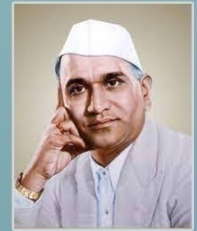




Mahatma Gandhi Vidyamandir's  
**Karmaveer Bhausaheb Hiray Dental College & Hospital**  
Panchavati Nashik, 422003



## SELF STUDY REPORT CYCLE - 1



### **Criterion 2- Teaching- Learning and Evaluation**

#### **Key Indicator – 2.5. Evaluation Process and Reforms**

- 2.5.4. The Institution provides opportunities to students for midcourse improvement of performance through specific interventions**
- QnM**



Mahatma Gandhi Vidyamandir's  
**Karmaveer Bhausaheb Hiray Dental College & Hospital,**  
Panchavati, Nashik-422003

#### **2.5.4 Re-test and Answer sheets:**

- To improve the writing skill and practice purpose, fail students will ask to read about the questions ask in the exam & they will inform to write the answers for practice purpose.
- The examiner will check the paper & helps the student for any improvement.
- Institute follows the guidelines given by MUHS.
- As per the guidelines given, if any student will fail in the internal exam, the repeat exam will not be conducted for betterment of marks and these marks will not considered for internal assessment.
- If the student will fail in the university exam, two improvement exams will be conducted for repeater students. If they will get better internal assessment marks than previous internal assessment marks, then these marks will consider as internal assessment marks for next university examination.

  
**Dr. Pradeep G.L.**

**Principal**  
**Dr. Pradeep G. L.**  
PRINCIPAL  
MGV's KBH Dental College & Hospital  
Panchavati, Nashik-422 003



Mahatma Gandhi Vidyamandir's  
**Karmaveer Bhausaheb Hiray Dental College & Hospital**  
Panchavati, Nashik-422003

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**2022-2023**

RE- TEST OF DEPT. OF  
CONSERVATIVE  
DENTISTRY  
&  
ENDODONTICS

Name - Ashish Jadhav

Roll.No - 32

Batch - Final year / Regular

Year - 2022-23

Date - 28/3/23

~~06~~ Dr. Adil  
~~10~~ Adil

Retest - 2

**Dept. of Conservative  
Dentistry & Endodontics**  
MGV's K.B.H. Dental  
College & Hospital, Nashik

Q) Define Obturation. Write about thermoplasticised gutta percha technique.

→ The process of filling & sealing a cleaned & shaped root canal using a root canal sealer & a core filling material.

### \* Thermoplasticized Gutta Percha Technique:

Principle: This technique comprises a pressure apparatus consisting an electrically heated syringe barrel & a selection of needles ranging from 18-25 gauge size.

Plunger is designed to prevent backflow of gutta percha.

The degree of heat is regulated to provide proper extrusion of gutta percha according to size of needle.

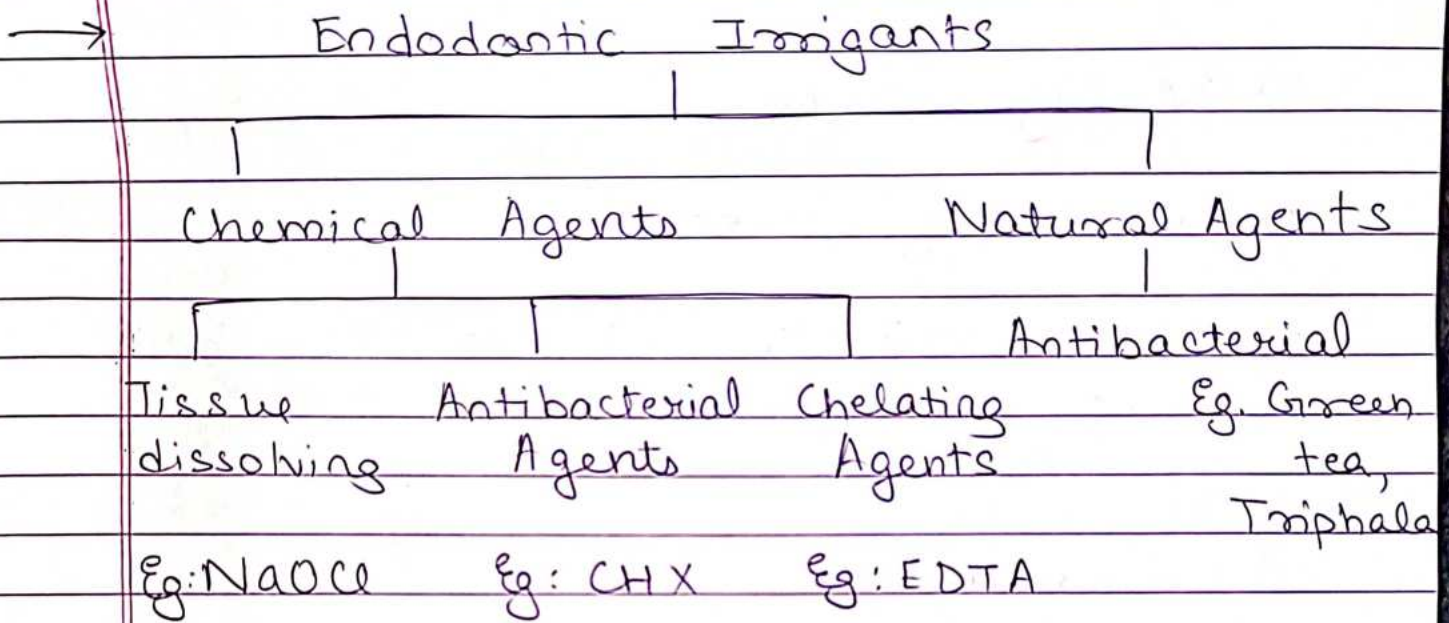
Involves:

