17/02/23	16			-	-			
22/02/23	46	<del>15/20</del>	<del>22/2/23</del>	<del>5/10</del>	<del>22/2/23</del>	<del>15/20</del>	<del>22/2/23</del>	
23/02/23	25	<del>15/20</del>	<del>24/2/23</del>	<del>5/10</del>	<del>24/2/23</del>	<del>15/20</del>	<del>29/2/23</del>	

S.No.	Topic.	Sign.
①	DEFINITION	
②	INTERNAL ANATOMY	
③	ACCESS CAVITY PREPARATION	
④	ENDODONTIC INSTRUMENT	
⑤	CLEANING & SHAPING OF RADICULAR SPACE.	
⑥	OBTURATION OF RADICULAR SPACE.	
⑦	ROOT CANAL SEALERS	
⑧	ENDODONTIC MISHAPS.	
⑨	ENDODONTIC SURGERY.	

## **COMPETENCY BASED ASSESSMENT**

**DEPARTMENT OF ORAL PATHOLOGY AND MICROBIOLOGY**

**D. Y. PATIL DENTAL SCHOOL, LOHEGAON, PUNE**

**DEPARTMENT OF ORAL PATHOLOGY**

**Grading criteria of carving exercise**

<b>GRADE</b>	<b>CRITERION</b>	<b>YES/NO</b>
<b>A<sup>+</sup></b>	<b>Exact anatomy</b>	<b>Yes</b>
	<b>Exact dimension</b>	<b>Yes</b>
	<b>Submission before last date</b>	<b>Yes</b>
	<b>Viva</b>	<b>Satisfactory</b>
<b>A</b>	<b>Exact anatomy</b>	<b>Yes</b>
	<b>Exact dimension</b>	<b>No</b>
	<b>Submission before last date</b>	<b>Yes</b>
	<b>Viva</b>	<b>Satisfactory</b>
<b>B<sup>+</sup></b>	<b>Exact anatomy</b>	<b>Yes</b>
	<b>Exact dimension</b>	<b>No</b>
	<b>Submission before last date</b>	<b>Yes</b>
	<b>Viva</b>	<b>Not satisfactory</b>
<b>B</b>	<b>Exact anatomy</b>	<b>Yes</b>
	<b>Exact dimension</b>	<b>No</b>
	<b>Submission before last date</b>	<b>No</b>
	<b>Viva</b>	<b>Not satisfactory</b>

  
**Dr. Prasad Karande**

Head of Department

Oral Pathology and Microbiology

# DEPARTMENT OF ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS

## DEPARTMENT OF ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS

### Evaluation Criteria for Pre-clinical Wire Bending Exercises

#### THIRD YEAR AND FINAL YEAR


#### WIRE BENDING EXERCISES

##### GENERAL

	Criteria	Grade A	Grade B	Grade C
1.	Gross Knowledge & Understanding of materials & instruments Wires & pliers	Excellent	Average	Poor
2.	Handling of Orthodontic Pliers	Excellent	Average	Poor

##### STRAIGHTENING OF WIRES

1.	Evaluation of Plane of wire on glass slab	Excellent	Average	Poor
2.	Rolling of wire on glass slab	Excellent	Average	Poor
3.	Absence of any bends in the wire	Absent	Few	Many
4.	Knowledge about theoretical concepts regarding properties of the wire	Excellent	Average	Poor

  
**PROFESSOR & HEAD**  
Dept. of Orthodontics  
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D Y Patil Knowledge City  
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**DEPARTMENT OF ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS**

**Evaluation Criteria for Pre-clinical Wire Bending Exercises**

**THIRD YEAR AND FINAL YEAR**

**WIRE BENDING EXERCISES**

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**PROFESSOR & HEAD**

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D Y Patil Dental School  
D Y Patil Knowledge City  
Aaroli (Bk), Via Lohegaon, Pune - 412105

**DEPARTMENT OF ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS**

**Evaluation Criteria for Pre-clinical Wire Bending Exercises**

**THIRD YEAR AND FINAL YEAR**


**WIRE BENDING EXERCISES**

**GENERAL**

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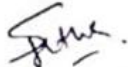
  
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D Y Patil Knowledge City  
Aroli (Bk), Via Lohegaon, Pune - 412105

FABRICATION OF U-V/TRIANGLE/CIRCLE

1.	Evaluation of plane of wire on glass slab	Excellent	Average	Poor
2.	All angles/bends given	All are proper	Only few are correct. Few bends/angles are improper	All are incorrect
3.	Adaptation & final submitted exercise	Excellent	Average	Poor
4.	If the circle/ triangle fits correctly on the graph	Yes	Too big or small improper adaptation of the circle.	No