- 1) Gutta Percha cannulas
- 2) Heating unit
- 3) Injection Syringe

3 types of gutta percha cannulas:

- Regular set
- Firm set
- Endo set

Q) Classify irrigants. Write about sodium hypochlorite as an irrigant.



★ SODIUM HYPOCHLORITE as an irrigant:

- 1) Possess broad spectrum antimicrobial activity.
- 2) Excellent tissue dissolving ability.
- 3) Heat may enhance efficiency.
- 4) Has deteriorative effects on mechanical properties of dentin.
- 5) Apical reaction.
- 6) Clear, pale green - yellow liquid with strong odour of chlorine.



# RE- TEST OF DEPT. OF ORTHODONTICS

Name of student - Vaibhav H. Fegade

Roll No - 22

Final year BDS Retest examination summer batch 2023 (1<sup>st</sup> sess)

Date - 28 - 3 - 2023

*[Signature]*

7/10

Questions -

H.O.D.  
DEPT. OF ORTHODONTICS  
M.G.V. DENTAL COLLEGE AND HOSP  
PANCHAVATI, NASIK.

*[Signature]*  
Dr. Ranisha. Salve.

1) Enumerate ideal properties of an orthodontic appliance and describe various methods of canine retraction

Ans - ① Ideal properties of an orthodontic appliances -

a) Biologic Requirements -

- 1) The appliance should bring about the desired tooth movements.
- 2) The orthodontic appliance should not produce pathologic changes such as root resorption, periodontal damage or non vitality of tooth
- 3) The appliance should not interfere with normal growth
- 4) The appliance should not bring about sudden changes.

b) Mechanical requirements -

- 1) The appliance should be simple to fabricate
- 2) It should not be bulky.
- 3) The appliance should be universally applied.

- c) Hygienic requirement -
- 1) Should be self cleansing
  - 2) The appliance should not be interfere with oral hygiene maintenance

d) Esthetic requirement -

- 1) Esthetically acceptable.

② Methods of canine retraction -

Two types -

A) Friction or sliding mechanics -

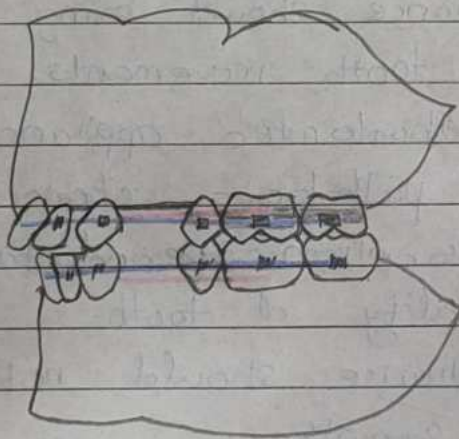




fig: sliding mechanics for retraction of anterior teeth.

1)  Archwire with tear loop.

2)  Key hole loop.

2. Write a short note on functional regulator.

1) Functional Regulator / Functional corrector is a myofunctional appliance developed by Prof. Rolf Frankel of Germany.

2) This appliance is also known as Frankel appliance, vestibular appliance & oral gymnastic appliance.

3) Types -

i) FR 1 = Used for treatment of class I and class II div 1 malocclusion.

↳ FR 1a - crowding ; deep bite

↳ FR 1b - overjet < 5 mm

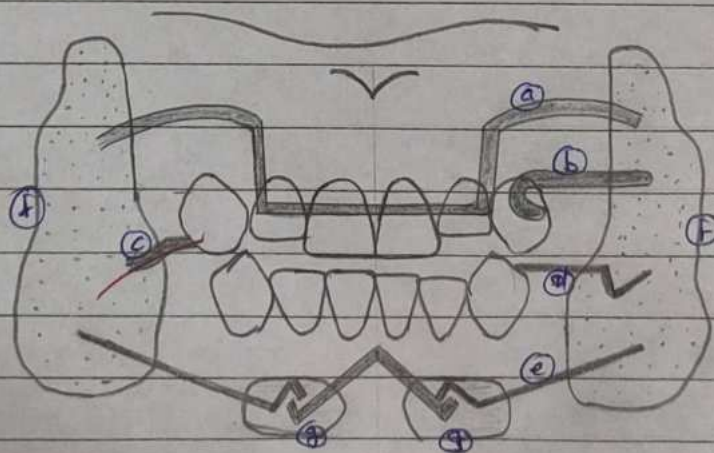
↳ FR 1c - overjet > 7 mm

ii) FR 2 = class I div 2

iii) FR 3 = Class III

iv) FR 4 = Open bite & Bimaxillary protrusion.

v) FR 5 - long face pt.



4) Components of Frankel II appliances -

a) Labial Bow

b) Canine Loop

c) upper lingual wire

d) Lingual crossbar wire

e) support wire

f) Buccal shield

g) Lip pad

h) Palatal bow

i) Lower lingual Pad

j) Lower lingual spring

## Frankel Regulator 1st -

### 3 modifications

i) FRI a

ii) FRI b

iii) FRI c

Acrylic parts - A] Vestibular shields - 2

B] Lip pads - 2

### Wire components -

a) Palatal bow

b) Labial bow

c) Labial support wire

d) Lingual bow

e) Canine loop.

7/10

DEPT. OF ORTHODONTICS  
M.G.V DENTAL COLLEGE  
PANCHAYATI, NASIK

# RE- TEST OF DEPT. OF ORAL PATHOLOGY

Re-test

21/2/19

DATE  
28/05/23

Name - Harsha Hanuman Gaikwad

Roll No. - 27

Date -

PROFESSOR AND HEAD  
DEPARTMENT OF ORAL PATHOLOGY  
M.G.V.'S K.B.H. DENTAL COLLEGE,  
& HOSPITAL, NASHIK

23

Q. 1] Advanced bell stage

→ This stage is characterised by commencement of mineralisation of root formation.

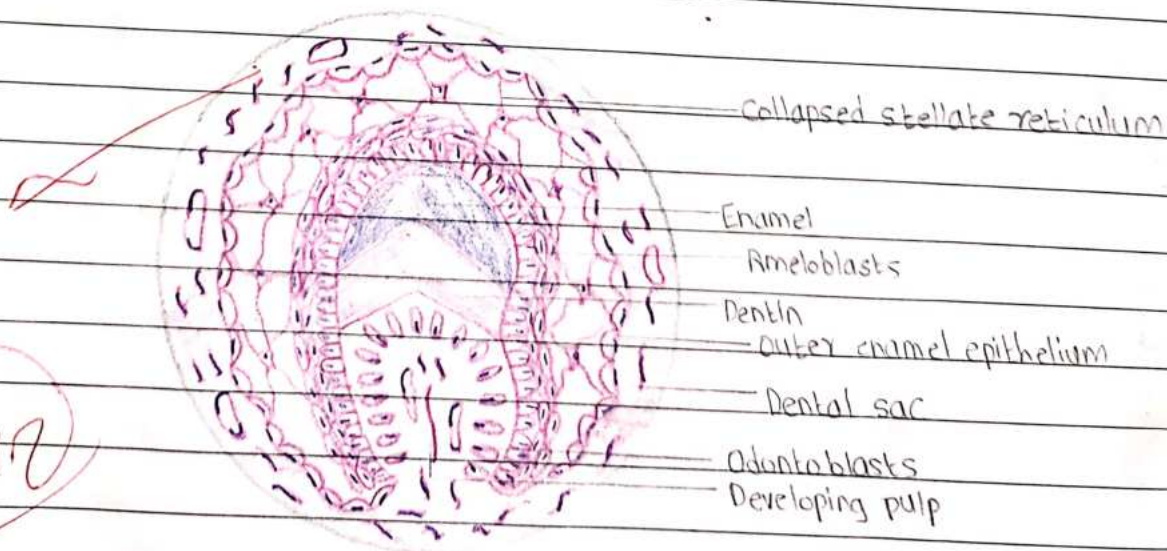
During the advanced bell stage boundary between inner enamel epithelium and odontoblasts outlines the future dentinoenamel junction.

The formation of dentin occurs first as a layer along the future dentinoenamel junction.

After the 1<sup>st</sup> layer of dentin is formed, the ameloblast which has already differentiated from inner enamel epithelium cells lay down enamel over the dentin in future incisal and cuspal area.

The enamel formation proceeds cervically, in all region from dentinoenamel ~~surface~~ junction towards surface.

The Hertwig's epithelial root sheath outlines the future root & is thus responsible for shape, size, length & number of root. in this advanced bell stage.



Ashwini Panchalan.

III<sup>rd</sup> year

Roll no - 61

Oral pathology.

Refect  
(110)

Page :

12-4-23

Date :

Q1 Epithelial dysplasia

Dept. of Oral Pathology  
and Oral Microbiology  
MGV's K.B.H. Dental  
College & Hospital, Nashik

Cellular changes

- 1) Nuclear pleomorphism (anisonucleosis)
- 2) Cellular pleomorphism (anisocytosis)
- 3) Increased nuclear/cytoplasmic ratio
- 4) Enlarged nuclei and cells
- 5) Nuclear hyperchromatism
- 6) Increased mitosis
- 7) Abnormal mitosis (abnormal in shape or location)
- 8) Increased number and size of nucleoli

Architectural (tissue) changes

- 1) Loss of polarity
- 2) Disordered maturation: from basal to surface cells
- 3) Includes top to bottom change
- 4) Increased cellular density
- 5) Basal cell hyperplasia
- 6) Dyskeratosis
- 7) Bulbous, drop shaped rete pegs
- 8) Secondary extensions on rete tips

①

25

30

Camlin



### Q3 Exfoliate cytology:-

Exfoliate cytology is the study of cells which exfoliate or abrade from the body surfaces

Normal epithelium undergoes exfoliation or shedding of its superficial cells due to physiological turnover.