CLASPS

1.	Orthodontic study model if poured correctly and trimming is proper	Yes. Both done correctly	Either pouring or trimming is done correctly	No. Both incorrect
2.	Clasps fabrication	Excellent	Average	Poor
3.	Adaptation/Retention of the clasp	Excellent	Average	Poor

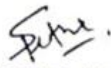
  
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Airoli (Bk), Via Lohegaon, Pune - 412105

ADAM'S CLASP

1.	Fabrication of arrow heads in the Adam's clasp	Excellent	Average	Poor
2.	Angulation of the bridge part of the Adam's Clasp	Excellent	Average	Poor
3.	"Million Dollar Bend" in the Adam's Clasp	Excellent	Average	Poor
4.	Adaptation of the clasp and retention on the study model	Excellent	Average	Poor
5.	Knowledge about theoretical concepts of said exercise.	Excellent	Average	Poor

SPRINGS AND RETRACTORS

1.	Understanding of the type of movement which can be done by the appliance as well as the type of wire to be used according to the case.	Excellent	Average	Poor
2.	Fabrication of the spring/retractor as per standard design.	Excellent	Average	Poor
3.	Adaptation of the exercise to the dental study model	Excellent	Average	Poor


  
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D Y Patil Knowledge City  
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### LABIAL BOWS

1.	Fabrication of the labial bow as per standard design.	Excellent	Average	Poor
2.	Adaptation of the labial bow to the dental study model	Excellent	Average	Poor
3.	Understanding of the theoretical concepts of the said exercises	Excellent	Average	Poor
4.	Portion of the fabricated 'U' loop in the labial bow & its making if correct	Correct	Partially Correct	Incorrect

### ANALYSIS –PHOTOGRAPHIC/CEPHALOMETRIC/MODEL ANALYSIS

1.	Landmarks and description of the exercise done	Excellent	Average	Poor
2.	Proper description and calculation is done	Yes	Partially done	No
3.	Inferences mentioned	Yes	Partially done	No
4.	Understanding of the theoretical concepts of the said exercise	Excellent	Average	Poor
5.	Overall presentation on the basis of drawings, markings, clarity, neatness and correct values	Excellent	Average	Poor

  
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D Y Patil Dental School  
D Y Patil Knowledge City  
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**DY Patil Dental School**  
**Department of Orthodontics and Dentofacial Orthopedics**  
**Evaluation Criteria Interns**

Sr. No.	Criteria	Grade A	Grade B	Grade C
1	Attendance during orthodontic posting	Present all days regular	Irregular	Did not report
2	Assisted in clinical diagnosis of OPD patients	Yes always	Sometimes	No/never
3	Completed and submitted the project given during the orthodontic posting/term	Yes	Partially done	No/never
4	General understanding of orthodontic clinical set up and practice	Excellent	Average	Poor
5	Participating in observing post graduate patient work	Excellent	Average	Poor

*S. Jethi*  
**Dr. Sandeep Jethi**  
**PROFESSOR & HEAD**  
 Dept. of Orthodontics  
**Department of Orthodontic**  
 DY Patil Knowledge City  
 Karoli (Bk), Via Lonargaon, Pune - 412105

## DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

DY PATIL DENTAL SCHOOL , LOHEGAON, PUNE  
ORAL MEDICINE AND RADIOLOGY

### COMPETENCY 3; CRITERIA FOR INTRALESIONAL INJECTION/BIOPSY OF PMD

Interlesional injection -Biopsy	checkbox	Score
Patients record	Out of 3	
1.case selection	1	
2.pts medical history and lx	1	
3.counselling	1	
Technique	Out of 3	
1.Ability to discuss the disease and its stages	1	
2.Ability to discuss the technique	1	
3.Ability to discuss post operative care	1	
Procedure	Out of 3	
Use of PPB and infection control	1	
Atraumatic procedure and wound care	1	
Follow up and record keeping	1	
Total score/Grade: 10=A+;9,8=A;7=B+;6=B;5=C+; 4(One in each)=C;<4=F	Out of 10	