The cells of the deeper layers are adherent to each other normally

When the epithelium becomes the seat of any pathological condition, the cells may lose their cohesiveness and cells in the deeper layer may shed along with the superficial cells

These exfoliated cells as well as cells which are scrapped off by means of specific instruments can be studied quantitatively or qualitatively.

Cytology is not a substitute but an adjunct to the surgical biopsy

It is a quick, simple, painless and bloodless procedure

It helps as a check against false negative biopsies

It is especially helpful in following detection of recurrent carcinoma in previously treated cases

1112

IMPROVEMENT EXAM  
OF DEPT. OF  
CONSERVATIVE DENTISTRY  
& ENDODONTICS

**Mahatma Gandhi Vidyamandir's**  
**K.B.H. DENTAL COLLEGE & HOSPITAL**  
**Panchavati, Nashik -422 003.**

Subject: - Conservative Dentistry & Endodontics  
Exam: - 1<sup>st</sup> Improvement Exam Theory  
Class: - IV B.D.S (Repeater batch-2022-23)

Date: - 12/04/2023  
Time: - 12.00 to 3.00  
Marks: - 80

**SECTION -A (MCQ'S) (20 x 1 =20 Marks)**

1) Pit and fissure sealants are generally not used in:

- a. Molars  
b. Patients receiving fluoride therapy  
c. Teeth showing signs of opacity in pit or fissure  
d. Cavitated lesion

2) Who was the originator of the rubber dam?

- a. Dr SC Barnum  
b. Dr MH Anderson  
c. Dr CR Bennet  
d. Dr DC Smith

3) Degassing of gold foil is accomplished by:

- a. Heating on mica tray over flame  
b. An electric annealer  
c. Heating over pure ethanol flame  
d. All of the above

4) Mercury is decomposed in :

- a. eugenol  
b. fixer solution  
c. developer solution  
d. none of the above

5) Cavity varnishes generally should not be applied under :

- a. composite restoration  
b. amalgam restoration  
c. gold restoration  
d. all of the above

6) Sharpening of the hand instruments is done by :

- a) Acrylic block  
b) Arkansas stone  
c) Sterilization  
d) None of the above.

7) Delayed expansion of amalgam starts:

- a. Within 24 hours  
b. After 3 to 5 days  
c. After 3 to 5 months  
d. After 3 to 5 years

8) The most retentive pin system is:

- a. Cemented wire pin  
b. Self-threading pin  
c. Friction-locked pin  
d. None of the above

9) The dentin bonding system" includes:

- a. Conditioner  
b. Primer  
c. Bonding agent with low viscosity  
d. All of the above

10) The purpose of acid etching is:

- a. To produce surface irregularities in which resins can penetrate enamel surface  
b. To produce a clear enamel surface  
c. To increase the surface area of enamel  
d. All of the above

11) Most useful in differentiating between an apical abscess and a periodontal abscess would be:

- a. Anesthetic test  
b. Palpation  
c. Percussion test  
d. Pulp vitality test

12) The pain of a tooth which disappears at once when stimulus is removed is characteristic of:

- a. Necrotic pulp  
b. Normal pulp  
c. Reversible pulpitis  
d. Irreversible pulpitis

13) Types of pulp degeneration are:

- a. Calcific  
b. Atrophic  
c. Fibrous  
d. All of the above

14) Number 15 on the handle of file indicates that:

- a. The increase in diameter from D1 to D2 is 0.15 mm  
b. The length from the working tip to the file handle is 15 mm  
c. The length from D1 to D2 is 15 mm measurement)  
d. The working tip is 0.15 mm in diameter (D1 measurement)

15) The objective of doing pulp capping is to:

- a. Preserve the vitality of the entire pulp
- c. Preserve the vitality of the coronal pulp

- b. Preserve the vitality of the radicular pulp
- d. Regenerate a necrotic pulp

16) Recapitulation process is:

- a. Circumferential filing with H-file and reamer
- c. Using successively larger files to flare the canal canal

- b. Removing the debris with smaller instruments
- d. Using various types of files and reamers to enlarge

17) Intracanal medication is indicated for:

- a. Canal obturation
- c. Drying the canal

- b. Canal cleaning and disinfection
- d. Preventing operative pain

18) In primary teeth root canal filling is done by:

- a. Calcium hydroxide paste
- c. Iodoform paste
- b. Glass ionomer cement
- d. Zinc phosphate cement

19) Single visit root canal treatment may be successful if tooth is:

- a. Asymptomatic vital tooth rooted

b. Multirooted

c. Non-vital

d. Single

20) In vertical root fractures, chances of success are:

a. Poor

b. Fair

c. Good

d. Excellent

### SECTION B - SAQs (4 x 10 = 40 Marks) <sup>30</sup>

1. Define retention form. Explain about retentive features of class II amalgam & inlay cavity preparation.
2. Classify traumatic injuries of teeth. Explain in detail about management of Ellis type II fracture.
3. Classify per-radicular diseases. Write about Phoenix abscess.
4. Classify tooth discoloration. Enumerate causes of tooth discoloration. Explain walking bleach technique of non vital tooth.
5. Define dentin hypersensitivity. Write about management of dentin hypersensitivity.
6. Classify non carious lesion. Write management of cervical erosion.
7. Enumerate pulp vitality test. Describe cold test.
8. Enumerate the intracanal irrigants. Describe the advantages & disadvantages of Sodium Chloride. <sup>LYPO</sup>
9. Mention various tooth numbering systems. Discuss FDI system for permanent & deciduous teeth.
10. Define working length in endodontics. Discuss Ingles method to determine working length.

### SECTION C LAQs (2 x 10 = 20 Marks) <sup>20</sup>

1. Define Obturation. Enumerate different techniques of obturation. Explain in detail about thermos plasticised obturation technique.
2. Define Matricing & Matrix. Classify matrices. Describe various steps involved in placement of Tofflemire matrix system to build proximal contact.



Mahatma Gandhi Vidyamandir's  
**K.B.H. Dental College & Hospital, Panchavati, Nashik-3.**

Center Code

Examination : Preliminary

Subject : conservative dentistry & Endodontics Section : B & C

Serial No.

**1118**

Language of Answer : English Sub. Code : \_\_\_\_\_

Date : 12 04 2023

Bar Code

**SPECIAL INSTRUCTIONS TO CANDIDATE**

1. Check/Enter Your Seat No., Examination, Subject, Language of answer and subject code on the cover page of the Answer book.
2. Candidate should not draw additional margins as they are already provided on each page. He/She should not write anything in the margin, except question number.
3. Rough work will only be done in the space provided on page 2.
4. Do not reveal your identity in any form in the answer written by you or at any other part of the answer book, Writing your seat number or name, putting your signature is revelation of identity. Use of religious invocation or any writing that is not relevant to the answer outside or inside of the body of the answers will be treated as an attempt to reveal identity.
5. Begin your answer of each main question on a new page. For each answer write the corresponding question number in the margin. Use the paper judiciously. Do not waste the pages. Write on both sides of the pages of the answer book.
6. While underlining answers for focusing attention, use of varied inks/sketch pen/highlighter is not allowed. Colour pens can be used for illustration, figures, sketches etc. only.
7. No supplements shall be provided to any candidate in any case.
8. The answer-book will be scrutinized before they are sent to examiners. If the University authorities are convinced that any candidate has attempted to reveal his/her identity by specific means stated above or by any other means, the answer books may NOT be sent for evaluation. Answer books of such candidates will be reported to the Unfair means enquiry committee.
9. A) Candidates are forbidden to i) bring book, notes, mobile phone electronic gadgets or scribbling papers into the examination hall. ii) speak or communicate in any manner to other candidates while the examination is in progress and. iii) take with them any answer book (written or blank) while leaving the exam hall.  
B) Candidates suspected to be guilty or any of the aforesaid acts will be allowed to write their paper only after they give an undertaking in writing that the decision of the University in respect of the reported act of unfair means is binding on them.  
C) Any method to bribe the examiner(s) by attaching currency note or letter is strictly prohibited and will result in serious action being taken by University.  
D) Candidates are requested to go through the provisions of Maharashtra Act No. XXXI of 1982 i.e. an Act to provide for preventing mal practices at University, Board and other specified examinations, published in the Maharashtra Government gazette, dated 14th Oct. 1982. Every offence under this Act is cognisable and non-bailable.
10. Candidates should write their answers in a legible hand. They are warned that no marks will be assigned for answers, which cannot be assessed by the examiners owing to illegible handwriting.
11. If Candidates want anything, they should approach the Junior Supervisor or without disturbing other candidates. However, they should not leave their seat on any account.
12. If Candidates who disobeys any instruction issued by the Center in charge / Centre Observer / Sr. Jr. Supervisor or who is guilty or rude or disobedient is liable for disciplinary action to be taken against him/her by the University.
13. Questions shall be solved serially / section wise, i.e. answers should be written as per serial of questions. Result of candidates, will be with held, if he /she had not followed this procedure.

Section

**B & C**

Seat No.

(in Figures)

Seat No.

(in Words)

Examination ~~Exam~~ preliminary  
Examinations

Subject : Conservative dentistry & endodontics

**Dept. of Conservative Dentistry & Endodontics**  
P.R.MGV's K.B.H. Dental College & Hospital, Nashik

Pledge : I hereby declare that I have gone through the "Special instructions to Candidate" Printed on page number one of the Answer Booklet.

Olaves

Signature of the CANDIDATE

AB

Signature of the JUNIOR SUPERVISOR

## Section B

### SAQ

1) Define Retention form :-  
 Explain about retentive features of class II amalgam  
 & inlay cavity preparation.

→ Definition of Retention form.

Retention form is that form of the conventional cavity preparation that ~~ensures retention~~ ~~flatness of the restoration~~ resist displacement or removal of the restoration by tipping or lifting forces.

Retentive feature of class II amalgam is achieved from.

- Reduction of cusp.
- convergence of proximal and occlusal walls occlusally
- Flat gingival Seat
- Parallel proximal and occlusal walls.

### 5) Dentin Hypersensitivity & Management.

→ Dentin hypersensitivity is sensitive felt end is defined as sharp short pain arises from the exposed dentin.

- It is caused by open dentinal tubules ~~to~~ exposed by the stimulus.