DY PATIL DENTAL SCHOOL , LOHEGAON, PUNE  
ORAL MEDICINE AND RADIOLOGY

CRITERIA FOR RADIOGRAPHIC INTERPRTEETATION

Case History-Criteria	checkbox	Score
Use of PPB and infection control	Out of 1	
<b>Xray taking</b>	Out of 3	
1.Patient positioning	1	
2.Tube positioning and exposure parameters	1	
3.Film positioning	1	
<b>Processing</b>	Out of 3	
1.Handling of the film	1	
2.Artifacts(Min or no. if present able to identify with reason for the same)	1	
3.Normal landmarks	1	
<b>Interpretation</b>	Out of 3	
Type and site of radiograph	1	
Write up according to the steps	1	
Discussion of diagnosis and differential diagnosis	1	
Total score/Grade: 10=A+;9,8=A;7=B+;6=B;5=C+; 4(One in each)=C;<4=F	Out of 10	

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ORAL MEDICINE AND RADIOLOGY

CRITERIA FOR CASE HISTORY ANALYSIS

Case History-Criteria	Checkbox	score
Use of PPB and infection control	Out of 1	
History -Communication skills	Out of 3	
1.Case selection	1	
2.chief complaints and OPD	1	
3.Medical history and Gen exam	1	
History -Hand writing	Out of 3	
1.screening -Format wise,neat,concise	1	
2.Local examination -E/O inspection and palpation	1	
3.Local examination-I/O inspection and palpation	1	
History – Management and follow up	Out of 3	
1.Provisional and Differential daignosis	1	
2.Investigation and inference	1	
3.Counselling Medical MX-followup	1	
Total score/Grade: 10=A+;9,8=A;7=B+;6=B;5=C+; 4(One in each)=C;<4=F	Out of 10	

## DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

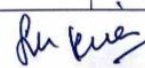
### DY PATIL DENTAL SCHOOL, LOHEGAON, PUNE DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

Grading parameters for each exercise as follows:

1. All listed criteria fulfilled: A
2. One of the listed criteria not fulfilled: B
3. Two or more than two of the listed criteria not fulfilled: C

#### CLASS II AMALGAM PREPARATION

CRITERIA	GRADE A	GRADE B	GRADE C
Class II amalgam cavity preparation	All features incorporated	Partial Features incorporated	No features incorporated
Proper Application of Matrix and Retainer for class II cavity	Done with wedge application	Done without wedge application	Neither bands nor wedges applied
Base Application for Class II cavity	Complete (Application done on pulpal floor and axial wall)	Partial (Application done only on pulpal floor)	Incomplete (Neither applied on pulpal floor nor on axial wall)
Amalgam Restoration	Proper carving completed following occlusal anatomy with no overhanging margins	Improper carving with overhanging margins	Unrestored occlusal anatomy or fractured margins

  
**PROFESSOR & HEAD**  
Dept. of Conservative Dentistry  
& Endodontics  
D Y Patil Dental School  
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Lohegaon, Pune - 412105  
Professor and Head of Department

**D.Y. PATIL DENTAL SCHOOL, LOHEGAON, PUNE**  
**DEPARTMENT OF CONSERVATIVE DENTISTRY AND**  
**ENDODONTICS**

**Grading parameters for each exercise are as per follows:**

**All listed criteria fulfilled :A**

**One of the listed criteria not fulfilled : B**

**Two or more than two of the listed criteria not fulfilled :C**

**Clinical Procedure-Root Canal Treatment**

Criteria	Grade A	Grade B	Grade C
1.Diagnosis of pulpal and periapical condition	Correctly Done	Incomplete Done	Not Done
2.Pre -endodontic buildup and access opening	Fulfilled	Improvement Need/ Partially Done	Not Done
3.Working length determination	Correctly Done	Needs Correction	Incorrectly Done
4.Master cone selection	Correctly Done	Needs Correction	Incorrectly Done
5.Obturation	Correctly Done	Needs Correction	Incorrectly Done

*Su. K. Patil*

PROFESSOR AND HEAD OF DEPARTMENT

**PROFESSOR & HEAD**  
 Dept. of Conservative Dentistry  
 & Endodontics  
 D Y Patil Dental School  
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 Charoli (Bk), Via Lohegaon, Pune - 412105

**DY PATIL DENTAL SCHOOL, LOHEGAON, PUNE**  
**DEPARTMENT OF CONSERVATIVE DENTISTRY AND**  
**ENDODONTICS**

Grading parameters for each exercise as follows:

1. All listed criteria fulfilled: A
2. One of the listed criteria not fulfilled: B
3. Two or more than two of the listed criteria not fulfilled: C