#### Management of Dentin Hypersensitivity

→ The open dentinal tubules must be sealed by varnishes or liners.

varnishes and liners acts like a cushion and protection from the outside stimulus.

calcium hydroxide is used as varnishes, liners for the same.

6) classify non-carious lesion  
write management of cervical erosion.

→ Classification of

1) ~~Attraction~~ tooth wear :-

- Attrition
- Abrasion
- Erosion
- Abfraction

2) Non carious lesion of enamel

- Localised non-hereditary enamel hypoplasia.
- Localised non-hereditary enamel hypocalcification.
- Amelogenesis imperfecta.

3) Non carious lesion

- Localised non-hereditary dentin hypoplasia
- Localised non-hereditary dentin hypocalcification
- Dead tracts

4) Non carious lesion of cementum

- Cementum hypoplasia
- Cementicle.

5) Pulp calcification

6) Resorption

- 2) Define Matrixes & Matrix  
 Classify Matrixes.  
 Describe various steps involved in placement of Tofflemire matrix system to build proximal contact.

→ Define Matrixes & Matrix.

Matrix is a device used during restorative procedure to hold the plastic restorative material within the tooth while it is setting.

Part of matrix.

- Band
- Retainer.

Matrixes are classified as.

- \* 1) Based on shape.
- Anatomic
  - Non-anatomic.

2) Based on material used.

- Wood's
- ~~plastic~~
- stainless steel.

- 1) depending on modes of retention.
- with retainers  
 eg. - tofflemire, ivory no. 1, rooy no. 8 matrix.

- without retainers.  
 eg. Automatrix.

- 3) \* depending upon cavity preparation.
- class I cavity with buccal & lingual extensions.

→ class II cavity, single banded tofflemire.

\* ~~Describe~~ tofflemire matrix system to build proximal contact.

It is referred to as universal matrix. It was designed by B.R. tofflemire.

- It is usually referred to most of class II amalgam restorations.

It is available in 2 size.

- Standard :- adult use
- Small - primary dentition.



Section

Name of Examination : \_\_\_\_\_  
 Subject : \_\_\_\_\_  
 Subject Code : \_\_\_\_\_ B.No.: \_\_\_\_\_ S.No.: \_\_\_\_\_

Que.	A	B	C	D	E	F	G	H	I	J	Total
SN	3.0	3.0	3.0	2.5	2.5	3.5	2.0	3.0	2.5	2	27
2											14
4	7	7									
5											
6											
7											
8											

Marks in words : \_\_\_\_\_  
 Marks allotted by Moderator Name : Dr. Priyanka Kolhe (Reader) TOTAL :  $\frac{41}{60}$

**Dept. of Conservative Dentistry & Endodontics**  
 MGV's K B.H. Dental College & Hospital, Nashik

Section

Name of Examination : \_\_\_\_\_  
 Subject : \_\_\_\_\_  
 Subject Code : \_\_\_\_\_ B.No.: \_\_\_\_\_ S.No.: \_\_\_\_\_

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Marks in words : \_\_\_\_\_  
 Marks allotted by II<sup>nd</sup> Examiner Name : \_\_\_\_\_ TOTAL : \_\_\_\_\_  
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Section

Name of Examination : \_\_\_\_\_  
 Subject : \_\_\_\_\_  
 Subject Code : \_\_\_\_\_ B.No.: \_\_\_\_\_ S.No.: \_\_\_\_\_

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Marks in words : \_\_\_\_\_  
 Marks allotted by I<sup>st</sup> Examiner Name : \_\_\_\_\_ TOTAL : \_\_\_\_\_  
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IMPROVEMENT EXAM  
OF DEPT. OF  
ORAL PATHOLOGY

MAHATMA GANDHI VIDYAMANDIR'S  
K.B.H. Dental College & Hospital, Panchavati, Nashik-3.

ROLL NO.					QUESTION BOOKLET VERSION					QUESTION BOOKLET SR. NO.				
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2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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ANSWER SHEET  
(WRITE THIS NO. ON YOUR QUESTION BOOKLET)  
NAME OF EXAMINATION

SUBJECT : Dental Anatomy and Dental Histology PAPER : \_\_\_\_\_

ROLL NO. (In Words) \_\_\_\_\_  
QUESTION BOOKLET VERSION (In Words) \_\_\_\_\_

This is to certify that the entries of Roll No., Questions Booklet Version, Question Booklet, Sr. No. and Subject have been verified /

CANDIDATE'S SIGNATURE: Kirti INVIGILATOR'S SIGNATURE: [Signature]  
Date: 27/04/23

11/20  
Dept. of Oral Pathology and Oral Microbiology  
MGV's K.B.H. Dental College & Hospital, Nashik

USE BLUE BALL POINT PEN ONLY

**INSTRUCTION**

- DARKEN THE BLOCK  USING BLUE BALL POINT PEN ONLY.
- DARKEN ONLY ONE BLOCK FOR EACH QUESTION AS SHOWN BELOW.