**CLASS II INLAY PREPARATION**

<b>CRITERIA</b>	<b>GRADE A</b>	<b>GRADE B</b>	<b>GRADE C</b>
Class II Inlay cavity preparation	All features incorporated	Partial Features incorporated	No features incorporated
Class II Inlay wax pattern (Complete registration of cavity details)	Achieved	Partially achieved	Not achieved
Casting of wax pattern without distortion and casting errors	Achieved	Partially achieved	Not achieved



**Professor and Head of Department**

**PROFESSOR & HEAD**

Dept. of Conservative Dentistry  
& Endodontics

D Y Patil Dental School

D Y Patil Knowledge City

Charoli (Bk), Via Lohegaon, Pune - 412105

## DEPARTMENT OF PERIODONTICS

DY PATIL DENTAL SCHOOL

Department of Periodontics

Final year BDS, sessional Practical exam (OSCE) 2022-23 (Summer/Winter)  
Roll No: \_\_\_\_\_

Station No./	Criteria	Not done (0)	Partially done (2.5)	Completely done (5)	Total Marks	
1. Case / Patient Details	1) Case selection. 2) Rapport. 3) Case details and diagnosis.				/15	
		Not done (0)	Partially done (2.5)	Completely done (5)		
2. Oral prophylaxis	1) Sterilization. 2) Principles of Instrumentation. 3) Oral Prophylaxis.				/25	
3. Patient education and motivation.		Not done (0)	25% (2)	50% (3)	75% (4)	100% (5)
	1) Brushing Technique. 2) Treatment Plan, prognosis and maintenance phase.					/10
		Not done (0)	25% (2)	50% (3)	75% (4)	100% (5)
4. Clinical log book	1) Quota completion (According to MUHS) a) Case History b) Oral Prophylaxis					/10
<b>Total Marks</b>					<b>/60</b>	

Examiner's Signature.

Head of the Department Signatu

**HOD Periodontics**

## DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY

### Clinical Objective Assessment in Oral and Maxillofacial Surgery

Name:

Year:

Date:

Exercise: Administration of Nerve Block on patient

S.NO	Criteria	Grading system	Score
1	Positions patient correctly on dental chair. Positions himself/ herself correctly w.r.t. the area to be anesthetized.	0 - inappropriate 1 - either operator or patient position followed 2 - appropriately followed	
2	Ensures proper illumination	0 - not followed 1 - partially followed 2 - completely followed	
3	Palpates the correct landmarks	0 - not appropriate 1 - partially performed 2 - appropriate	
4	Positions the syringe properly in the right position	0 - not appropriate 1 - partially performed 2 - appropriate	
5	Inserts the syringe at the right landmark and depth	0 - not appropriate 1 - partially performed 2 - appropriate	
6	Demonstrates desirable direction of needle upward, inward and backward	0 - not appropriate 1 - partially performed 2 - appropriate	
7	Aspirates in 2 planes and administers the correct amount of local anesthesia	0 - not appropriate 1 - partially performed 2 - appropriate	
8	Assessment and administration of any other nerve block (lingual or palatal) / infiltration	0 - not appropriate 1 - partially performed 2 - appropriate	
9	Points out subjective symptoms correctly	0 - not appropriate 1 - partially performed 2 - appropriate	
10	Makes the needle safe	0 - not appropriate 1 - partially performed 2 - appropriate	
	Total	/20	

Assessed by:

  
Signature of HOD

PROFESSOR & HEAD  
Dept. of Oral & Maxillofacial Surgery  
D Y Patil Dental School  
D Y Patil Knowledge City  
Charoli (BK), Via Lohgaon, Pune - 412107

Department of Oral and Maxillofacial Surgery

Name:

Year:

Date:

Exercise: Extraction

S.NO	Criteria	Grading system	Score
1	Recording case history	0 - No relevant history recorded (medical, drug, allergy, personal, family) 1.5 - Incomplete history recorded 3 - Complete history recorded	
2	Informed consent	0 - not obtained 1.5 - partially explained and obtained 3 - completely explained and obtained	
3	Asepsis and patient draping	0 - not followed 1.5 - partially followed 3 - completely followed	
4	Selection of appropriate instruments	0 - wrong selection 1.5 - partially selected 3 - appropriate instruments selected	
5	Local anaesthetic technique	0 - not followed (landmarks & technique) 1.5 - partially followed 3 - completely followed	
6	Position of operator & patient	0 - inappropriate 1.5 - either operator or patient position followed 3 - appropriately followed	
7	Extraction technique	0 - not appropriate (engaging forceps, tooth movements) 1.5 - partially performed 3 - appropriate	
8	Postoperative care and instructions	0 - inappropriate and not explained 1.5 - partially explained 3 - appropriate and completely explained	
9	Overall communication with the patient	0 - Improper 1.5 - communicated with hesitation 3 - communicated well with confidence	
10	Prescription writing	0 - Inappropriate 1.5 - partially complete 3 - completely written	
	Total	/30	

Assessed by:

  
Signature of HOD

PROFESSOR & HEAD  
Dept. of Oral & Maxillofacial Surgery  
D.Y. Patil Dental College  
Kharvela, Kharvela, Kharvela City  
2020-21

**DEPARTMENT OF PUBLIC HEALTH DENTISTRY**  
**Department of Public Health Dentistry**  
**D.Y.PATIL.DENTAL SCHOOL, PUNE**

Attributes/Assessment Grading Criteria for U.G Students.

The various attributes related to planning and implementation of the educational activities by the department for the third and final year students.

**1. Indices:**

- a. Case selection;
- b. Appropriate index relevance based on patient oral health.
- c. Positioning the chair, patient, and operator appropriately.
- d. Appropriate equipment for various indices in conjunction with upholding a standard sterilizing procedure
- e. Criteria and scores for various indexes.

**2. Case History:**

- a. Proper collection of vital statistics from the patient
  - b. Chief Complaint
  - c. History of Present Illness
  - d. Detailed medical history since birth along with parental history of any medical condition.
  - e. General Examination, extra oral and intra oral (Soft Tissue and hard tissue)-.
  - f. Provisional Diagnosis
  - g. Investigations
  - h. Treatment planning along with levels of prevention for the same
-

### 3. Health Talk:

- a. Relevance Of topic
- b. Based on need assessment, capacity to communicate in a language that the general community/target group can comprehend.
- c. Evaluation of speech clarity and ability to understand the subject within the time.
- d. Evaluation of the ability to engage and sensitize the target audience to the importance of improving oral health



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Dept. of Public Health Dentistry  
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D Y Patil Knowledge City  
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DEPARTMENT OF PEDIATRIC DENTISTRY AND PREVENTIVE DENTISTRY



# D Y PATIL DENTAL SCHOOL

D Y Patil Knowledge City, Charholi (Budruk), Lohegaon, Pune - 412105. Phone: 020 35037848

## Department of Paediatric and Preventive Dentistry

### Clinical Objective Assessment

Name: *Shreyash Magar*  
Year: *22-23*  
Date: *28/10/22*  
Exercise: Pit and Fissure Sealant

Attribute	Grade				
	Poor (1)	Fair (2)	Average (3)	Good (4)	Excellent (5)
Case Selection			✓		
Isolation and etching			✓		
Bonding			✓		
Pit and Fissure Sealant Application			✓		
Occlusion Evaluation			✓		
Post Operative			✓		
<b>Total</b>	<i>18</i>	<i>130</i>			

Assessed by: *Dr Pritesh*

Signature: *[Handwritten Signature]*



# D Y PATIL DENTAL SCHOOL

D Y Patil Knowledge City, Charholi (Budruk), Lohegaon, Pune – 412105. Phone: 020 35037848

## Department of Paediatric and Preventive Dentistry Clinical Objective Assessment

Name: *Ghruti Sauliyem.*  
Year: *2022-23*  
Date: *24/11/23*  
Exercise: *Topical Fluorides*

Attribute	Grade				
	Poor (1)	Fair (2)	Average (3)	Good (4)	Excellent (5)
Case Selection		✓			
Existing Caries Lesions			✓		
Selection of Tray				✓	
Disperse of Topical Fluorides on Tray			✓		
Time Duration				✓	
Post Operative Instructions		✓			
Total		<i>18</i>			<i>30</i>

Assessed by: *Dr. pritesh.*

Signature *[Signature]*  
**PROFESSOR & HEAD**  
Dept. of Paediatric & Preventive Dentistry  
D Y Patil Dental School  
D Y Patil Knowledge City  
Charholi (Budruk), Via Lohegaon, Pune


## Department of Paediatric and Preventive Dentistry Clinical Objective Assessment

Name: Pratini Bhise  
 Year: 22-23  
 Date: 19/12/22  
 Exercise: Case History

Attribute	Grade				
	Poor (1)	Fair (2)	Average (3)	Good (4)	Excellent (5)
Communication Skill			✓		
Information Gathering			✓		
Interpretation of findings hard tissue		✓			
Interpretation of findings soft tissue			✓		
Advisory Skills			✓		
Ability To Answer			✓		
<b>Total</b>	<u>17</u>				
	/ 30				

Assessed by: Dr. P. Patil

Signature

  
**PROFESSOR & HEAD**  
 Dept. of Paediatric & Preventive Dentistry  
 D Y Patil Dental School  
 D Y Patil Knowledge City  
 Charoli (Bk), Via Lohagao, Pune - 411005.