WRONG	CORRECT	WRONG	WRONG
a <input checked="" type="checkbox"/>	a <input type="checkbox"/>	a <input checked="" type="checkbox"/>	a <input checked="" type="checkbox"/>
b <input type="checkbox"/>	b <input type="checkbox"/>	b <input type="checkbox"/>	b <input type="checkbox"/>
c <input type="checkbox"/>	c <input type="checkbox"/>	c <input checked="" type="checkbox"/>	c <input type="checkbox"/>
d <input type="checkbox"/>	d <input type="checkbox"/>	d <input type="checkbox"/>	d <input type="checkbox"/>

- DARKEN ONLY BLOCK PROVIDED. DO NOT MAKE ANY STRAY MARKS ON THE ANSWER SHEET.
- ROUGH WORK MUST NOT BE DONE ON THIS ANSWER SHEET. USE FREE SPACE IN THE QUESTION BOOKLET PROVIDED.

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Kirti Rajbhoj



Mahatma Gandhi Vidyamandir's

K.B.H. Dental College & Hospital, Panchavati, Nashik-3.

Center Code

Examination : Ist improvement

Subject : Dental Anatomy and Dental Histology

Section : B & C

Language of Answer : English

Sub. Code :

Date : 27 04 2023

Bar Code

Serial No.

4771

SPECIAL INSTRUCTIONS TO CANDIDATE

1. Check/Enter Your Seat No., Examination, Subject, Language of answer and subject code on the cover page of the Answer book.
2. Candidate should not draw additional margins as they are already provided on each page. He/She should not write anything in the margin, except question number.
3. Rough work will only be done in the space provided on page 2.
4. Do not reveal your identity in any form in the answer written by you or at any other part of the answer book. Writing your seat number or name, putting your signature is revelation of identity. Use of religious invocation or any writing that is not relevant to the answer outside or inside of the body of the answers will be treated as an attempt to reveal identity.
5. Begin your answer of each main question on a new page. For each answer write the corresponding question number in the margin. Use the paper judiciously. Do not waste the pages. Write on both sides of the pages of the answer book.
6. While underlining answers for focusing attention, use of varied inks/sketch pen/highlighter is not allowed. Colour pens can be used for illustration, figures, sketches etc. only.
7. No supplements shall be provided to any candidate in any case.
8. The answer-book will be scrutinized before they are sent to examiners. If the University authorities are convinced that any candidate has attempted to reveal his/her identity by specific means stated above or by any other means, the answer books may NOT be sent for evaluation. Answer books of such candidates will be reported to the Unfair means enquiry committee.
9. A) Candidates are forbidden to i) bring book, notes, mobile phone electronic gadgets or scribbling papers into the examination hall. ii) speak or communicate in any manner to other candidates while the examination is in progress and. iii) take with them any answer book (written or blank) while leaving the exam hall.  
B) Candidates suspected to be guilty or any of the aforesaid acts will be allowed to write their paper only after they give an undertaking in writing that the decision of the University in respect of the reported act of unfair means is binding on them.  
C) Any method to bribe the examiner(s) by attaching currency note or letter is strictly prohibited and will result in serious action being taken by University.  
D) Candidates are requested to go through the provisions of Maharashtra Act No. XXXI of 1982 i.e. an Act to provide for preventing mal practices at University, Board and other specified examinations, published in the Maharashtra Government gazette, dated 14th Oct. 1982. Every offence under this Act is cognisable and non-bailable.
10. Candidates should write their answers in a legible hand. They are warned that no marks will be assigned for answers, which cannot be assessed by the examiners owing to illegible handwriting.
11. If Candidates want anything, they should approach the Junior Supervisor or without disturbing other candidates. However, they should not leave their seat on any account.
12. If Candidates who disobeys any instruction issued by the Center In charge / Centre Observer / Sr.Jr. Supervisor or who is guilty or rude or disobedient is liable for disciplinary action to be taken against him/her by the University.
13. Questions shall be solved serially / section wise, i.e. answers should be written as per serial of questions. Result of candidates, will be with held, if he /she had not followed this procedure.

Section

B & C

Seat No.

(in Figures)

Seat No.

(in Words)

Examination : Ist

improvement

Subject : Dental Anatomy and Dental Histology

Code :

P.R.No.

Pledge : I hereby declare that I have gone through the "Special Instructions to Candidate" Printed on page number one of the Answer Booklet.

Kirti

Signature of the CANDIDATE

Dept. of Oral Pathology and Oral Microbiology

MGV's K.B.H. Dental

College & Hospital, Nashik

## SECTION - B

## 2] Type traits of Mandibular Central Incisor.

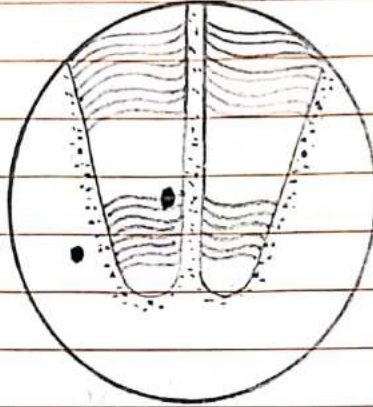
- Crown : narrowest among all permanent teeth.
- root : longest root among all teeth. elongated and tapering.
- lingual fossa present.
- lingual pit are shallow & without grooves.
- labiolingually wider<sup>than</sup> mesiodistally in crown.
- Both mesioincisal & distoincisal angles are sharp.
- Mammelons present in newly erupted teeth.
- Contact areas are at same length.
- ~~the~~ Marginal ridges present.