## **WORKPLACE-BASED ASSESSMENT**

**DEPARTMENT OF ORTHODONTICS AND DENTOFACIAL ORTHOPAEDICS**



**Demonstration to students on wire bending**

**DEPARTMENT OF ORAL PATHOLOGY AND MICROBIOLOGY**



**Study of histological slides**

**DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS**



**Demonstration of endodontic loupes**

**DEPARTMENT OF PROSTHODONTICS AND CROWN AND BRIDGE**



**Demonstration on impression making**

**DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY**



**Demonstration to students on nerve block**

**OSCE/OSPE**

DEPARTMENT OF ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS



**D Y PATIL DENTAL SCHOOL**

D Y Patil Knowledge City, Charholi (Budruk), Lohegaon, Pune – 412105. Phone: 020 35037848

**Dept of orthodontics & Dentofacial Orthopedics  
Clinical Objective Assessment**

Name: *Munifa Naz.*

Year: *2022-23*

Date: *07/02/23*

Exercise: Evaluation of cephalometric analysis in diagnosis

Attribute	Grade				
	Poor (1)	Fair (2)	Average (3)	Good (4)	Excellent (5)
Identification of landmarks				✓	
Construction of reference planes				✓	
Construction of angles				✓	
Measurement and interpretation			✓		
Inference				✓	
<i>overall skill</i>				✓	
<b>Total</b>	<i>23 / 30</i>				

Grade: 15-A+, 13-A, 11-B+, 9-B, 7-C+, 6-C, <5-Fail

Assessed by: *Dr. Varsha. Merani.*

*Sping.*  
**PROFESSOR & HEAD**  
 Dept. of Orthodontics  
 D Y Patil Dental School  
 D Y Patil Knowledge City  
 Charholi (Bk), Via Lohegaon, Pune - 412105

*[Signature]*  
**Signature**



# D Y PATIL DENTAL SCHOOL

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## Dept of Orthodontics & Dentofacial Orthopedics Clinical Objective Assessment

Name: *Vedika Joshi*

Year: *2019-20*

Date: *14/8/19.*

Exercise: To develop skills for fabrication of Hawley's plate.

Attribute	Grade				
	Poor (1)	Fair (2)	Average (3)	Good (4)	Excellent (5)
Preparation of Negative replica of Maxillary/ Mandibular Arch				✓	
Preparation of study model			✓		
Fabrication of Adams clasp				✓	
Fabrication of Labial bow			✓		
Wax up and acrylization using sprinkle-on method				✓	
Overall presentation skills and professionalism.			✓		
<i>overall skill</i>					
Total			<i>21</i>		<i>30</i>

Grade: 15-A+, 13-A, 11-B+, 9-B, 7-C+, 6-C, <5-Fail

Assessed by: *Dr. Shailesh Doyre*

*Spina*  
PROFESSOR & HEAD  
Dept. of Orthodontics  
D Y Patil Dental School  
D Y Patil Knowledge City  
Charholi (Bk), Via Lohegaon, Pune - 412105

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## Dept of Orthodontics & Dentofacial Orthopedics Clinical Objective Assessment

Name: *Alisha Lalau*

Year: *2018-19*

Date: *22/09/2019*

Exercise : To evaluate efficiency of treatment planning

Attribute	Grade				
	Poor (1)	Fair (2)	Average (3)	Good (4)	Excellent (5)
Identification of malocclusion				✓	
Calculation of total tooth material					✓
Performing different analysis					✓
Interpretation of analysis				✓	
Orthodontic treatment planning				✓	
<i>overall skill</i>				✓	
Total	<i>06</i> / 30				

Grade: 15-A+, 13-A, 11-B+, 9-B, 7-C+, 6-C, <5-Fail

Assessed by: *Dr. Anun Mhaske*

*Anun*  
**PROFESSOR & HEAD**  
Dept. of Orthodontics  
D Y Patil Dental School  
D Y Patil Knowledge City  
Charholi (Bk), Via Lohegaon, Pune - 412105

*Anun Mhaske*  
Signature