## 3] Embrasures.

- The space between the adjacent teeth that is ~~caused~~ present in the ~~to~~ cervical region is called Embrasures.
- It creates a spillway for the passage of food and water so that the food does not get accumulated and is prevented from tooth decay.
- It is a triangular void.

### 9] Sclerotic Dentin

- It is also called as <sup>transparent</sup> ~~sclerotic~~ dentin.
- It is formed when the dentinal tubules are filled with air. ~~tubules~~



SCLEROTIC  
DENTIN

### 4] Cap Stage

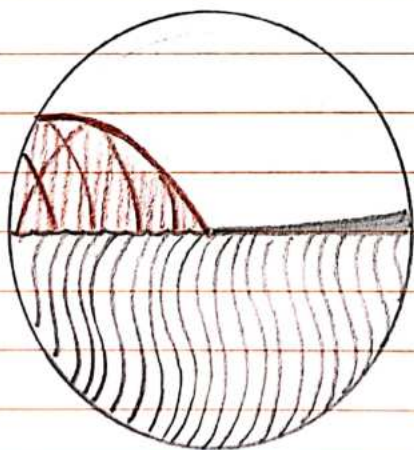
- The ~~inner enamel~~ <sup>outer epithelium</sup> is cap shaped.
- ~~It is~~ The dental lamina is covered with basement membrane.
- The outer enamel epithelium & inner enamel epithelium are joined at cervical loop.
- The A layer of densely packed cells is present known as stratum intermedium.
- The stratum intermedium cells and inner enamel epithelium cells work functionally as a single unit.
- Odontoblast layer is present below the inner enamel epithelium.

10) Depressions on the surface of tooth

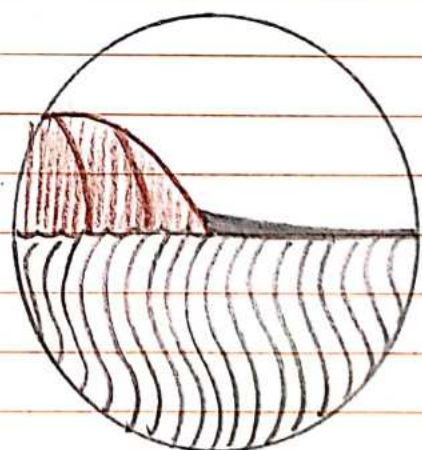
- pits : lingual pits
- fossa : lingual fossa , triangular fossa
- grooves : supplementary grooves  
developmental grooves

7) Cemento-enamel junction

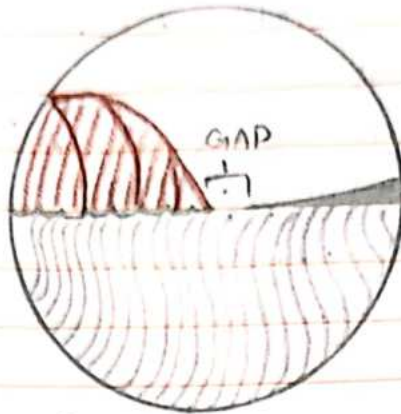
- When the cementum <sup>just</sup> meets the enamel, it is called edge to edge junction.
- It is found only in 30% of people
- When the cementum overlaps the enamel, it is called as overlap junction
- It is seen in 60% of people.
- When the cementum is absent in some places due to air filled, it creates a gap and hence is known as gap junction.
- It is found in 10% of people.



CEJ - EDGE TO EDGE JUNCTION



CEJ - OVERLAP JUNCTION



CEJ-GAP JUNCTION

- 8) Permanent maxillary lateral Incisor -
- Crown mesiodistally wider.
  - root distally tilted,
  - erupts 7-8 months ~~at~~
  - root completion - 9 years.
  - Both distoincisoral & mesioincisoral angles are sharp.
  - lingual fossa present -
  - lingual pit shallow & without grooves.
  - Contact areas at same length
  - Marginal ridges present.

- 1) Hypomineralized structures of Enamel
- Enamel spindles.
  - Enamel lamellae
  - Enamel tufts
  - Tomes granular layer.



		Name of Examination						Section			
		Subject									
		Subject Code		B.No.		S.No.:					

Que	A	B	C	D	E	F	G	H	I	J	Total
1	3	2.5	2	2	0	2	3.5	1.5	2	2	16
2		2									2
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Marks in words: \_\_\_\_\_

Marks allotted by Moderator Name: \_\_\_\_\_

TOTAL: → 18/60  
signature: *R...*

Dept. of Oral Pathology  
and Oral Microbiology  
MGV's K.B.H. Dental  
College & Hospital, Nashik

		Name of Examination :						Section			
		Subject :									
		Subject Code :		B.No.:		S.No.:					

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Marks in words : \_\_\_\_\_

Marks allotted by II<sup>nd</sup> Examiner Name : \_\_\_\_\_

TOTAL: → \_\_\_\_\_  
signature: \_\_\_\_\_

		Name of Examination :						Section			
		Subject :									
		Subject Code :		B.No.:		S.No.:					

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Marks in words : \_\_\_\_\_

Marks allotted by I<sup>st</sup> Examiner Name : \_\_\_\_\_

TOTAL: → \_\_\_\_\_  
signature: \_\_\_\_\_